

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: PA-508 - Scranton/Lackawanna County CoC

1A-2 Collaborative Applicant Name: United Neighborhood Centers

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Volunteer, Community Advocate
Select all that apply.

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Continuum of Care Board of Directors	The role of the CoC Board of Directors is to govern the CoC, maintaining an effective system of programs and services to serve the homeless and those at-risk for becoming homeless. The Board of Directors promotes the efficient and effective use of resources allocated to Scranton and Lackawanna County. The board consults with all recipients of local ESG funds on the allocation of funds and performance of ESG programs. They also establish the priorities for the funding of projects and designate a collaborative applicant for compiling the application of funds through the Continuum of Care Program.	Quarterly	All Executive Directors of the following agencies: United Neighborhood Centers, Catholic Social Services, Catherine McAuley Center, Community Intervention Center, Women's Resource Center, St. Josephs Center, & one formerly homeless individual.
1C-1.2	Continuum of Care Workgroup	This Committee meets monthly to promote community-wide commitment to the goal of ending homelessness, acting as a conduit for funding in support of the efforts by nonprofit providers, States and local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. The group also promotes access to effective utilization of mainstream programs by homeless individuals and families. Membership works to optimize self-sufficiency among individuals and families experiencing homelessness. Lastly, the CoC provides funding to support the CoC structure and process.	Monthly	Catherine McAuley Cntr, Catholic Social Services, Community Intervention Center, Office of Economic & Community Development, St. Joseph's Center, Scranton Primary Health Care Cntr, United Neighborhood Centers and Women's Resource Center

1C-1.3	Committee for the Chronically Homeless	This committee reviews the action steps in the plan to end chronic homelessness, developing new goals and objectives, such as creating new PSH beds. The committee also oversees the identification of chronically homeless individuals and families in the community. The committee chair is responsible for organizing the agenda and updating the chronic homeless list. The chronic homeless list is prioritized by the committee based on objective criteria so that those who are most in need may be offered housing first when units become available	Monthly	Catherine McAuley Cntr, Catholic Social Services, Community Intervention Center, St. Joseph's Center, Scranton Primary Health Care Cntr and United Neighborhood Centers
1C-1.4	Homeless Management Information System Sub-committee	The HMIS Committee meets monthly to ensure that all housing and service providers in the community participate in order to explore issues among current users with the many facets of the HMIS system. This group currently updates the data quality plan annually. It also reviews the data quality of each program participating in HMIS, ensuring reliable and correct data on a monthly basis.	Monthly	Catherine McAuley Cntr, Catholic Social Services, Community Intervention Center, St. Joseph's Center, Scranton Primary Health Care Cntr and United Neighborhood Centers
1C-1.5	Coordinated Assessment Sub-committee	This committee coordinates and implements the coordinated assessment process for the Scranton/Lackawanna county CoC. This committee is responsible for the creation and review of the assessment process.	Bi-Monthly	Catherine McAuley Cntr, Catholic Social Services, Community Intervention Center, Office of Economic & Community Development, St. Joseph's Center, Scranton Primary Health Care Cntr, United Neighborhood Centers and Women's Resource Center

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

In addition to the range of individuals and organizations represented on the above committees, a great diversity of opinions are present at the continuum's monthly Housing Coalition meeting, including mortgage providers, church groups, health care providers and legal service providers. Other sub-committees not mentioned above include discharge-planning and education, incorporating points of view from all publicly funded systems of care/institutions as well as those concerned with children's rights and education. The Continuum further encourages community participation by publicly advertising two CoC meetings per year.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The Scranton-Lackawanna County CoC developed and adopted a score card in March 2013 based on HUD's performance measuring objectives from last years competition as well as capacity for AHAR, involvement with CoC planning committees and sub-committees, and agency history of spend-down of their grants in order to make decisions regarding project applications submitted. The Continuum of Care agreed upon this score card and made it as transparent as possible so that all directors and case managers knew what was expected to be achieved. The score card and process to evaluate projects is posted on United Neighborhood Centers' website. The web address is as follows: www.uncnepa.org. The scored card itself, written documentation of how the score card is being used and evidence that it is publicly available are attached to this application.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The CoC has used periodically collected data from each project to determine effectiveness in order to review and rank projects. The CoC collects information provided by the project in the APR's submitted as well as AHAR to review and conduct this analysis. Some of the metrics and data elements that are being used to assess programs are as follows: 80% of participants in permanent housing projects remained there for at least 6 months. 65% of participants who exited transitional housing have moved to permanent housing. 20% of participants are employed at program exit. and 20% of participants receive mainstream benefits at program exit. The CoC also takes four key dates from AHAR to ensure that programs are at full capacity. The CoC takes into account the severity of barriers that are faced by project participants. If a goal is not attained, the project manager is able to describe what had happened so that we can assess those barriers and strategically plan to overcome them.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

Entities that express an interest in applying for HUD funds are highly encouraged to attend all CoC meetings. The CoC will work with that agency collaboratively to assess its readiness in applying for funds which will be based on past experience with administering grants received through other federal and non federal agencies. It will also be assessed based on how well their current programming operates in regards to cost effectiveness, spend down and the level of need in the community. Agencies are invited to apply through an open invitation published in the local newspaper. This year there has not been any interest from other agencies to take part in this application process.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.

01/27/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?

