Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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

1A-4. HMIS Lead: United Neighborhood Centers

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	No	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No	No
Law Enforcement	No	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	No	No	No
Substance Abuse Service Organizations	Yes	No	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	No	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	No	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Legal Service Provider	Yes	Yes	Yes
VA Medical Center	Yes	No	No
SSVF Provider	Yes	No	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)

The CoC addresses the above question in its meetings and subcommittees including the monthly general CoC meeting where service providers including ESG and SHP (including victim serv. prov.), SSVF & HUD-VASH, CoC staff, & ESG Jurisdiction staff, youth homeless and more are able to share info. & knowledge. Questions and open discussion are encouraged in meetings. At the Chronic Homeless meeting, VAMC, outreach, PSH, TH, RRH, SSO and shelter providers conduct case conferencing for individuals on the CH list – pooling knowledge & resources to assist in entering housing. Office of Youth and Family Services (which funds youth homeless program & serves homeless families) as well as the school homeless liaison attend education committee meetings to discuss and inform policies and activities regarding youth and the variety of family needs they are seeing in the community. Participation from this variety of organizations helps coordinate efforts and informs policy and spending decisions.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
United Neighborhood Centers	No	Yes	Yes
Office of Youth and Family Services	No	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Women's Resource Center	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)

The CoC addresses the above question by using guidance from the community's 10-yr plan to end chronic homelessness where specific goals were set & agencies or committees assigned to those goals. The CoC built on those goals & that team to meet the goals of ending other types of homelessness. Assignments were & are a collaborative process where agencies/individuals who work with housing & homeless households gather together & volunteer or are assigned based on their strengths or specific foci, & committees are assigned tasks based on their mission. Staff for committees are chosen based on knowledge and ability regarding the subject matter & task at hand. Each recipient of CoC funds staffs committees and 6 of the 7 recipients are responsible for attaining a goal or an action step within a goal, with other community partners stepping in to collaborate on tasks such as increasing employment opportunities, reducing job loss & increasing the supply of safe, affordable housing.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 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 entity to work towards & assess its readiness in applying for funds. The CoC solicits requests for proposals via newspaper notice to advertise that funds are available. Also, during the time of the NOFA, notice is given to the general CoC membership of the funding available. The process for re-allocation and project selection is available on the collaborative applicant's website, including program priorities.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?	Semi-Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	50.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	50.00%
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	50.00%
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	50.00%

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

The CoC collaborates with the Scranton Con Plan Jurisdiction (which encompasses over 85% of our projects/units)on a monthly (1-hour/month)basis. The Scranton jurisdiction attends monthly CoC meetings collecting and disbursing information as needed and participating in discussions. In addition, phone calls and e-mails are exchanged for additional 1 hour every 2 months. For the state con plan jurisdiction, the CoC gets certification of consistency with that jurisdiction. The state may have access to the CoCs HIC & PIT data and we are open to further involvement.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)

The CoC works with the City of Scranton ESG recipient at our monthly CoC meeting. This 1-hour per month meeting enables Scranton to keep up to date on CoC activities, housing inventory and PIT counts and to participate in discussions on CoC policies and procedures as well as sharing any relevant information the ESG recipient would like to share. The CoC relies on PIT, HIC and HMIS data for the development of performance standards. The CoC aids in the development of ESG performance standards, monitors HMIS data, and outcomes and discusses challenges and successes in ESG projects at regular meetings. The CoC board and the City decide together the community needs that would be best served by ESG funding and what recipient would best meet that need.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld.
(limit 1000 characters)

Upon entry into a non-victim service provider (VSP) agency within the CoC, survivors are given the option to continue with current agency or be referred directly to WRC, the VSP for Lackawanna Co. With both types of provider, clients info. is collected & maintained in a confidential manner & entered into a secure database. At non-VSPs, clients are given the choice to share (with client consent)/not share/or be entered anonymously. With any provider, disclosure of DV status to another agency requires informed consent. WRC requires informed consent to share PII when making referrals and conducting advocacy, or may give clients referral contacts to make connections themselves. Services for survivors are voluntary at all CoC providers, VSP & non-VSP. Options across the spectrum of housing are outlined & goals are designed to meet individual needs & choice. WRC conducts annual training for CoC staff on dynamics of DV, risk assessment & importance of confidentiality.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Scranton Housing Authority	8.00%	Yes-Both
Lackawanna Housing Authority		Yes-Both
Carbondale Housing Authority		No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

There are a variety of other options for subsidized or low-income housing in our CoC that target persons experiencing homelessness. HUD-VASH, SSVF and the VA Grant Per Diem(GPD)programs all target homeless veterans and have a strong presence in Lackawanna County, having supplied housing for 34 households to date this year. VASH is not separated out of the 34. Veteran GPD account for 30 beds in the CoC, 8 of which overlap with CoC funding. Additional beds outside of those listed in the question, but which target homeless households include a post-foster care program with 8 beds targeting youth aging out of foster care who would otherwise be homeless, Cath. McAuley Center has programs with approx. 15 homeless beds, CSS has 8 beds dedicated to homeless with mental health issues.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented:	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

N/A

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

The Scranton Lackawanna County CoC has chosen to employ the no wrong door approach to coordinated entry whereby individuals and families entering any of our CoC agencies will receive the same assessment and referral process. Identification and engagement are components of our CoC outreach whereby CoC staff canvas homeless camps, the soup kitchen and the shelters. Homeless services are advertised on provider websites, the local helpline directory and through outreach/education to law enforcement, the medical community and various courts. Participants are directed to appropriate housing and services via use of the VI-SPDAT as well as a few pre-screening questions to identify any resources the participant may already have, and gather information relevant for specific supportive housing programs. The CoC has created a by-name list of individuals and families eligible for permanent supportive housing.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials		X				
CDBG/HOME/Entitlement Jurisdiction		X				
Law Enforcement		X	X			
Local Jail(s)		X				
Hospital(s)		X	X			
EMT/Crisis Response Team(s)		X	X			
Mental Health Service Organizations		X	X			
Substance Abuse Service Organizations		X	X			
Affordable Housing Developer(s)	X	X	X	X	X	
Public Housing Authorities		X	X			
Non-CoC Funded Youth Homeless Organizations	X	X	X	X		
School Administrators/Homeless Liaisons		X	X			
Non-CoC Funded Victim Service Organizations						X
Street Outreach Team(s)	X	X	X		X	
Homeless or Formerly Homeless Persons	X	X				

HUD funded Victim Service Organization	X	X	X		X	
VA, SSVF and HUD-VASH Providers		X	X		X	
Non-HUD funded Emergency Shelter		X	X		X	

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	19
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	18
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X
% Connected to mainstream benefits	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X
Timely submission of APR	X

Need for specialized population services	
Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC prioritized Permanent Supportive Housing Projects first, weighting the projects with 85% or more beds dedicated to Chronic Homeless more heavily. Given the nature of chronic homelessness, participants with a longer experience of homelessness plus the challenge of a disability, projects serving this population were given higher priority. For RRH, TH, SH and SSO, projects were given points if they served vulnerable populations such as DV survivors, youth, low/no income, and drug/alcohol users. For all projects, the coordinated assessment tool captures severity of needs and vulnerabilities so that those individuals or households with greater need will be scored as higher need, enabling the CoC to give these participants higher priority.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

The CoC made local competition review, ranking and selection criteria publicly available via announcement at the Public CoC meeting on October 20th and on the Collaborative Applicant's website on 10/30/2015. The information was made available to all stakeholders in the same way - at the public meeting on 10/20/15 and on the Collaborative Applicant's website on 10/30/15. All new and renewal project applicants were present at the public meeting.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)	11/18/2015
1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)	No
1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)	

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?	Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

The CoC's process and criteria for monitoring project performance and capacity is to collect Project Information Sheets for each project. On this sheet are performance measures and benchmarks for increasing participant income and access to mainstream benefits, bed utilization, and increasing housing stability. Additional information such as residence prior to entry, length of time homeless, homeless and disability status were added to determine participant eligibility. Capacity questions such as on-time APR submission, maintaining quarterly drawdowns and full expenditure of funds were also included. An Evaluation Workgroup verified that the information presented on the sheets matched project APRs. The CoC also monitors program performance mid-way through the year, focusing mostly on performance measures, bed utilization and program spending.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?	Yes
1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.	Yes
2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.	p. 7, 9-10
2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.	Yes
2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?	Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).	Clienttrack
2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).	Data Systems International

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

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

2B-2.1 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-2.2 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-2.3 Funding Type: State and Local

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

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$889
Private - Total Amount	$889

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$14,000
Other - Total Amount	$14,000

2B-2.6 Total Budget for Operating Year	$74,445

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/14/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	83	7	42	55.26%
Safe Haven (SH) beds	4	0	4	100.00%
Transitional Housing (TH) beds	162	14	148	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	125	0	125	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

The bed coverage rate for Emergency Shelter during the HIC is below 85% because there is one seasonal shelter which is run by faith based organizations. This shelter has a history of changing management and has been resistant to entering data into HMIS, citing staffing and time issues.
In the next 12 months, CoC members will outreach to this shelter staff to increase collaboration including input of data into HMIS, impressing upon them the importance of data tracking and the utility of HMIS. HMIS training and support will also be offered/conducted as needed.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	X
Youth focused projects:	
HOPWA projects:	
Not Applicable:	

2C-4. How often does the CoC review or assess its HMIS bed coverage? Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	2%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	9%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	37%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	3%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

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

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	
Projects for Assistance in Transition from Homelessness (PATH):	
None:	

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.
(limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?	Yes
2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):	01/28/2015
2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?	Not Applicable
2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):	05/14/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

Sheltered Homeless persons were interviewed during the point-in-time count using customized surveys. Through the interviews, the CoC is able to gather all of the information required for the PIT and additional information on causes of homelessness and needs. This survey data is checked against our HMIS system to confirm accuracy. All year-round homeless service providers participate in the HMIS system and client-level information is entered on a daily basis, giving the community good data quality. We decided on the survey with HMIS confirmation methodology to ensure we're obtaining all necessary PIT data plus a few extra elements which our community finds useful.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

N/A

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

We did not change the way our CoC implemented its sheltered PIT count from 2014 to 2015.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?	Yes
2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):	01/28/2015
2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?	Not Applicable
2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):	05/14/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	
HMIS:	X

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

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 survey question asking if the individual has been surveyed already that day, also ensuring no duplicates are received. The unsheltered survey information is checked against HMIS information to ensure complete and accurate data. We chose this methodology to ensure we reach all of the unsheltered people in the area and get as accurate information as is possible.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count).
(limit 1000 characters)

There was no change in methodology from unsheltered PIT count from 2014 to 2015.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method).
(limit 1000 characters)

There was no change in the way the CoC implemented the unsheltered PIT count from 2014 to 2015 that would affect data quality.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		282	233	-49
Emergency Shelter Total		90	68	-22
Safe Haven Total		4	4	0
Transitional Housing Total		188	151	-37
Total Sheltered Count		282	223	-59
Total Unsheltered Count		0	10	10

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		764
Emergency Shelter Total		511
Safe Haven Total		8
Transitional Housing Total		312

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)

The CoC's efforts to reduce the number of first-time homeless includes diversion efforts built into the Coordinated Assessment (CA) system. The CA is conducted for shelter homeless as well as other's seeking housing assistance who are already homeless or at imminent risk, identifying any other resources or avenues of support an individual or family might use and assistance with referrals and connections. Coordination with ESG Prevention providers and utility assistance providers and HAP providers is another effort employed and are some of those aforementioned resources to which a household may be referred. To ID homeless risk factors, our discharge planning committee conducts fact-finding with providers/institutions which discharge to homelessness. The CoC also works closely with mainstream service and general assistance providers to determine trends in the population they are seeing which lead to homelessness.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

The CoC identifies those with the longest time homeless using an assessment tool in the Coordinated Assessment (CA) which prioritizes need using the length of time (LOT). LOT is tracked and recorded in the HMIS system via the CA & entry assessments for CoC & ESG programs. CA is conducted at both ESG & CoC agencies/projects. In the near future, the CoC plans to run reports in HMIS which will track progress on completed the CA, & follow-up with those who are still homeless. Efforts to reduce time homeless also include increasing PH options for individuals & families via CoC & ESG funded RRH & PSH. The CoC has used re-allocation and changed program component to make those changes & used RRH strategically in ESG funds because of the need for PH. In addition, new/bonus programs are designed with the goal of increasing PH options for individuals and families so that once they are identified, enough PH is available to move into as quickly as possible.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		262
Of the persons in the Universe above, how many of those exited to permanent destinations?		190
% Successful Exits		72.52%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		130
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		117
% Successful Retentions/Exits		90.00%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The CoC uses HMIS to monitor and record returns to homelessness by persons exiting housing projects. Strategies to identify and minimize returns to homelessness are 1. Ensuring that persons exiting programs have stable sources of income, 2. Participation in budgeting/money management classes, 3. Connection with mainstream benefits, 4. Follow-up with those exiting RRH, TH and PSH programs for 6 months or more and 5. offering case management and advocacy as needed. Monitoring HMIS for re-entry to the homeless system (exits from RRH, TH and PSH) for 2 years after program exit.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

Case managers assess the income sources for which a participant may be eligible, making referrals & connections to appropriate resources such as the County Assistance Office, EARN Program, mainstream employment organizations, school, GED or training programs, or the Social Security Administration. CoC staff may accompany participants to appointments, facilitate transportation, conduct advocacy and help with applications as necessary. Over the past year, the CoC has taken advantage of the Pathway program to assist those with a criminal record with employment & the EOC's assistance with aptitude testing, school loan deferments, and counseling on employment options which offer sustainable income. Also, within the year, new CoC staff has been trained in SOARs to assist in obtaining non-employment income (SSI/SSDI) and all PSH recipients who haven't yet done so, have agreed to be trained in the upcoming year to assist disabled participants in gaining income.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

Mainstream employment organizations provide a wealth of assistance to CoC program participants and are considered valued partners in gaining permanent housing. The primary mainstream employment organizations with whom the CoC works to grow income for homeless individuals and families are Careerlink, the EARN Program, EOC & Pathstone. These organizations help clients with aptitude testing, school loan deferments, counseling on employment options offering sustainable income, resume writing & interview training, providing updated lists of job availability including those which hire people with a criminal record, career training & education - all in efforts to aid homeless individuals & families grow their income. It is estimated that 100% of CoC funded SH, TH, RRH and PSH projects connect their participants with at least one of these organizations regularly.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

The CoC Outreach team identifies & engages households living in environs unfit for human habitation by scouting known locations where homeless converge & through word of mouth with the area's homeless as well as collaboration among housing, homeless and other providers, including local and state police so that resources are known throughout the county. Homeless info. & services are available through a local hotline and the internet, & outreach workers have access to a 24-7 phone translation service for non-English speakers. Communication is fluid within the CoC's subcommittees & the broader Housing Coalition. Using the Housing 1st Model homeless individuals, when willing, are connected with shelter or permanent housing via the coordinated assessment (CA) using the no wrong door approach, whereby referral and tracking systems are set up. CA, Outreach & shelter data are tracked in HMIS & chronic homeless are additionally tracked on a by-name list which is updated monthly.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?	No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

N/A

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		18	28	10
Sheltered Count of chronically homeless persons		18	18	0
Unsheltered Count of chronically homeless persons		0	10	10

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

Although the CoC did increase the number of Chronic Homeless (CH) beds, the beds were for families. The sheltered count for CH stayed the same, as they were homeless individuals as opposed to families. Our dedicated Veteran beds went from 20 to 42, with all of the increase being TH including a new, VA-funded Veteran Grant Per Diem program for which the VA pulls from 19 counties. All of the individuals who were in the sheltered count were in the TH Veteran programs, 22 beds of which are not CoC funded.
As for the unsheltered count, the date of the 2014 PIT count was very cold. In fact, it was code blue here in Scranton. So, the police are mandated to go out and bring anyone they find on the streets or in homeless camps indoors. Also, when it is that cold, some of the homeless will find someone to double up with for a night or two until the cold passes. The 2015 count date had milder weather and those individuals who are in camps stayed in camps.

3B-1.2. From the FY 2013/FY 2014 CoC Application: 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.
(read only)

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.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?
(limit 1000 characters)

Of the strategies listed in the FY 2013/14 CoC Application, the Scranton-Lackawanna CoC did add new Permanent Supportive Housing Beds dedicated to the Chronically Homeless, going from 83 to 125 CH beds, which is an increase of 54%. We did this through the UNC's reallocated project (11/1/14 implementation) and through the implementation of the McAuley Center's bonus PSH project listed above (4/1/14 implemented). CSS decided the timing wasn't right to reallocate this year, but is looking to do so in the near future. 100% of PSH beds are CH dedicated.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	83	125	42

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

As stated above, the number of PSH beds identified as dedicated for use by chronically homeless persons increased due to a bonus PSH project being implemented and a TH project being reallocated to PSH. All of these new beds are CH-dedicated. Both of these projects are for Chronic Homeless families resulting in a dramatic increase of 54%.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

Yes

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.

pages 4 & 5

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	0
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	0
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	7
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	0.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?

Yes

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

Strategies implemented by the CoC to maximize current resources to meet the goal of ending chronic homelessness (CH) are adopting the HUD Order of Priority(leveraging the use of coordinated assessment & the VI-SPDAT to prioritize), dedicating all PSH beds to serve CH, focused ESG funding & efforts on preventing new entries into homelessness, partnering with healthcare providers to improve mental & physical health in order to obtain & maintain permanent housing, increasing an individual's ability to be self-sufficient, & engaging formerly homeless individuals in outreach efforts. The CoC will use the TA currently being given for ending Vet homelessness as it applies to CH. The CoC also hopes to increase our dedicated CH beds for individuals with a bonus project for 12 individuals during this application process, & plans to further explore partnerships with Medicaid (MA) providers or becoming MA providers ourselves to better coordinate healthcare & housing.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

The CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless includes the use of the Coordinated Entry (CE) to identify and provide correct referrals. The CE uses a vulnerability index which prioritizes families appropriate for RRH. Additionally, the CoC prioritizes use of CoC and ESG funds for RRH programs based on HIC, PIT and CE data. Focusing funds this way gives the CoC a greater inventory with which to serve homeless families. As another part of our plan, we have met with the mayor to address the slow response on our requests for Environmental Reviews. Additionally, the CoC plans to hold a landlord "fair" to enlist more landlords who are willing to accept the CoC's program participants and ESG/CoC funds. Within the next few months, an HMIS report will track progress on families who completed the CE, & CoC providers will follow-up with those who are still homeless two weeks from the CE.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve families in the HIC:		2	0	-2

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	X
CoC holds trainings on preventing involuntary family separation, at least once a year:	
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	52	38	-14
Sheltered Count of homeless households with children:	52	38	-14
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The reason for the decrease in the number of households with children is due to the CoC's increase in the Permanent Supportive Housing available to this population. From the 2014 to the 2015 count, 2 programs were added resulting in 45 additional beds. One of the programs was a result of reallocation of a family program from TH to PSH, reducing the number of TH beds available for families.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	
Community awareness training concerning youth trafficking:	X
N/A:	

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

		FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:		82	82	0

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$167,000.00	$173,000.00	$6,000.00
CoC Program funding for youth homelessness dedicated projects:	$0.00	$0.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$167,000.00	$173,000.00	$6,000.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	3
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	0
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	14

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators. (limit 1000 characters)

The CoC has established an education subcommittee to address and help identify homeless families and to inform them of their rights in regards to education. One key member of the committee is the local Education for C&Y Experiencing Homelessness Liaison. He is the direct point of contact who is in communication with school counselors, superintendents, teachers and local Head Start preschool programs. The education committee organizes an annual presentation on youth homelessness and education rights of homeless youth for all Lackawanna County school districts and homeless service providers. Resources such as brochures and websites were also distributed at the meeting. In addition, CoC meetings are attended by youth housing and service providers regularly and planning events are attended by several youth housing providers, including one exclusively for youth (Head Start and Post-foster care) and others where youth are a large percentage of the population served.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Policies & Procedures CoC and ESG Programs are required to follow in regards to eligibility for educational services are: 1. Upon project entry, homeless families are given information on the education rights for homeless children, 2. Assistance is provided as necessary in facilitating/coordinating education for the child/children at the school/site the family chooses and as is within their rights (i.e phone calls to schools, assistance in completion of forms and coordinating transportation), and 3. If necessary, advocacy in the form of education and involvement of the local Education for C&Y Experiencing Homelessness Liaison is provided.
The Coordinated Assessment(CA) system is the major way CoC agencies identify eligible participants. Through this system, families entering any of the CoC or ESG program applicants and identifying as homeless will receive the appropriate referral to a CoC or ESG program. In addition, the CoC coordinates an educational presentation at least yearly on homeless youth, their educational rights and signs and signals that a student may be homeless. This program is attended by local, county-wide school districts, the Office of Children & Youth Services (OYFS), and local homeless providers. It also gives information on the CoC's resources for homeless children and families and eligibility requirements for the programs. Participants in the presentation are encouraged to make the appropriate referral to homeless services within the CoC. Along with educational partner referrals, CoC & ESG programs receive many referrals from OYFS. In fact, OYFS is a partner, providing leverage & match for several programs.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:		36	36	0
Sheltered count of homeless veterans:		36	36	0
Unsheltered count of homeless veterans:		0	0	0

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

There was no change in the homeless veteran PIT count from 2014 to 2015. While the CoC has had success moving homeless veterans into sheltered situations as evidenced by the 0 count for unsheltered veterans for both years, there are many TH and VA Grant Per Diem beds in our area. In fact, the number of dedicated veteran beds increased with a new VA Grant Per Diem program from 20 TH beds to 42 TH dedicated veteran beds, providing much needed services for homeless veterans in conjunction with the local VA Medical Center in Wilkes Barre. The beds and referrals to the aforementioned programs are the reason that the PIT count remained the same.
As for the unsheltered count, outreach and shelter workers are well aware of the multitude of resources available for veterans in our CoC including the above programs, VASH vouchers, SSVF funding and VA services and successfully connect veterans with services and programs.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)**

One of the 1st questions a homeless indiv. or family entering the area is asked in the Coordinated Entry (CE) system or upon entry into an outreach (SSVF,VAMC,CoC/ESG-funded) program is vet. status. It's a part of both CE, entry interviews & outreach contacts. If the individual isn't able to answer, staff from above-referenced places would check with the VA to see if a record exists. Upon identification by any of the above, a vet is referred to the VAMC to determine service eligibility. VA & SSVF staff attend monthly general CoC meetings as well as monthly chronic homeless meetings, staying engaged in this CoC's efforts to end vet. homelessness, distributing contact information for VA,CoC,SSVF,ESG funded programs to make referrals for all vets. Referrals are generally made via phone call, although we hope to be able to refer through HMIS within the next few months. The VA has been very responsive to referrals, at times driving from the next county for new referrals the same day.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)**

For Veterans who are not eligible for homeless assistance through the US Dept. of Veterans Affairs, the CoC checks with SSVF to see if the Veteran may be eligible for their services. The CoC also has many supportive housing and ESG funded programs for which being a service eligible veteran is not a requirement. At this time, VA service ineligible veterans are being prioritized for these housing options. So, if all other things are equal(length of time homeless, service needs, etc.), and one person is a vet and the other is not, the vet would be offered program assistance first.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	43	36	-16.28%
Unsheltered count of homeless veterans:	0	0	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

No

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

We are currently receiving Vets @ Home TA, which will hopefully educate us on strategies to assist in ending veteran homelessness, such as a re-thinking of how we utilize veteran TH beds including CoC funded and VA funded GPD beds. We also hope to gain methods to engage landlords in our region, determine if the amount of resources, esp. SSVF, are enough and, if not, develop strategies to gain more.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	20
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	16
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	80%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)**

The CoC is in a Medicaid expansion State and collaborates with Scranton Primary Health Care Center, the Wright Center and UNC's CH Program and Regional Hospital for health insurance enrollment. One outcome from such collaboration occurred after an SHP program participant was struck by a car while riding his bicycle. Regional was able to connect him with Medical Assistance (MA), enabling him to have the treatment necessary (including multiple surgeries and PT visits) to recover from his injuries. Another participant who had been receiving dialysis in the ER had Medicare, but nothing else. Through his work with the CH Program, he was connected with MA through the marketplace and then with Medical Transportation to receive dialysis regularly. After having dialysis regularly, he has decided to pursue a transplant. There are many steps involved and this consumer is now self-advocating at all medical appointments.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Healthcare advocacy	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	20
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	20
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	20
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	20
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		5	0	-5

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?

