

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 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 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 2026 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.

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; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: UFA

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

1B. Coordination and Engagement–Accountable 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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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	3
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	5
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	4
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	3
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Local Foundations	Yes	1
47.	Health Insurer	Yes	1

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC is open to anyone interested in contributing to and productively shaping the delivery of homelessness services. Membership is always open, and information is continuously accessible on the CoC webpage, in addition to being shared through CoC meetings and partners' distribution lists and contacts. There are no barriers to becoming a member, with membership simply requiring contact information and interest in contributing to the CoC. New members receive introductory information regarding the CoC and a point of contact for questions. The CoC's governing board (HAB) accepts new members annually through a nomination process that is publicly posted, distributed via email, and announced at the bi-monthly public CoC meetings. During the HAB annual nomination process, the HAB considers CoC stakeholder involvement and conducts targeted outreach to bolster participation of any group that may be underrepresented. This process is also used when HAB seats are open. In the past year, this review of HAB representativeness and targeted outreach has been used to bolster the HAB to include business representatives, additional elected officials, and additional public safety/law enforcement personnel.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The CoC continuously incorporates stakeholder input through broad and representative membership, including people with lived experience, service providers, advocacy groups, government partners, funders, businesses, public safety agencies, and housing developers. This diversity is also reflected in the Homeless Advisory Board (HAB) and its committees.

The HAB engages stakeholders through regular meetings, advance distribution of materials, and opportunities for feedback before and during meetings. Bi monthly HAB meetings and monthly committee meetings are open to all CoC members and the public. These meetings include annual reviews of system performance and updates to the System Performance Plan. Additional engagement occurs through focus groups, community forums, interviews, site visits, surveys, and open input opportunities. A recent example is the development of the CoC's Strategic Improvement Plan. From October 2024 to November 2025, more than 200 stakeholders contributed through focus groups, interviews, listening sessions, and surveys. Their perspectives, combined with quantitative data and best practices, shaped the Strategic Improvement Plan adopted in March 2026. The five year plan (2026–2030) focuses on preventing and ending homelessness by building on system strengths and prioritizing key improvement opportunities.

Additionally, throughout the year, presentations and trainings further engage partners across related systems, including behavioral health, crisis response, food assistance, health coverage, and aging services. Finally, the review, scoring, and recommendation of project proposals for funding through the CoC's lead agency, DHS, involve evaluation committees, that are intentionally experientially diverse, providing additional opportunities to directly impact CoC services and decision-making.

Communication about meetings, forums, and input opportunities is shared through multiple channels: CoC and partner email lists, the CoC website, provider bulletins, announcements at CoC meetings, and DHS communication platforms.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The CoC uses an open, competitive procurement process whenever adding new programming, regardless of funding source. Any eligible organization may submit a proposal, including those that have never received CoC Program funding. DHS, the CoC's administrative lead agency and Collaborative Applicant, issues a public RFP that clearly outlines eligibility, submission requirements, and instructions. RFPs are broadly distributed through DHS's website, the PA Bid System, regional provider email lists, and newspaper postings.

All proposals are reviewed by a diverse committee that includes HAB members, system stakeholders, subject matter experts, and individuals with lived experience. Reviewers score proposals based on criteria published in the RFP, including organizational capacity, implementation strategy, and adherence to CoC standards such as Coordinated Entry participation and HMIS use. These scores, combined with assessments of projected impact and effectiveness, determine which proposals are selected.

Three RFP processes were used to identify new projects for the CoC's FY2026 application. Organizations without current CoC funding submitted proposals across all three opportunities. Two organizations new to CoC Program funding were selected for new projects, including a faith-based nonprofit. PA 600 already contracts with faith-based organizations for CoC funded projects, and the inclusion of another faith-based provider reflects the CoC's commitment to open, competitive, and equitable procurement.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

In March 2026, the CoC's governing board adopted its most recent Strategic Improvement Plan to Address Homelessness, developed through input from more than 200 stakeholders and extensive system performance analysis. The Plan identifies strengths, gaps, and five core improvement areas supported by over 40 actionable steps. Each action specifies a lead entity, key partners, prioritization level, potential funding sources, and timelines. The Plan also includes a Performance Scorecard to monitor progress, measure system effectiveness, and ensure accountability over the five year implementation period.

A key gap identified is the rate of successful exits from emergency shelter and street outreach into stable housing. In 2025, 1,227 people exited crisis programs to permanent destinations (16% of total exits), reflecting the need for improved pathways to housing. Strategies to close this gap incorporate evidence-based interventions and activities aligned with the FY2026 CoC NOFO. Planned strategies include: strengthening encampment decommissioning and engagement; expanding consistent housing navigation services for shelter residents; increasing program capacity to serve subpopulations; enhancing access to health and behavioral health services; improving income growth through deeper partnerships with workforce and employment programs; continuous quality improvement across housing programs to ensure flow from crisis to stability; and deploying systematic Move On strategies to help participants successfully transition from supportive housing to greater independence.

Progress will be measured through the Strategic Plan's Scorecard, including metrics on permanent housing exits, returns to homelessness, and subpopulation-specific outcomes. Timelines for each action are set within the Plan, with annual public reporting and mid year updates to the CoC board. Funding spans Federal, State, local and philanthropic sources. PA-600's CoC Program application request aligns with this plan through emphasis on supporting and facilitating behavioral health services, enhancing employment services targeting households experiencing homelessness to effectively improve pathways to income growth, and expanding occupational therapy that provides evidence-based, clinical self-care and home management training, supporting participants' success in housing and preventing returns to homelessness.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes

6. An individual or body responsible for overseeing implementation of specific strategies	Yes
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1C. Coordination and Engagement

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	100%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A- Allegheny County CoC (PA-600) is not a rural CoC.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

PA 600 benefits from the Allegheny County Department of Human Services (DHS) serving as both the CoC's Unified Funding Agency and the County's Office of Behavioral Health (OBH). This dual role creates an integrated system that connects participants to a full continuum of mental health and substance use services. OBH oversees more than 80 behavioral health service types delivered by nearly 2,000 contracted providers, ensuring timely access regardless of insurance status, acuity, or location.

CoC participants are connected to a broad network of outpatient mental health and drug and alcohol providers offering diagnostic assessment, psychotherapy, trauma focused care, intensive outpatient programs, partial hospitalization, medication management, and co-occurring disorder treatment. OBH's service continuum includes but is not limited to Assertive Community Treatment (ACT), Integrated Dual Disorder Treatment (IDDT), Mobile Medication, and Enhanced Clinical Service Coordination. These programs support individuals with serious mental illness, substance use disorders, and complex co occurring needs, and provide community-based psychosocial interventions, skill-building therapies, and suicide prevention supports.

DHS operates countywide crisis services such as Resolve Crisis Services, mobile crisis teams, child and adolescent crisis teams, and crisis stabilization programs. These services offer 24/7 crisis counseling, safety planning, rapid response, clinical follow up, and short term residential stabilization with coordinated transitions back to outpatient care.

As the state's designated Single County Authority for substance use services, DHS coordinates outpatient treatment, medication assisted treatment (MAT), withdrawal management, care management, recovery supports, peer services, and recovery housing. Newly launched engagement models—including Assertive Outreach and Retention (AOR) teams and specialized outreach teams— further strengthen engagement for individuals struggling to remain connected to care.

Across the CoC, DHS ensures warm hand offs, coordinated care, and continuity of behavioral health services. County BH claims data from CY2025 show substantial engagement among individuals in CoC Program funded housing projects—when reviewing adults in adult-only households, 66.3% received MH services, 36% received SUD services, and 31.8% received both.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Allegheny County's CoC leverages a robust network of peer support and recovery navigation services from DHS's continuum of low-barrier treatment and recovery supports. This includes Certified Recovery Specialists (CRS), peer-led drop-in centers, and case management. Specifically, CRS staff and case managers offer mobile supports and are also embedded within:

- 19 Centers of Excellence (COEs) serving individuals with OUD who are at high risk of experiencing an overdose or other adverse events;
- 2 county-wide case management programs for individuals with SUDs (many are also involved in the criminal justice system);
- 2 Warm Handoff programs serving individuals who present to Emergency Departments and are identified as having SUD;
- 2 peer-directed programs providing CRS services, drop-in services, and supported employment services, and
- 1 Centralized Hub for anyone seeking SUD treatment, which provides both case management and CRS services.

CoC programs are able to refer participants to all the programs noted above for peer supports and case management. Most of these services do not require prior appointment or assessment for eligibility. For example, the County's Centralized Hub for accessing SUD treatment, Pathway to Care and Recovery (PCR), is open 24 hours, 365 days a year. PCR provides level of care assessments, CRS services, respite housing, and resource navigation, offering around-the-clock access to critical SUD supports for those experiencing homelessness.