Yes

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)**

n/a

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

n/a

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The HMIS lead agency provides technical assistance and direction in order to obtain accurate, reliable data. The CoC published a Data Quality Plan with specific guidelines related to timeliness, accuracy, consistency and monitoring protocols. Each agency within the Continuum is required to run monthly data quality reports on their programs to ensure correctness and completeness of their data in the system.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The privacy plan, security plan and data quality plan have all been developed by the HMIS Lead. All three plans are reviewed on a yearly basis. The privacy plan outlines how a client's information is being used and that the client has the right to decline participation with the system or of sharing information. It explains that services are not contingent upon participation with the Scranton-Lackawanna County HMIS system. There is also a Privacy Posting that intake workers can post in their offices for the client to view at leisure. The Security Plan outlines security training, that there is a security office in each agency, what the reporting process is for security incidents, it explains user authentication, virus protection, firewalls, what the physical access to systems with access to HMIS data should be and what the protocol is in regards to hard-copy data, database integrity and disaster recovery. The Data Quality plan includes timeliness, completeness, accuracy, consistency, monitoring, incentives and enforcement protocols for entering and exiting data.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Clienttrack
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Data Systems International
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: PA-508 - Scranton/Lackawanna County CoC
(select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$59,556
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$59,556

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$15,000
Private - Total Amount	\$15,000

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$14,889
Other - Total Amount	\$14,889

2B-3.6 Total Budget for Operating Year	\$89,445
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

N/A

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Monthly

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

n/a

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)**

n/a

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	1
Transitional Housing	8
Safe Haven	15
Permanent Supportive Housing	19
Rapid Re-housing	6

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS generated data is used to generate all HUD required reports including APR's and the CAPER. Case managers are responsible for the data entry for the program in which they operate. HMIS has a specific work flow within the system that is used for CoC funded programs. Case managers walk through this user friendly workflow in order to capture all of the data that is needed for the annual performance report as well as the CAPER. During the program year, the case manager and HMIS administrator run monthly APR or CAPER reports to determine accuracy and ensure correctness. If something on the report is missing or incorrect, the HMIS administrator will work with case manager to correct the errors within three days. The CoC established this protocol in order to capture missing or incorrect data quickly. At the end of the operating year the case manager and HMIS administrator will run the yearly report. This report is an exact replica of what is required to be put in esnaps.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

The CoC and HMIS lead work together to assess data quality on a monthly basis. HMIS committee meetings are held monthly by the HMIS administrator/lead. Committee members consists of end users from organizations within the CoC. Data quality reports are generated through HMIS by the administrator on each program funded by the CoC program as well as ESG funded programs. Our goal is to have 100% accurate data with 0% missing or null data elements. If the reports show that this goal has not been achieved. The HMIS lead will collaborate with that organization or case manager to assist them in correcting the data. The data must be corrected within seven working days.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Monthly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Monthly
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Page 150 and 151 of the HMIS Policy and Procedures Manual.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/26/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters			100%	
Transitional Housing			100%	
Safe Havens			100%	

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

In reviewing the CoC-administered sheltered point-in-time counts for 2012 and 2013, the CoC saw a slight increase in Emergency Shelters and Transitional Housing, while Safe Havens remained the same. This is due to an increase in shelter beds available, and to the transitional housing beds being at or slightly over capacity during the 2013 count. The increase in bed utilization for 2013 may be attributed to CoC members working together more closely, increased knowledge of individuals in need and bed availability and the ability to get individuals and families into TH more efficiently. All of these factors contribute to our ability to provide the most appropriate intervention. Safe Haven beds remained filled to capacity for both counts, demonstrating continued need for this type of service in Scranton/Lackawanna County.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

All homeless service providers participate in the HMIS system and client-level information is entered on a daily basis, giving the community good data quality. The strict Data Quality Standards set by the CoC help identify homeless families and individuals and their temporary locations. In addition, homeless persons were interviewed during the point-in-time count using customized surveys. Through the surveys, the CoC is able to gather additional information on causes of homelessness, their needs, and their ideas from providers, consumers and other stakeholders. Given the high level of participation and strong community commitment to HMIS, there is a high level of accuracy for the sheltered homeless count.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Client-level data is collected during the intake interview via the universal intake form on the individuals in homeless programs(transitional, safe haven and emergency shelter) with regard to their mental health diagnosis, alcohol and substance abuse history, physical disabilities, veteran status and others. There are questions on the above subpopulations in HMIS as well. All case managers are trained on HMIS. All case managers are responsible for administering the point-in-time surveys for the program which they operate. This avoids any duplication of surveys and ensures accuracy of the count. Case managers are provided with training and instruction on how to conduct the survey to ensure compliance.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2J-2 If other, provide a detailed description. (limit 750 characters)

N/A

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

HMIS was used to count the sheltered homeless. Client level data is collected on the participants in homeless programs (transitional and emergency shelter) with regard to their current situations in relation to mental health diagnosis, alcohol and substance abuse history, physical disabilities, veteran status and others which are entered into HMIS. Case managers are provided with training and instruction on how to conduct the survey to ensure compliance. They are responsible for administering the point-in-time surveys for the program which they operate. This avoids any duplication of surveys and ensures accuracy of the count. The day before the point-in-time count, the Coc Lead reminds all of the point-in-time participants of the protocol and their assigned locations.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/26/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

There was a dramatic decrease in the number of unsheltered homeless from the 2012 to the 2013 point-in-time counts, from 22 to 5 individuals. One reason for this is an increase in Emergency Shelter beds available from 2012 to 2013. The decrease also represents the efficiency of the CoC's Housing First approach in moving chronic homeless individuals and households into stable living environments. As a preventative measure, intake workers are more cognizant of assisting clients at high risk of homelessness in finding alternative routes of housing, thereby averting homelessness. Of course these strategies would not be effective if not for the creation of new programs and more affordable housing being developed in the area.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

N/A

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

HMIS is used to assess homeless persons that seek services within program offices and report the status of homelessness the night of the point-in-time (PIT). In addition to HMIS, all outreach workers meet prior to the PIT night and designate who will be covering what locations frequented by the unsheltered homeless. Surveys are administered at assigned locations. Following the PIT night, outreach workers convene to ensure all locations were covered and that no one was counted more than once. There is a question on the survey asking if the individual has been surveyed already that day, ensuring that no one is counted more than once. There is also a question asking how many times the individual has been homeless in the past 3 years and their length of homelessness, allowing the CoC to capture information on the chronically homeless.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: Complete Coverage

**2M-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

n/a

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

All outreach workers are trained prior to the PIT count on the administration of the PIT surveys. In this training they are familiarized with the purpose of the survey, emphasizing the need for an unduplicated count, and familiarized with the survey-instrument itself. The survey contains a question asking if the individual has been surveyed already that day.