No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

**4B-7a. If "Yes" in Question 4B-7, 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 2500 characters)**

N/A

4B-8. Has the project been affected 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 2015 CoC Program Competition? No

**4B-8a. If "Yes" in Question 4B-8, 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

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	X
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
H2 (Housing and Healthcare)	X
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Vets at home	11/02/2015	3

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Does Not Apply	11/17/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	Ranking and Revie...	11/02/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating & Review p...	11/02/2015
05. CoCs Process for Reallocating	Yes	Process for reall...	11/17/2015
06. CoC's Governance Charter	Yes	Governance Charte...	11/16/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy & Pro...	11/17/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA preference do...	11/17/2015
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	CoC HMIS MOU	11/17/2015
11. CoC Written Standards for Order of Priority	No	CoC P&P	11/09/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	PA-508 FY 2015 GIW	10/02/2015
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Does Not Apply

Attachment Details

Document Description:

Attachment Details

Document Description: Ranking and Review Criteria 2015

Attachment Details

Document Description: Rating & Review public posting

Attachment Details

Document Description: Process for reallocating

Attachment Details

Document Description: Governance Charter w/ HMIS MOU

Attachment Details

Document Description: HMIS Policy & Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA preference documents

Attachment Details

Document Description: CoC HMIS MOU

Attachment Details

Document Description: CoC P&P

Attachment Details

Document Description:

Attachment Details

Document Description: PA-508 FY 2015 GIW

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/18/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/13/2015
1F. Project Review	11/17/2015
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/16/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/13/2015
2D. HMIS Data Quality	11/18/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/13/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/17/2015
3B. Objective 1	11/17/2015
3B. Objective 2	11/18/2015
3B. Objective 3	11/18/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/13/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required

The CoC did not reject or reduce any projects using the reallocation process in the FY 2015 CoC Program Competition, and this document does not apply.

Ranking and Selection Criteria for the Fiscal Year 2015 Continuum of Care Program Competition (NOFA)

BACKGROUND FROM THE NOFA

For the 2015 CoC Program Competition, approximately $1.83 billion is available for FY 2015. Although the available amount of funding is expected to be sufficient to fund anticipated eligible renewal projects in the FY 2015 funding process, HUD continues to require Collaborative Applicants to rank all projects in two tiers. *(HUD places strong emphasis on performance and encouraging CoCs to reallocate under-performing projects).*

The CoC must assign a unique rank to each project that it intends to submit to HUD for FY 2015 funding for both new and renewal projects, excluding CoC Planning. HUD strongly advises CoCs to rank higher those project applications the CoC determines are high priority, high performing, and meet the needs and gaps as identified by the CoC.

Each CoC must comprehensively review both new and renewal projects within its geographic area, using CoC-approved scoring criteria and selection priorities, to determine the extent to which each project is still necessary and addresses the listed policy priorities. Funds for projects that are determined to be underperforming, obsolete, or ineffective should be reallocated to new projects that are based on proven or promising models.

Reallocation during this cycle will include the opportunity to reallocate funds to new permanent housing projects (PSH/RRH) as well as to HMIS and Coordinated Entry Systems.

CoCs should consider the policy priorities established in the NOFA in conjunction with local priorities to determine the ranking of new projects created through reallocation, CoC planning, UFA costs, and renewal project requests.

HUD'S POLICY AND PROGRAM PRIORITIES

(1) Strategic Resource Allocation
(2) Ending Chronic Homelessness—increasing beds, targeting chronic homeless, Housing First
(3) Ending Family Homelessness—Rapid Re-Housing, moving as quickly as possible into PH
(4) Ending Youth Homelessness - coordinate with youth serving organizations
(5) Ending Veteran Homelessness - prioritize vets & their families who can't be assisted with VA housing & services and work closely with VA
(6) Using Housing First Approach - rapid placement & stabilization in permanent housing without preconditions/requirements
- remove barriers
- coordinated entry system
- prioritizing households most in need
- inclusive decision making

HUD'S PROJECT RANKING CRITERIA FOR THE COC PROGRAM COMPETITION FROM 2015 NOFA

HUD has announced that there is enough funding to approve all Tier 1 new and renewal programs. HUD will first select all projects from Tier 1 by CoC score:

Rationale for Preliminary Rankings

- Closely followed HUD's priorities and guidelines for ranking projects
- Examine under-performing projects and consider reallocation
- Projects/agencies engagement in Continuum of Care efforts and Coordinated Entry will be weighed when ranking projects
- Projects that serve chronically homeless—those programs with dedicated CH beds were ranked higher on the list than programs without dedicated beds. Programs that described they would target chronically homeless for non-dedicated beds as they became available were ranked higher on the list
- Projects implementing Housing First model ranked higher
- Transitional Housing programs ranked lower on list based on HUD's priority of permanent housing projects

PERFORMANCE MEASURES FROM THE 2015 NOFA

The following performance measures will be considered when evaluating the performance of renewal projects.

Housing Stability. Achieving housing stability – the ability to obtain and maintain permanent supportive housing or permanent housing – is critical for the homeless.

At least 65% (NOFA says 80% - plan to raise for next eval.)of Project participants either remained in permanent housing, or exited from project to permanent housing (as reported in the most recently submitted APR).

Jobs and Income Growth. CoC Program-funded projects should assist project participants to maintain or increase income, which is one way to ensure housing stability and decrease the possibility of returning to homelessness.

Project Applicants must clearly demonstrate that participants in their project maintained or increased employment income from all sources during program participation as reported in all

APRs. Maximum points will be awarded to applicable projects where 50 percent or more of participants in the projects have employment income.

Mainstream Benefits. CoC Program-funded projects should assist project participants to obtain mainstream benefits, which is one way to ensure housing stability and decrease the possibility of returning to homelessness.

Project Applicants must clearly demonstrate that participants in project maintained or increased their mainstream benefits during program participation (as reported in all APRs). Maximum points will be awarded to projects where at least 50% of participants obtain mainstream benefits.

Housing First for PH and Low Barrier for TH. CoC Program-funded projects should provide housing without precondition such as sobriety or income requirement. Also, projects should not have participation requirements.

Maximum Points will be awarded to projects that have demonstrated that they are low barrier and commit to use Housing First/Low Barrier model.

Ending Chronic Homelessness. CoC Program-funded PSH projects should either be dedicated to serve the chronic homeless or have their beds prioritized for chronic homeless.

Maximum Points will be awarded to projects that have at least 85% of PSH beds dedicated to chronic homeless or, those that become available through turnover are prioritized for the chronically homeless.

Consider Severity of Needs/Vulnerabilities. CoC Program-funded TH projects should consider the severity of needs experienced by program participants, including low/no income, substance abuse, criminal record, DV experience.

Maximum Points will be awarded to projects that serve households with severe needs/vulnerabilities.

Scranton/Lackawanna County Policy on Project Ranking and Tiering

Section I: Scranton/Lackawanna County Policy on Project Re-Allocation, Ranking and Tiering

A. Policy Objectives:

In developing our local policy governing project ranking, re-allocation and tiering Scranton/Lackawanna County CoC's objectives are to:

- Comply with HUD requirements;
- Preserve funding for high performing projects;
- Reallocate from lower performing projects to new projects that help advance our community's goal of reducing homelessness and are in line with HUD priorities.

B. Project Review and Ranking Policy:

The Scranton/Lackawanna County CoC will invite submissions for new and renewal projects and will conduct a review and ranking following the procedures stated in Sections III and IV.

The general approach to rating and ranking will be to organize projects into three groups, following the priority order established by HUD:

1) renewal PH and RRH;
2) new PH and RRH;
3) renewal transitional housing;
4) renewal SSO

Within each type, projects will be scored using a score system specific to that program type and placed within their ranked order, with renewal PSH and RRH in the first group (ordered by score), the new PSH and RRH in the second group (ordered by score), the renewal Transitional Housing in the third group (ordered by score), and renewal Supportive Services Only in the fourth group.

C. Tiering Policy

The rank order of projects has been determined that 85% of the ARD ($2,196,088.90) fall into Tier 1 while the remainder of the ARD, plus the 15% available for new projects ($775,090.20) are categorized under Tier 2. The CoC reserves the option of re-ordering the project list to place projects in Tier 2 to best position Scranton/Lackawanna County to receive the maximum overall funding.

As HMIS is a HUD mandated requirement in order to receive Continuum of Care funding, is strongly recommended as one of the top priorities in Tier 1 in order to secure funding for this authorized activity. Per HUD guidance, HMIS will be placed in Tier 1.

The CoC Planning Grant does not need to be ranked according to 2015 NOFA.

Section II: Process for Rating and Ranking of Renewal Projects

A. Scoring Criteria for Renewal Permanent Housing (PSH and RRH), Transitional Housing (TH) and Supportive Services Only (SSO) Projects

The scoring system will have a maximum of 100 points with 70 points for project performance and 30 points for threshold factors. Data to assess both performance and threshold criteria will be obtained from the information in the project APRS, the Project Information Sheets and e-snaps.

Priority will be given to Transitional Housing which falls in line with serving HUD priority populations. The performance measures will be based on those established by HUD and tracked through HMIS data:

- at least 65 percent of project participants either remained in the project, or exited to a permanent housing location;
- at least 50 percent of project participants maintained or increased their income from all sources in an operating year;
- at least 50 percent of project participants obtained or maintained mainstream benefits;
- was the project at full capacity on the last Wednesday of January, April, July and October of the operating year?
- Is the project Housing First (PH) or Low Barrier (TH/RRH)
- For PSH – are at least 85% of beds dedicated to Chronic Homeless?
- For RRH/TH/SSO: Does your project serve:
    - low/no income households?
    - Those fleeing domestic violence?
    - Households with substance abuse issues?
    - Youth from ages 18 – 24?

The CoC will convene an unbiased project review panel to review each renewal project. Projects will be scored based on a 100 point system. The scores will then be averaged for each project by CoC Staff and the CoC Board will meet for final ranking and approval.

B. HMIS Renewal

Consistent with previous CoC applications, HMIS renewals will be assessed performance and spending in alignment with HUD requirements. As noted in Section II, the HMIS renewal will be placed in Tier 1.

Section III: New Projects

The CoC Board will examine recommendations from the CoC Evaluation Workgroup and CoC staff to determine the amount of funding available for reallocation. Additionally, the CoC may apply for Permanent Housing Bonus funding when available.

Reallocated funds and new bonus funds will be awarded through a Request for Proposal (RFP) process for open competition for projects that provide permanent supportive housing to chronically homeless and or RRH for homeless families.
The RFP will be structured to award funds to projects that 1) meet Scranton/Lackawanna County's CoC needs; and 2) are most competitive and likely to receive HUD funding. In addition, projects must meet HUD's threshold and quality requirements. The RFP will require applicants to submit project narrative, applicant capacity and financial information sufficient to assess all of these factors.

To evaluate whether projects meet the HUD threshold and quality standards, the projects will be reviewed by CoC staff.

New projects will be reviewed by the CoC Board to determine whether they meet priorities for housing in Scranton/Lackawanna County. The final approval and ranking of new projects will be discussed by the CoC Board to determine the order on the Project Priority Listing.

Section IV: Final Project Priority List and Notification to Applicants

Once the rating and ranking processes for new and renewal applicants are complete, CoC staff will integrate the results of the scoring/ranking processes and create the final proposed Project Priority Listing for review by the CoC Board. This proposed list can include recommendations to adjust the placement of projects in Tier 2 in order to maximize the total funding award for Scranton/Lackawanna County. The proposed final list will be approved, notice sent to the applicants of the final results and the list will be posted on United Neighborhood Centers' website.

Attachment A

Permanent Supportive Housing (PSH) Performance Measures - Max. 70 Points

1. at least 65 percent of project participants either remained in permanent housing or exited to another PH
2. at least 50 percent of project participants maintained or increased their income from all sources in an operating year;
3. at least 50 percent of project participants obtained or maintained mainstream benefits;
4. program spent all of its allocated funding for the last program year
5. program was at full capacity for
    a. last Wed. of January
    b. last Wed. of April
    c. last Wed of July
    d. last Wed of October
6. Is the project Housing First (PH) or Low Barrier (TH/RRH/SSO)?

7a. For PSH – are at least 85% of beds dedicated to Chronic Homeless?

7b. For RRH/TH/SSO: Does your project serve:

- a. low/no income households?
- b. Those fleeing domestic violence?
- c. Households with substance abuse issues?
- d. Youth from ages 18 – 24?

Projects meeting: Performance measures 1 through 4 receive 10 points each.
Item 5 is worth a total of 20 points with each performance measure receiving 5 points each.
Item 6 is worth 5 points and 7a (only for PSH programs) is worth 5 points and 7b (only for RRH/TH/SSO) is worth 5 points

Threshold Renewal Points	Source Document	Max Points
Project Performance		20
APR submitted on time	e-snaps	5
At least quarterly drawdowns from LOCCS	Project information sheets	5
Correct Leverage and Match	Project Application	5
Participant Eligibility	Project info sheets/APR	5
Length of time homeless	Project Info sheets	0
CoC Strategic Participation		10
Attendance & Participation CoC Committees	CoC Attendance Documentation – documented attendance of CoC alliance and committee meetings by agency staff/board member.	10
Total		30

Attachment B
Project Information Sheet

Project Name/Number: _____

1. Type of project? _____
2. Housing First (PSH)/Low Barrier (TH/SSO)? _____
3. Did at least 65 % of project participants either remain in project or exited project to PH?_ _____
4. Did at least 20 percent or more of project participants have employment income or SSI/SSDI for those who are not employable? _____
5. Did at least 50 percent of project participants maintained or increased their income from all sources during the operating year? _____
6. Did at least 50 percent of project participants obtained or maintained mainstream benefits? _____
7. Did the program spend all of its allocated funding for the last program year?
8. Program was at full capacity for:
    a. last Wednesday of January? _____
    b. last Wednesday of April? _____
    c. last Wednesday of July? _____
    d. last Wednesday of October? _____
9. Was the project's most recent APR submitted on time? _____
10. Did the project draw down funds from LOCCS at least quarterly? _____
11. Number of program Participants/households: _____
12. Number of program households with a documented disability? _____
13. Number of program participants who were homeless or at risk of being homeless prior to program entry? _____
14. Length of time each program participant was homeless prior to program entry? (Indicate the number of participants/households next to each category)
    a. less than 1 month _____
    b. 1 to 3 months _____
    c. 3 to 6 months? _____
    d. 6 month to 12 months? _____
    e. 1 year or longer? _____
15. Residence prior to program entry? (Indicate the number of participants/households next to each category) If fleeing DV, please indicate so in "other"
    a. emergency shelter _____
    b. transitional housing _____
    c. permanent housing _____
    d. staying with friend or relative _____
    e. hotel/motel _____
    f. place not meant for habitation _____
    g. other: _____

2015 Scoring Sheet

Project Name	
Grant Term	
Performance Measures (70)	
Threshold Renewal Points (5)	
Leverage (2.5)/Match (2.5)	
Project Performance (15)	
APR submitted on time (5)	
Participant Eligibility (5)	
At Least quarterly drawdowns from LOCCS (5)	
CoC Strategic Planning (10)	
Attendance and Participation in CoC Alliance and Committees (10)	
TOTAL	

- One Stop Shop
- Foreclosure Prevention
- Homebuyers Club
- Condemnation

Supportive Housing

Continuum of Care

Donate Now

Scranton/Lackawanna County Continuum of Care (CoC) is committed to streamlining and strengthening the current service deliveries that its member agencies offer to the community through collaborative efforts, planning, and partnerships. The members of the Continuum of Care include Directors, Case Managers, and representatives of agencies in Lackawanna County who are dedicated to serving the homeless and at risk population. The CoC meets monthly to discuss the programs currently operated under each agency and to identify ways to expand services to better meet the needs of the community. The goals of the CoC are to prevent and end homelessness, support the needs of the homeless population, and help individuals to achieve self sufficiency. The members monitor the characteristics and situations of the homeless population, operate and develop new programs, and identify strategies on how to best use all of our available resources.

UNC is responsible for the completion and submission of the Continuum of Care Homeless Assistance Competition, as well as the Housing Inventory Chart and the Point in Time Count.

Besides UNC, the following non-profits are an integral part of providing homeless services to Northeastern Pennsylvania and are included in the statistical compilation for the CoC:

- Catherine McAuley Center
- Catholic Social Services
- Community Intervention Center
- St. Joseph's Center
- Voluntary Action Center
- Women's Resource Center

Fiscal Year 2015 Continuum of Care Competition Application Materials:

- Ranking & Selection Criteria 2015

Fiscal Year 2013-2014 Continuum of Care Competition Application Materials:

- Consolidated Application
- Certification of Consistency with the Consolidated Plan
- Chronic Homeless Priortitazation List
- CoC Governance Charter
- HMIS Governance Charter
- Meeting Minutes for ANNUAL meeting
- Process for funding cuts
- Ranking for FY2013-2014
- Score Card

United Neighborhood Centers
of Northeastern Pennsylvania
425 Alder Street
Scranton, PA 18505

Fax: 570-207-4242
Phone: 570-346-0759
Toll-Free: 866-288-8830

11/2/2015

Ranking and Selection Criteria for the Fiscal Year 2015 Continuum of Care Program Competition (NOFA)

BACKGROUND FROM THE NOFA

For the 2015 CoC Program Competition, approximately $1.83 billion is available for FY 2015. Although the available amount of funding is expected to be sufficient to fund anticipated eligible renewal projects in the FY 2015 funding process, HUD continues to require Collaborative Applicants to rank all projects in two tiers. *(HUD places strong emphasis on performance and encouraging CoCs to reallocate under-performing projects).*

The CoC must assign a unique rank to each project that it intends to submit to HUD for FY 2015 funding for both new and renewal projects, excluding CoC Planning. HUD strongly advises CoCs to rank higher those project applications the CoC determines are high priority, high performing, and meet the needs and gaps as identified by the CoC.

Each CoC must comprehensively review both new and renewal projects within its geographic area, using CoC-approved scoring criteria and selection priorities, to determine the extent to

11/2/2015

CoC Public Meeting Minutes 10-20-2015

2:35: Brief intro and welcome by Shannon Quinn-Sheeran, United Neighborhood Centers and Sr. Susan Hadzima, IHM, CoC Chair, Catherine McAuley Center. Meeting participants are encouraged to ask questions, make suggestions or make any public comments they desire on CoC activities.

2:40: Jerry Auriema from the City of Scranton reads a letter from the mayor expressing his interest and intent to end veteran homeless in the area and announcing his signing of the Mayor's Challenge.

2:45: Steve Nocilla, Catholic Social Services, speaks about the CoC's commitment to ending veteran homelessness and recent progress on that goal.

2:45: Tion, a homeless veteran, gives a brief history on his roots here in the area and how CoC and VA programs have helped him throughout the years and continue to help him now.

2:50: Jason Griffiths from Community Intervention Center, chair of the Chronic Homeless Committee, informs everyone on how they conduct outreach. He also explains the rating system for those on the chronic homeless list, and the criteria for being on the list. The committee has recently implemented a system of conducting case conferences for those on the CH list where individuals and/or families are discussed by committee members and next steps identified.

3:05: Kim Cadugan, Coordinated Assessment Chair, explains the Coordinated Assessment program including the No Wrong Door approach and the assessment tool used. She announced that plans are in the works to get this system into HMIS. Mary Ann Kochanski, Scranton Housing Authority asked for clarification on the CA system, how it is accessed and what is received by a client. She also asked how rent is determined for CoC program participants.

3:10: Shannon announces that we are currently in the process of applying for CoC homeless funds through this year's NOFA competition. The CoC is applying for more than $2.5 million in homeless assistance funding. As part of the competition, a rating, evaluating and ranking of projects is required. The CoC approved the policy for that process this year and Shannon announced that this is available for anyone who is interested. She said that it includes several measures that programs are familiar with through their APRs including maintaining/increasing income, obtaining permanent housing, connection to mainstream resources and other criteria. Participants are encouraged to contact Shannon if they want a copy of the policy and all of the criteria.

3:15: Shannon announces any questions/comments are welcome again. Mary Ann Kochanski asks for clarification on a NOFA question she received about homeless entries to the housing authority.

3:20 Meeting adjourned

Meeting minutes submitted by:

Kevin Munley, United Neighborhood Centers, Data Support Coordinator

Kevin Munley

Scranton/Lackawanna County Continuum of Care

Process for Project Reallocation

The CoC Board examines the CoC's housing inventory and the needs of the community along with HUD priorities to determine CoC and ESG funding priorities. The CoC comprehensively reviews both new and renewal projects within its geographic area, using a CoC-approved scoring criteria and selection priorities to determine the extent to which each project is still necessary and addresses the listed policy priorities. See document *Ranking and Selection Criteria for the Fiscal Year 2015* for a complete description of these.

Low-scoring projects and those determined not to be within selection priorities are discussed with the CoC board. The project applicant is given an opportunity to make the case as to why the program should be included. This information is weighed along with the scoring criteria and the board determines if the project will be included or reallocated.

PROGRAMS

Housing Counseling

- One Stop Shop
- Foreclosure Prevention
- Homebuyers Club
- Condemnation

Supportive Housing

Continuum of Care

Donate Now

United Neighborhood Centers is the lead agency for the Scranton/Lackawanna County Continuum of Care and provides administrative support and technical assistance for the agencies and its functions. The Scranton/Lackawanna County Continuum of Care (CoC) is committed to streamlining and strengthening the current service deliveries that its member agencies offer to the community through collaborative efforts, planning, and partnerships. The members of the Continuum of Care include Directors, Case Managers, and representatives of agencies in Lackawanna County who are dedicated to serving the homeless and at risk population. The CoC meets monthly to discuss the programs currently operated under each agency and to identify ways to expand services to better meet the needs of the community. The goals of the CoC are to prevent and end homelessness, support the needs of the homeless population, and help individuals to achieve self sufficiency. The members monitor the characteristics and situations of the homeless population, operate and develop new programs, and identify strategies on how to best use all of our available resources.

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- Voluntary Action Center
- Women's Resource Center

Fiscal Year 2015 Continuum of Care Competition Application Materials:

- Ranking & Selection Criteria 2015
- Process for Project Reallocation
- Project Priority Listing
- Ranking Tool

Fiscal Year 2013-2014 Continuum of Care Competition Application Materials:

- Consolidated Application
- Certification of Consistency with the Consolidated Plan
- Chronic Homeless Priortitazation List
- CoC Governance Charter
- HMIS Governance Charter
- Meeting Minutes for ANNUAL meeting
- Process for funding cuts
- Ranking for FY2013-2014
- Score Card

SCRANTON/ LACKAWANNA COUNTY CONTINUUM OF CARE:

BY LAWS

ARTICLE 1: NAME

The name of the organization is: **Scranton/ Lackawanna County Continuum of Care**

ATTICLE II: PURPOSE AND FUNCTION

1. Promote community-wide commitment to the goal of ending homelessness
2. Act 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
3. Promote access to effective utilization of mainstream programs by homeless individuals and families
4. Optimize self-sufficiency among individuals and families experiencing homelessness
5. Provide funding to support the CoC structure and process

ARTICLE III: MEMBERSHIP

Membership is open to representatives of non-profit organizations, private businesses, individual members 18 years and over, homeless and formerly homeless individuals and governmental entities as well as elected officials committed to the goal of ending homelessness in Scranton/ Lackawanna County.