DHS is further improving on this network available to CoC providers by launching a new Assertive Outreach and Retention (AOR) protocol in October 2026. This new initiative uses behavioral-health-system-funding to offer a special funding model for outpatient treatment providers to proactively identify and engage individuals with SUDs at highest risk -- including those who are experiencing homelessness or housing unstable and most likely to encounter crisis settings such as emergency department, county jail, SUD residential programs. The AOR teams will engage individuals with assertive case management and peer supports and help them access treatment and other critical recovery supports.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

PA-600 uses a comprehensive, data informed, and clinically aligned approach to identify individuals experiencing SMI and connect them to stabilizing services. The CoC's Coordinated Entry staff and field unit identify individuals with SMI through standardized intake assessments as well as claims data accessible to DHS (the CoC's lead) as administrator of PA's behavioral health (BH) Medicaid Managed Care Program. CoC case managers also complete comprehensive biopsychosocial assessments at the time of housing program enrollment to determine mental health, substance use, and other service needs. All DHS contracted providers use Client View, a shared data application that integrates cross system information from the County's Data Warehouse, supporting consistent identification, flagging, and care coordination for individuals with SMI. To promote stability, the CoC coordinates with multiple evidence based interventions combining intensive care coordination, treatment and assertive outreach. Many of these programs have been developed by DHS, leveraging BH system funding, in light of needs observed through management of our region's CoC. For example, Acute Service Coordination—a Medicaid billable adaptation of Targeted Case Management—uses Brief Critical Time Intervention to engage individuals experiencing homelessness and rapidly connect them with mental health treatment and supports. Allegheny County's Mobile Crisis Teams are geographically located in areas with high rates of unsheltered homelessness, providing immediate crisis response, stabilization and linkages to care. For individuals with the highest acuity or co occurring disorders, Assertive Community Treatment (ACT) and Integrated Dual Disorder Treatment (IDDT) teams deliver intensive, multidisciplinary, community based supports including medication management, therapy, case management, and assertive outreach. Finally, DHS recently launched a psychiatric-led Street Stabilization Team to improve complex care coordination for unsheltered individuals with multi-system needs, frequent crisis encounters and increased risk of adverse outcomes. DHS used data from multiple systems to inform this effort, including HMIS, behavioral health, physical health, and criminal justice. Together, these strategies create a coordinated and data driven system that proactively identifies individuals with SMI and ensures timely connection to comprehensive treatment to support recovery/stability.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

Justice Related Services (JRS), a program of Human Services Administration Organization (HSAO) via contract with the CoC lead, provides forensic service coordination, including coordination with the CoC and housing plans, for individuals involved in drug court or mental health court and those committed (civil or forensic) to state hospital for treatment. HSAO also provides service coordination and peer services for all individuals with an active assisted outpatient treatment (AOT) commitment.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC collaborates across multiple court involved behavioral health programs to support housing stability and promote independence, leveraging court orders when appropriate to ensure safe and sustainable transitions into the community. Justice Related Services (JRS), a program of HSAO, provides service coordination for the Mobile Competency Restoration and Support Team (MCRST), a court ordered service for individuals found not competent to stand trial. MCRST and JRS partner with the CoC to identify and address housing needs early in the reentry process, and a housing plan must be approved by the court before individuals working with these programs can be released from incarceration. This coordination ensures that participants leave custody with a stable, court aligned housing plan that reduces the likelihood of homelessness or recidivism.

JRS also supports participants in Mental Health Court and Drug Court, where treatment and service requirements are court ordered and monitored, and works closely with the CoC to connect these individuals to appropriate housing resources. Through this partnership, the CoC integrates housing navigation with court mandated treatment and recovery plans, helping participants stabilize in the community while meeting legal obligations.

Finally, Allegheny County is the first county in PA to implement Assisted Outpatient Treatment (AOT), which uses a civil court process to require community based treatment—including medication management, therapy, and case management—for individuals with serious mental illness who struggle to remain engaged in voluntary care. AOT applies to individuals stepping down from inpatient care, those at risk of hospitalization, and those intersecting with the criminal justice system. Once eligibility is established through clinical evaluation, the court issues a court ordered treatment plan, typically 90 days and extendable. AOT is designed to prevent repeated hospitalization, homelessness, and justice involvement by ensuring participants have structured support and continuity of care in the community. Through coordination from the CoC's lead agency, DHS, participants receive both clinical treatment and stable housing pathways tailored to their needs

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC lead administers the local crisis system of care and through its contract with resolve Crisis Services, individuals experiencing homelessness are connected to 988, mobile crisis response, and crisis stabilization. DHS has also designated a mobile crisis team specifically to respond to the unhoused, providing assessment, de-escalation, intervention, and connections to care.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	76

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

DHS, the CoC lead, administers PATH funds to provide assessments, service planning, MH and SUD service linkages, and housing access to eligible individuals accessing the CoC's downtown Engagement Center for people in housing crisis. A formal contract for TIEH funds, in coordination with CoC Program funded housing, provides supportive housing for individuals with SUD, focused on increasing SUD treatment, reducing overdoses, and achieving goals for recovery and stability.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Sojourner Housing TH program offers transitional housing and comprehensive supportive services to families in recovery in a sober living environment.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Coordination between the CoC and the County's treatment and recovery system is intentionally two way: the CoC lends housing expertise and resources, while MH and SUD providers deliver the treatment and recovery supports needed for long term stability. Together, both systems identify risks early and ensure appropriate service connections are made.

Across the County's MH and SUD service continuums (which are administered by DHS, the CoC lead agency), case managers, service coordinators, and peers—including those embedded in mobile crisis, street stabilization, ACT and IDDT teams, and the County's centralized SUD access hub, Pathways to Care and Recovery—address housing instability alongside treatment engagement. These teams identify homelessness risk early and work with individuals to stabilize both their housing and their clinical needs.

This coordinated approach is also evident in the County's network of licensed SUD Recovery Homes (225 contracted beds) and SUD Residential Treatment Programs (over 1,000 contracted beds), which provide access to structured, supportive environments for people working toward recovery from substance use. Residential Treatment providers are required to identify housing needs during the stay and coordinate transitional housing services upon discharge. Likewise, Recovery Homes begin discharge planning at intake, including developing long term housing plans and linking participants to resources that support lasting stability. In instances where continued housing is not achieved, close collaboration with the CoC's CE enables access to additional support so individuals can avoid entering shelter or experiencing street homelessness. Evidencing the successful coordination, in 2025, 19% of CoC clients from adult-only households (242 people total) had a Medicaid SUD Residential Service claim in the same year.

Further, the CoC lead is newly deploying data-driven assessments to proactively identify individuals with SUD at highest risk, including those experiencing homelessness, and conducting assertive outreach to improve their connections to treatment and critical recovery supports. Individuals will be assessed using a data-driven model and those at highest risk will be assigned to Assertive Outreach and Retention teams that provide intensive care navigation through case managers and peers, including assisting them to access transitional housing services while they engage in SUD treatment.

1C-2. Supportive Services Investment.	
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1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	
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Number

\$27,907,675

2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$8,055,904
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	29%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$15,190,857
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	83%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?
	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The CoC has 2 ESG recipients, Pittsburgh City Planning Department and the Allegheny County Department of Human Services (DHS). DHS is the CoC's Collaborative Applicant/UFA, and administrative lead, and is therefore fully immersed and integrated into CoC planning and allocation activities. Pittsburgh City Planning Department is an active collaborator within the CoC, including serving as Co-Chair of the CoC's Analysis and Planning Committee. ESG recipients and sub-recipients participate in a bi-monthly planning meeting used for real-time review of ESG program performance and planning. As such, ESG is incorporated into CoC planning-at-large and the CoC is incorporated into ESG specific planning. This results in collaborative and mutually reinforcing planning for funds across the CoC, whether CoC Program or ESG funded. A key responsibility of the Analysis and Planning Committee (co-chaired by an ESG recipient) is developing the annual performance reviews and ranking tool. The same tool is used for both ESG sub-recipients and CoC program sub-recipients, utilizing data from HMIS. The DHS analytics team also pulls the data for the CAPER reports needed by ESG. As such the CoC is fully involved in the evaluation and performance reporting of ESG Program Recipients. Further, there is cross-funding representation on the evaluation committees that review and rate CoC projects and make final ESG funding decisions.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Coordination With Emergency Shelter Providers

The CoC has implemented a weekly consolidated report for shelters and outreach teams called the Housing Pathway Report. The report provides a quick snapshot of each client with whom providers are working, including enrollment status, pending Coordinated Entry (CE) referrals, waitlist position, and eligibility for a Housing Needs Assessment.

This information helps providers identify which clients need to be connected to CE for an assessment and which clients need resource and housing navigation outside the CoC. By identifying clients who are unlikely to qualify at an early stage, providers can focus on alternative housing solutions and set appropriate expectations. Ultimately, the report supports shelter flow and helps ensure that CE resources are focused on clients with the highest vulnerability.

Front-Loaded Support and System Navigation

The CoC uses the Housing Pathway Report to front-load support at shelters and drop-in and engagement centers where there are concentrations of individuals who need connection to CE. The CoC's mobile CE staff, known as the Field Unit, spends dedicated time in shelters to complete assessments, support program engagement, and provide system navigation.

The CoC also has three teams designated to support specific populations with system navigation and connections to housing while they are in shelter.

Homeless Services and Supports Coordination (HSSC) serves families with children and is embedded in the family shelter system. HSSCY, or HSSC for Youth, serves youth in transitional-age youth shelters. In addition, the Housing Solutions team works with adult-serving shelters to support individuals who are not eligible for CoC housing but may be housed in the community through affordable housing pathways.