Given the manageable size of unsheltered homeless within the Continuum, several Community Intervention Center case workers are personally familiar with the majority of these individuals. Thus, they are able to ensure that all locations are covered on the night of the count. They then follow-up the next morning to ensure no one who was out the night before was missed in the survey or counted more than once.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		0	0	0
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	79	83	130	138
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		0	0	0
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	26	8

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.

(limit 1000 characters)

The Scranton-Lackawanna CoC continues to work to add new permanent supportive housing beds for the chronically homeless each year. Through PSH beds, this CoC has been able to reduce the number of chronically homeless persons dramatically as demonstrated by our most recent PIT counts. This is, in part, a result of 100% of our PSH beds being dedicated to the chronically homeless. Last year the Catherine McAuley Center was approved for 7 additional units for the chronically homeless and is awaiting the contract to implement their new project. In addition, United Neighborhood Centers is reallocating a TH program to become a PSH program, adding 26 beds for chronically homeless families. For the upcoming year, Catholic Social Services has proposed to reallocate 8 beds to PSH. These actions will help to achieve the goal of ending chronic homelessness in Scranton/Lackawanna County by the end of 2015.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.

(limit 1000 characters)

Catherine McAuley Center will be responsible for implementing their goal of providing 7 additional units, 21 beds for chronically homeless families. United Neighborhood Centers is responsible for reallocating its TH program to a PSH program which will provide 10 units, 26 beds, and for FY 2015, Catholic Social Services (CSS) is responsible for reallocating 8 TH beds to PSH beds.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	112	149	157
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	108	143	150
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	96%	96%	96%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The Scranton-Lackawanna CoC has been extremely successful with the implementation of PSH programs. The CoC consistently exceeds this goal in the short and long term, and plans to ensure that clients remain in CoC-funded PSH projects at our current rate of 96%. Over the 9 years since the inception of PSH programs in the community, many more than HUD's guideline of 80% of clients remain in PSH programs for more than a year. In order to maintain such a high percentage of clients who stay in these programs, CoC agencies will continue to work collaboratively at keeping people in permanent housing. Strategies include linkage of clients to career centers that help build resumes and build interviewing skills and development of job opportunities to secure an income. Clients are also assisted in developing skills needed to effectively access and use mainstream resources. Additional case management services are provided as needed. These may include goal planning, linkage to mental/physical health services as well as drug and alcohol services, instruction on skills for daily living, and accompaniment or advocacy with community organizations and systems.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

All organizations that operate permanent supportive housing projects, which are United Neighborhood Centers, Catholic Social Services, Catherine McAuley Center, and The Community Intervention Center, are committed to achieving the goal of housing stability year after year. The chronic homeless sub-committee is also responsible for increasing the rate of housing stability by developing additional ways we can improve upon this goal. The CoC Board is also responsible for oversight of these programs and program evaluation.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 244

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	27%	27%	27%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	52%	54%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	66	27.05	%
Unemployment Insurance	7	2.87	%
SSI	40	16.39	%

SSDI	44	18.03	%
Veteran's disability	9	3.69	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	35	14.34	%
General Assistance	9	3.69	%
Retirement (Social Security)	6	2.46	%
Veteran's pension	5	2.05	%
Pension from former job	3	1.23	%
Child support	3	1.23	%
Alimony (Spousal support)	0		%
Other Source	3	1.23	%
No sources	51	20.90	%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)**

Increasing participants incomes from non-employment sources is extremely important to the continuum. This allows participants to get the benefits they need when they are not able to work or when work is not available to be successful and have a better quality of life. Case managers assess the sources of income for which participants are eligible. They accompany participants to all necessary appointments to be considered for SSI, SSDI, unemployment, general assistance, pensions, etc. Case managers work with participants in filling out all required paperwork, follow-up with the verification process and advocate on their behalf. The CoC enjoys a collaborative relationship with the Social Security Administration as they are a part of our monthly CoC meetings.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

Participants exiting CoC funded projects in the Scranton-Lackawanna CoC currently have an employment rate of 26%. Despite the recession of the last five years, the CoC continues to maintain a high employment rate. The Scranton-Lackawanna County area also has the highest unemployment rate in the Commonwealth of PA. Over the next two years, the agencies of the continuum plan to continue with collaborative efforts to get homeless persons as many opportunities for income and employment as possible so that each individual or family can thrive and move to self-sustained permanent housing. The two primary agencies that CoC staff work with to gain employment opportunities are Careerlink and the Employment Opportunity and Training Center. Both agencies help clients with resume writing and interview training. They also provide updated lists of job availability in our area. Of course, caseworkers in the continuum help with transportation to these agencies and to job interviews as necessary. Caseworkers also conduct outreach and advocacy with employers to overcome transportation barriers and any others which may exist.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

All CoC funded agencies will be responsible for increasing participants income from entry date to program exit. Those agencies include, United Neighborhood Centers, Catherine McAuley Center, Women's Resource Center, Community Intervention Center, Catholic Social Services, St. Josephs Center and Scranton Primary Health Care Center. The committee that will also be responsible for and advocating on behalf of these participants in order to increase income will be the Scranton/Lackawanna Housing Coalition and the CoC working group.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 244

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	86%	86%	86%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	167	68.44 %
MEDICAID health insurance	112	45.90 %
MEDICARE health insurance	21	8.61 %
State children's health insurance	0	%
WIC	16	6.56 %

VA medical services	39	15.98	%
TANF child care services	4	1.64	%
TANF transportation services	0		%
Other TANF-funded services	1	0.41	%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	17	6.97	%
Other Source	0		%
No sources	33	13.52	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

Connecting participants in all CoC funded programs to mainstream benefits is extremely important to the continuum. This allows all participants to get the benefits they need in order to be successful and have a better quality of life. In order to assist with this goal, the Social Security Administration is a part of our CoC monthly meetings, helping facilitate project participants access to their services and plan for improving that access.