ARTICLE IV: Board of Directors

1. The Scranton/ Lackawanna Continuum of Care shall be governed by a Board of Directors consisting of a maximum of nine members.

2. Not less than two thirds of the Board shall be comprised of current providers of services to the homeless and an active participant in the Continuum's Homeless Management Information System.

3. At least one member of the Board shall be a homeless or formerly homeless individual.

4. New members may be admitted to the Continuum of Care Board of Directors by action of the current Continuum of Care Membership with two-thirds vote of the members present.

5. Each organization may have only one voting member, and no individuals may represent more than one organization for the purpose of voting.

6. The Board shall meet at least quarterly.

ARTICLE V: OFFICERS

1. The officers shall be as follows: Chair, Vice-Chair, and Secretary.

2. The term of the office is two years.

3. Should one of the positions be vacated before expiration term, the Nominating Committee will propose a replacement, which will take office upon the approval of a simple majority of the Board Coalition and affirmed at the next annual meeting.

4. The three officers constitute the Executive Committee.

ARTICLE VI: Nominations and Elections

1. The Nominating committee is comprised of three members from the Board, shall be nominated and elected at the Annual Meeting for a term of one year.

2. The Nominating Committee shall analyze the composition of the slate candidates for offices, and make nominations for vacancies.

3. The slate for nominees willing to serve or as officers shall be submitted to the Executive Committee for approval.

4. Additional nominations may be made from the floor at the annual meeting by any member with the consent of the person being nominated.

5. The Continuum of Care membership votes on the recommended slate; a simple majority is required for election. The new officers take their positions at the January meeting.

6. The Nominating Committee is responsible for notifying nominees after their election and scheduling an orientation to acquaint them with the programs operated by the Continuum of Care.

Article VII: Conflict of Interest and Recusal

1. APPLICABILITY

   All members of the Board of Directors of the Scranton/ Lackawanna Continuum of Care (SLCoC) shall adhere to the following policy concerning Conflicts of Interest.

2. POLICY

The purpose of the conflicts of interest policy (this "Policy") is to protect the interests of SLCoC, when it is contemplating entering into transaction or arrangement that might benefit the private interest of a Director or Officer of SLCoC. This Policy is intended to supplement but not replace any applicable laws governing conflicts of interest for SLCoC.

Directors, Officers, and staff of SLCoC shall, during the course of performing services for SLCoC, maintain the highest standards of ethical behavior, integrity and public responsibility. Actual, potential and/or perceived conflicts of interest may damage SLCoC's reputation and must be avoided. Doubts as to whether an actual, potential or perceived conflict exists must be resolved by full disclosure and reporting as set forth in this policy statement.

3. CONFLICTS OF INTEREST

Potential conflicts of interest ("Potential Conflicts") include:

1. Having a Financial Interest, as that term is defined below;

2. Acting in multiple capacities either within or without SLCoC in any matter or transaction relating to SLCoC;

3. Receiving compensation for services to SLCoC, other than approved compensation for staff;

4. Accepting favors, gifts, gratuities, or taking part in any activities or transactions that relate to, affect or influence decisions made for, regarding, or on behalf of SLCoC;

5. Using information or relationships inappropriately or in ways that might damage confidentiality and/or relationships with SLCoC;

6. Participating in any arrangements or transactions which might give the appearance of a conflict of interest.

4. FINANCIAL INTEREST

A person has a Financial Interest if the person has, directly or indirectly, through business, investment or family:

1. An ownership or investment interest in any entity with which the SLCoC has an actual or proposed transaction or arrangement, or

2. A compensation arrangement with any entity with which SLCoC has a transaction or arrangement, or

3. A potential ownership or investment in, or compensation arrangement with, any entity or individual with which SLCoC is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

A Financial Interest is not necessarily a conflict of interest. A person who has a Financial Interest may have a conflict of interest only if the SLCoC Board of Directors decides that a conflict of interest exists, as set forth in the Reporting and Resolution Procedures below.

5. REPORTING AND RESOLUTION PROCEDURES

A. Duty to Disclose

Any Director, Officer or staff member of SLCoC must disclose the existence of his or her Potential Conflict to SLCoC's Chairperson of the Board of Directors and must be given the opportunity to disclose all material facts to the Board Directors or committee designated by the Board of Directors to consider the proposed transaction or arrangement.

B. Determining Whether a Conflict of Interest Exists

After disclosure of all Potential Conflicts and all material facts, and after any discussion with the individual with the Potential Conflict, that individual shall leave the Board of Directors or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board of Directors shall decide if a conflict of interest exists.

C. Procedures for Addressing the Potential Conflict

After exercising due diligence, the Board of Directors or designated committee shall determine whether SLCoC can obtain an arrangement with reasonable efforts that would not give rise to a conflict of interest. If such an arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board of Directors or designated committee shall determine by a majority vote if the transaction or arrangement giving rise to the Potential Conflict is in SLCoC's best interest and for its own benefit and shall make its decision as to whether to enter into the transaction or permit the arrangement in conformity with such determination.

D. Record-keeping Regarding Potential Conflicts

The minutes of the Board or committee reviewing a Potential Conflict shall contain: the names of the persons who disclosed or otherwise were found to have a Potential Conflict; the facts related to the Potential Conflict; any action taken to determine whether a conflict

of interest was present; and the Board of Director's or committee's decision as to whether a conflict of interest in fact existed.

ANNUAL REPORTING

All individuals covered by this policy shall complete and sign the Conflict of Interest Statement (See Exhibit A) annually. Such statement will serve as a continuing reminder and control mechanism, but should not modify the obligation for individuals covered by this policy to report Potential Conflicts as they arise.

ARTICLE VIII: EXECUTIVE COMMITTEE AND STANDING COMMITTEES

1. The Executive Committee plans and organizes the meetings of the Continuum of Care Bi-Annual Meeting of members and the quarterly meetings of the Board.

2. The Executive Committee acts in the Continuum of Care's name when urgent matters require immediate action. The Executive Committee will advise all Board members of such actions.

3. The Executive Committee shall appoint chairs of all standing committees.

   Standing Committees:

   A. Committee for the Chronically Homeless: This committee meets monthly to review the action steps in the 10 year plan to end chronic homelessness, develop new goals and objectives such as creating new PSH beds and oversee the identification of chronically individuals and families in the community. The committee chair is responsible for organizing the agenda and updating the chronic homeless list. All Continuum of Care funded agencies shall be represented on this committee. Additional members of the Continuum of Care may serve on this committee as well.

   B. Homeless Management Information System (HMIS) Governance Committee & Users Group: This 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 reviews, revises and approves the privacy, security and data quality plans for the CoC and reviews the data quality of each program participating in HMIS to ensure reliable and correct data on a monthly basis. The Chair is the HMIS administrator who is responsible for organizing agendas and providing training/guidance for the HMIS system. All Continuum of Care funded agencies with the exception of the Victims Service Provider must be represented on this committee.

   C. Discharge Planning Committee: This committee meets quarterly to develop and implement discharge planning policies to prevent homelessness following discharge from publicly funded institutions. This committee has representatives from all publicly funded systems of care/institutions in the CoC as well as hospitals and

homeless providers. This group reviews PIT data and monthly reports from emergency shelters regarding discharges that resulted in homelessness. This group also organizes annual in-service opportunities for hospitals or correctional facilities to understand more about the homeless providers in the community.

D. Educational Assurances Committee: This committee meets bi-monthly to ensure that families of school aged children have knowledge of their educational choices. The CoC strives to give all school aged children the opportunity to continue their education at the school which they have been attending prior to their homelessness or displacement. The committee consists of members from several CoC agencies and is collaborating with local educational agencies to assist with identifying homeless children and informing their families of their educational options.

E. Housing Coalition: This committee meets monthly to provide the systemic and strategic coordination of housing and services within the community, including services to homeless persons. This committee oversees the needs and provisions of the CoC and housing services in the county.

F. Coordinated Assessment: This committee meets monthly to coordinate and implement the coordinated assessment process for the Scranton/Lackawanna county CoC. This committee is responsible for the creation and review of the assessment process. Membership is comprised of at least 1 person from each of the CoC funded agencies.

G. Evaluation Committee: This committee is responsible for the evaluation of CoC funded programs through a performance score card. This committee is crucial in order to assess how well or how poorly programs are performing based on goals and objectives outlined in the score card. Members of this committee shall not be CoC funded agencies and shall represent independent agencies and organization.

H. Nominating Committee: This committee shall be elected and serve as defined in article VI.

4. Other committees may be created at the discretion of the Executive Committee.

ARTICLE IX: MEETINGS

1. Regular meetings of the Scranton/Lackawanna Continuum of Care membership are scheduled on the second Tuesday of each month at 9:00 a.m. Additional meetings are scheduled, as the Executive Committee deems necessary.

2. Two meetings will be publicly advertised to encourage and promote wider community participation. These meetings shall serve as the biennial meetings of the Continuum of Care.

Article X: Roles and Responsibilities of the CoC and HMIS Lead

1. The CoC designates United Neighborhood Centers to be the HMIS Lead agency.

2. Please see the document HMIS MOU for Scranton/Lackawanna County CoC and United Neighborhood Centers which outlines roles and responsibilities regarding HMIS.

ARTICLE XI: AMENDMENTS

1. These bylaws may be amended by two-thirds vote of members present.

2. Notice of any amendment must be presented in writing to the membership ten days before the meeting at which the said amendment will be voted upon.

ARTICLE XII: EFFECTIVE DATE

1. These bylaws are effective as of November 5, 2015.

Exhibit A

ANNUAL CONFLICTS OF INTEREST DISCLOSURE FORM

Scranton/Lackawanna Continuum of Care

In accordance with the Conflicts of Interest Policy of the Scranton/Lackawanna County Continuum of Care (SLCoC), I hereby affirm that:

1. I have received a copy of the SLCoC Conflicts of Interest Policy (the "Policy").

2. I have read and understand the Policy.

3. I agree to comply with the terms of the Policy.

4. To my present knowledge neither I nor any member of my immediate family has any relationship, involvements, activities, or arrangements that could create a Potential Conflict, as defined in the Policy, except as follows:

(If there is none, write "None" below. Otherwise, list each applicable business or organization and the office or relationship of you or any member of your immediate family with such entity.)

_____

_____

_____

In the event that at any future date I believe I may have a Potential Conflict, as described in SLCoC's Conflicts of Interest Policy, I will promptly disclose such matter to the Chairperson of the SLCoC's Board of Directors.

NAME: _____

DATE: _____

Return to:

Scranton Lackawanna Continuum of Care c/o UNC 425 Alder Street, Scranton, PA 18505.

HMIS Memorandum of Understanding
Scranton/Lackawanna County CoC and United Neighborhood Centers
Effective November 2015

United Neighborhood Centers (UNC) will:

- Oversee and coordinate all aspects of Scranton/Lackawanna County CoC's HMIS Project implementation and development;
- Serve as the primary contact with the SLCCoC's HMIS vendor (ClientTrack);
- Monitor ClientTrack's performance under their contract with UNC;
- Provide ongoing training and technical support on the use of ClientTrack;
- Oversee system administration, especially as it relates to external security protocols;
- Review data quality and report to CoC and HMIS governance committee;
- Provide ongoing support, training, technical assistance to and function as a resource to the local Security Officers and ClientTrack users.
- Provide CoC with information needed from HMIS for the completion of the HUD NOFA. In addition, UNC will provide CoC with information needed for their Housing Inventory Charts.

The Continuum of Care will:

- Ensure active membership of HMIS governance committee.
- Review reporting
- Monitor UNC as HMIS lead agency and contributing HMIS organizations (CHOs) for compliance.
- Ensure CHOs are collecting all necessary data in the correct format
- Ensure accuracy of AHAR
- Ensure accuracy of CoC NOFA data

Contributing HMIS Organizations (CHOs) will:

- Regularly attend HMIS Governance Committee meetings.
- Review and correct data quality issues found on monthly report.
- Follow Data Quality Plan
- Work with CHO users to develop action plans to get to acceptable levels of data quality, and to make HMIS a useful tool for their community.

HMIS Governance Committee will:

- Make final decisions on: planning, participation, policies & procedures, determination of software company, and growth of HMIS
- Monitor Data Quality
- Direct the HMIS administrator

HMIS Memorandum of Understanding
Scranton/Lackawanna County CoC and United Neighborhood Centers
Effective November 2015

By signing below I agree to the stipulations of this Memorandum of Understanding.

Chief Executive Officer of United Neighborhood Centers

Signature _____ Date 11-16-15

Print Name Michael Hanley

CoC Chair

CoC Chair Signature Sr. Susan Hadzima Date 11/16/15

Print Name and Title Sr. Susan Hadzima Dir. of Programs

Name of Agency Catherine McAuley Center

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Scranton-Lackawanna County
HMIS User guide
Policies & Procedures Manual

November 2015

Table of Contents

System Requirements

In order for the program to work properly, please check the system requirements listed below and make any necessary adjustments.

Use a computer with DSL or faster connection to the Internet

For best results, make sure the computer you are using to access ClientTrack has a DSL or faster connection to the Internet.

Use a computer with a modern browser

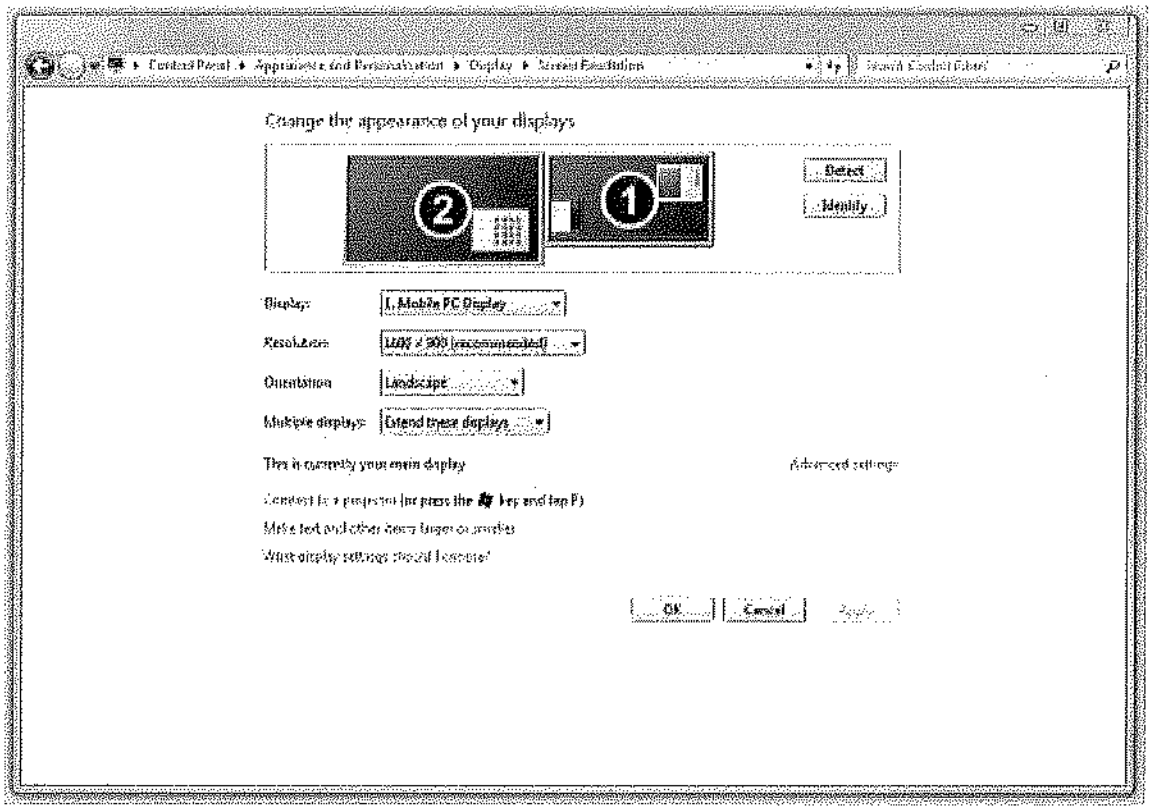
ClientTrack is designed to run on Microsoft Internet Explorer 7+, Google Chrome, and Firefox 9.0+. Operation of ClientTrack depends on the browser, *not* on the operating system installed on the computer. If the system will run one of the browsers above, ClientTrack should operate normally. The program may not operate properly in other browsers, such as Netscape Navigator or Safari.

Set your video display to 1024 x 768 or higher

Certain pages in ClientTrack will not display properly in resolutions less than 1024x768, although higher resolution settings are fine.

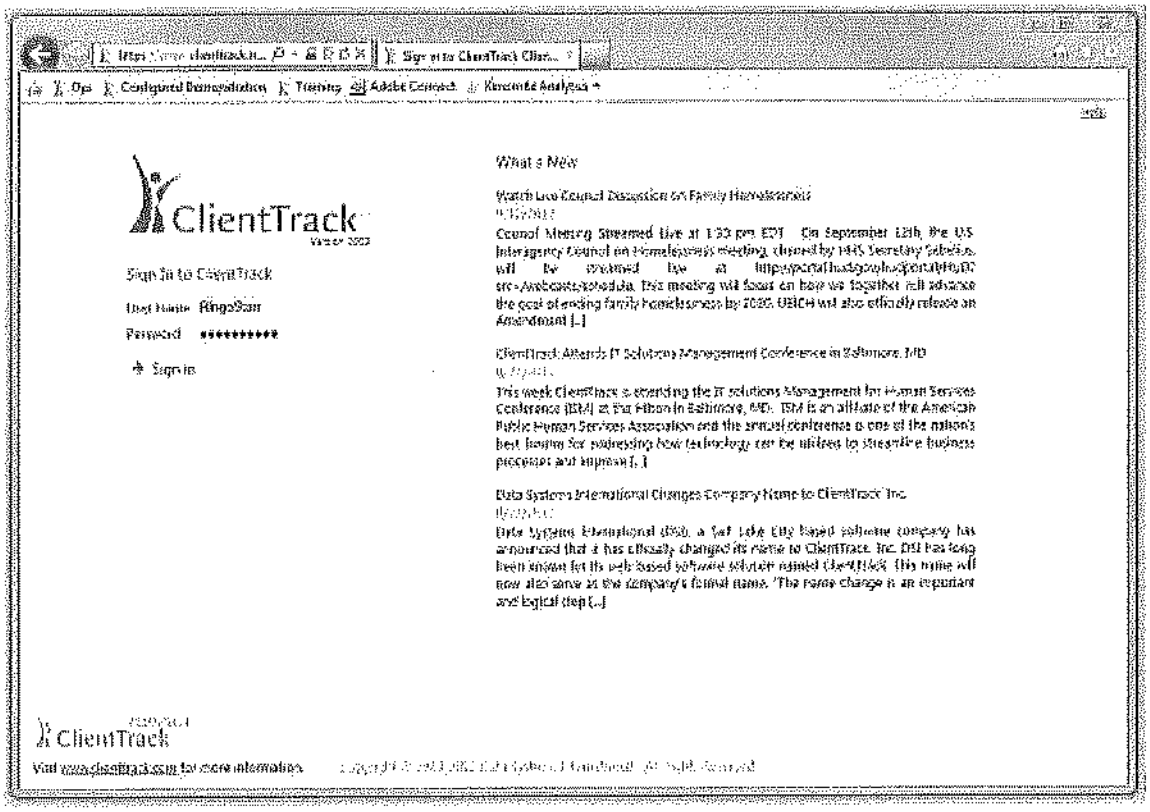
To set your video display (Windows 7)

1. Go to your Control Panel.
2. In the Appearance and Personalization section, click the Adjust screen resolution link.
3. Under Resolution select 1024 x 768 (or higher).
4. Click OK.


Change the appearance of your displays
Detect
Identify
Display:
Resolution:
Orientation
Landscape
Multiple displays:
Extend these displays
This is currently your main display
Advanced settings
Make text and other items larger or smaller
What display settings should I choose?
OK
Cancel

Logging in

Log in to ClientTrack by typing the User Name and *case sensitive* Password provided to you. Click Sign In or hit Enter on the computer keyboard.



After logging in, a new window will open in your browser. Be sure to disable any pop-up blockers that would prevent a new window from opening, prior to logging in.

Login Errors

This section lists common problems users may encounter while logging in.

Invalid login or password

If you receive this error when you try to sign in, double-check your login information. Remember that your user name is *not* case sensitive, but the password *is*. Also, check to be sure CAPS LOCK on the computer keyboard is turned off.

No second window appears:

If you typed your User Name and Password, clicked Sign In and nothing happens: First, check the task bar at the bottom of your computer screen to see if another browser window is open and minimized. If there is another window, click it, and you will see the ClientTrack home page.

If there is no second browser window open and minimized on the task bar, most likely a pop-up blocker has prevented the ClientTrack home page from opening. Verify that all pop-up blockers are turned off and sign-in again.

Basic Steps to Use ClientTrack

This help document is designed to teach you how to use ClientTrack to accomplish the following tasks:

- Intake new clients and record client information
- Understand how client information is shared and restricted in ClientTrack
- Record additional client information in ClientTrack
- Work with client Families in ClientTrack
- Create case notes
- Record client assessments
- Record goals and action plans
- Record services provided for clients
- Record referrals
- Use ClientTrack Workflows
- Assess shelter bed availability
- Make reservations for a facility
- Check clients into a facility
- Use the ClientTrack calendar

Getting Help

There are various ways to access Help in ClientTrack:

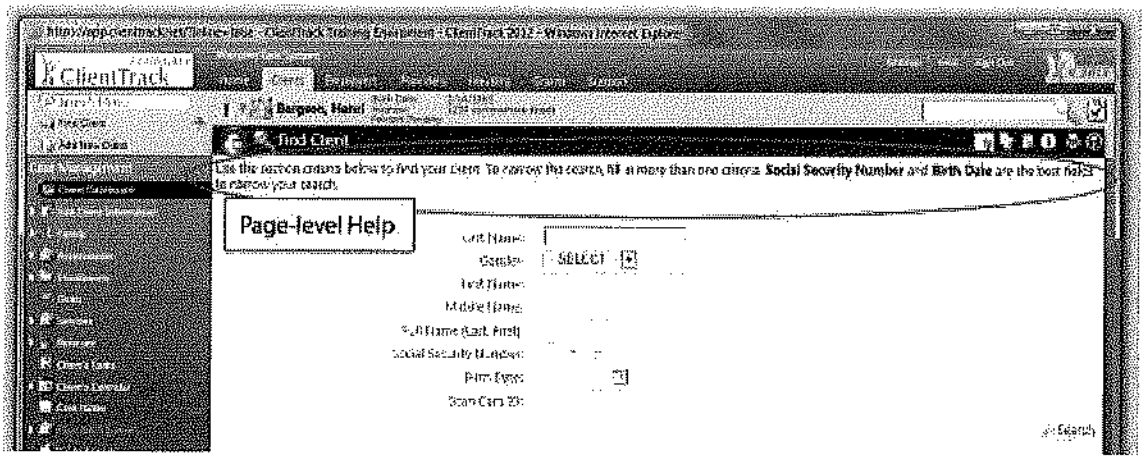
Page-level Help

Most pages in ClientTrack include basic help information displayed automatically as brief written notes designed to facilitate entries on the page.

Screen-Level Process Help

The help icon  is available on many screens and pages in ClientTrack. Your organization has the ability to customize many of these notes during administrative setup. Click on the Help icon

to see if there is special help for your screen. If the help icon does not appear on a particular form, then there is not any help text identified for that form.