Communication About Shelter Availability

CE further works closely with the shelter system to distribute a daily vacancy email to a broad list of CoC stakeholders, including contracted and non-contracted providers, as well as closely aligned community partners and advocates. The email provides information on how to access CoC supports and services, updated resources, event calendars, weekly average shelter bed turnover, and daily open shelter beds.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The Allegheny County CoC has a long-standing commitment to transparent, collaborative data sharing (including with state and local government partners), and doing so in accordance with all applicable federal, state, and local privacy laws—including HMIS Privacy Standards, HIPAA, and the CoC's Data Sharing Policies.

The CoC publishes its Annual Point-in-Time (PIT) Count results on a dedicated public website each year, including detailed methodology, aggregate findings, and relevant capacity information from the Housing Inventory Count (HIC). From 2018 through 2025, the CoC also released quarterly Performance Management Scorecards using APR, System Performance Measures, and community defined indicators, presented to the CoC's Analysis & Planning Committee and posted publicly. Under the new Strategic Plan, adopted in March 2026, DHS now presents progress measures at least annually, including baseline 2025 data and mid year 2026 results, to support systemwide planning. DHS's Allegheny County Analytics webpage offers a diverse set of public-facing dashboards and data tools that support transparency and data-driven decision-making across multiple domains. These publicly accessible tools empower stakeholders—ranging from policymakers to community members—to engage with timely and relevant data on homelessness, behavioral health, substance use trends, and system performance. One example is the Encampment Dashboard tracking tents and temporary structures across core areas of the county. These data—collected weekly and shared with municipal departments—inform coordinated housing, outreach, sanitation, and safety responses.

Client-level HMIS data is shared as permitted by law. Two City of Pittsburgh units have direct, role based access to HMIS: the Office of Community Health & Safety's ROOTS Street Outreach Team for care coordination, and the Office of Management and Budget for ESG financial oversight and reporting. Additionally, HMIS data are stored within the Allegheny County Data Warehouse, where authorized personnel from DHS and partner agencies may access client-level information for approved purposes, including coordination of care, quality assurance and improvement, service monitoring, and financial oversight.

Through these practices, the CoC ensures that data are consistently shared with government partners in ways that strengthen system planning, improve service coordination, and uphold all legal and ethical requirements.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

DHS manages the Allegheny County Data Warehouse, which allows our CoC to use numerous data sources to improve care. The Warehouse brings together and integrates client and service data from a wide variety of sources both internal and external to the County. It was created more than 20 years ago by consolidating publicly-funded human services data (e.g., behavioral health, child welfare, intellectual disability, homelessness and aging) and, over time, expanded to include data from other sources.

DHS's analytic staff use historic and current data to understand trends in cross-sector service usage and identify patterns and gaps that can inform system-level improvements. An example of this is the recent development of a specialized team (the "Street Stabilization Team") to improve complex care coordination for unsheltered individuals with multi-system needs, frequent crisis encounters and increased risk of adverse outcomes. DHS staff used data from multiple systems to inform this effort, including HMIS, behavioral health, physical health, and criminal justice.

DHS also uses the breadth and depth of the Data Warehouse to create decision support tools. One of many such tools is the Allegheny County Housing Assessment (AHA), which uses administrative data (from HMIS, behavioral health, physical health, and criminal justice systems) to support decision making for PSH and RRH referrals. The tool helps to prioritize those who are at highest need and would benefit the most. It is a significant improvement from the previous method of prioritization, which required the use of a lengthy questionnaire that was time-consuming to administer, distressing to applicants and unreliable.

DHS and partner staff use data from multiple systems to engage in case conferencing for care coordination and to understand more about their clients' service histories and recent touch points. DHS and contracted providers can use "Client View" to see information about their clients' service involvement, including involvement across multiple DHS program offices. Additionally, DHS creates dashboards and other tools for the coordination of care and outreach efforts, including tools that show, for specific populations, events like eviction filings or hospital admissions and discharges.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC partners with the Workforce Investment Board, which holds a seat on the CoC's governing board, and connects participants to the centrally located One-Stop Career Center in Downtown Pittsburgh. To expand access to employment, the CoC is applying for a new SSO project that leverages an employment services provider to deliver dedicated workforce programming for people experiencing homelessness.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The CoC's publicly and privately funded street outreach teams (described more fully in 1C-11) work closely with first responders and law enforcement to strengthen positive interactions and increase engagement in housing and services. This includes co-response through the City of Pittsburgh's Office of Community Health and Safety's (OCHS) ROOTS program, which deploys social service professionals alongside first responders to support individuals at high risk for negative encounters. Real time coordination helps stabilize situations, reduce crisis events, and connect people to services that prevent future emergency calls.

The CoC joins weekly cross agency meetings convened by the Pittsburgh Downtown Partnership with City Police, Public Works, OCHS, and other partners to identify emerging concerns and service gaps. These collaborations allow early identification of individuals disconnected from supports, enabling targeted outreach and rapid deployment of resources. CE Field Unit staff conduct assertive outreach throughout the week in response to these trends, reinforcing engagement and linking people to housing and services. The CoC also leads a weekly Street Outreach Coordination Meeting with all regional outreach providers, reviewing rising health needs and situations at risk of escalating to first responder involvement. Early intervention and re established service connections help reduce negative interactions and support long term housing stability.

To improve responsiveness to people experiencing homelessness with high acuity, complex mental health needs, the CoC's lead agency, DHS, launched the Street Stabilization Team (SST) in 2026. SST is a psychiatric led multidisciplinary team that partners with first responders to serve individuals with complex needs, frequent crises, and high risk of severe outcomes. It was developed and implemented to address the challenges faced by healthcare systems and public programs when supporting people with profound disability, high vulnerability, and chronic disengagement from clinic based care. SST provides rapid, field based clinical care, including psychiatric assessment, medications, and service linkages. Engagement begins immediately and outreach is intensified during high risk transitions, improving continuity of care and supporting movement toward housing and comprehensive CoC services.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The CoC supports family and support network reunification through coordinated practices across its emergency shelter system, housing programs, and specialized reunification initiatives. Through Coordinated Entry (CE), the CoC manages access to the family emergency shelter system and prioritizes diversion whenever safe and possible. Using problem solving and motivational interviewing, CE staff explore whether households can stabilize with trusted family or support network contacts before making shelter referrals. When individuals already in shelter or identified by street outreach have opportunities to reunify with family or natural supports in another geographic area, the CoC arranges travel to facilitate safe reconnection.

For individuals in the adult shelter system, the CoC partners with A Second Chance, Inc. to operate the Home Again Kinship Navigation Program, a 90 day intensive kinship family intervention designed to reconnect adults experiencing homelessness with their kinship networks. The program provides support, resources, and tangible items to ease the transition from shelter to housing with family, and strengthens natural supports that improve long term housing stability.

Once participants enter CoC funded housing, programs work with them to develop an individualized Service Plan (ISP) that incorporates planning for long term stability and future exit from the start. This process includes identifying available family or social supports, mapping opportunities to strengthen or rebuild those connections, and integrating reunification goals where appropriate. Case managers then work with participants throughout their housing enrollment to reinforce and expand support networks, provide conflict resolution or mediation when relationships are strained, facilitate communication with family or other natural supports, and connect participants with behavioral health care, legal resources, caregiver education, and other services needed to maintain stable relationships

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC works in full partnership with municipal governments, first responders, law enforcement, behavioral health systems, and outreach providers to advance public safety while ensuring that local efforts are supported—not hindered—across all four HUD identified areas.

This includes collaboration between the CoC lead agency (DHS), local municipalities, and service agencies to safely decommission encampments. DHS's weekly monitoring of tent locations and conditions – paired with the CoC's expansive street outreach network – enables coordinated, rapid deployment of outreach teams, shelter placement, and safety interventions, contributing to a reduction from 143 tents in 2024 to about 16 today.

In addition to its cooperative decommissioning practices, the CoC lead agency (DHS) partners with local law enforcement to improve treatment engagement and reduce illicit drug use in our region. This includes operating Law Enforcement Assisted Diversion (LEAD) in partnership with 23 municipal police departments, as well as broader collaboration with law enforcement on drug trafficking suppression efforts. This work builds off DHS's existing robust treatment system, which has driven a 41% decline in fatal overdoses, and current implementation of the Allegheny Recovery Partnership Plan, which will further strengthen rapid response, long term treatment engagement, and assertive outreach.