Upon entry into any CoC-funded program, case workers complete the Continuum's coordinated assessment form. The assessment is used to determine the mainstream benefits for which a client may be eligible. Case managers, who receive annual training on mainstream benefits, help project participants apply for the appropriate benefits and follow-up to see that benefits are obtained as needed.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

All CoC funded agencies will be responsible for increasing the rate of project participants that access non-cash mainstream benefits which include, United Neighborhood Centers, Catherine McAuley Center, Women's Resource Center, Community Intervention Center, Catholic Social Services, Scranton Primary Healthcare Center and St. Josephs Center. The Scranton Lackawanna Housing Coalition as well as the CoC working group will also be responsible for the advocating on behalf of participants to receive the necessary assistance through non-cash benefits.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	10
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	10	6	6
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	0	0

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The Scranton-Lackawanna County CoC plans to reallocate Women's Resource Center's Transitional Housing Program which serves 5 households to a rapid-rehousing program to serve 5 households. Catherine McAuley Center plans to reallocate 5 of their Transitional Housing units to rapid-rehousing as well. In order to do this in our CoC, the law requiring funding to go through local HA or other public authority must change. Advocates within the continuum are working with legislators to do so. Working with the Public Housing Authorities in this way conflicts with the confidentiality laws in place.

The number of homeless households assisted through ESG funding has declined because the community has faced funding cuts and does not perceive the funding to increase.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The continuum of care workgroup will continue to stay on task with this goal of increasing the number of households with children assisted through rapid re-housing projects from all types of funding available. Specifically, Women's Resource Center and Catherine McAuley Center will be responsible for reallocating all or part of their transitional housing programs to rapid re-housing programs.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The procedure for determining and prioritizing eligible households for rapid re-housing begins by completing the coordinated assessment at time of in-take. Households are assessed with regard to employment, income, other sources of support, linkage to mainstream resources, and willingness and demonstrated capacity to create and work on goals. Barriers are explored and assessed with regard to the guidelines for the rapid re-housing program. Priority would be given to families who are living in an emergency shelter, on the streets or in a place not meant for human habitation and who demonstrate a capacity to move toward self-reliance.

Each program participant is asked to pay 30% of all income each month.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

Case management is provided at a minimum weekly for households in rapid re-housing as well as a weekly educational session to assist families in moving toward self-reliance. Case management in RRH programs may include economic/housing assessment and goal planning, on-going risk assessment and safety planning, linkage to legal services, economic/housing-focused group meetings, career/education options and accompaniment or advocacy with community organizations and systems.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Routinely the providers follow up in six months after program completion to assess the progress of the household. In addition the program participant may contact the provider if needs surface so that linkage to other agencies can be facilitated. For participants in the Women's Resource Center, services such as economic and supportive counseling, safety planning and/or system's advocacy are provided as needed.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

**3B-1.1a If other, please explain.
(limit 750 characters)**

N/A

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Scranton-Lackawanna County CoC established a Discharge Planning Subcommittee that examines the discharge policies of the foster care system, physical and mental health care facilities as well as correctional facilities within the jurisdiction. The committee members meet quarterly to discuss any issues surrounding discharge policies. This group works collaboratively to ensure that no one in these publicly funded institutions is discharged to homelessness. In the most recent point-in-time count, no one reported that they became homeless as a result of being discharged from foster care. The CoC partnered with the Lackawanna Office of Youth and Family Services (OYFS), developing a post foster care program for youth exiting the foster care system. This program works with eight young adults per year who are most at risk of becoming homeless, housing them and providing case management services to assist them on their path to self-sufficiency. OYFS also operates a program for independent living, teaching participants essential life skills. Other options are independent housing with case management and transitional housing programs within the CoC.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

One organization responsible for enforcing the local discharge policies in regards to foster care is the Lackawanna County Department of Human Services which includes the Lackawanna Office of Youth and Family Services (OYFS). Catherine McAuley Center, United Neighborhood Centers and Catholic Social Services also assume responsibility in the enforcement of the discharge planning policies. A strong collaboration between OYFS and the CoC exists to coordinate care and follow-up plans for those exiting the OYFS systems. OYFS also operates a program for independent living, teaching participants essential life skills.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

**3B-2.1a If other, please explain.
(limit 750 characters)**

N/A

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

As a result of the Coc's Discharge Planning Subcommittee, the Lackawanna County Department of Human Services has a written protocol whereby they work with the local care hospitals in the county to assist in the implementation of their individual hospital discharge policies. All of the hospitals have implemented a protocol to prevent discharge to homelessness. The Discharge Planning Subcommittee maintains copies of each hospital policy and during quarterly meetings the committee reviews case examples and identifies any barriers to the implementation of the hospital policies. The Discharge Planning Committee has provided health care workers a training to explain the services available in the region. This training will be offered annually with the expectation that new programs are formed and current ones may change. Upon discharge from a health care facility, other than HUD funded programs persons who lack adequate housing have the option of residing in a privately owned assisted living facility.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The collaborating stakeholders and agencies that are identified in this process are all Discharge Planning Committee members which includes health care professionals from the local hospitals such as Geisinger, Moses Taylor Hospital, Regional Hospital, Mid-Valley Hospital and community housing agencies within the CoC such as United Neighborhood Centers, Catherine McAuley Center and Catholic Social Services.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