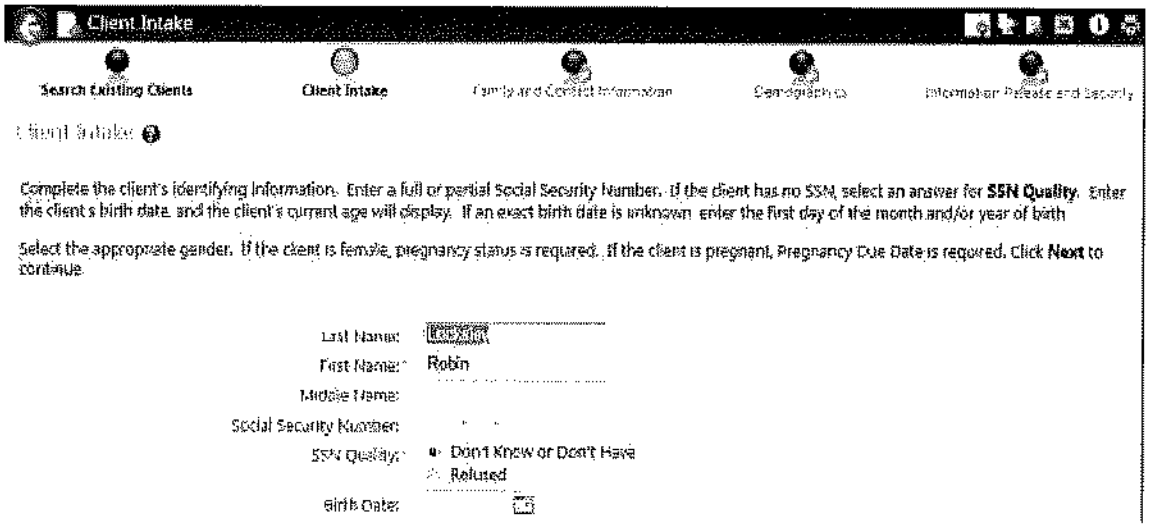
Help Menu

This document may be accessed and downloaded by clicking Help in the upper right corner of every ClientTrack screen.

Ease-of-Use Features

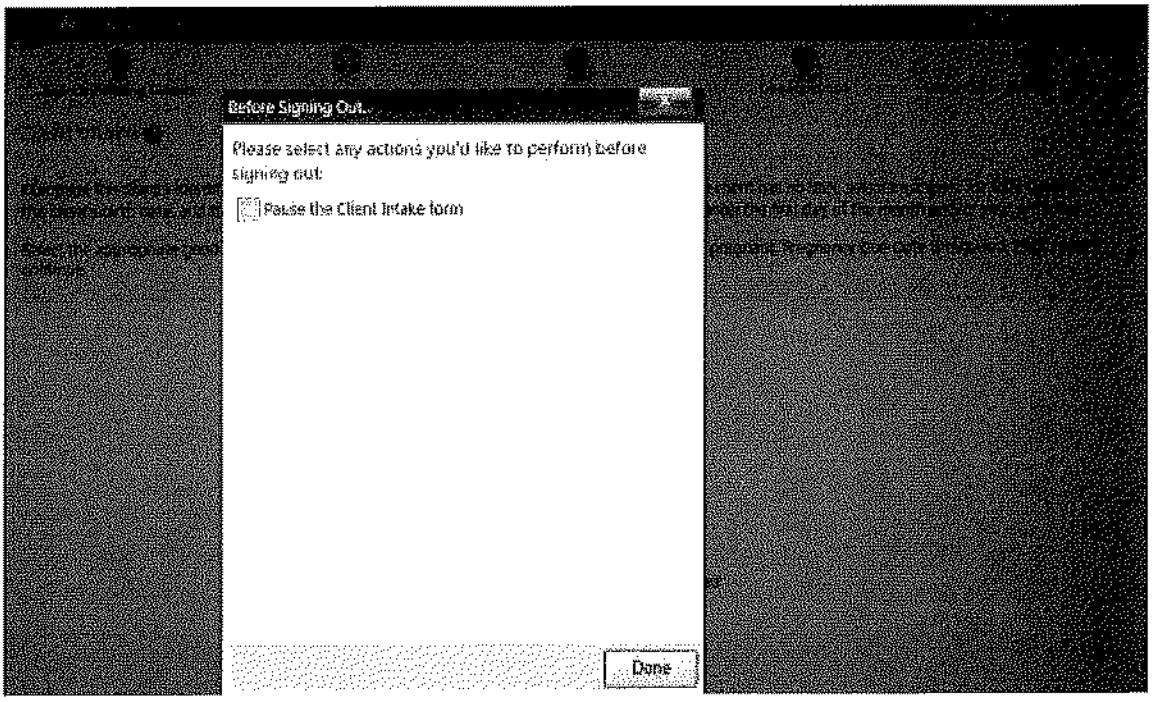
Form Steps

Form steps are designed to facilitate data entry by leading the user through an orderly process displayed as numbered steps at the top of the page.



Paused Operations

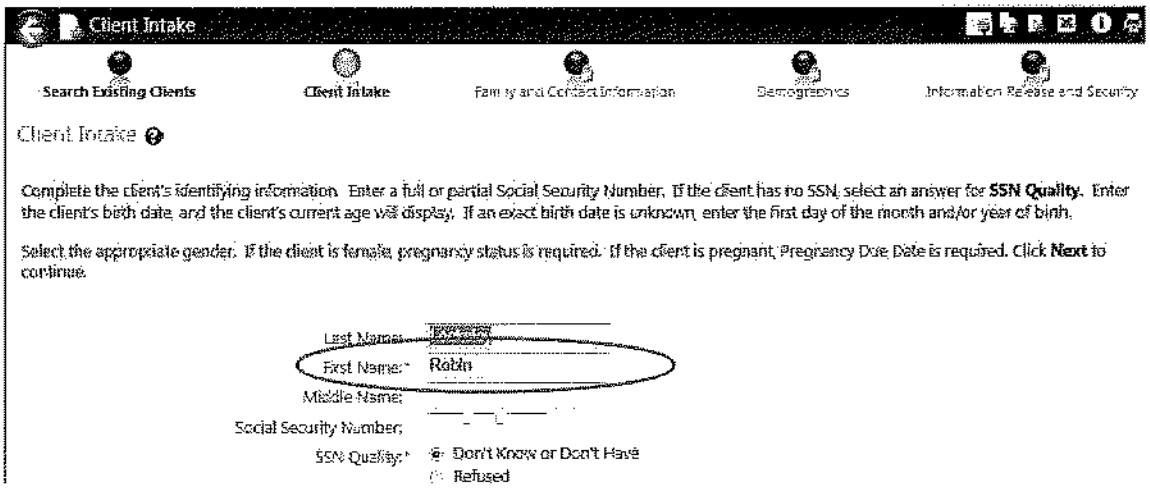
Many times you may not finish an entire process, and you may want to put a record on hold, log out of the program, and return to the particular form at a later time. If a user has not completed a process and selects Logout, a new window will open that presents the user with the option to pause the operation.



Selecting yes will save the data entered in the current form and allows the user to continue the process later. Selecting No will end the current process, and the data already entered on the form will not be saved. On many pages in the program, ClientTrack displays a Pause feature, which allows the user to pause the current operation, move to another page, and then return to the original process when desired. Processes that are halted using both Paused Operations methods are displayed in the User Home area under My ClientTrack.

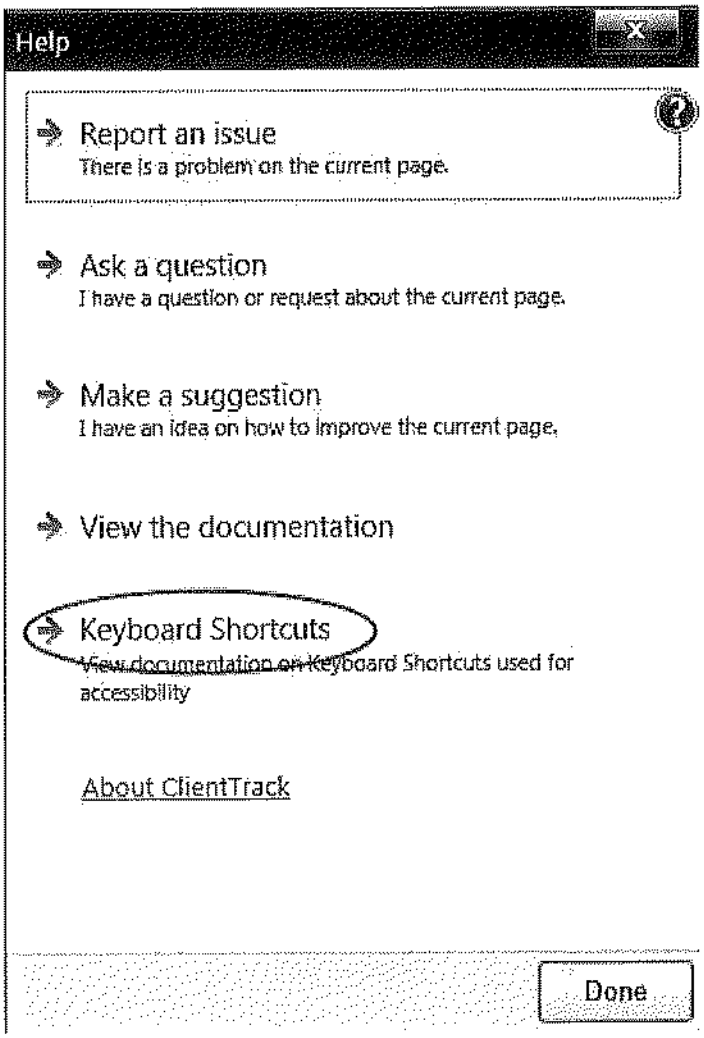
Required Fields

Required fields are referenced on the forms with a red asterisk * that displays at the end of the field label.



Keyboard Shortcuts

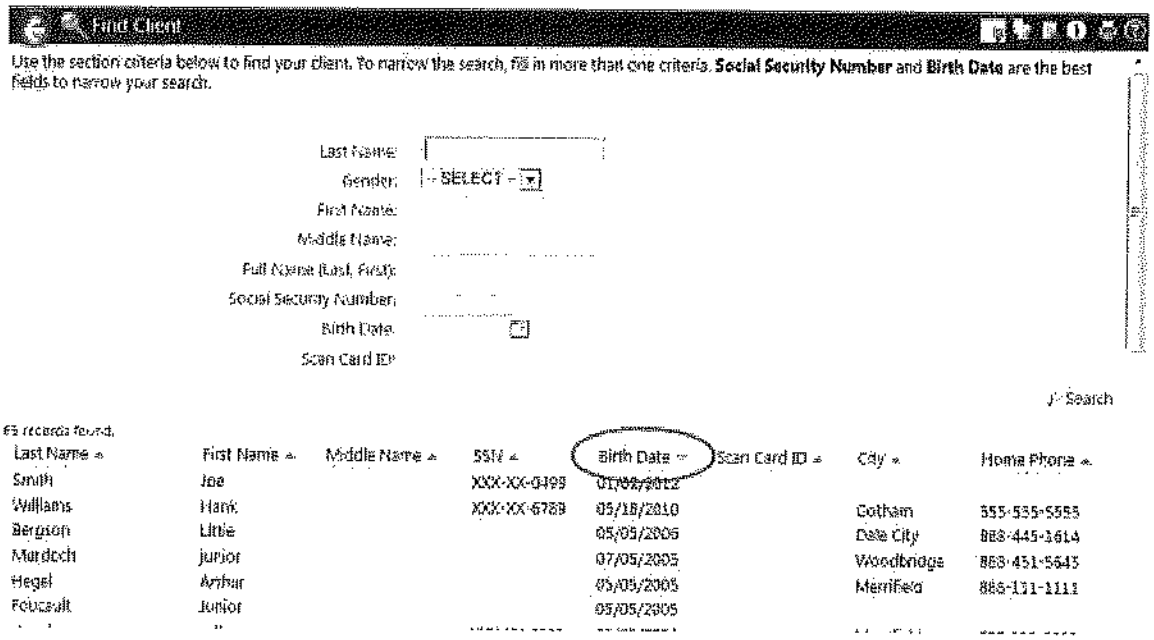
There are many keyboard shortcuts within ClientTrack. For example, when recording information on ClientTrack screens, you can use the Tab key on the computer keyboard to move from field to field. For a full list of keyboard shortcuts, click the help link in the top right corner, and then select Keyboard Shortcuts.



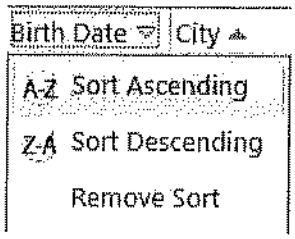
Sorting

In categories such as Find Client (see below), where results are displayed in column form, ClientTrack has a sorting feature. To sort results, click on the category heading or the grey arrow ▵. A blue arrow ▵ will appear next to the heading, telling you that the section is displayed in either alphabetical or numerical order. If you click on the same heading again, the arrow will switch directions ▿, indicating that the category is now displayed in reverse alphabetical or numerical order.

For example, clicking on Birth Date will sort the results with the earliest date listed first. Clicking on Birth Date again sorts the list with the latest date listed first.



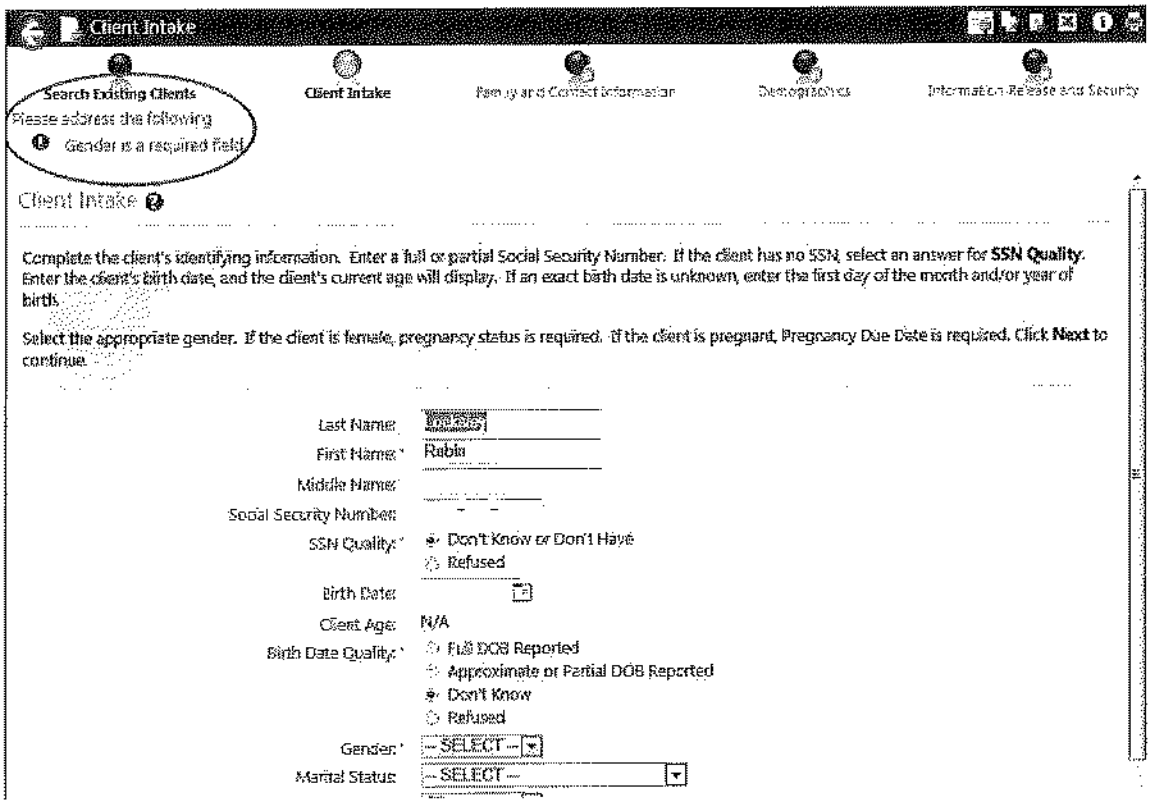
Clicking and holding a column header will show a sort menu. Mouse over the sort option you want, and then release your mouse button to activate that sort option.



Data Validation

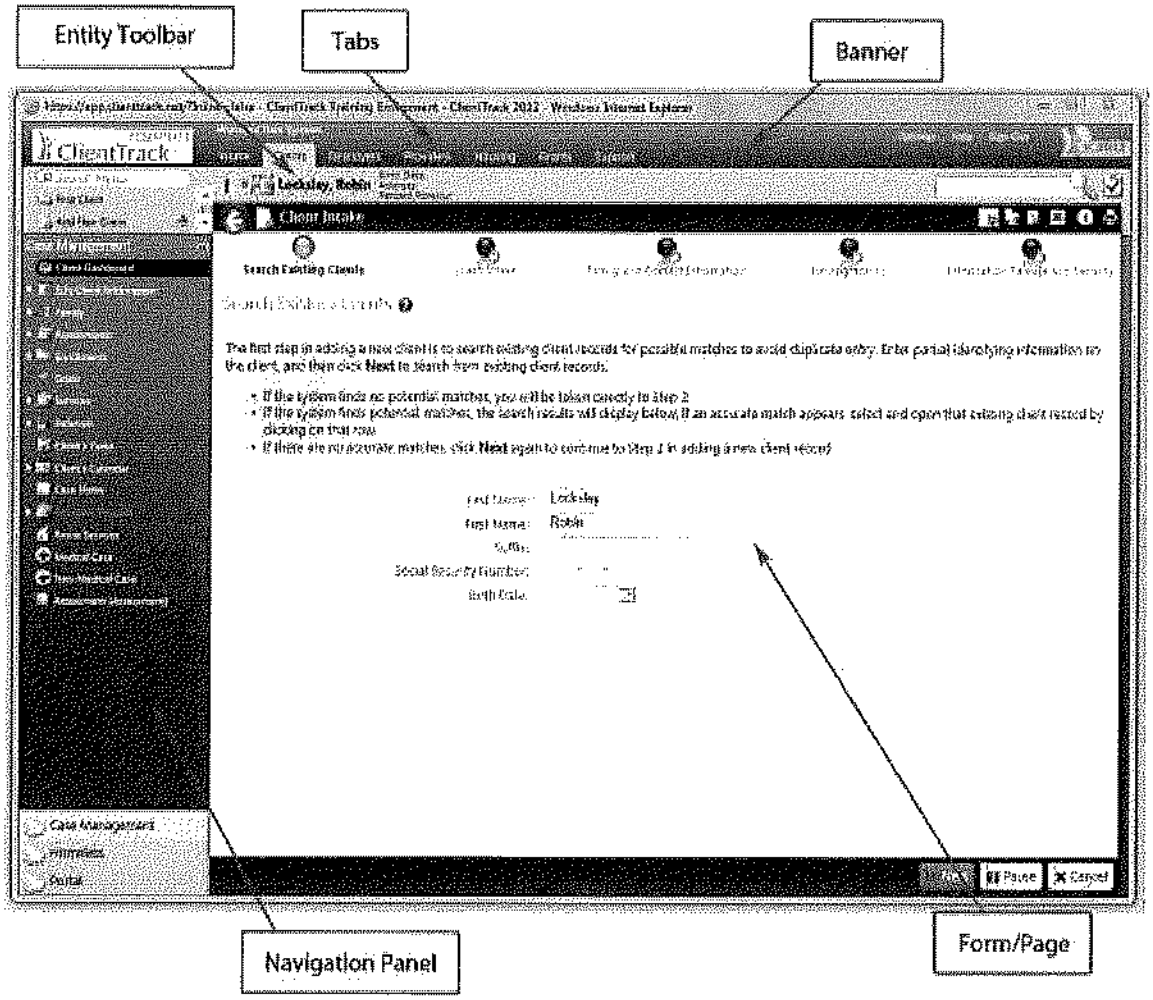
When a field is required and has not been properly completed, a message will display in red at the top of the screen indicating that more information is required. The application will also draw a red box around the field(s) that may have a problem.

Tip: Clicking an error message will place your cursor on the field that generated that message.


Client Intake
Search Existing Clients
Client Intake
Demographics
Information Release and Security
Please address the following
Gender is a required field
Client Intake
Complete the client's identifying information. Enter a full or partial Social Security Number. If the client has no SSN, select an answer for SSN Quality. Enter the client's birth date, and the client's current age will display. If an exact birth date is unknown, enter the first day of the month and/or year of birth.
Select the appropriate gender. If the client is female, pregnancy status is required. If the client is pregnant, Pregnancy Due Date is required. Click Next to continue.
Last Name:
First Name:
Rabia
Middle Name:
Social Security Number:
SSN Quality:
Don't Know or Don't Have
Refused
Birth Date:
Client Age:
N/A
Birth Date Quality:
Full DOB Reported
Approximate or Partial DOB Reported
Don't Know
Refused
Gender:
-- SELECT --
Marital Status:
-- SELECT --

Basic Navigation

ClientTrack consists of the following main areas:



Tabs

Several Tabs appear across the top of your screen. Each Tab indicates a specific area of the application in which you are able to work in.

- **Home Tab** – This tab is your "home base" as a user. Here, you can view information specific to you as a user like your caseload or update user information like your password.
- **Client Tab –** This tab provides you with access to information specific to a selected client. This is where most users spend the majority of their time in ClientTrack.
- **Employer Tab –** This tab provides you with access to information specific to a selected employer.

- **Provider Tab** – This tab provides you with access to information specific to a selected provider. Here, users can identify which services a provider provides and review a history of their referrals.

- **Housing Tab** – This tab provides you with access to manage information about a specific housing facility. Here, users can identify whether there are rooms available or check clients in.

Entity Toolbar

The Entity Toolbar identifies which entity you are currently working with. For instance, on the client tab the entity toolbar will display the client you have selected; on the Provider tab the entity toolbar will display the provider name that you have selected.

Note: If no entity has been selected, the Entity Toolbar will appear to be empty and some menu options may not be visible. Use the find functionality on each tab to select an entity.

Navigation Panel

The Navigation Panel is on the left. In the Navigation Panel, you will navigate to the different areas to perform your daily case management tasks, such as client intakes, assessments, services, and referrals.

Page/Form Area

The data entry form or page is on the right. This is where users create, edit, and review content.

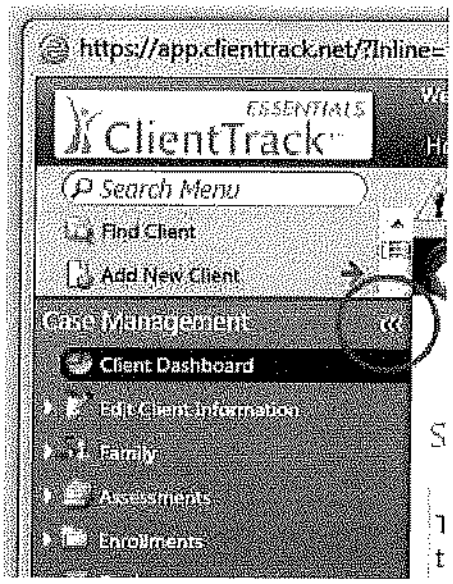
Banner

The Banner area of the application allows users to perform simple actions such as getting help or logging out. Users can also click on "My Configuration" to change their color theme or change workgroups and/or organizations (only available to certain users).

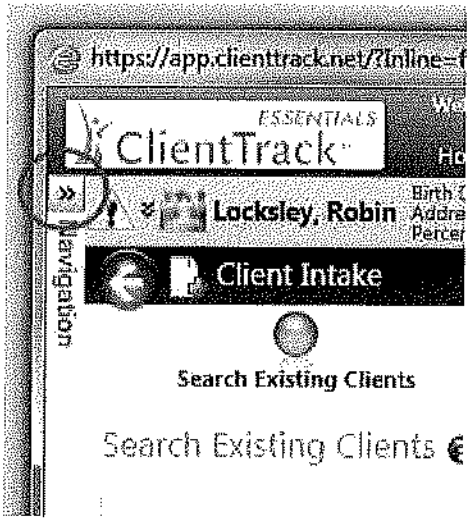
Navigation

Expanding/Collapsing the Navigation Panel

A small arrow icon in the left Navigation Panel can be used to expand or contract the panel.