In addressing danger to self or others, the CoC utilizes practices that align with Pennsylvania's Mental Health Procedures Act while advancing strategies to improve individuals' engagement and adherence to treatment. For example, DHS's newly implemented Assisted Outpatient Treatment (AOT) program provides a civil court mechanism for structured outpatient care and continuity, complementing crisis response teams, co responders, and competency restoration supports. Similarly, DHS developed its Street Stabilization Team to deliver field based psychiatric care to highly vulnerable unhoused individuals, reducing crises and supporting movement toward housing. Finally, the CoC cooperates with law enforcement on SORNA compliance, supporting individuals in meeting[MH1.1] reporting requirements in transparent and mutually supportive ways.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Allegheny County CoC leverages resident protective local policies, countywide Coordinated Entry, and expanded outreach capacity to decommission encampments safely and connect individuals with housing and services. DHS, the CoC lead, supports countywide coordination and monitoring—working with the City of Pittsburgh and other municipalities—to identify, prioritize, and decommission encampments in alignment with safety triggers and resident protections. This identification utilizes local policies for decommission for transparency and targeted action. For example, in 2023 the City of Pittsburgh issued an encampment policy which establishes a notice and outreach protocol for decommissioning encampments based on adverse impacts, including evidence of drug sales/paraphernalia, threats to critical infrastructure, verified reports of violence or criminal activity, proximity to public rights of way, and unmediated health and safety hazards.

DHS actively monitors the size, location and conditions of tent encampments in areas frequented by people without housing (e.g., Downtown Pittsburgh and the riverfront trails). The information is reported weekly within DHS and to the City of Pittsburgh and homeless outreach and partner organizations, to ensure that they have the best information available for decision-making and to enable timely response to any issues that may impact the safety of people using and/or sleeping in these public spaces. In addition to using these data to drive real-time action, trends in the data help quantify community needs, including emergency shelter demand and crisis response planning. The data also provide measurable outcomes to better understand the extent to which investments in housing and supportive services impact visible homelessness.

To deepen engagement and accelerate placements, DHS is contracted with two highly skilled street outreach teams identified through a competition procurement to expand and provide Street Outreach services, increasing person centered engagement and linkages to housing and treatment. The teams have designated coverage areas across the County and enable focused, rapid deployment—resulting in faster engagement and quicker navigation to treatment and housing.

Together, these activities have significantly reduced encampments, with a peak of 143 tents in August 2024, down to the current count of 16 across the core locations (e.g., Downtown Pittsburgh and the riverfront trails).

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

As referenced previously, DHS, the CoC lead agency, actively monitors the size, location and condition of tent encampments in core areas (e.g., Downtown Pittsburgh and the riverfront trails). Data collectors follow a pre-defined route and document the location and conditions of tent encampments on an ongoing basis, typically once or twice a week. The route covers the Three Rivers Heritage Trail on the North Side between Millvale and the West End Bridge and the South Side between the Smithfield Street Bridge and the Birmingham Bridge; in Downtown Pittsburgh, the route covers various locations with visible homelessness and is periodically adjusted as encampments appear and disappear. The route is covered in a single day by walking and cycling and typically takes around 3 hours; providing monitoring of the number of tents/makeshift structures and physical condition of encampments in public spaces.

When data collectors see a temporary encampment along the route, they document information in an online survey tool. They drop a point on a map with the location of the encampment and enter information about the condition of the site (e.g., is there significant visible trash, do the conditions require follow up, does the encampment obstruct public right of ways), the number of tents/structures and whether any immediate action is needed. They record every encampment visible from the route, even if it is far away. Unless they witness something that requires immediate attention, data collectors are instructed to not veer from the route or encroach on the site to gather more details. Complete data is available to the relevant CoC planning partners and local authorities, while a public dashboard provides reporting on number of tents: <https://analytics.alleghenycounty.us/2025/06/12/encampment-survey-interactive-dashboard/>

From July 2025 through July 2026, the number of tents remained under 10. While an increase in August to mid-September peaked at 30 tents, effective response efforts already reduced those counts to 16 tents as of September 23, 2026.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

While legal and practical barriers to decrease the public use of illicit drugs and quickly connect individuals to appropriate services exist, the CoC's practices are presently impactful (41% reduction in overdoses) and provide opportunities to further mitigate. Pennsylvania's Good Samaritan laws provide only narrow protections, discouraging people from calling 911 and delaying responses that could quickly connect individuals to detox, residential treatment, mobile crisis services, or CoC outreach. Additionally, Pennsylvania is one of roughly twelve states without involuntary commitment options for substance use, creating a gap in legal authority to intervene when individuals repeatedly use dangerous substances. In mitigation of these challenges, the CoC operates within a broader public safety strategy that combines targeted law enforcement activity, a strengthened drug and alcohol treatment system, and coordinated outreach to reduce public illicit drug use and connect individuals quickly to services or appropriate justice responses. Local practices support public safety by allowing removal of tents when drug sales or paraphernalia, criminal activity, or health and safety hazards are creating risks. This enforcement posture aligns with recent Attorney General and local police drug trafficking successes, which have reduced dangerous supply and helped curb open air drug activity. DHS collaborates with 23 municipal police departments for Law Enforcement Assisted Diversion (LEAD), a pre booking initiative that gives officers structured options to redirect individuals involved in low level, non violent offenses(e.g., public drug use) into community based case management and treatment support. Similarly, the County works with 42 municipality police departments to provide alternative response to 911 calls screened as mental health. Additionally, CoC street outreach teams, including co response through the City of Pittsburgh's Office of Community Health and Safety (OCHS), work in close partnership with first responders and law enforcement to increase positive interactions and strengthen housing and service engagement. This collaboration ensures that public space drug use triggers a coordinated response—from enforcement when warranted to treatment engagement when feasible. These efforts occur in tandem with the CoC lead agency's robust drug and alcohol system, enabling rapid response and facilitating treatment entry. Further details are provided in response to 1C-10d

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Local trends in overdoses and public illicit drug use in Allegheny County reflect progress across prevention, enforcement, and treatment systems. Fatal overdoses have declined sharply—falling 41% from 2023 to 2025. Emergency department overdose visits have also declined, dropping 26% in early 2026 compared to the same period of the prior year. Additionally, local organizations that test street drug samples have noted a less lethal drug supply than prior, with fentanyl in street drug samples dropping from 85% three years ago to 77% in 2024 and 59% last year.

In addition to law enforcement disruption of drug trafficking, these trends are attributable to expanded treatment access and improvements in public awareness and outreach. Facilitating these results, DHS, the CoC lead agency, invests more than \$100 million annually in addiction related services, complemented by targeted opioid settlement funds directed toward crisis response programs, outreach teams, and recovery supports. These investments expand mobile treatment vans, street level engagement, and diversion opportunities that allow rapid intervention when drug use appears in public spaces. Further, DHS's 2026 Allegheny Recovery Partnership Plan marks a groundbreaking strategy toward long term treatment engagement, addressing recurring cycles of relapse, emergency department use, and justice involvement. The plan is built around three major reforms: 1) Enhancing SUD residential treatment (colloquially known as "rehab") through a series of new contracts with a select group of providers committed to increased coordination of care with outpatient treatment providers. 2) Creating and financing an assertive outreach and retention (AOR) intervention that will work with patients in the community to keep them engaged in care, re-engage individuals who have fallen through gaps between services, and support those who are cycling through crisis levels of care; and 3) Developing a unified front door to treatment to enhance coordination for individuals either seeking SUD treatment or transitioning across treatment episodes or services

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Pennsylvania's Mental Health Procedures Act's 'grave disability' criterion make civil commitment difficult for individuals who may be dangerous to themselves or others. The statute bases predictions of future danger solely on certain harms occurring within the past 30 days, without considering treatment history, and it requires a high threshold by limiting eligible harms to death, serious bodily injury, or severe debilitation. To overcome these limitations, DHS, the CoC lead agency, has implemented alternative, pro-active strategies to engage individuals in necessary treatment and supports.

DHS implemented Assisted Outpatient Treatment (AOT) in January 2026 (making Allegheny County the first in our state to do so) in response to findings that each year, more than 5,000 people are evaluated for involuntary hospitalization, yet fewer than half receive follow-up outpatient care, and among this group, 20% die within five years – far higher than rates seen among other vulnerable populations. AOT provides a civil-court-supervised outpatient treatment option for adults with serious mental illness who struggle to engage voluntarily. AOT can require a person with serious mental illness to be clinically assessed for eligibility, and if eligible, a qualified treatment professional creates a tailored community-based treatment plan that is monitored by the court.

DHS additionally launched the Street Stabilization Team (SST) in July 2026 as a psychiatric-led, multidisciplinary outreach team serving unhoused individuals experiencing severe mental health crises. SST partners with first responders to deliver rapid, field-based clinical care, including psychiatric assessment, medications, and long-acting injectables when appropriate.

Both AOT and SST operate within a broader network of coordinated crisis-response investments, including behavioral-health co-response teams, competency restoration services, and increased supportive housing for those with serious mental illness and co-occurring disorders. By deploying hands-on, field-based mental health care and civil court mechanisms, the CoC support individuals at substantial risk of self-harm or public danger in receiving timely and sustained support.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC's ability to share information in accordance with SORNA is shaped by statewide rules that standardize registry and notification practices but also create challenges for unhoused individuals whose housing instability makes compliance difficult. Pennsylvania's registry system requires in-person verification within three business days of any change in residence, employment, or other key information, and mandates monthly check-ins for people classified as "transient." With only two State Police verification sites in Allegheny County, individuals experiencing homelessness face significant barriers—limited transportation, frequent moves, and difficulty attending appointments—resulting in a higher risk of noncompliance and reduced accuracy of location information.