**3B-3.1a If other, please explain.
(limit 750 characters)**

N/A

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

As a result of the Scranton Lackawanna County CoC's Discharge Planning Subcommittee, the Lackawanna County Department of Human Services, through a formal protocol, provides oversight to the Lackawanna County Behavioral Health/Intellectual Disability/Early Intervention Department to ensure that all efforts are undertaken to prevent any consumer from being released into homelessness. This affects patients who are discharged from either one of the two inpatient acute mental health facilities or Clarks Summit State Hospital. During the most recent PIT count, no individuals reported being discharged from a mental health facility. Mental health clients have a variety of group homes that they may enter upon discharge from a mental health facility.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

As mentioned above, the key stakeholders and collaborating agencies responsible for ensuring that persons discharged from mental health facilities are not discharged into homelessness are all the representatives on the Discharge Planning Committee which include community housing agencies such as United Neighborhood Centers, Catherine McAuley Center, and Catholic Social Services. Clarks Summit State Hospital representatives as well as the Lackawanna County Behavioral Health/Intellectual Disabilities/Early Intervention Department are active members on the sub-committee. Discussions with shelter managers in Lackawanna County indicate that they very rarely see a client in the shelters who has been discharged from a mental health hospital and when they do, there is an immediate coordinated response to get that person housed as soon as possible.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place CoC Adopted Policy mandated by the State, the CoC, or other?

3B-4.1a If other, please explain. (limit 750 characters)

n/a

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

As a result of the Scranton-Lackawanna County CoC's Discharge Planning sub-committee, the Lackawanna County Department of Human Services developed a formal discharge protocol for the County Corrections System in 2008. The policy specifically states that shelters cannot be used as a discharge facility for the corrections system. In December of 2012, the County Corrections System, non-profit organizations both faith-based and not, mental health counselors, and hospital social workers came together and recognized the need for more streamlined services available for people exiting from the prison system. This group decided to make a re-entry plan for the Lackawanna County region. This plan indicates that social workers, counselors, and advocates are partnering together to start connecting the inmates with basic service needs, housing, employment, transportation and other as needed services before the inmate's release date. This will expedite the process and ensure that the inmates are ready and prepared to re-enter society as healthy, stable, productive citizens.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The collaborating agencies that are members of the discharge planning sub-committee and the re-entry planning sub-committee are Scranton Counseling Center, hospital social workers from Moses Taylor Hospital, Drug and Alcohol Treatment Services, Catherine McAuley Center, United Neighborhood Centers, Community Intervention Center, Employment Opportunity Training Center, Catholic Social Services, Dress for Success, & The Lackawanna County Corrections System.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The goals listed in the CoC strategic plan are as follows: 1. Prevent Evictions 2. Increase wage and income stability 3. Develop a strategy to address the root causes of homelessness. 4. Reduce the number of women who become chronically homeless as a result of domestic violence 5. Know who the chronically homeless persons are within the community. 6. Make permanent housing available 7. Reduce the barriers that prevent chronically homeless persons from getting permanent housing 8. End homelessness by making more housing available and affordable. 9. Provide the services needed for people to get and maintain housing. 10. Support efforts to create wage and benefits that allow households to pay for basic expenses especially housing.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The Continuum of Care Board consults with State and local government ESG program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. When the funding for ESG is available, the Scranton Office of Economic and Community Development (OECD), our local ESG recipient, contracts with many agencies within the CoC to carry out the project. The CoC board meets with the OECD to determine what the needs of the community are and where the best place is for the ESG dollars to be spent. In order to make this decision, the board looks at HMIS data as well as point-in-time surveys done by the homeless population on what they need most. The allocation is then agreed upon and carried out. The CoC board has also came up with a score card to start evaluating ESG funded programs. This score card will take into account the number of people being served, the effectiveness of the program and outcomes such as the percentage of households who leave and achieve permanent housing.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

There are several agencies within the CoC's geographic region that use ESG funds to provide rapid re-housing and homelessness prevention. United Neighborhood Centers uses 3% of ESG funds for homeless prevention activities. United Neighborhood Centers also uses 10% of ESG funds for rapid re-housing. Women's Resource Center uses 3% of ESG funds for Rapid re-housing as well. In total, 3% of ESG funds is being allocated to homeless prevention and 13% is being allocated to rapid-rehousing. The remaining ESG funds are allocated to emergency shelters.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The CoC's efforts to reduce the number of individuals & families who become homeless within the CoC's area are outlined within the Scranton/Lackawanna County Office of Economic and Community Development's (OECD) Consolidated Plan (Con Plan). The plan outlines the following objectives:

1. Prevent evictions
2. Increase wages & provide income stability
3. Develop a strategy to address the root causes of homelessness
4. Reduce the number of women who become homeless as a result of domestic violence
5. Reduce referrals to shelters from institutional settings