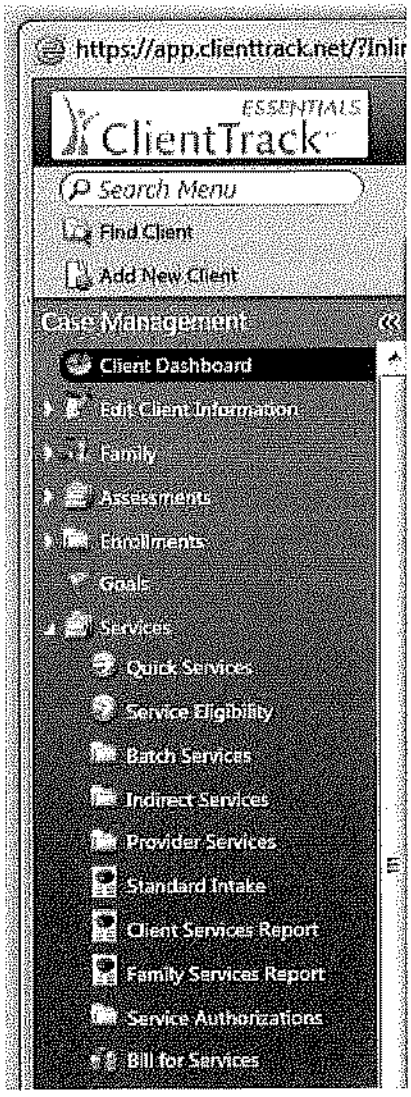


Clicking on the icon will collapse the left Navigation Panel. To restore the panel, click on the icon again.



Expanding / Collapsing Navigation Folders

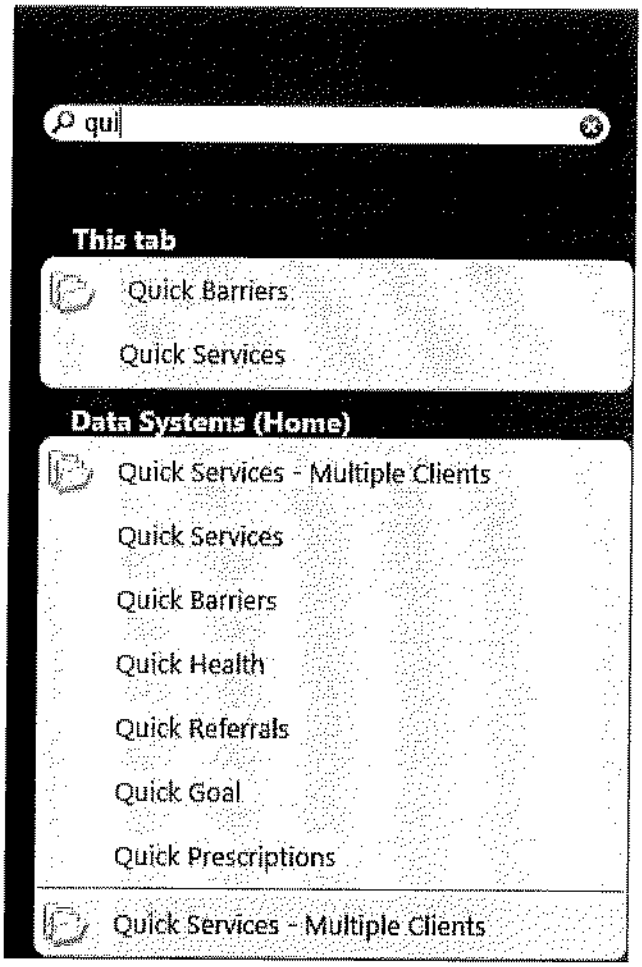
Clicking on the arrow adjacent to a menu category displays the available submenus. The downward arrow next to a category indicates that the folder is open. Click on the downward arrow to close the folder.



Searching the Navigation Panel

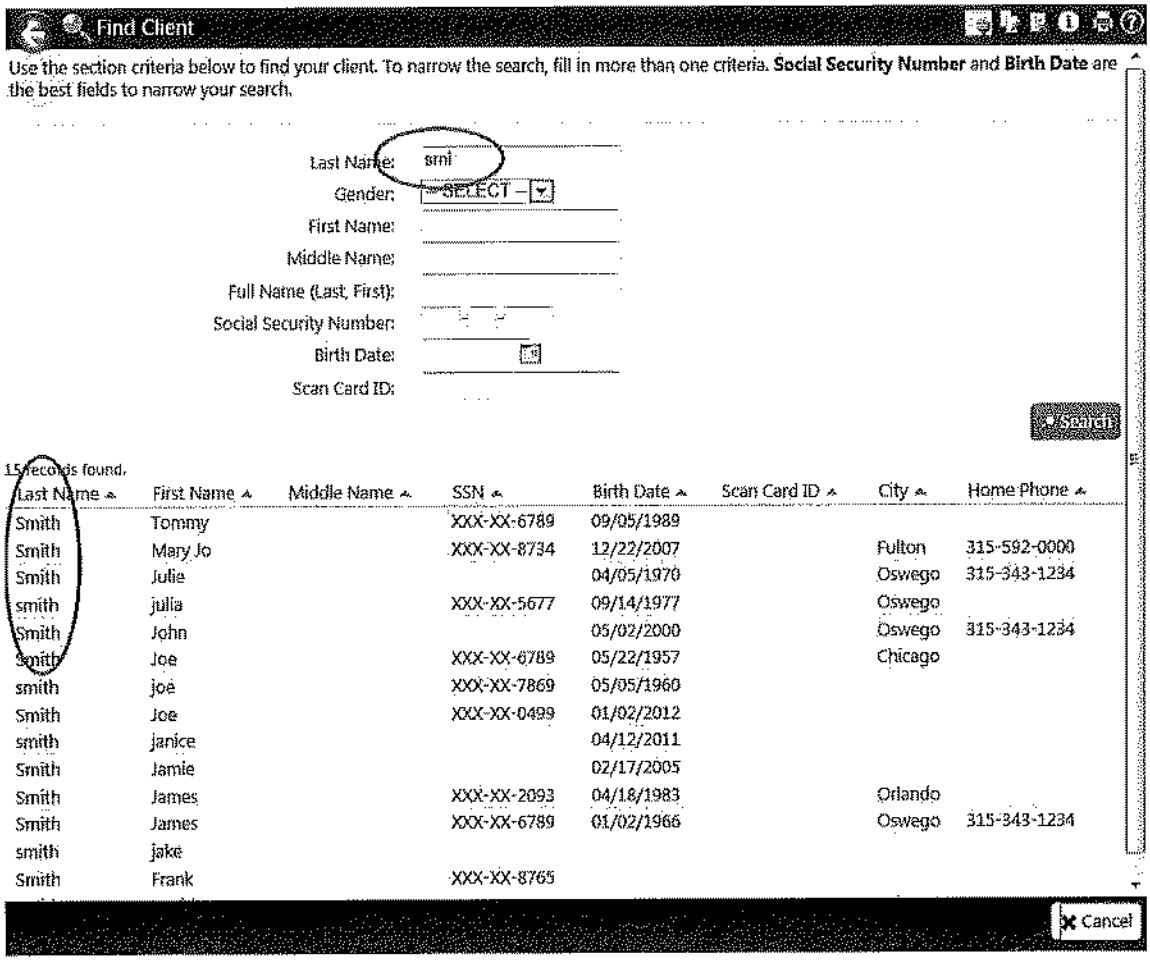
ClientTrack includes the ability to search the navigation panel for any menu option. Click the search menu button and begin typing the name of the menu option you are looking for.

As you type, ClientTrack will show a list of menu options that match what you have entered.



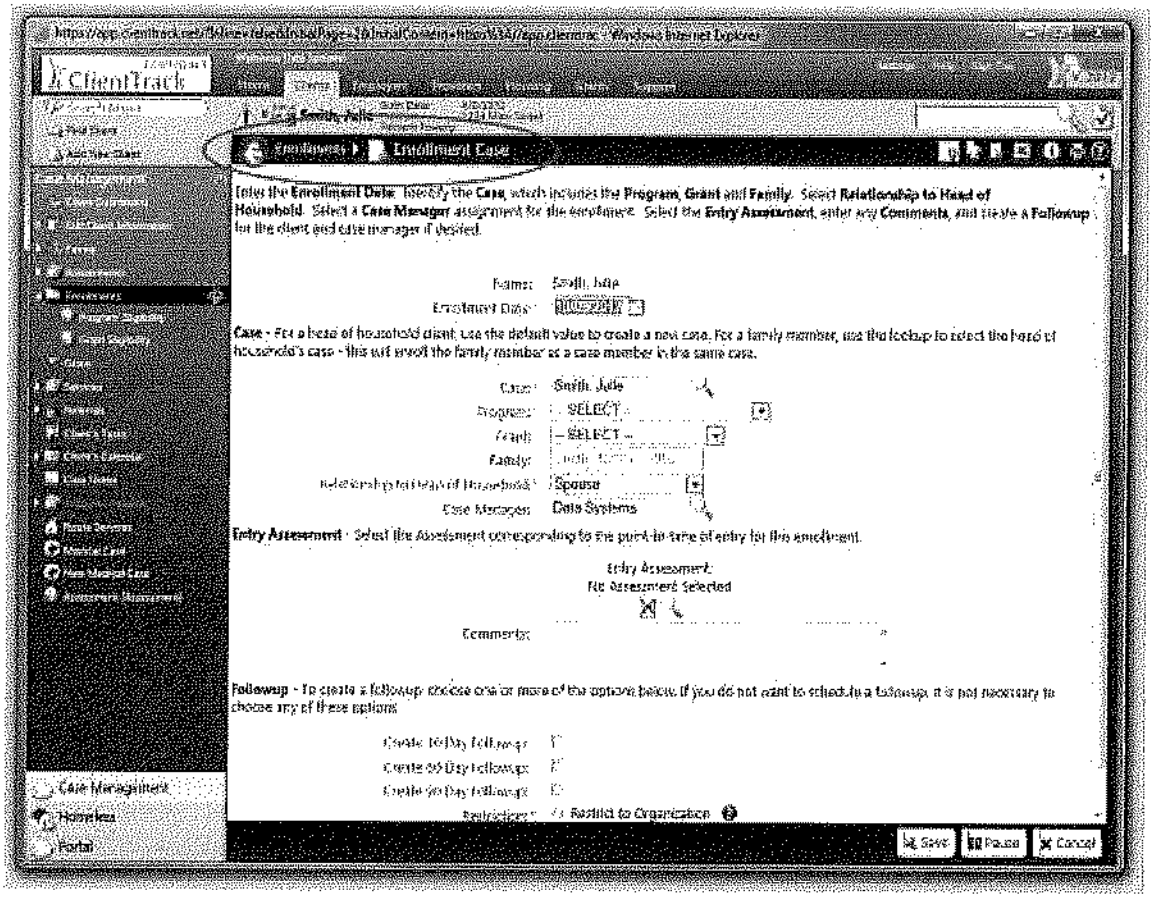
Search

ClientTrack makes searching easy. Anywhere in ClientTrack when a search button is displayed, type in any identifying information, such as part of the Last Name, and click Search. For example, you can type in just part of a client's last name to get a list of clients that match that last name. Or, you can simply click Search and all clients will be displayed.



Click Trails

Click trails serve a dual purpose. They indicate the user's location in ClientTrack, and by clicking on the displayed arrow, the program will return the user to the page listed in the title.



Navigation Icons:

Action Menu Displays a list of available actions	
Delete Delete a record	
Edit Edit a record	
Find Search records	
Print	

Print the page contents	
Date Displays a clickable calendar to facilitate date entries	
Family Navigation among family members' information. (See page 59.)	
Alerts The alerts icon displays when an alert has been posted concerning a client or other entity. The priority of the alert is displayed by color. Red = High Yellow = Medium Green = Low	  

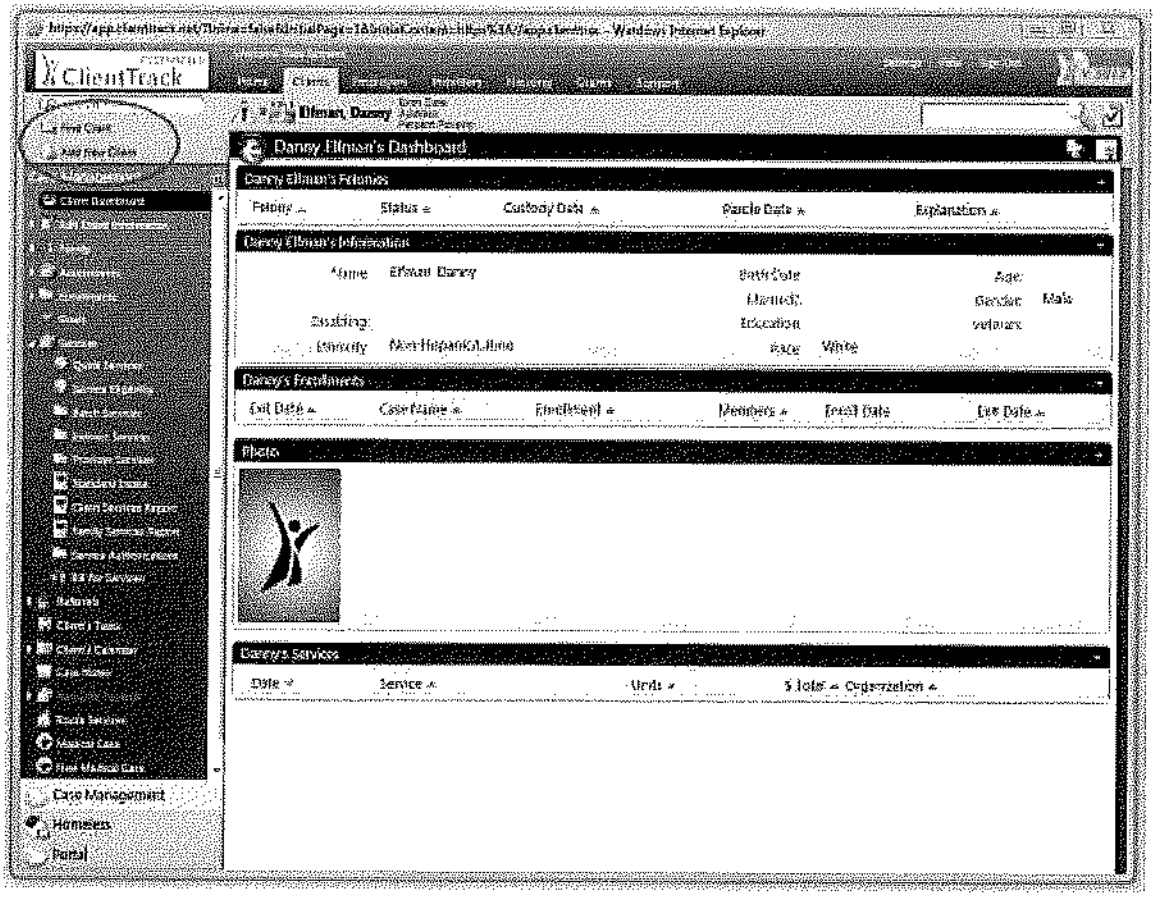
Working with Clients

How is the client intake process accomplished in ClientTrack?

During the intake process, new clients are first added to the ClientTrack database. The initial step involves searching the database to see if the client is already in the system. Then, you will enter basic client demographic data, which will help you accomplish specific assessments and provide the client with essential services.

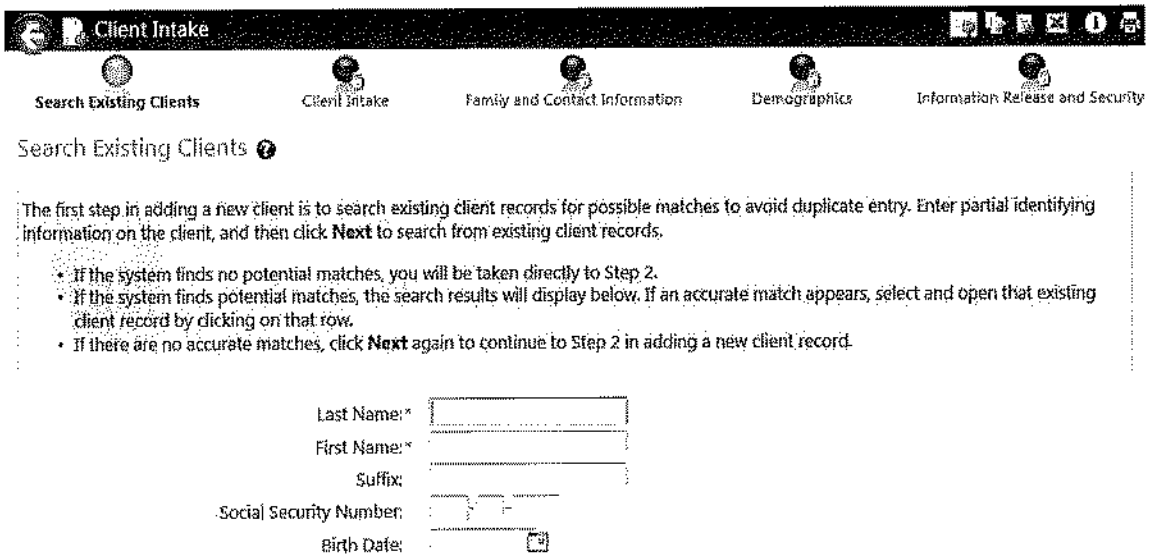
To begin the client intake process:

Click the Clients tab at the top of the page. In the left navigation panel click the Case Management menu. In the Case Management area you will see several of the client intake processes including the Add New Client and Find Client links as well as the Case Management menu group.



To add a new client to ClientTrack:

1. From the Left panel in the Case Management area, click Add New Client.
2. ClientTrack will take you through a series of Add Client Steps.
3. The first step usually asks for Client Name, SSN, and Birth Date. ClientTrack automatically checks for duplicate clients when you click next on this step.



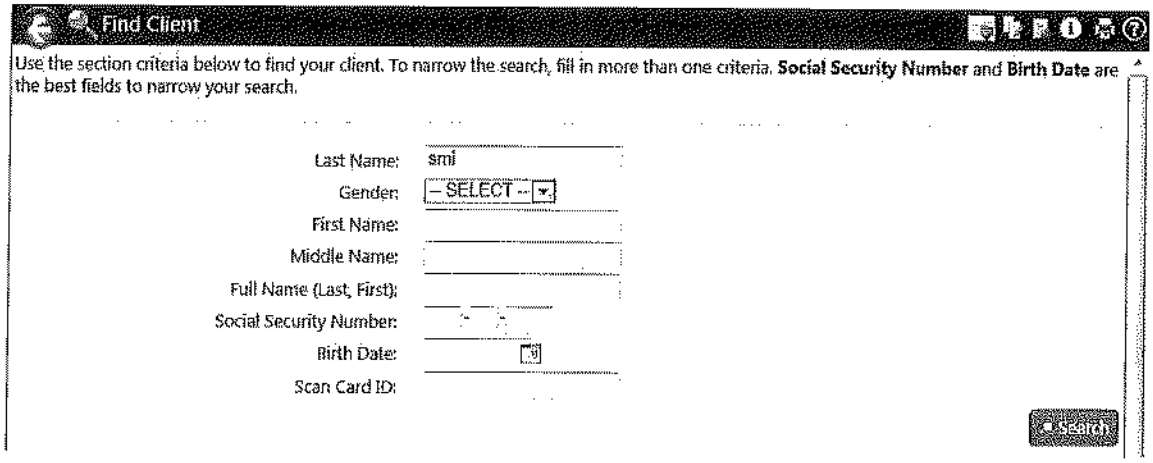
4. If your client has a family, be sure to set up the family so you can attach the other family members to it. (In ClientTrack, you add each family member as a new client, and then tie their record to the family account created for the first family member.) With the first family member you add as a client, click Look-up next to the Family Account box, and then click Add New Family.
5. Click Finish.

Finding an Existing Client

After you have added a client to the database, you can find that client's file easily from the Case Management Left Navigation Panel.

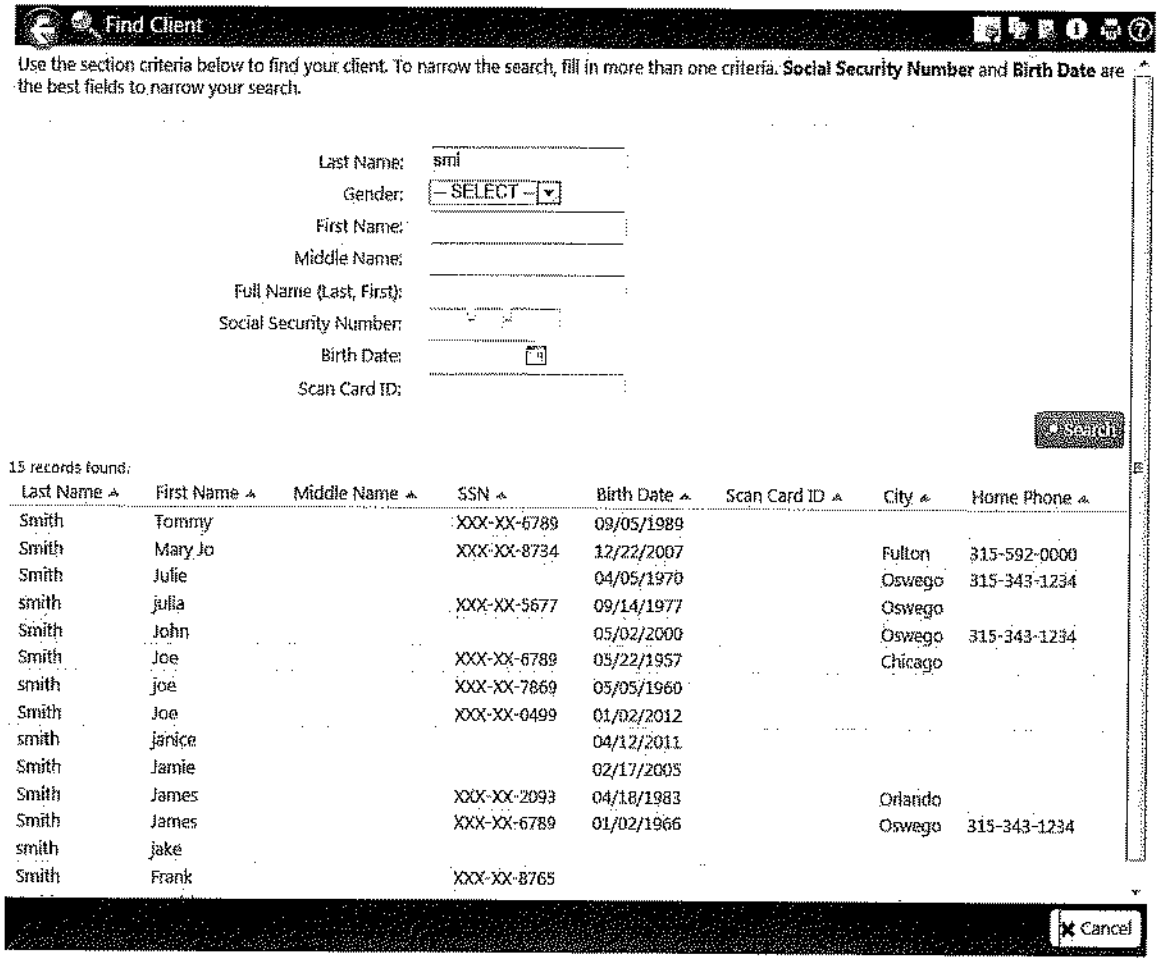
To find an existing client:

1. At the top of the Case Management area in the left panel, click Find Client.
2. Type in any identifying information, such as Last Name, and click Search. If you leave the form blank and then click Search, a list of all clients will be displayed.