Despite these limitations, the CoC is responsive to law enforcement when they are looking for someone who may be in violation of their reporting requirement, and street outreach teams and shelter providers have practices for informing participants to report their living location as required under SORNA/Megan's Law and providing assistance towards in doing so. Currently, 1% of individuals enrolled in the CoC's shelter or street outreach programs are registered under Megan's Law. Building on this, the CoC can additionally work towards a more coordinated strategy to help participants meet legal obligations while ensuring timely and appropriate information-sharing with law enforcement. This may include strengthening CoC program protocols to assist individuals with registration requirements, including helping them understand obligations for reporting their location when they lack a fixed address and incorporating check-in reminders, transportation assistance, and follow-up to facilitate timely verification. Additionally, the CoC can establish a clear protocol for responding to SORNA-related law-enforcement inquiries, ensuring staff understand what information may or must be shared, how disclosures are authorized, and how requests should be documented. This guidance can also include reinforcing transparency with participants by explaining confidentiality limits early, clarifying their responsibilities, and identifying barriers that may impede compliance. This approach allows case managers to support individuals in meeting registration requirements while maintaining a safe and legally compliant service environment.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

This past year, the CoC strengthened its street outreach system by issuing an RFP for outreach services, resulting in two coordinated contracts that expand and refine our geographic coverage. One contract deepens our partnership with the City's ROOTS team—embedded within public safety—to enhance engagement within the City of Pittsburgh. The second contract with Bridge to Mountains focuses on outreach across non-City areas of the county, improving coverage in rural, remote, and otherwise hidden locations. Both contracts are intentionally housing-focused, ensuring individuals and families are quickly connected to shelter and permanent housing options whenever possible. The CoC's broader street outreach network includes publicly and privately funded teams with specialized expertise—medical outreach (including internationally recognized street medicine providers), behavioral health-informed outreach, and teams responsive to health-related social needs. Outreach occurs through regular visits to camps, abandoned buildings, cars, and other hidden locations, and teams also receive location information from Coordinated Entry (CE), 311, emergency responders, law enforcement, and community groups. Outreach teams connect with individuals at drop-in centers, shelters, food distribution sites, and other community settings where people may not otherwise engage with homelessness services. The CoC facilitates a weekly provider meeting to review a by-name list of unsheltered individuals and strategize effective engagement approaches. The Homeless Outreach Coordinating Committee (HOCC), a subcommittee of the CoC advisory board, convenes to improve identification, engagement, and support strategies and examines where increased collaboration with local organizations and businesses can enhance outreach impact. Teams operate every day of the week, with known congregation areas visited multiple times weekly. The CoC's approach incorporates evidence-based practices such as Motivational Interviewing, Trauma-Informed Care, and Peer Support to effectively engage individuals who may be reluctant to seek help. Additionally, the CoC's CE system includes a specialized Field Unit that delivers street-based CE access, enabling individuals to be assessed for needed services wherever they are located.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	Yes

	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Individuals and families are informed of education services at several points during CoC involvement: at diversion, assessment, initial referral to and enrollment in CoC program, as well as at post-involvement transition to community. All Coordinated Entry (CE) staff are trained to connect all homeless families with the Homeless Liaison for the school district in which they are residing and educate families on how to best connect children to education services. Additionally, the CoC requires every program that provides housing or services to families to designate a staff person to be a Homeless Liaison. CoC staff (homeless liaisons, CE staff, Homeless Supports and Services Coordinators) provide advocacy for: school re-enrollment or registration; referral to additional supportive educational services; and support in continuation of schooling and transportation to school upon exit from program. This includes assisting families to reconnect to their school of origin or enroll in a new feeder school and helping parents access additional assistance for transportation and relevant concrete goods (e.g., uniforms). CE additionally makes referrals for family- and education- focused supports administered collaboratively by DHS (CoC Lead Agency) and the County Health Department. This includes roughly a dozen evidence-based or evidence-informed home visiting programs, tailored to families' needs, and linkages to more than 20 community-based family centers. Families with youth under age 5 are offered developmental assessments and support from the early intervention programs. Some CoC programs also have on-site early learning classrooms to offer additional educational services. Supporting these processes, the CoC's Family Shelter Standards of Care details the expectations of shelters to: provide linkages to development screening for children experiencing homelessness; ensure staff have basic knowledge about Head Start, Early Head Start, early intervention, preschool, child care subsidy programs, preschool, and other early care and learning programs; publicly post enrollment materials and encourage participation in educational programs; and be knowledgeable regarding the rights of children and youth experiencing homelessness under McKinney-Vento.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

PA 600 benefits from the Allegheny County Department of Human Services (DHS) serving as both the CoC's Unified Funding Agency and the County's Office of Children, Youth and Families (CYF). This dual role creates an integrated system that closely coordinates with foster care and child welfare partners to support youth transitioning from public systems of care. Several programs ensure young people exiting foster care have access to housing, services, and stability. The Foundation for Independence provides supervised apartments for youth ages 18–20, pairing housing with savings opportunities and skill building supports. Resumption Housing offers apartments and therapeutic services for young adults resuming dependency after age 18, addressing homelessness as a key reason youth return to care. The 412 Youth Zone serves youth eligible for Independent Living services and youth experiencing homelessness, offering case management, goal planning, behavioral health supports, and basic needs services such as meals, showers, and laundry. KidsVoice Bootstrap and Two Generation Advocacy provides legal and social support to dependent and formerly dependent youth—and their children—addressing needs related to housing, health care, education, and employment. Families facing housing instability are referred to DHS Family Housing Specialists, whose work reduces homelessness risk and helps stabilize households. These specialists support families through landlord negotiation, budgeting, relocation assistance, housing authority navigation, and emergency financial help (such as back rent or security deposits). In FY 2025–26, Housing Specialists stabilized housing for 171 families, resolving issues in place for 49% and securing new housing for 33%. Their work prevents deeper system involvement. Referrals are submitted by Family Support Center staff and CYF caseworkers, allowing those already working closely with families to identify housing related challenges early. Together, these programs ensure strong coordination between the CoC and child welfare partners, creating a continuum of housing and supportive services that prevents homelessness and promotes successful transitions into adulthood for youth leaving foster care.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

Allegheny County does not have any U.S. Department of Health and Human Services (HHS) RHY-funded programs

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Alle-Kiski HOPE Center's, Sojourner House's, and Allegheny Valley Association of Churches's projects each primarily serve families with children.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Projects serving families with children, including Alle-Kiski HOPE Center, provide comprehensive supportive services designed to help participants increase their income and maintain stable housing. Case managers work closely with individuals to set employment and income goals, identify barriers, and develop plans for achieving long term stability. Participants receive help with job searches, applications, and resumes, along with connections to Pennsylvania CareerLink and other workforce resources. When appropriate, they are referred to job training, education, and GED programs to expand their employment opportunities.

To ensure participants can successfully access and retain employment, the project assists with obtaining essential documentation such as identification, birth certificates, and Social Security cards. It also addresses practical barriers—providing transportation supports like bus passes, helping families resolve childcare challenges, and ensuring participants have access to phones, work clothing, and other basic needs. Case managers also help individuals apply for eligible benefits and alternative income sources.

Financial coaching and budgeting support help participants understand what they can afford for rent and utilities, and housing plans are adjusted when income changes to keep housing affordable. As rental assistance phases out, staff work with participants to increase earnings and strengthen long term housing stability. Overall, the project takes a holistic approach, recognizing that employment, income, transportation, childcare, and basic needs must all be addressed to ensure sustained housing success.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Projects serving families with children, including Alle-Kiski HOPE Center's project, leverage mainstream family service systems by ensuring participants are connected to benefits such as TANF, SNAP, WIC, Medicaid, and other assistance programs. Staff help families apply for these resources, gathering required documents and coordinating with the county assistance office and community agencies to resolve barriers. Participants are also linked to childcare, transportation, healthcare, and food resources—including SNAP and the local Food Bank—so that limited income can be directed toward housing. When needs extend beyond the scope or resources of the project, staff identify alternative agencies that can help and coordinate services, with the participant's permission, to ensure comprehensive support. This approach strengthens household stability by expanding access to mainstream systems and reducing financial strain.

Additionally, Allegheny County's Early Learning Resource Center (ELRC) Region 5, administered by DHS, the CoC lead agency, in partnership with the Pennsylvania Office of Child Development and Early Learning, serves as a central access point for high-quality childcare and manages the Child Care Works subsidy program. Through ELRC Region 5, parents residing in transitional housing can receive tailored support to secure childcare necessary for job search and training. Parents can apply for childcare subsidies if their household income is at or below 200% of federal poverty guidelines, ensuring eligibility for high-quality early learning options, school-age care, and before/after-school programs. ELRC staff and Family Specialists assist with applications—submitted via COMPASS or paper—supporting families in obtaining and renewing

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Alle-Kiski HOPE Center's project combines housing assistance with comprehensive supports designed to meet the holistic needs, not just housing needs, of the entire family. Staff ensure that parents and children are connected to childcare resources when childcare affects a parent's ability to work or attend school, and families are referred to parenting support and other family services as needed. The project links participants to prenatal care and pregnancy related services, and helps both adults and children access healthcare, including Medicaid and other available providers. Referrals to mental and behavioral health services are made when appropriate to support overall family well being. To promote stability for school age children, the project assists with school enrollment, coordinates with school districts to resolve transportation needs, and helps families address issues that impact regular school attendance. Children are connected to educational and developmental resources, and staff help secure school supplies when available. The project also supports families in accessing food, clothing, household items, and other basic needs essential to establishing or maintaining housing. When unexpected challenges arise, staff work with families to problem solve and prevent disruptions to their housing stability, ensuring a holistic approach that integrates housing with family centered care.