Several action items are included to achieve the above objectives. The Con Plan also outlines strategies to reduce barriers to fair housing choice, specifically making services more accessible to persons for whom English is a second language and improving economic factors through a more generous home ownership assistance program. In order to implement these goals the CoC worked closely with the OECD to determine where ESG funds would be best utilized. ESG project providers are members of the CoC and are key participants in our planning and project implementation.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The CoC coordinates with other State, local, private and other entities serving the homeless and those at risk of homelessness primarily through monthly Housing Coalition meetings. Represented at these meetings are the City of Scranton, Veterans Affairs, the Social Security Administration, the Office of Youth and Family Services, providers of mortgages, local church groups as well as a variety of social services providers such as the Center for Independent Living and Friends of the Poor. Other public authorities, including federal, state and local representatives are invited periodically to exchange information and to collaborate more effectively on the planning and operation of projects. In addition, several coalition members have collaborative relationships with PA's Dept. of Community & Economic Development, the local Housing Authorities and providers of TANF (County Assistance Office) and HOPWA (The Wright Center) funds as well as Head Start as is evidenced by leveraging letters in the CoC's project applications.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The Continuum of Care has actively engaged the Public Housing Authorities to assist in the efforts to prevent and end homelessness in the CoC's geographic area. The Housing Coalition of Scranton/Lackawanna County have been true advocates in working with the PHA's on how we can get the homeless prioritized for housing. This is now a regulation for the PHA's in our area. Women who are homeless due to a domestic violence situation are the number one priority for Lackawanna County Housing Authority. This housing authority has a designated staff person for the Women's Resource Center to contact for survivors of domestic violence. The CoC also has a partnership with the PHA's in the area to prevent evictions. United Neighborhood Centers has a staff person that works with the families or individuals living in a PHA that may be facing eviction due to cleanliness, late rent, disturbances and other reasons. This staff person acts as an advocate and works with the PHA to give the family more time to come up with the rent, develop a payment plan, assist them with daily living skills or anything we can do to help keep them in their home.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The CoC plans to implement an assessment for barriers to housing stability during the next year. We have a preliminary tool which will be further customized in a subcommittee, and the plan is to use that tool upon intake in HUD funded CoC programs. The CoC plan to remove barriers is to have all programs using a Housing First Approach in which participants are placed in housing and then provided with services and supports which enable them to successfully comply with program requirements. Major factors in these services and supports are connection to mainstream resources and/or increasing income through employment as well as connection to community resources such as mental health and substance abuse treatment. Life skills and group support from peers will also be a stabilizing factor for many program participants. Also, the coordinated assessment system is key in assessing the needs of individuals or families right from the start and matching them to the most appropriate housing and services options available. The CoC has incorporated a vulnerability assessment tool to use to identify those most in need which will in turn make those identified a top priority for housing.

**3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach.
(limit 1000 characters)**

The CoC has been very responsive in adopting the Housing First approach with the permanent supportive housing participants. Seventy-seven percent of the Scranton/Lackawanna County Continuum of care's PSH programs are currently using this approach. In order to implement this approach, PSH case managers complete the Coordinated Assessment, determining eligibility for the appropriate program. Upon program entrance, a variety of services are delivered to promote housing stability and individual well-being. Such services are time-limited or long-term depending upon individual need. Housing is not contingent on compliance with services, instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

**3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need.
(limit 1000 characters)**

The Continuum of Care's coordinated assessment sub-committee has developed the coordinated assessment system within the past year. This system's purpose is to ensure that homeless individuals or families are placed in the appropriate housing and provided appropriate services based on their level of need. The CoC has decided that a "no wrong door approach" is the best approach to adopt for the communities needs. This approach allows any family or individual to go to any agency within the CoC and be assessed in the same way. It also eliminates families and individuals from having to shop each agency and provide the same information over and over again. This assessment system allows the homeless population to go to one agency, be assessed on their needs and have access to the entire CoC's housing availability. Along with the coordinated assessment system there are a series of basic information questions and then a vulnerability index is used to determine which housing type best fits that family or individuals needs.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status or disability who are least likely to request housing or services in the absence of special outreach are as follows:

- Collaboration among many mainstream entities, charitable organizations and homeless provider networks to identify and engage the population in accordance with HUD's Housing First model.
- Internet searches will bring up government programs, housing agencies and services available
- Faith-based initiatives
- Social and print media including the local newspaper
- F.I.R.S.T. hotline – the local information and referral hotline for people in need will direct housing needs appropriately
- Police and hospital referrals

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

All homeless service providers are to ensure that all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community by having a designated staff person responsible for carrying out these activities. This designated staff person is usually the case manager and/or director of the program in which the child is enrolled.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The Scranton/Lackawanna CoC has established an educational assurance sub-committee to address and identify homeless families and inform them of their rights in regards to education. One member of the committee is the Homeless Children's Initiative Region 7 Coordinator through Luzerne Intermediate Unit 18. This member is the homeless liaison between Lackawanna and Luzerne County school districts and homeless provider agencies. He is our direct point of contact who is in communication with the school counselors, superintendents and teachers as well as local head start preschool programs to identify families that are homeless or in danger of becoming homeless. The Homeless Liaison gave a presentation in November 2013 to homeless providers, representatives from the local school districts and interested community stakeholders on the rights that homeless families have in keeping their children in the school of origin even when going through the devastation of homelessness. Resources such as brochures and websites were also distributed at the presentation for additional information.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The CoC collaborates with all emergency shelters, transitional housing and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. First, no family or individual is ever denied admission to any of the housing programs within the continuum of care. Each family gets the same assessment of needs and is placed in the appropriate housing type whether that be transitional housing or permanent supportive housing based on the vulnerability index created by the Continuum of Care. There are also two shelters within the CoC specifically for families so they do not have to be separated in such devastating times.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The CoC uses HMIS to monitor returns to homelessness by persons including families who exited rapid re-housing. A report in HMIS can be run in order for providers to identify the housing status of that individual or family and the number of times a person reports being homeless. The processes the CoC has in place to ensure minimal returns to homelessness are as follows: 1. Ensuring that persons exiting a housing program has a stable source of income. 2. Persons have participated in budgeting classes 3. Persons have completed all life skills trainings. 4. Persons have been connected to all mainstream resources that they are eligible for.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)

n/a

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)

n/a

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
(limit 1000 characters)**

The CoC's Strategic Plan, as outlined in question 3C-1, incorporate the goals of Opening Doors in that it addresses prevention of homelessness for all individuals by preventing eviction and increasing the availability of more affordable housing for all populations. It also prioritizes the reduction of barriers to entrance into housing programs, and emphasizes the provision of services needed by the chronic homeless to obtain and maintain housing stability. The CoC is on target to meet these goals by applying the Housing First Approach in 77% of its housing programs. The CoC has increased its PSH beds recently and plans on continuing to do so in the next two years. Member agencies of the CoC are also actively developing more affordable housing to the larger community. Agencies provide excellent support services in the form of case management to its program participants, achieving a high level of success as seen in participant retention. The CoC will continue to prioritize knowing its chronic homeless and all homeless individuals and families in the area in efforts to anticipate and meet their needs.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)**