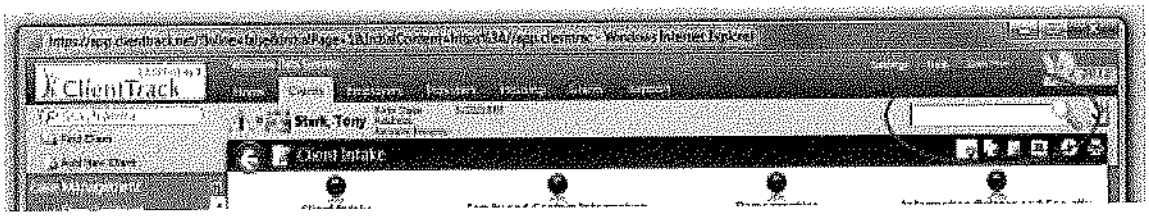


3. If the client appears in the search results, click on the clients' name.

Tip: You can search on any of the fields listed. The more fields you fill out, the more specific your search will be.



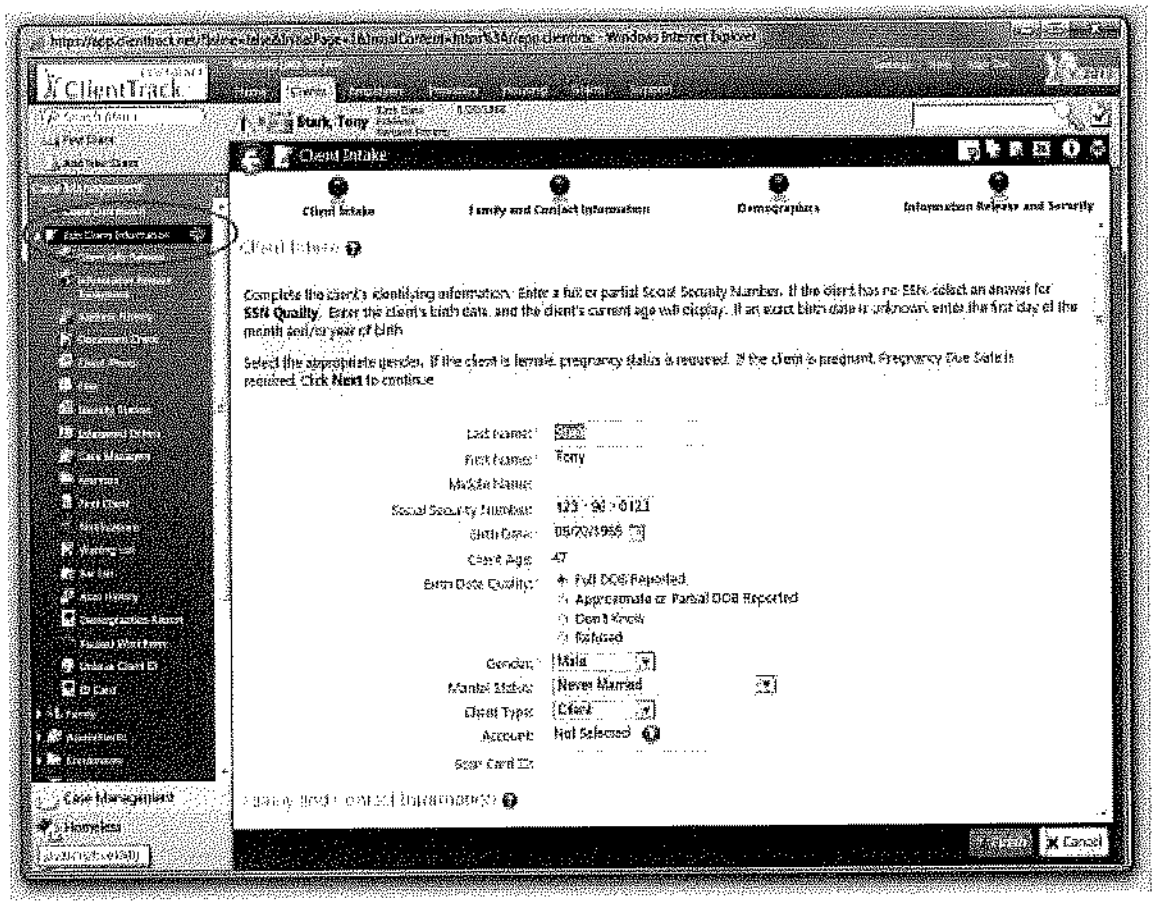
ClientTrack also offers a client quick search option at the top of the right navigation panel. To use quick search, type the client's last name and click the Find icon. The Find Client page will then be displayed.



Editing a Client

To edit a client:

1. On the Clients tab, in the Case Management menu, click Edit Client.
2. You can then edit by changing the fields or adding information to blank fields.



Note: This edit page will vary depending on the edit rights you have for each client.

Families

How is a family handled in ClientTrack?

Clients related to other clients are normally entered in the ClientTrack database as families. ClientTrack uses the term "family" to refer to a household. A client may be a member of multiple households, but always has a "primary household" identified.

Family information in ClientTrack

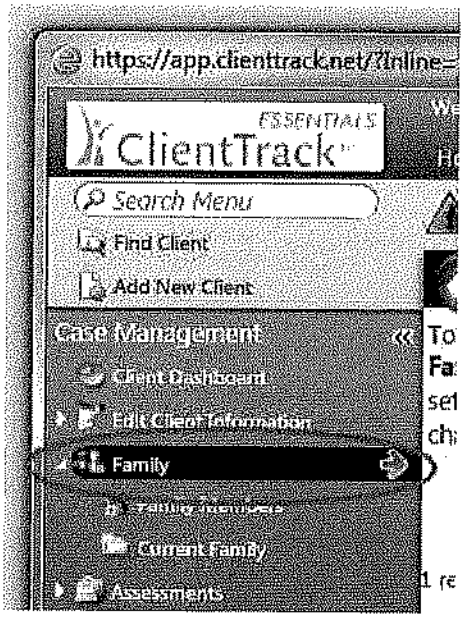
There are two primary ways to access family information in ClientTrack. On the top tab area, click the Client tab. In the left navigation panel click the Case Management menu. Click Edit Client, and then click Family. Or, click the Family icon  in the entity toolbar, then click Quick Add Family Member. Both of these methods will be described below.

Recording a Family

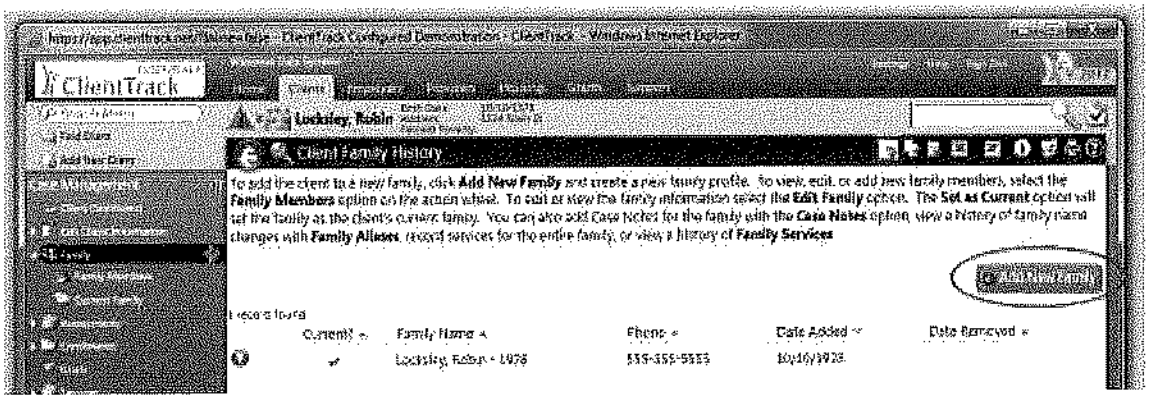
The family can be recorded several different ways.

To add an existing client to a new family:

1. In the Case Management menu, click Edit Client then click Family.

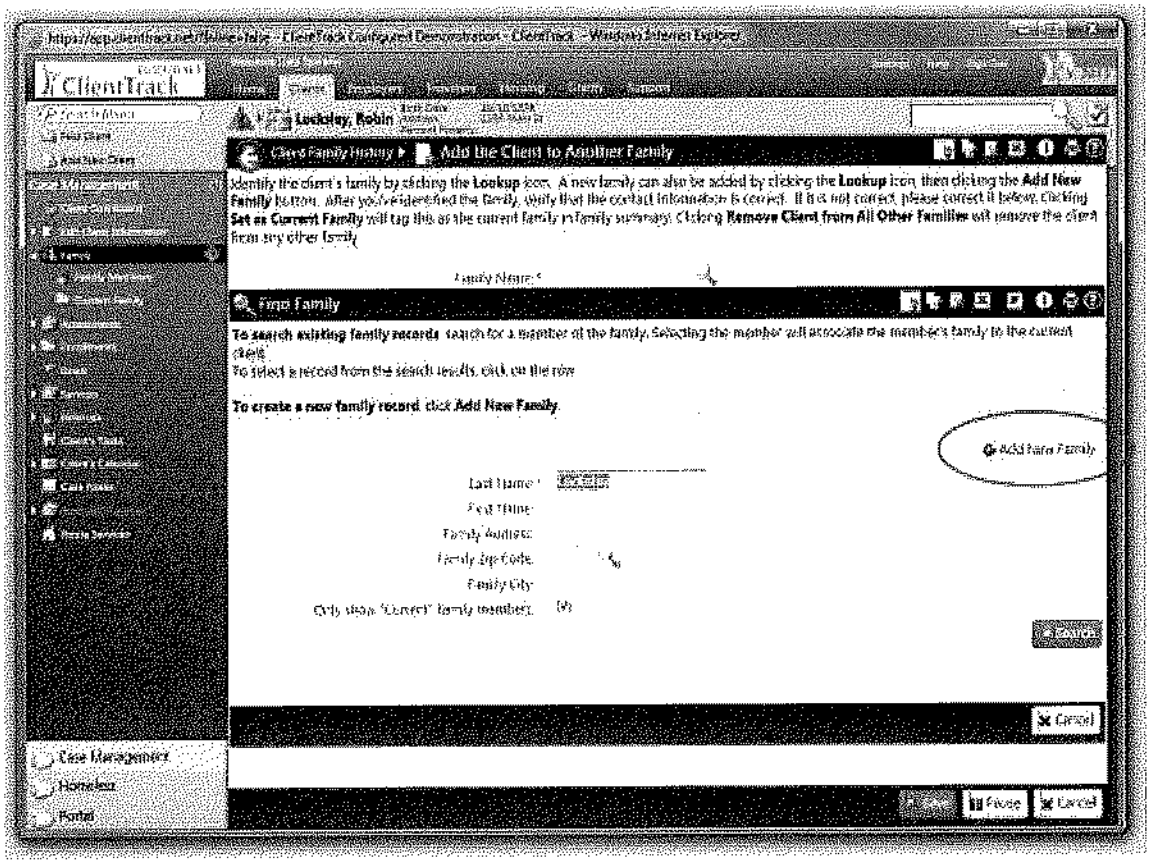


2. On the Client Family History page, click Add New Family.



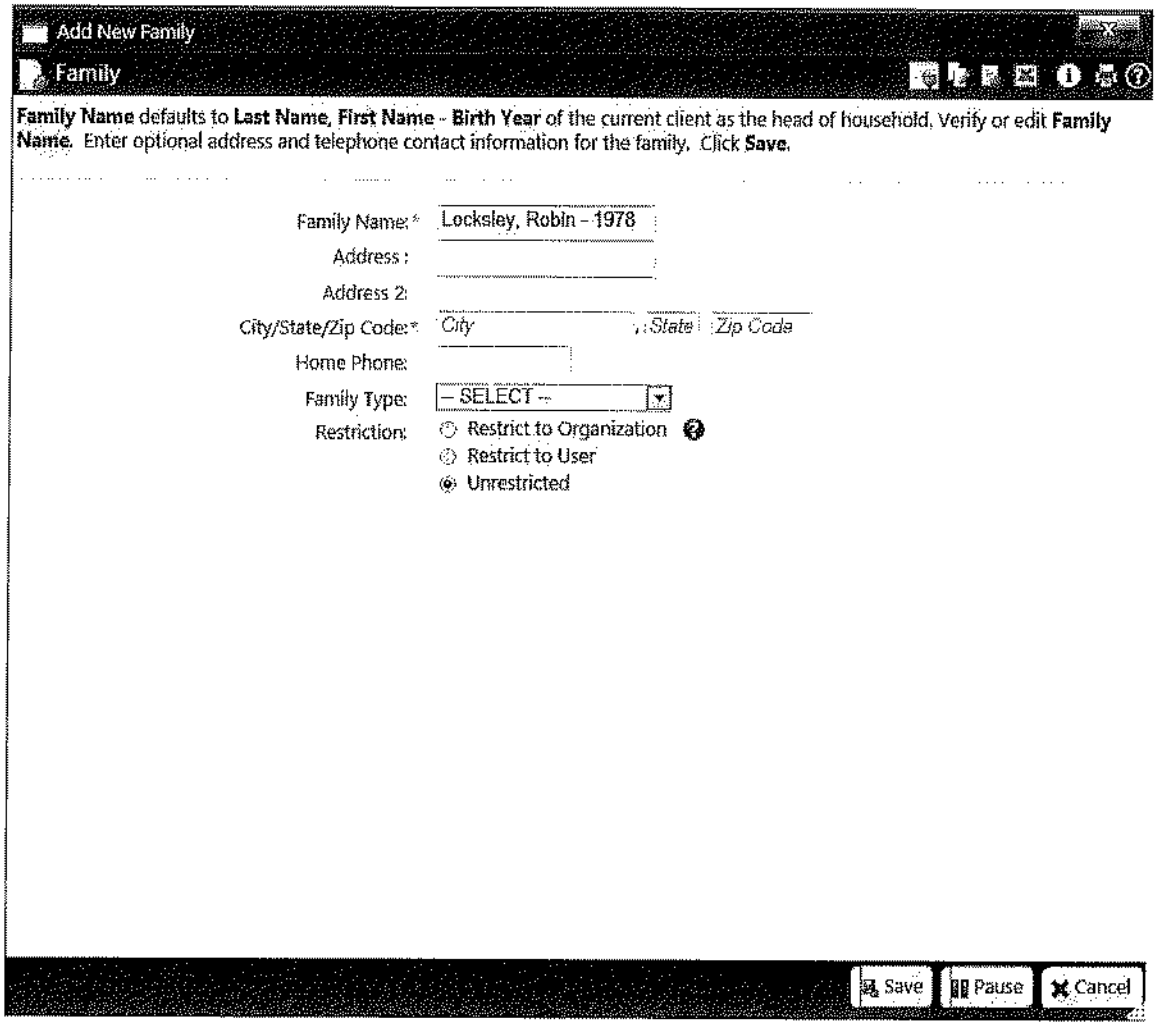
3. On the Add the Client to Another Family page, click the Find Icon.

4. The Find Family page will open. Click the Add New Family button to add a new family to the system.



5. Enter the family information on the Family page.

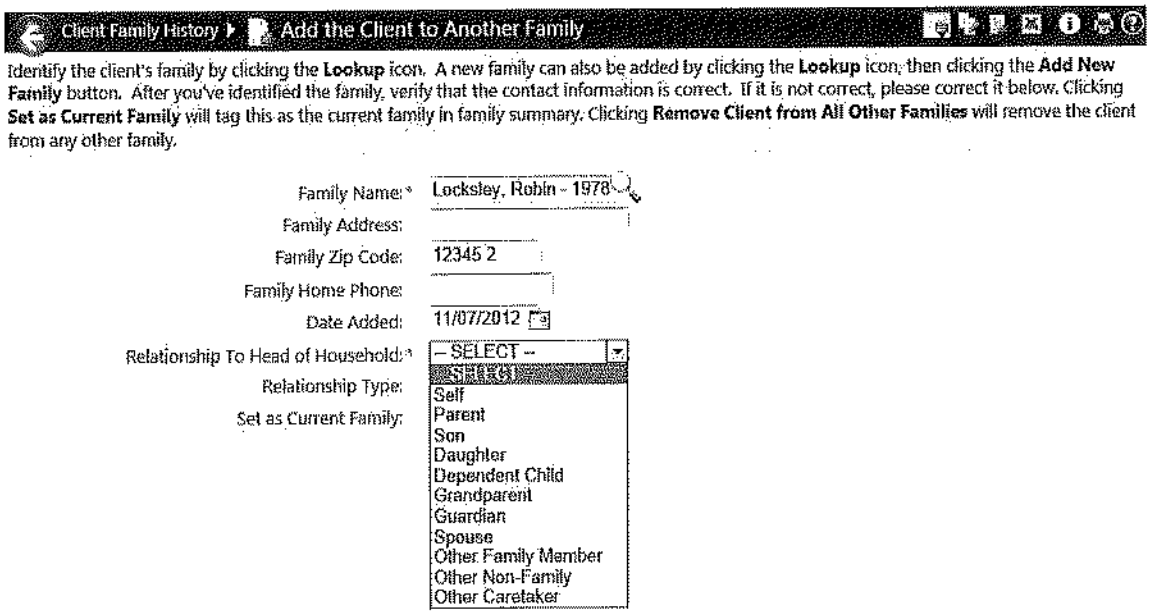
6. Click Save.



7. The new family name will then appear in the Family Account.

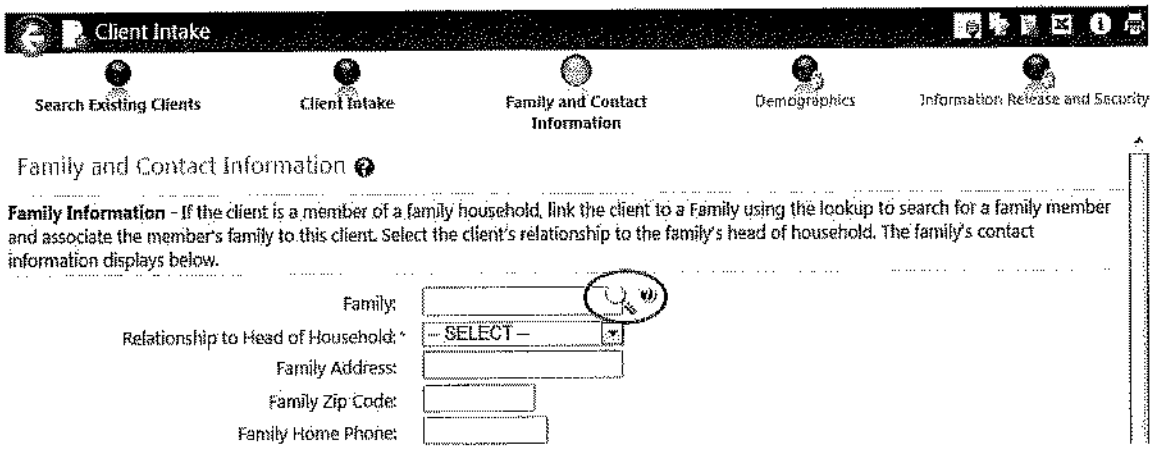
8. To add the client to this family, select his/her Relationship to Head of Household from the dropdown menu.

9. Enter any other desired information, then click Save.

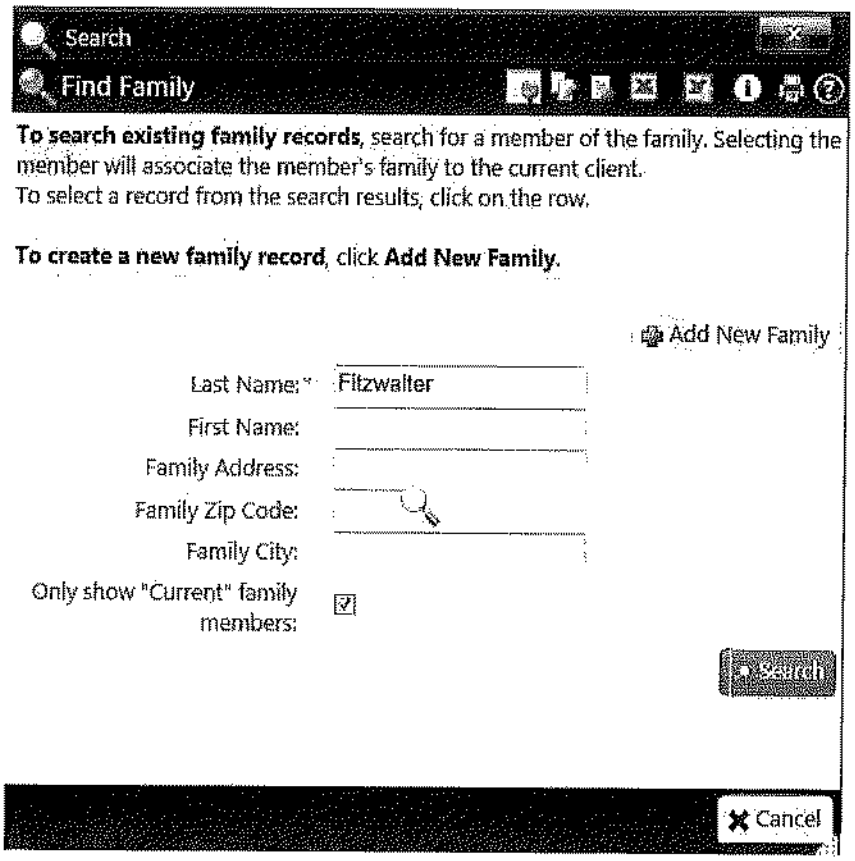


To add a new family to a new client:

1. From the left panel of the Case Management menu, click Add New Client.
2. Click the Find icon next to the Family Account box wherever it appears on your add new page(s).



3. In the Find Family pop-up window, click Add New Family.



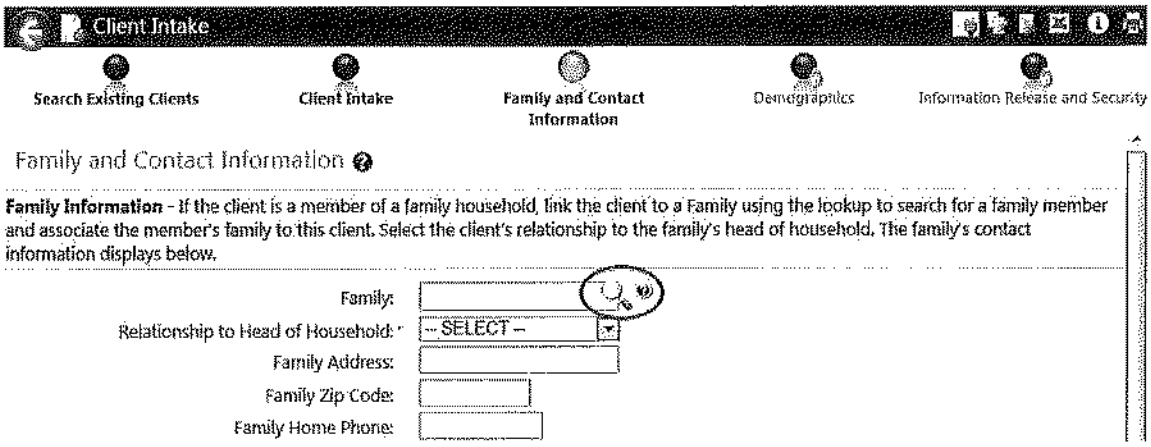
4. ClientTrack will default a Family Name as Last Name, First Name- Birth Year. Record other contact information in the Family window and click Save.