Additionally, DHS, the CoC's lead agency, operates a broad, neighborhood-based network of Family Centers that serve as welcoming hubs for parents, caregivers, and children under 18. These centers offer families a safe space to build connections, access essential supports, and strengthen parenting skills. With 22 locations across the county, each Family Center provides a wide range of resources tailored to family needs, including early childhood learning activities; parenting classes, fatherhood and grandparent groups; and home visiting services for pregnant women and families with infants. Within the parenting support offerings are child development guidance, parenting education classes, parent-child interaction groups, early childhood screenings, and connections to childcare and early learning resources. Family shelters and housing providers routinely coordinate with and refer families to these centers to ensure they receive developmentally appropriate supports that reinforce long term housing stability.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

VLP operates a veteran dedicated CoC housing project and leads a bi weekly Veterans Boot Camp with VA and other veteran organizations. The CoC's weekly street outreach case conferencing includes dedicate time to identify veterans and plan follow-up coordination with veteran-serving providers. The CoC lead's Division of Veterans Services connects veterans and their families to crucial federal, state, and local benefits and support (e.g. disability compensation, education/training, healthcare)

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC partners with the county's VAWA funded DV agencies, which collaborate with the PA Coalition Against Domestic Violence, PA Coalition Against Rape, and Pittsburgh Action Against Rape. The CoC contracts with Alle-Kiski HOPE Center to provide housing and supportive services for survivors, and contracts with Alle-Kiski, Center for Victims, and Womanspace East to provide emergency shelter for survivors.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC partners with jail-based support programs administered by the CoC Lead Agency to ensure people reentering the community have safe housing. This includes the CoC Lead Agency's Mobile Competency Restoration Support Team (MCRST), which supports individuals found not competent to stand trial; Justice Related Services (JRS), which supports justice-involved individuals with SMI; and Unity Recovery, which supports individuals with SUD to meet reentry and recovery goals.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The Cultivating Health for Success program combines housing, an assigned medical home and intensive case management to individuals who are experiencing homelessness, have a medical disability and have at least one year of high health care expenditures. Provided by UPMC for You in partnership with CHS, a CoC funded housing and service agency, the program has demonstrated successful outcomes in housing stabilization, reduced unplanned claims, and improved medication adherence

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

PA-600's lead agency, DHS, is also the County's Area Agency on Aging, supporting residents aged 60 and older through in-home support, nursing home transitions, care management, and housing stabilization to prevent older adults from losing their homes. Additionally, the CoC has a team of dedicated, specialized housing navigators who support individuals in shelter to identify and stability in housing they can sustain. Older adults are a priority population targeted by this team.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The Flex 51 Expansion project and Hestia Project are two examples of PSH projects that prioritize individuals experiencing chronic homelessness.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The CoC's PSH projects, including Flex 51 and Hestia, provide on site and in unit behavioral healthcare through mobile clinical teams. This model offers accessibility and engagement that traditional clinic based services often cannot match. Facility based PSH programs follow the same clinical framework but serve individuals with higher acuity, offering 24/7 staffing. Each participant receives a comprehensive intake assessment and is assigned to an appropriate level of service coordination (SC), which anchors ongoing clinical engagement and individualized support. Participants receive individualized service plans within 30 days that address housing, mental and physical health, and factors that previously disrupted stability. Plans are reviewed regularly and formally updated every six months to ensure needs are being consistently addressed.

The transition into housing can introduce new routines, expectations, and stressors. PSH providers anticipate that behavioral health needs may intensify during this period and organize services to support stabilization and continuity of care. Mobile teams deliver individualized treatment on site, including mental health and substance use services, medication support, crisis intervention, and ongoing clinical assessment. Service intensity is adjusted based on clinical need, with more frequent visits during the initial transition to address symptoms, strengthen coping skills, reinforce recovery plans, and promote safety and stability.

Staff providing on site supports are trained in rehabilitation principles, service coordination, crisis response, and person centered care. They collaborate with existing providers and community treatment programs to reduce gaps in care and support adherence to treatment plans. Clinical staff assist with building daily routines, developing independent living skills, and connecting individuals to community based supports for long term wellness. Mobile clinical teams also include a psychiatric nurse who provides medication education, insurance navigation, and pharmacy coordination, and certified drug and alcohol specialists who offer in home counseling, linkage to treatment, accompaniment to recovery meetings, and education on overdose risks following abstinence. If environmental or safety concerns arise, staff remediate issues with the participant and identify safe nearby meeting locations, providing transportation when

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Upon referral to Flex 51 Expansion, participants are assessed across functional, behavioral health, physical health, and service needs. Assessment results help identify risks, determine supports needed for housing success, and recognize early when a participant may require a higher level of care that cannot be safely or appropriately managed within PSH. PSH staff are committed to ensuring participant safety and identifying when needs extend beyond what the program can support. Once housed, participants are assigned a housing or service coordinator who monitors ongoing needs and observes for emerging safety concerns. Staff are trained to identify signs that PSH may no longer be the appropriate setting, such as repeated falls, escalating medical conditions, or multiple hospitalizations. When these concerns arise, staff evaluate whether continued residence aligns with participant safety and program capacity. When helpful, the agency's outreach nurse is brought in for additional consultation to support a thoughtful, participant centered plan. When behavioral health needs become acute, evidenced by increased psychiatric hospitalization, incarceration, or incidents driven by mental health or substance use symptoms, staff coordinate with outpatient providers or the agency's behavioral health outreach team. Multidisciplinary team members who have positive relationships with the participant are included to support accurate assessment. These reviews help determine when a participant's needs exceed the scope of PSH and when a more supportive setting is necessary.

Assessment is ongoing. Staff adjust contact levels based on stability, ensuring that declining functioning or rising risks are detected early. When concerns escalate, staff initiate collaborative discussions that clarify program limitations, participant safety considerations, and the possibility that PSH may no longer be clinically appropriate. Staff approach these conversations with empathy and transparency while fulfilling safety and regulatory responsibilities. When medical, behavioral health, functional, or safety needs exceed PSH capacity, staff assist in connecting the participant to the correct level of care, such as residential treatment, skilled or supportive residential programs, or assisted living and remain involved to support a smooth transition. This ensures participants receive the care they need while honoring HUD requirements and the program's commitment to participant wellbeing.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The Allegheny County Moving On Initiative serves as the CoC's formal policy for assessing readiness of PSH participants to transition to unsubsidized or other permanent housing. The initiative promotes independence and system flow by supporting appropriate turnover. PSH providers, including Flex 51 and Hestia, must assess readiness using the Moving On Assessment (MOA), a structured, evidence informed tool grounded in nationally recognized practices. The MOA offers a consistent, trauma informed [MH65.1]framework for evaluating stability across Housing, Income and Benefits, Health, Supportive Services, Community Resources, and Parenting or Child related needs when applicable. The assessment is completed collaboratively with participants to ensure transparency, empowerment, and shared decision making. Each domain includes clearly defined criteria scored through participant self report and staff observations. Scores are tallied, converted to a percentage, and categorized into Ideal, Possible, or Minimum Ranges that guide next steps. Ideal scores prompt formal Moving On discussions; Possible scores allow exploration while supports continue; and Minimum scores indicate the need for continued stabilization in PSH. Providers complete the MOA bi annually beginning six months after move in. Using a 30 day window tied to the move in anniversary, providers complete the assessment with the participant, enter it in HMIS, and upload a signed Acuity Index Interpretation page confirming joint completion. The CoC reviews MOA data quarterly as part of Housing Program Data Monitoring Check Ins to verify assessment completion for eligible households. During file reviews, CoC monitors confirm that the MOA, Acuity Index, and accompanying service plans are present and reflect coordinated service delivery. Although the MOA follows a bi annual schedule, it serves as the ongoing foundation for evaluating readiness throughout a participant's time in PSH. This structure ensures progress is regularly and collaboratively reviewed, while still allowing participants to Move On at any point between scheduled assessments when readiness is demonstrated. The process balances consistency, participant choice, and flexible transitions that support system flow and appropriate turnover. This approach ensures reliable readiness assessment, reinforces participant driven transitions, and strengthens the CoC's ability to move households toward independent permanent housing.