The CoC's current efforts to end homelessness among families with children is a top priority for the CoC. The agencies within the CoC operate several transitional housing programs that have been helping families over the past decade. The CoC has a partnership with Lackawanna Office of Youth and Family Services in helping us identify homeless families. This collaboration has allowed us to take many families off the street and into housing. The current outreach plan is to identify families through partnerships and to provide in-depth assessment to determine the best approach for the family to be housed immediately. United Neighborhood Centers' One Stop Shop for housing is coordinating the outreach efforts and continues case management for these families in order to prevent a re-occurrence of homelessness.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.

(limit 1000 characters)

The Women's Resource Center (WRC) is the only community based organization specifically created to serve the needs of survivors of domestic violence. WRC receives HUD funding for the Transitional Housing and Legal Advocacy for Battered Women project as part of the COC. Advocates provide crisis response, peer support groups and accompaniment to local emergency room departments and all legal proceedings. WRC provides temporary emergency safe housing for women and their children. WRC created the Economic Advocacy Project and Transitional Housing Program. The Barbara J. Hart Justice Center, a civil legal assistance project is available to survivors in the Transitional Housing (TH) Program. The Justice Center attorneys provide civil legal rights information and representation to survivors who cannot afford an attorney to meet their civil legal needs. WRC works closely with project members of the COC to specifically address the needs of battered women and their children in our community. The COC developed a Coordinated Community Response that includes addressing the specific safety needs of survivors seeking housing.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.

(limit 1000 characters)

The CoC has continued to partner with Lackawanna Office of Youth and Family Services in order to identify homeless youth under the age of 25 and homeless youth aging out of foster care. The youth population has access to all of the housing projects within the community, however, there are some projects specifically for that subpopulation including, United Neighborhood Centers' housing program funded through Lackawanna County for youth aging out of foster care. This collaboration has been extremely successful in keeping the community's youth off the streets and into housing. St. Joseph's Center's Mother Infant transitional housing program is mainly occupied by women under the age of 25 with newborn children. In the CoC's most recent point-in-time, 17% make up the sheltered, accompanied homeless population, but there were no unsheltered homeless youth in the count in January 2013.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.

(limit 750 characters)

Identifying and engaging homeless persons are priorities in the CoC's Strategic Plan. The Community Intervention Center (CIC) works in collaboration with Scranton Primary and CSS's emergency shelter to identify and engage individuals living in environs unfit for human habitation. During the course of weekly outreach, case workers build trust by distributing food, clothing, medical supplies, and assistance regarding general requests. They conduct 'triage,' basic needs assessments and act as liaisons between the hardest to reach homeless individuals, other CoC homeless providers and appropriate mainstream services. At any point during the engagement process, outreach case workers may offer housing. Using the Housing First approach, chronically homeless are moved directly into a housing placement.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The CoC strives to prevent and end homelessness among veterans. In the CoC's effort to address this, Catholic Social Services (CSS) has developed programs that specifically target veterans in our community. CSS has two transitional housing facilities that house fourteen total veterans at a time. They have also been operating a permanent supportive housing program for veterans that houses eight individuals. The CoC has been and will continue working toward coordinating services with the HUD-VASH program. During the January 2013 point-in-time count there were twenty-five HUD-VASH Vouchers in use within Lackawanna County. Vouchers have been assigned to the VA Medical Center in collaboration with Wilkes-Barre Housing Authority. The housing authority is assigned to process these vouchers for all counties that the medical center serves which includes Lackawanna County. The CoC is working to ensure that veterans in our county are able to access these vouchers both now and in the future.

In addition, veterans are eligible for housing if they fit the criteria for participation in the CoC's other PSH programs, and are targeted for outreach should they be homeless.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

n/a

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project:
(Sum of All Eliminated Projects)

\$211,337

Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
UNC Transitional ...	PA0203L3T081205	TH	\$211,337	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: UNC Transitional Housing for Homeless Families

Grant Number of Eliminated Project: PA0203L3T081205

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$211,337

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The CoC determined that this project should be eliminated because the CoC sees the need for more permanent supportive housing in our area. The CoC is staying on tasks with HUD's Opening doors policy and prioritizing chronically homeless families. The latest point in time count indicated that there are 81 homeless families and 14 of them are chronically homeless. With the goal of ending chronically homeless persons/ families by 2015, this project being eliminated and reallocated to a permanent supportive housing will help in meeting that goal by taking 10 of those families off the street.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$208,598

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
5	Permanent Su...	PH	\$208,598	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 5

Proposed New Project Name: Permanent Supportive Housing for Families #2

Component Type: PH

Amount Requested for New Project: \$208,598

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$211,337
Amount requested for new project(s):	\$208,598
Remaining Reallocation Balance:	\$2,739