5. Complete the additional Client Information wizard steps.

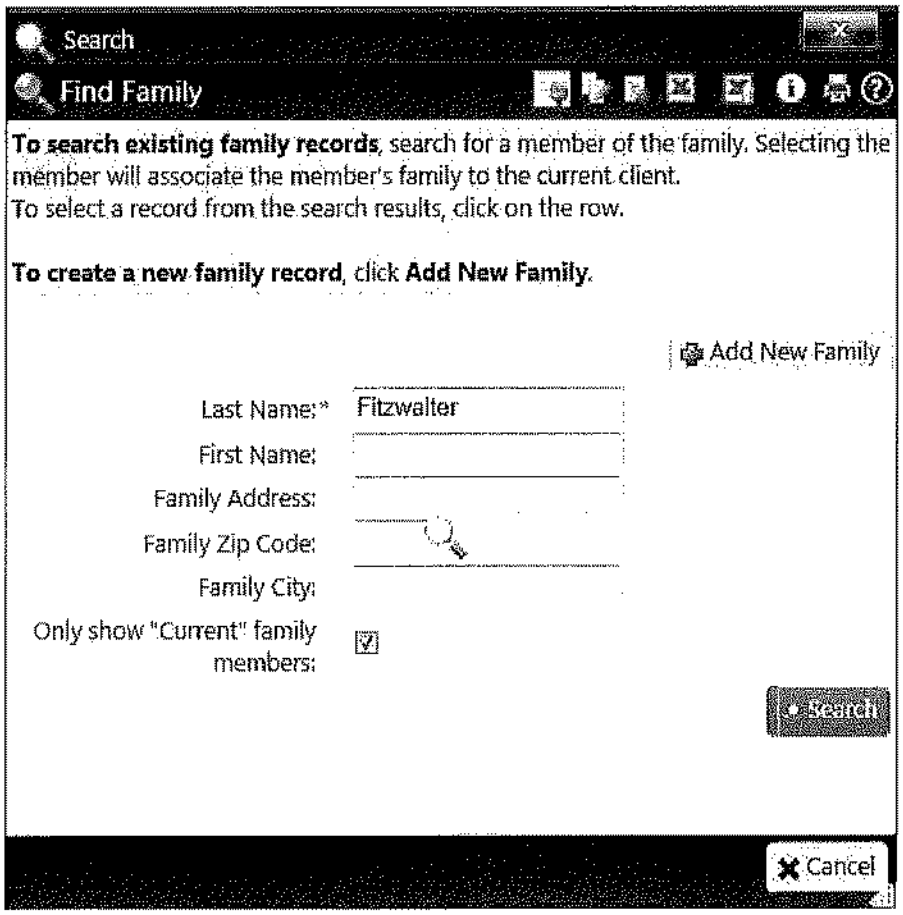
To add a new client to an existing family:

1. In the left panel of the Case Management menu, click Add New Client.

2. Click the Find icon next to the Family Account box wherever it appears on your add new page(s).



3. Type any information into the fields and click Search.

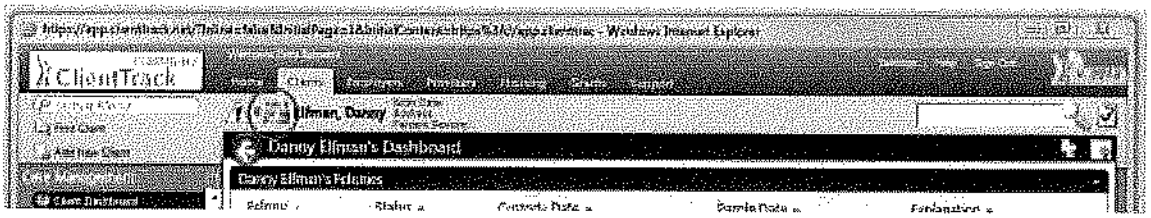


4. Click on the appropriate family name and the program will return to the Family and Contact Information page and the appropriate family information will be automatically inserted into the Family Contact Information area.

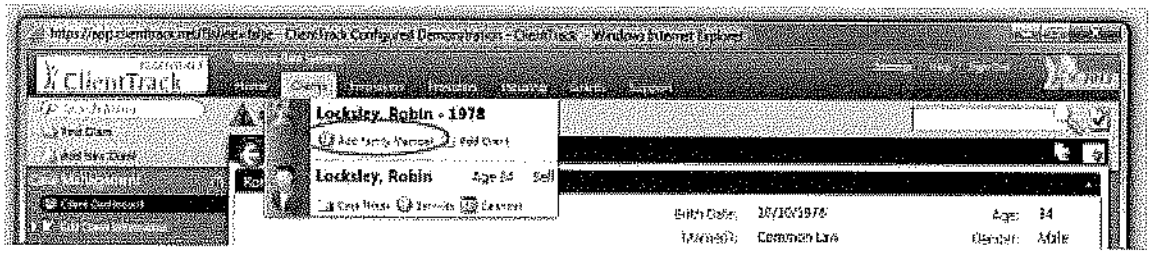
5. Click Next and complete the additional Client Information Wizard steps.

Alternative method to add a new client to an existing family:

1. Click the Family Icon  in the top right corner of the right navigation panel.



2. Click Add Family Member.



3. Since the process of adding a new family member involves adding a new client to the ClientTrack database, the Client Intake page will be displayed. ClientTrack enters the Last Name of the new client automatically. If the last name of the family member is different, type the correct last name.

4. Since the new client will be linked to the current family, ClientTrack enters the Family name in the Family and Contact Information area. The Family name should not be changed.

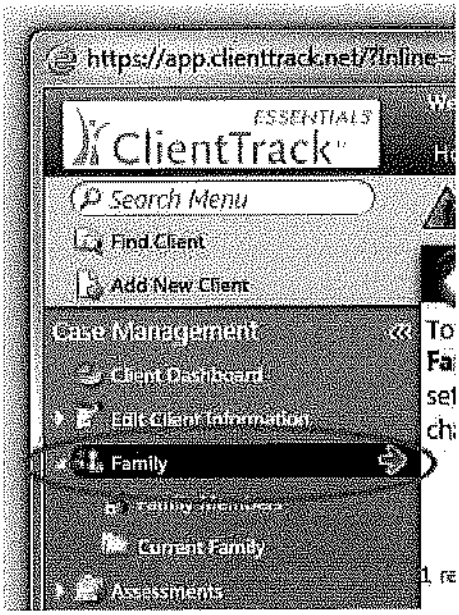
5. Clicking the Copy Address button will copy family contact information to the client's individual contact information.

6. When finished entering client information, click Save.

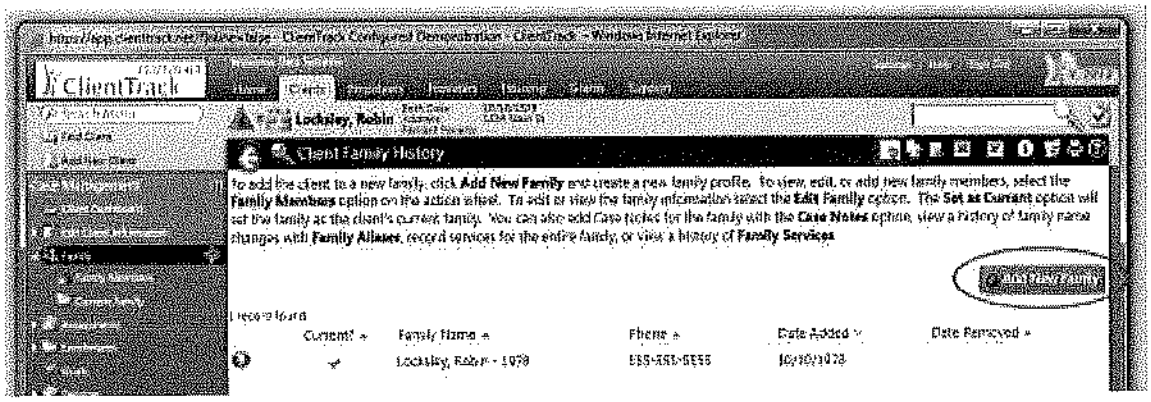
To add an existing client to an existing family:

Under the Case Management menu, click Find Client and locate the client that will be added to the family.

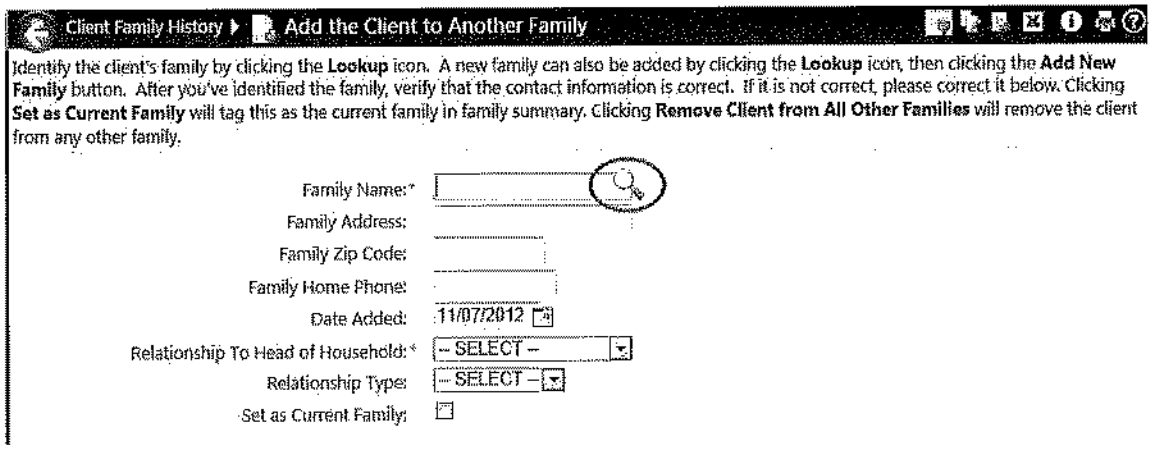
1. In the Case Management menu, click Edit Client and then Family.



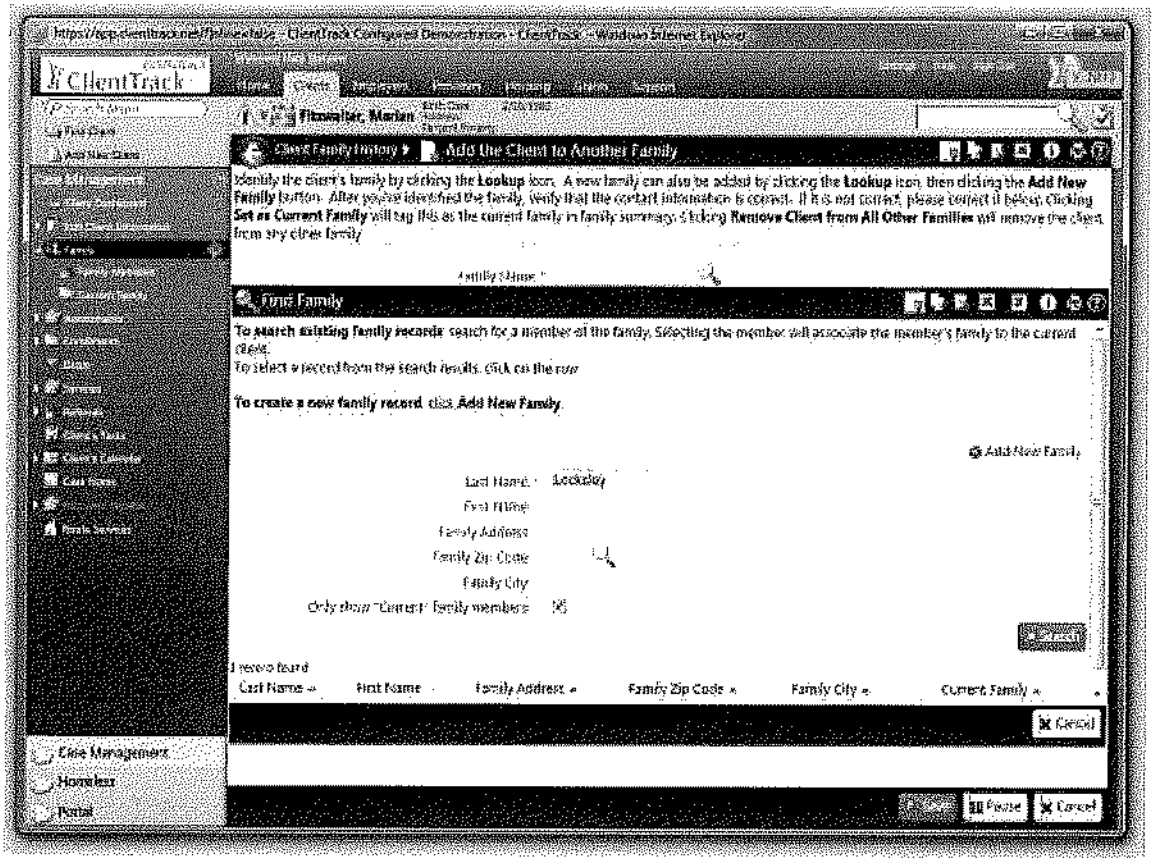
2. On the Client Family History screen, click Add New Family.



3. On the Add the Client to Another Family page, click the Find Icon next to the Family Account field.



4. In the Find Family pop-up window, type some search criteria in the Family Name, Zip Code and/or City fields and click Search.
5. A list of families will display below the fields on the form. Click the appropriate family.



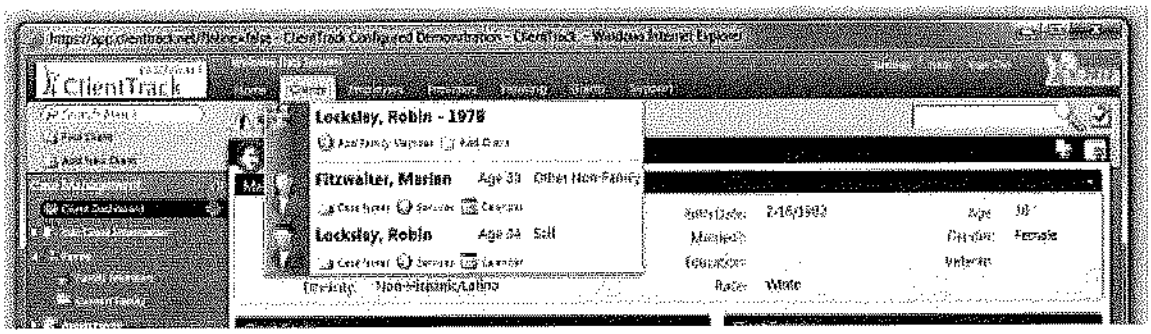
6. The pop-up window will close, and the family information will display in the Add the Client to Another Family page.
7. Click Save.

Family Navigation

If the client has been entered as a member of a ClientTrack family, the Family Icon  appears to the left of the entity (the current client's) name.

Clicking on the Family Icon allows users to:

- View the names of the other family members (blue icons display for males  and pink icons display for females )
- Access family member's information
- Add a new client to the family
- Navigate among family members
- View Case Notes for each family member

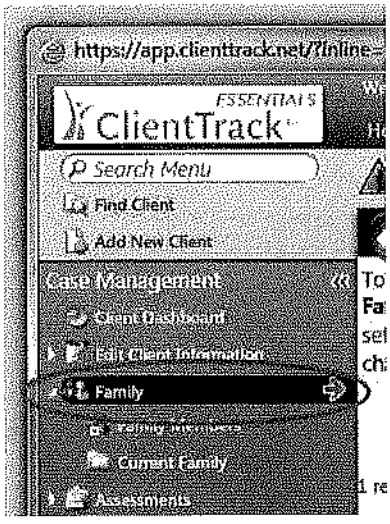


Family Information

Various details of a client's family history recorded in the ClientTrack data base are available through the Client Family History page. This information is often used to determine eligibility for certain grants or funding sources based on information like family size, monthly income, and number of children.

To access the Client Family History page:

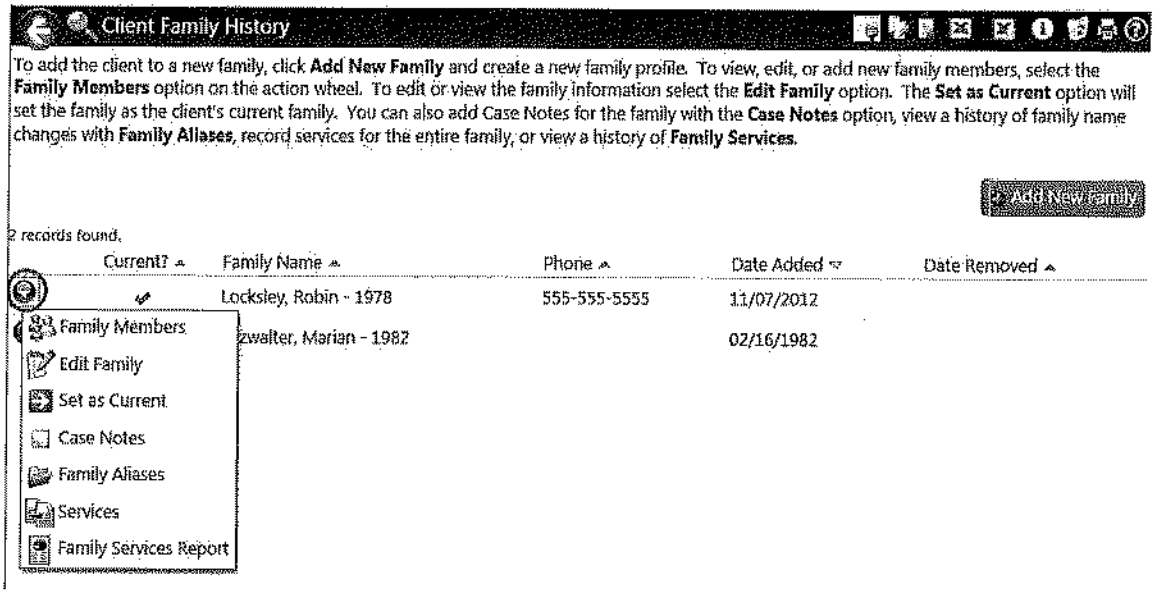
Under the Clients tab in the Case Management menu, click Edit Client, then click Family.



Tip: The family name is displayed in red to let you know which family is the current family for the selected client.

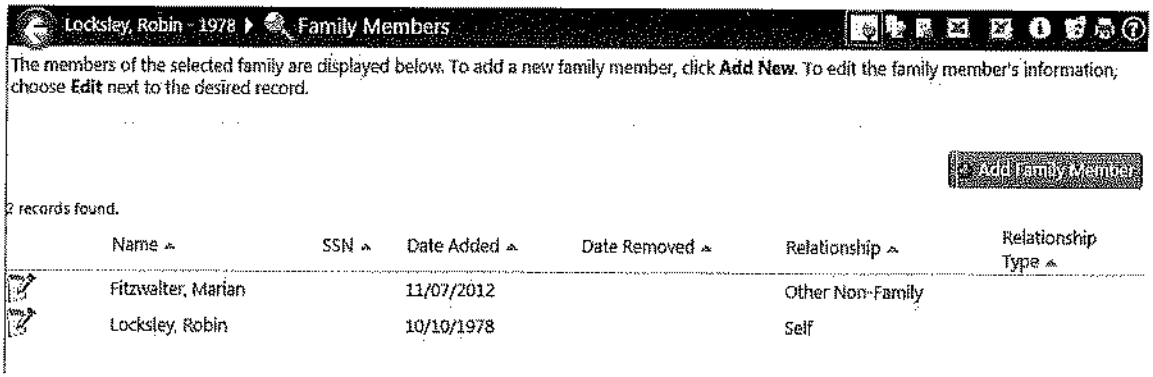
Action Functions in Family

Clicking the Action Gear next to the family name will display a number of options.



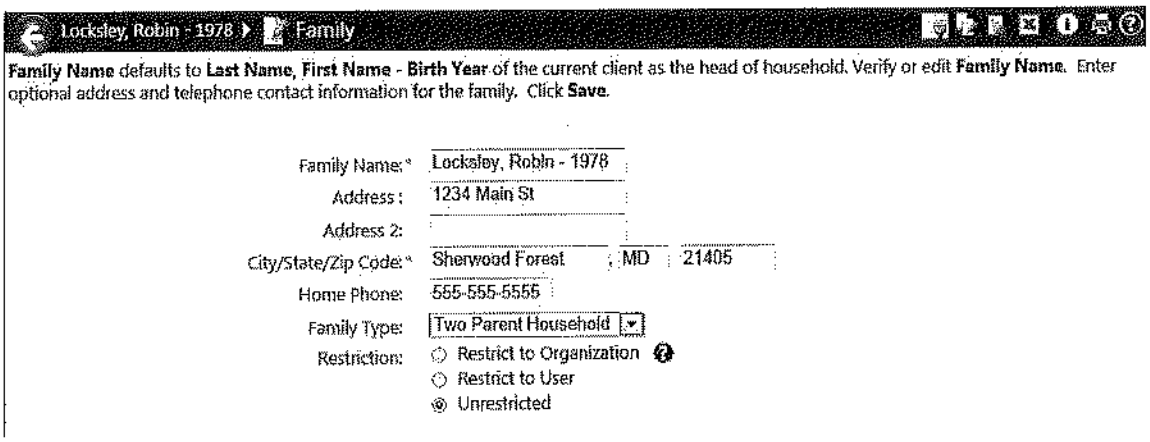
View Family Members

This option opens the Family Members page, which displays the members of the client's current family. The family members' information can be edited or deleted by using the Edit and Delete icons next to each family member's name.



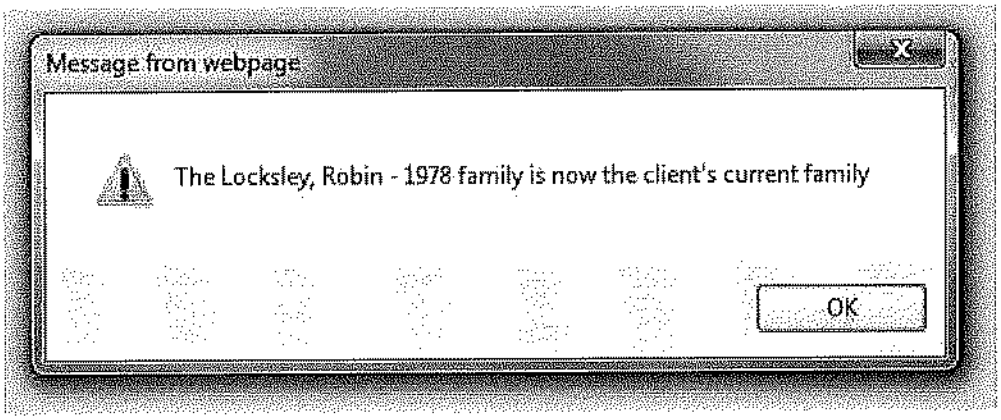
Edit Family

The Edit Family option displays the Family page where you can edit basic family information.



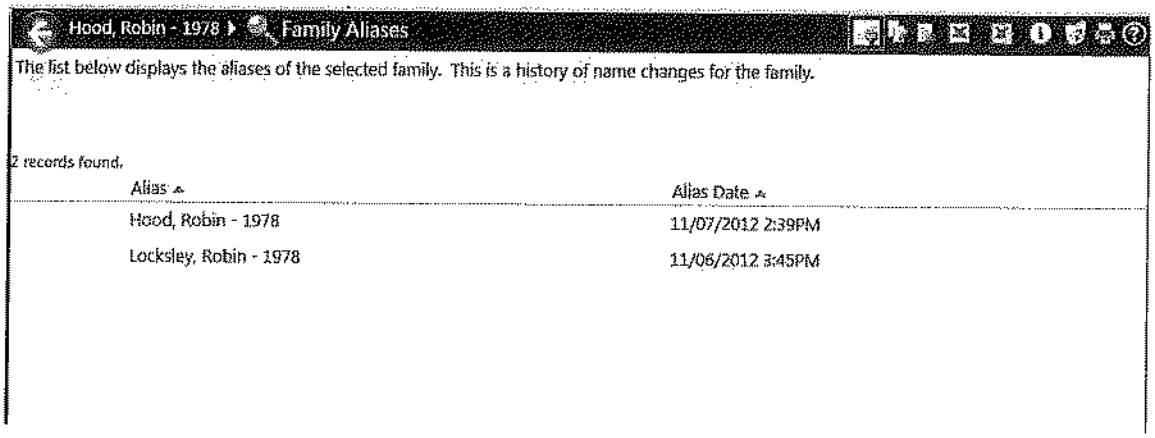
Set as Current Family

Because a client may be linked to more than one family in ClientTrack, the Set as Current option allows you to set the current family for the client. When you click on Set as Current, a small window will open to verify the current family is set as the client's family.