1D. 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;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	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.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/31/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	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.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, 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)

The CoC uses a performance based, data driven review and ranking process to identify lower performing or less needed projects for potential reallocation. Each year, the Performance Outcome Tool (Ranking Tool) evaluates all renewal projects using objective measures such as unit utilization, housing outcomes, returns to homelessness, income and benefits performance, length of time to move in, data quality and timeliness, monitoring results, supportive services engagement, fiscal administration, and cost effectiveness. The 2026 Ranking Tool built on improvements from the 2025 version, incorporating CoC member expertise and analysis of previous tool effectiveness. Data scoring and weighting were calibrated to maintain a balanced and consistent scale across performance measures. Through this process, the CoC strengthened its ability to evaluate projects objectively, identify where reallocation is necessary, and invest in higher performing, more impactful projects that advance system goals. The Ranking Tool is populated for each project with HMIS data, DHS fiscal records, and monitoring documentation, and point values are set by the CoC's Analysis and Planning Committee based on score patterns from prior years, system performance, and stakeholder input. This structure ensures consistent scoring and enables the CoC to systematically identify low performing projects. During the FY2026 competition, the CoC applied this process and identified several projects with performance or community need concerns. The CoC evaluates not only performance score levels but also the context of performance, including system demand, the project's role within the housing continuum, and whether performance issues can be reasonably addressed through technical assistance or operational improvements. As part of its local competition, the CoC reallocated funds from multiple housing projects at a reduced level due to changes in community need, and fully reallocated three housing projects based on performance and need. These funds were redirected to create new TH and SSO projects that better align with current system gaps and strategic priorities. DHS prepared populated Ranking Tools for each project and provided them to applicants for review and comment to ensure accuracy and transparency.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and 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; 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.(limit 75 characters)	Green River
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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.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

This year marked the start of “Community Counts,” a new approach to Allegheny County’s Point-in-Time count. We worked with national experts in Point-in-Time count methodologies to ensure that the unsheltered count:

- emphasized geographic coverage, representative sampling and replicability.
- used targeted and statistically valid methods to address areas with known and unknown unsheltered homelessness.
- incorporated a safety-informed, phased survey approach (night-of and early morning).

In 2025, we used a “known location only” approach. This year, we divided Allegheny County into “survey areas,” some walkable and others drivable depending on density and geography. We consulted with street outreach professionals and used other homeless data sources to identify which areas have known unsheltered homelessness, that is, places where people regularly sleep unsheltered. Of the remaining areas with no known unsheltered homelessness, the survey team pulled a statistically valid random sample. Known areas were surveyed in their entirety.

Community Counts relied on many more volunteers than in past years and used a new approach to training as well. Nearly 250 volunteers formed almost 90 teams to survey 269 areas. They canvassed all selected areas—known and random sample—in their entirety, covering all locations that were accessible to the public. All volunteers watched a training video and received an additional (standardized) briefing before going out to count. If an individual was asleep, appeared bedded down for the night, or was otherwise unapproachable, teams completed an observational survey for them.

Unlike last year when surveying took place over the course of four days, this year we used a “night of count” approach (10:00pm until 2:00am). Special street outreach-led teams covered a small number of survey areas deemed unsafe—due to physical inaccessibility or because of the prevalence of abandoned buildings where people sleep—early the next morning (from 6:00 am until 10:00 am).

This year’s unsheltered count was lower than last year’s but given the methodology change, it is difficult to know if this is a true decrease. What we do know is that this year’s unsheltered count is a new baseline for us and then as we replicate the methodology going forward, we will feel more confident in making year-over-year comparisons.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

From August 2024 through August 2025, the number of encampments were reduced from 32 to 4. This reduction was accomplished through an intentional approach: CoC partnerships across outreach providers, the City and County worked together to engage people based on their individual needs and help them move from the outdoors to shelter or housing. More than 80% of people who moved from the encampments worked with the CoC to create tailored plans for their shelter or housing before relocating. The rest either relocated on their own or already had found a place. Initial analysis of outcomes for people who were formerly staying in camps show that — compared to service/system involvement in the three months leading up to each closure notice – in the three months following each notice, the group experienced significantly fewer emergency department visits, an increase in referrals to supportive housing programs, and no notable changes in mental health crisis or inpatient services, or in non-fatal overdoses.

Further details on the CoC’s approach to encampments and methodology for tracking encampments and tents are available in 1C-10a and b.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	32
2. Enter the reduction in the number of encampments during your evaluation period.	28

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	143
2. Enter the reduction in the number of people in encampments during your evaluation period.	137

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

N/A-PA-600 has achieved reductions in encampments

2A-5. Reducing the Number of First Time Homeless—CoC’s Plan.

Describe your CoC’s plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC is committed to continuing to strengthen its homeless prevention capacity. The CoC works closely with other systems to identify those at risk of homelessness and develop discharge planning protocols to help them avoid homelessness. This includes coordination with child welfare, the courts, jails, hospitals, and behavioral health services. These also include partnering closely with the local housing authorities to prevent evictions. Prior to the pandemic, the CoC's two largest PHAs accounted for 13% of eviction filings. Since the success of the CoC's mediation program, both PHAs have fully committed to the mediation process, meaningfully reducing the rate of evictions in the county. Specific to jail involvement, DHS was selected to participate in the Just Home project, a national program designed to advance community-driven efforts to break the link between housing instability and incarceration. The CoC also has a long-standing history of providing rental assistance through various funding sources. Lessons learned from these experiences were leveraged to develop an integrated and strengthened rental assistance program—Allegheny Housing Stabilization Collaborative (AHSC). AHSC provides a streamlined application process for those at risk of eviction in Allegheny County. Rental assistance funding from multiple sources is combined with a coordinated system of services that have demonstrated impact on preventing evictions, including mediation, legal assistance, and resource navigation. To address the adverse consequences of housing insecurity through more targeted support, DHS developed a validated predictive risk model that identifies households at high risk of homelessness and partnered with 211 to utilize the model to screen for households to refer to the AHSC. This work enables us to expand rental assistance from just those households who already have an eviction filing, to include households at highest risk for experiencing homelessness. Finally, CoC's Strategic Improvement Plan includes an action to identify best practices and opportunities for strengthening partnerships between employment services and housing and prevention programs to improve income growth and outcomes. In support of this action, the CoC's application includes a new employment services program dedicated to assisting experiencing homelessness with meaningful pathways to employment and income growth.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Rising housing costs and a tightening rental market have made it increasingly difficult for individuals and families to secure stable housing. Limited unit availability, escalating rents, and greater competition for affordable options have collectively contributed to longer periods of housing search when homelessness occurs. In this environment, the CoC's work to reduce the LOT people remain homeless requires more targeted housing strategies, stronger cross system coordination, and deliberate efforts to expand housing access and strengthening crisis to housing pathways. Working with local partners, the CoC will increase the supply of affordable units through targeted housing production strategies, beginning with a comprehensive Housing Needs Assessment that will identify affordability gaps, amenities, location priorities, and specific targets for housing for households experiencing homelessness. To ensure CoC-funded housing project flow is efficient, the CoC will continue expanding models and align them with best practices so programs effectively meet the needs of people with complex care needs while facilitating successful transitions off assistance. Quality reviews will focus on reducing lengths of stay and facilitating faster exits, while ongoing coordination ensures a balance between shelter, transitional, and permanent options. The CoC will also continue and expand collaborations with the health, behavioral health, aging, and workforce develop sectors to broaden opportunities for effectively meeting the needs of households and supporting them to success and self-sufficiency. The plan also emphasizes housing-focused approaches within emergency systems, expanding housing navigation services in shelters and outreach to ensure each household receives a clear, actively managed housing plan. Finally, in FY25-26, DHS implemented a series of coordinated entry optimization strategies to strengthen referral management, reduce enrollment barriers, enhance participant engagement prior to program entry, and expand real-time visibility into unit availability. As a result, providers across the system are now consistently aligned on project operations, eligibility requirements, capacity trends, and move-in activity. Overall, these changes have resulted in more efficient housing placements, stronger cross-provider communication, and a more responsive coordinated entry process

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?

39.60%

Describe how you calculated the data for this response.

(limit 2,500 characters)

HMIS Administrator used the programming specifications for HUD APR Q23. The report universe was all HMIS-participating TH, RRH, and PSH active during the report period of 10/1/23-9/30/24. The total number of exits to unsubsidized housing is equal to the sum of total exits to the four living situations outlined in 2A-7.C. (Rows 25, 26, 28, and 31 in APR Q23c.) The percentage of exits to unsubsidized housing is equal to the quotient of this sum over the total number of exits (Row 40 in APR Q23c.).

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	02/03/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 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	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	784	88	869	100.00%
2. Safe Haven (SH) beds	32	0	32	100.00%
3. Transitional Housing (TH) beds	137	0	112	81.75%
4. Rapid Re-Housing (RRH) beds	515	178	693	100.00%
5. Permanent Supportive Housing (PSH) beds	2,242	0	1,793	79.97%
6. Other Permanent Housing (OPH) beds	0	0	0	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The CoC has 100% HMIS coverage across emergency shelters, Safe Haven, and Rapid Rehousing project types (Other Permanent Housing is 0 across all columns). At the time of reporting, Transitional Housing HMIS coverage fell below 84.99% because one project, which is not CoC Program funded, was added to the system and not yet utilizing HMIS. However, the project is now utilizing HMIS and if reported today, the CoC's TH HMIS coverage would be 100%. Permanent Supportive Housing is below 84.99% because the VA does not use HMIS for their HUD VASH program—all other PSH beds are covered in HMIS.