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

Each HUD grant-funded program within the CoC submits annual performance reports to HUD. Each agency also submits that report to the CoC for review of performance and achievements for that reporting year. The CoC then provides guidance to agencies on what improvements should be made in the next reporting year. Each agency also runs monthly performance reports on their projects to see where they are with the achievement of HUD-established performance goals. This year the CoC has developed and adopted a score card to further evaluate projects. An independent evaluating committee will evaluate each project based on the objective criteria outlined in the score card. The score card addresses housing stability and captures participants' connection to employment and mainstream benefits. In addition, the CoC's Strategic Plan addresses the goals of ending chronic homelessness, reducing barriers to housing, provision of supportive services, etc. Moreover, as stated previously in this document, the CoC looks forward to utilizing rapid re-housing for families with children when the regulations become workable for our Continuum and is actively working towards that goal.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CoC collaborates to assist all project applications reach HUD established performance goals. HUD regulations and performance goals are discussed at the Board of Directors Meetings and the Board decides what training and/or program changes will occur. The collaborative applicant conducts monthly CoC meetings during which these topics are discussed as well. During both of these meetings and on an as needed basis information is exchanged among recipients to share program strengths, implementation strategies and policies. The collaborative applicant is available by phone and e-mail to all project recipients on an as needed basis for any questions regarding performance goals, HUD regulations, etc. The collaborative applicant also conducts site visits for agencies that need assistance with any programmatic details or to troubleshoot any issues that may arise in order to help project applicants to reach their full potential in the operation of their program(s).

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC is committed to assisting poor performers in order to increase their ability to provide the best possible services to the consumers in need. As stated above, site visits are provided to assist with goal attainment and trouble-shooting. Problem-solving is also a part of many sub-committee meetings, such as the Executive, HMIS and Chronic Homeless Sub-committees.

If a project lacks relevance or value for the needs of the community, the CoC Board will make the decision to reallocate the existing project to another project that better meets the needs of the community at large.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

The CoC strives to connect homeless individuals and families with services appropriate to their needs as quickly as possible, limiting homeless episodes to 30 days or less. Length of homelessness is captured during the CoC's Coordinated Assessment process. The CoC is working with the current database to track the length of homelessness. The CoC's outreach workers have a great deal of familiarity with the Continuum's homeless population. Thus, any new individuals and/or families who find themselves in the situation of homelessness are identified quickly and outreach services offered in a timely manner. Utilizing the Housing First Approach allows individuals and families to enter housing and immediately receive services needed to obtain and maintain housing stability. The CoC's HMIS and Chronic Homeless subcommittees keep members apprised of any program vacancies so that, should housing become available, homeless individuals may enter as quickly as possible through contact with any of the CoC's agencies or through collaborating agencies.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

The CoC's efforts for reducing returns to homelessness of individuals and families are as follows: 1. Creating more PSH programs within the CoC's area so that individuals and families do not have a time constraint to leave the program, 2. Developing more educational opportunities so that adults can find better quality better paying employment opportunities, 3. Creating more employment opportunities by partnering with employers that are willing to do on the job training, 4. Connecting all individuals and families to mainstream benefits that they are eligible for as soon as they enter a housing program, 5. Connecting participants to supportive services as needed upon entry into a program. HMIS records returns to homelessness by participants who exit transitional housing, rapid rehousing and permanent supportive housing. Information from HMIS generated reports is used to assess areas which need strengthening in reducing returns to homelessness.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

Homeless street outreach services play a vital role in CoC. The Community Intervention Center (CIC) Homeless Outreach program works in collaboration with The CIC's Day Shelter, Scranton Primary Health Care Outreach program and CSS's Emergency Shelter to identify and engage individuals living in environs unfit for human habitation. During the course of weekly outreach, case workers build trust by distributing food, clothing, medical supplies, and assistance regarding general requests. Outreach case workers conduct 'triage' basic needs assessments and act as liaisons between the hardest to reach homeless individuals, other CoC homeless providers and appropriate mainstream services. At any point during the engagement process, the outreach case workers may offer housing. Using the Housing First approach, chronically homeless are moved directly into a housing placement. As outreach is one of the primary methods of uncovering chronically homeless individuals, all CoC homeless outreach case workers are required to be active participants of the CoC's Chronically Homeless subcommittee.

4B. Section 3 Employment Policy

Instructions

*** TBD ***

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

The participants of this project will have full access to the Employment Opportunity and Training Center with the mission of offering a variety of programs directed towards low income persons to achieve family stability and economic self-sufficiency. Participants who are unemployed and under employed including those who have lost jobs by corporate downsizing and manufacturer closing and those with multiple barriers to employment will be assisted through a workforce development program. This will offer a weekly job search group and well as job preparation, career advising and coaching for job success. The case managers of the new proposed project will set up appointments with career-link and advocate on their behalf to ensure economic opportunities are accessible. Case managers will also conduct one-on-one counseling for resume writing and development of interviewing skills.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 07/30/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

The CoC's Scranton Primary Health Care Center, a federally qualified health center, conducts extensive outreach, visiting local shelters and day programs for the homeless as well as outreach to agencies and programs serving the homeless population in order to make individuals aware of their services which include enrollment in ACA programs. Students from The Commonwealth Medical College can also enroll individuals into ACA programs. In addition, our local enrollment advocate has conducted training with staff at CoC agencies, informing them of eligibility requirements for ACA and how to enroll. This has enabled agency staff to identify those individuals who may be eligible for ACA and refer them to an appropriate care provider.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

Many strong partnerships and collaborations have existed for several years between recipients and other sources of funding for supportive services. As discussed earlier in this application, recipients partner with Children and Youth Services to provide case management services and collaborate with numerous agencies which provide invaluable supportive services to our program participants, including Veterans Affairs, Lackawanna/Susquehanna Behavioral Health Program, Scranton Counseling Center, Lackawanna County Drug and Alcohol Treatment Services, Employment Opportunity & Training Center, Careerlink, the Barbara J. Hart Justice Center, the Wright Center and others. The CoC Board of Directors continues to discuss alternative funding options for supportive services on the federal state and local levels, utilizing the resources of state and local officials as well as the collective knowledge of federal funding avenues.

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