Over the past 6 years, the CoC has engaged with the VA to explore opportunities for including the HUD VASH program in HMIS. However, strict data sharing requirements from the VA have regularly been cited. While we continue to engage with the VA, collaborate with them in the ongoing Veterans Book Camp, and have data regarding vouchers via collaboration with the two primary Public Housing Agencies in the CoC, the Allegheny County CoC would welcome HUD guidance and/or technical assistance for bringing the VA's HUD VASH units into HMIS.

3A. Policy Initiatives

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;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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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

4A. Attachments Screen For All Application Questions

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; and
- Frequently Asked Questions

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	PA-600 CoC-funded...	09/30/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	PA-600's CoC prog...	09/30/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	PA-600's supporti...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	PA-600's evidence...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	PA-600's local co...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	PA-600's Local Co...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	PA 600's FY 2026 ...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	PA-600's certific...	09/30/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	PA 600's Advancin...	09/29/2026
11. Other	No	PA 600 Emergency ...	04/21/2026

Attachment Details

Document Description: PA-600 CoC-funded housing projects and treatment providers with on-site substance use treatment

Attachment Details

Document Description: PA-600's CoC program projects and number of units that require substance use treatment

Attachment Details

Document Description: PA-600's supportive services agreements

Attachment Details

Document Description: PA-600's evidence of coordination and non-interference with local efforts to advance public safety

Attachment Details

Document Description: PA-600's local competition scoring tool

Attachment Details

Document Description: PA-600's Local Competition Selection Results, inclusive of the required 6 columns

Attachment Details

Document Description: PA 600's FY 2026 HDX Competition Report, as provided by HUD

Attachment Details

Document Description: PA-600's certification for opportunity zone preference points

Attachment Details

Document Description:

Attachment Details

Document Description: PA 600's Advancing Recovery Statement

Attachment Details

Document Description: PA 600 Emergency Transfer Plan Policies

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

Allegheny County Continuum of Care (PA-600)
FY2026 CoC Competition: Local Competition Results

Rank	Sub-recipient	Project Name	Score	Status	CoC Program Requested Amount	Reallocated Funds
1	Chartiers	Athena	N/A	Accepted	\$ 804,768	
2	WPIC	Flex 50 Families	PSH-84	Accepted	\$ 2,152,941	
3	Community Human Services	Work Towards Sustainability from Crisis	PSH-77.5	Reduced Reallocated	\$ 347,900	\$ (188,795)
4	WPIC	Flex 51 Expansion	PSH-73	Accepted	\$ 2,844,583	
5	WPIC	Neighborhood Living Program	PSH-72	Accepted	\$ 3,332,733	
6	Mercy	Path to New Life	PSH-72.5	Accepted	\$ 845,506	
7	Goodwill	Northside Common Ministries Permanent Housing Program	PSH-70	Accepted	\$ 173,686	
8	Chartiers	Hestia Project	PSH-67	Accepted	\$ 1,325,263	
9	Beth Haven	Haven Housing	PSH-67	Accepted	\$ 372,210	
10	Familylinks	Familylinks Community Housing Program	PSH-65	Accepted	\$ 403,788	
11	Community Human Services	Families United	PSH-65	Accepted	\$ 920,442	
12	Allies for Health + Wellbeing	Choice I	PSH-63.5	Accepted	\$ 622,358	
13	Chartiers	ATLAS	PSH-63	Accepted	\$ 997,606	
14	ACDHS	Allegheny Link	N/A	Accepted	\$ 76,704	
15	ACDHS	Allegheny Link Expansion	N/A	Accepted	\$ 572,367	
16	ACDHS	HMIS	N/A	Accepted	\$ 221,923	
17	ACDHS	Homelessness Services & Support Coordinators for Youth	N/A	Accepted	\$ 385,416	
18	Auberle	HOPE - YHDP	N/A	Accepted	\$ 534,510	
19	Alle-Kiski	HOPE TH	TH-100	Accepted	\$ 1,833,019	\$ 1,833,019
20	Sojourner	Sojourner House TH	TH-80	Accepted	\$ 729,876	\$ 729,876
21	AVAC	Stepping Stone TH	TH-72	Accepted	\$ 499,939	\$ 499,939
22	Auberle	At Home TH	TH-72.5	Accepted	\$ 205,659	\$ 205,659
23	Auberle	Peace at Home TH	TH-71.5	Accepted	\$ 770,648	\$ 770,648
24	Center that Cares	A Caring Reach TH	TH-70.5	Accepted	\$ 418,018	\$ 418,018
25	Goodwill	Fresh Start TH	TH-70.0	Accepted	\$ 1,591,529	\$ 1,591,529
26	ACTION	MyPlace Transitional Living Program	TH-67.5	Accepted	\$ 1,171,441	\$ 1,171,441
27	Gaudenzia	Village Phare IV TH	TH-67	Accepted	\$ 349,098	\$ 349,098
28	Veterans Leadership Program	Fort Pitt TH	TH-64.5	Accepted	\$ 768,609	\$ 768,609
29	YWCA	Greater Pittsburgh TH	TH-60	Accepted	\$ 1,008,150	\$ 1,008,150
30	Light of Life	Outreach Search and Rescue	RFP	Accepted	\$ 950,002	\$ 950,002
31	Community Human Services	Community Transitional Housing	RFP	Accepted	\$ 400,000	\$ 400,000
32	Goodwill	CoC Career Connections SSO	RFP	Accepted	\$ 802,290	\$ 276,983
33	Outreach Therapy	Housing Transitions Occupational Therapy	RFP	Accepted	\$ 475,000	
N/A	ACDHS	Planning Grant	N/A	Accepted	\$ 1,500,000	
N/A	ACDHS	UFA Grant	N/A	Accepted	\$ 1,068,308	

Allegheny County Continuum of Care (PA-600)
FY2026 CoC Competition: Local Competition Results

Rank	Sub-recipient	Project Name	Score	Status	CoC Program Requested Amount	Reallocated Funds
not ranked	ACTION	MyPlace PSH	PSH-69	Fully Reallocated	\$ -	\$ (87,544)
not ranked	ACTION	MyPlace RRH	RRH-65.5	Fully Reallocated	\$ -	\$ (1,157,329)
not ranked	Alle-Kiski	Domestic Violence Unified Project + Safe-At-Home	RRH-100	Fully Reallocated	\$ -	\$ (1,756,530)
not ranked	Auberle	At Home	RRH-72.5	Fully Reallocated	\$ -	\$ (175,089)
not ranked	Auberle, Center that Cares	Youth Rapid Re-Housing - YHDP	RRH-71	Fully Reallocated		\$ (1,168,766)
not ranked	AVAC	Hospitality Homes I	PSH-72	Fully Reallocated	\$ -	\$ (417,336)
not ranked	Beth Haven	Haven Homes	PSH-77.5	Fully Reallocated	\$ -	\$ (335,441)
not ranked	Gaudenzia	Village I	PSH-67	Fully Reallocated	\$ -	\$ (327,936)
not ranked	Goodwill	Good Start	RRH-78.5	Fully Reallocated	\$ -	\$ (701,144)
not ranked	Goodwill	HARBOR-2-RRH	RRH-61.5	Fully Reallocated	\$ -	\$ (772,921)
not ranked	Mercy	A River to Home	PSH-40.5	Fully Reallocated	\$ -	\$ (717,864)
not ranked	Sojourner	MOMS II	PSH-80	Fully Reallocated	\$ -	\$ (742,768)
not ranked	VLP	Victory	PSH-72	Fully Reallocated	\$ -	\$ (932,126)
not ranked	VLP	Constitution	RRH-56.5	Fully Reallocated	\$ -	\$ (297,986)
not ranked	WPIC	Soteria Project	RRH-74	Fully Reallocated	\$ -	\$ (313,706)
not ranked	YWCA	YW Bridges Rapid Rehousing	RRH-60	Fully Reallocated	\$ -	\$ (879,690)
not ranked	Auberle	Employment Services	RFP	Rejected	\$ -	
not ranked	Community Human Services	Employment Services	RFP	Rejected	\$ -	
not ranked	Foundation of Hope	Employment Services	RFP	Rejected	\$ -	
not ranked	Impact Aid	Employment Services	RFP	Rejected	\$ -	
not ranked	Jubilee Association, Inc	Employment Services	RFP	Rejected	\$ -	
not ranked	Locally Grown	Employment Services	RFP	Rejected	\$ -	
not ranked	Pittsburgh Community Services	Employment Services	RFP	Rejected	\$ -	
not ranked	Pittsburgh Hispanic Development	Employment Services	RFP	Rejected	\$ -	
not ranked	Chartiers	TH Proposal	RFP	Rejected	\$ -	
not ranked	Familylinks	TH Proposal	RFP	Rejected	\$ -	
not ranked	Hope Recovery Group	TH Proposal	RFP	Rejected	\$ -	
not ranked	Impact Aid	TH Proposal	RFP	Rejected	\$ -	
not ranked	Light of Life	Supportive Services Continuum for TH Proposal	RFP	Rejected	\$ -	
not ranked	Save Our Selphs	TH Proposal	RFP	Rejected	\$ -	
not ranked	The Worx!, LLC	TH Proposal	RFP	Rejected	\$ -	

CoC Application Attachments and individual Project Applications can be made available upon request