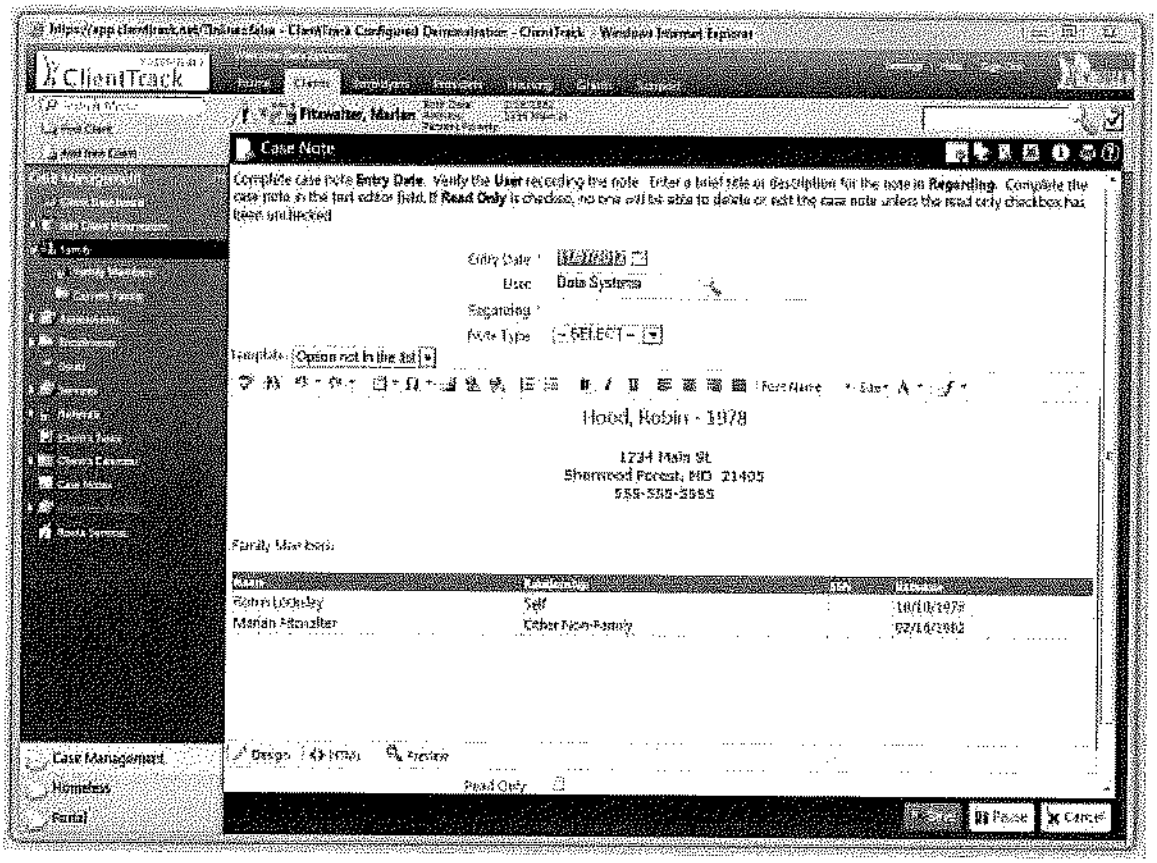
Family Alias

The Family Aliases option displays a history of family name changes that occur over time. If a family name was changed from "Allen" to "Allen, Jill - Family," then the alias option would display both names as illustrated below. Family aliases may be deleted by clicking the Delete icon.



Case Notes

The case notes option allows the user to record a case note on behalf of the family and attach the case note to the family name. Many times the case manager will interview an entire family and have specific notes for each family member but also have notes that relate to the entire family. Selecting Family Information in the Template dropdown list adds basic information for all family members to the case note text area.



Enrollments

What is an enrollment in ClientTrack?

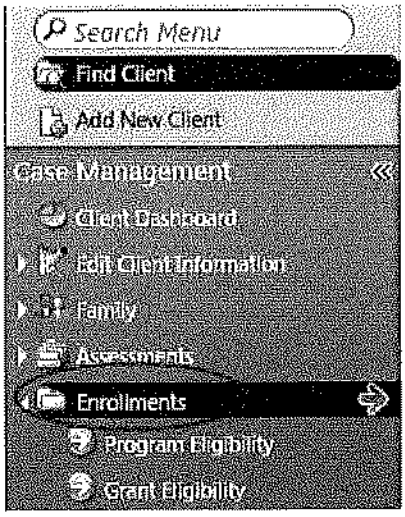
The basic components of enrollment include program name, begin date and end date. An enrollment can be associated with assessments for reporting purposes. It is important to remember that the function performed by an enrollment may come under a number of different names, so it is important to think in terms of function.

Note: Many items (such as assessments) need to be associated with an enrollment in order for reporting to work properly.

An enrollment is often used to mark out a range of time used to measure outcomes. For example, when a client begins working with an agency it is common for that agency to collect data about their income. When the agency has stopped working with the client they may measure income again. In terms of the enrollment the first income assessment occurred when entering the program and the latter when exiting the program. The difference between these two points demonstrates quantifiable changes that can help identify whether working with the client had a substantial effect on their situation.

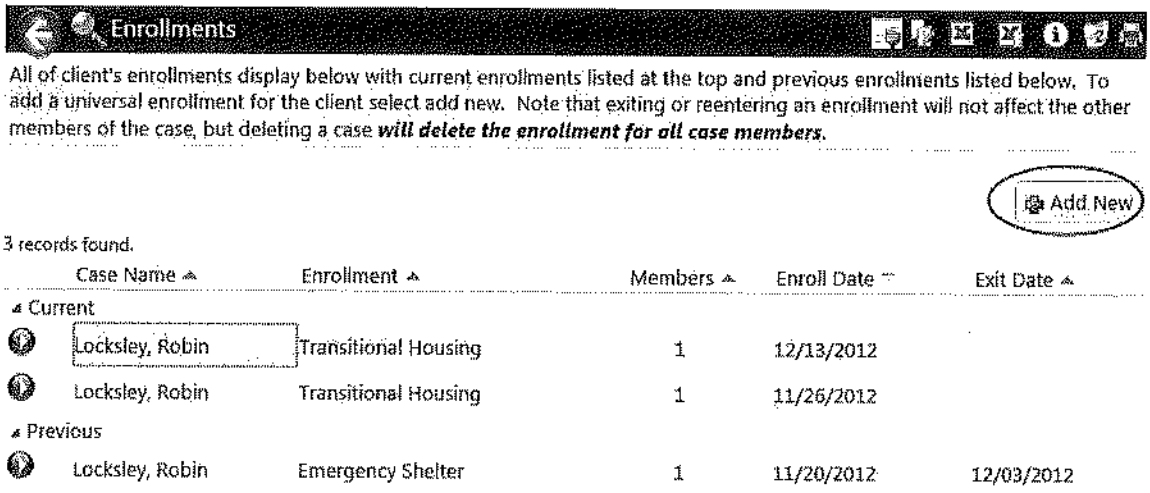
To access enrollments in ClientTrack:

On the Clients tab in the Case Management menu, click Enrollments.

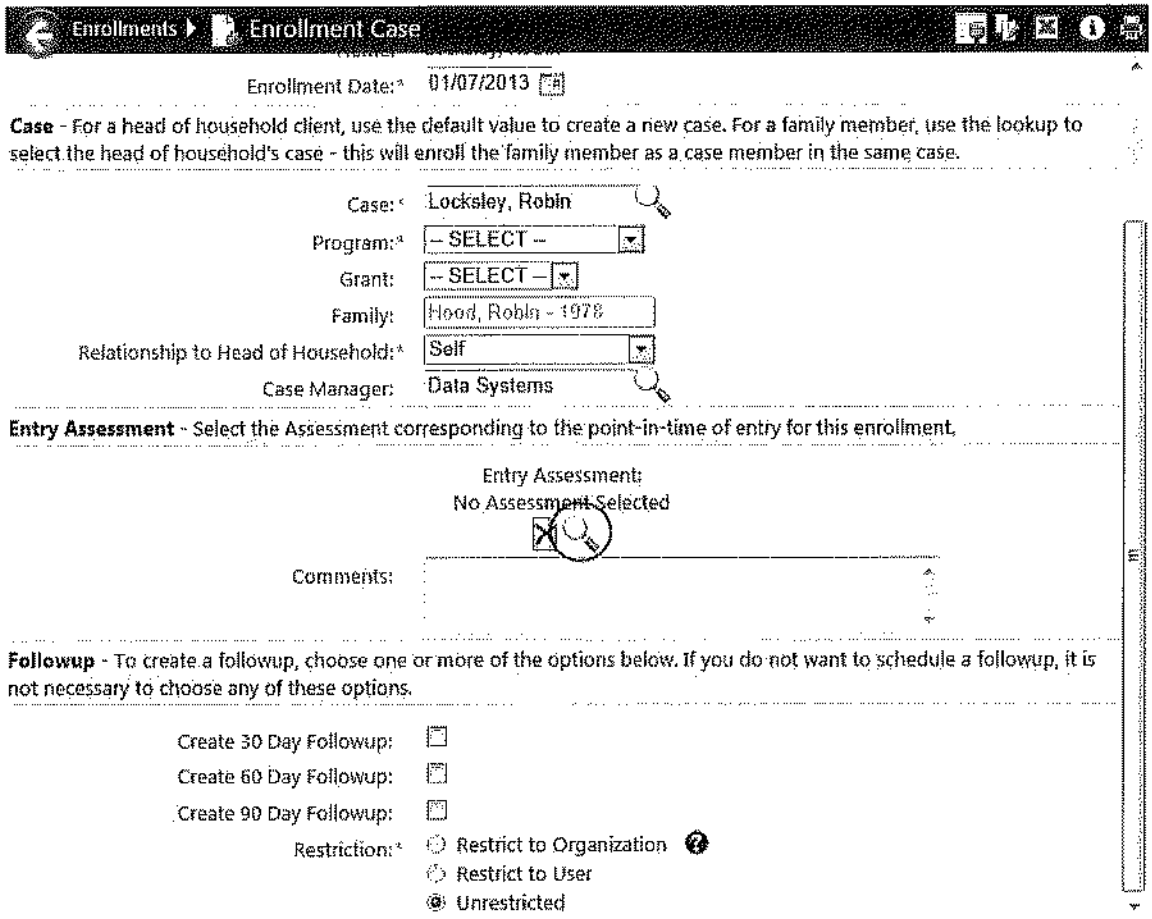


To enroll a client in a program:

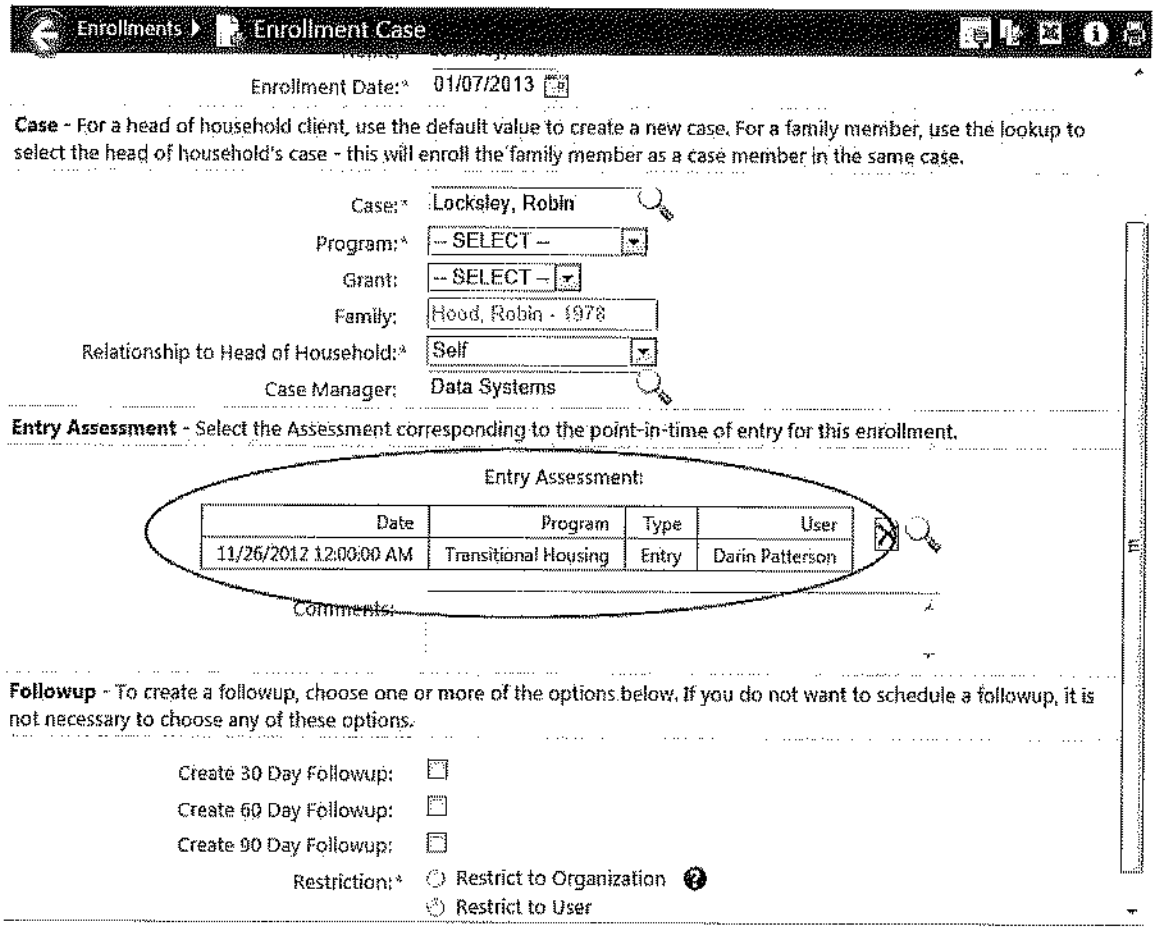
1. On the Enrollments page, click Add New.



2. Enter the Enrollment Date
3. Enter the Case for the enrollment. This defaults to the current client, but you can look up a head of household to enroll this family member in another case.
4. Select the Program to enroll the client in
5. If you wish to associate the enrollment with a Grant, select the correct Grant. This is often used for reporting purposes. For example, the HUD APR is dependent on associating the enrollment with a grant.
6. Change the Relationship to Head of Household and Case Manager, if necessary.
7. The next section allows you to associate the enrollment with an assessment. This section uses the assessment plug in which you will see on many forms that use assessments.
    a. Click on the magnifying glass icon to search for existing assessments or create a new assessment.



b. Once an assessment has been selected (by clicking on a search result or adding a new assessment) the plug in will display information about that assessment.

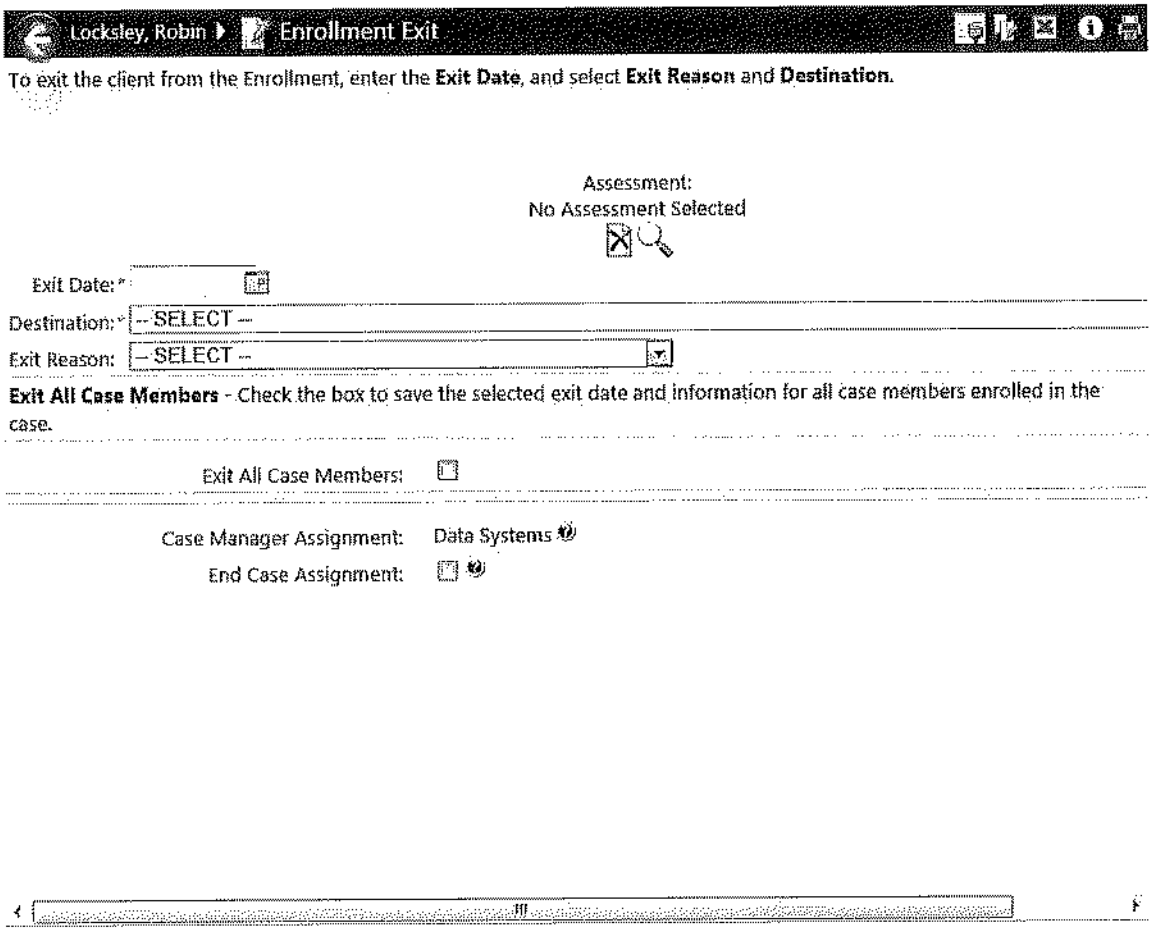


c. If you want to disassociate the assessment from the enrollment simply click on the delete icon to the left of the magnifying glass.

8. The next section allows the user to initiate a follow up. This will create a task scheduled for 30, 60, or 90 days after the enrollment date. The task will be created for both the client enrolled and the case manager identified in the case section.

Once an enrollment is created it will appear on the enrollments page. Clicking the action button  will allow you to perform the following tasks.

1. Edit the information entered when the enrollment was created.
2. Case Members, Goals, Action Plan, and Services are all used to collect their respective data points with a reference to the enrollment.
3. When the enrollment period has ended click on 'Exit the Enrollment'. This will prompt you for some data related to exiting the enrollment.



a. The assessment plug in is used here to associate the enrollment with an exit assessment. As mentioned above, this is important for measuring outcomes in that it allows comparison between the entry and exit assessments.
b. Use the 'Exit All Case Members' checkbox to exit every member of the case associated with this enrollment.

Recording Assessments

What are assessments and how are they recorded in ClientTrack?

Assessments are snapshots about a client concerning basic information like education, financial, health, and employment issues as well as barriers to client success. Unlike basic client information, such as name, address, and family information, assessments track client data that generally varies over time. After adding a new client and entering basic client information, the next step in ClientTrack involves recording client assessment information used to create goals and action plans. Depending on organization setup, client assessments can be accomplished through workflows, which are discussed later in this document. This section explains some of the different types of assessments and how to enter them individually. HMIS assessments, which are normally recorded through workflows, are also discussed later in this guide.

ClientTrack offers many different submenus in the Assessments section in order to evaluate client issues. To better explain the assessment process in ClientTrack, the following section divides the submenus into four basic groups: Master Assessment, Informational Assessments, Barriers, and the client Self-Sufficiency Matrix. The process to enter information and record client assessments is essentially the same for all categories.

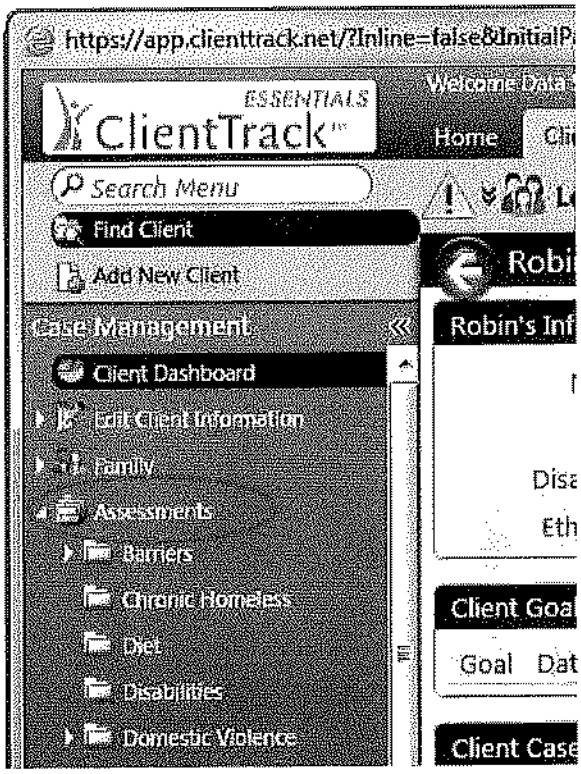
Master Assessments

What is a Master Assessment and how is it used in ClientTrack?

A Master Assessment ties together a number of separate, detailed assessments/data elements to a single process at a particular point in time. Data presented in the Master Assessment is controlled by the system administrator and is based on requirements of the Annual Progress Report (APR) if applicable. Master Assessments are normally created during Workflows, which will be explained later. The Master Assessment form creates an Assessment ID, which is used to tie all program-specific assessments together.

To access Master Assessments in ClientTrack:

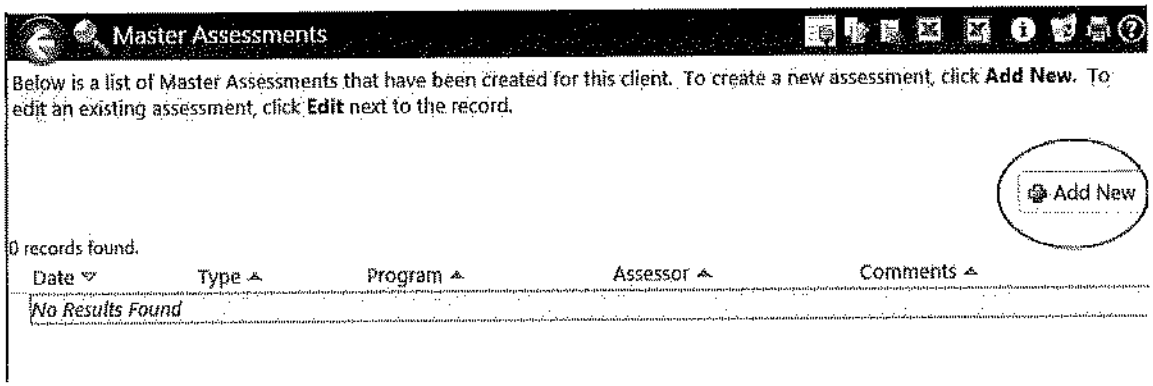
On the Clients tab in the Case Management menu, click Assessments.



To create a new Master Assessment:

Note: Master Assessments are normally created during Workflows setup by the system administrator.

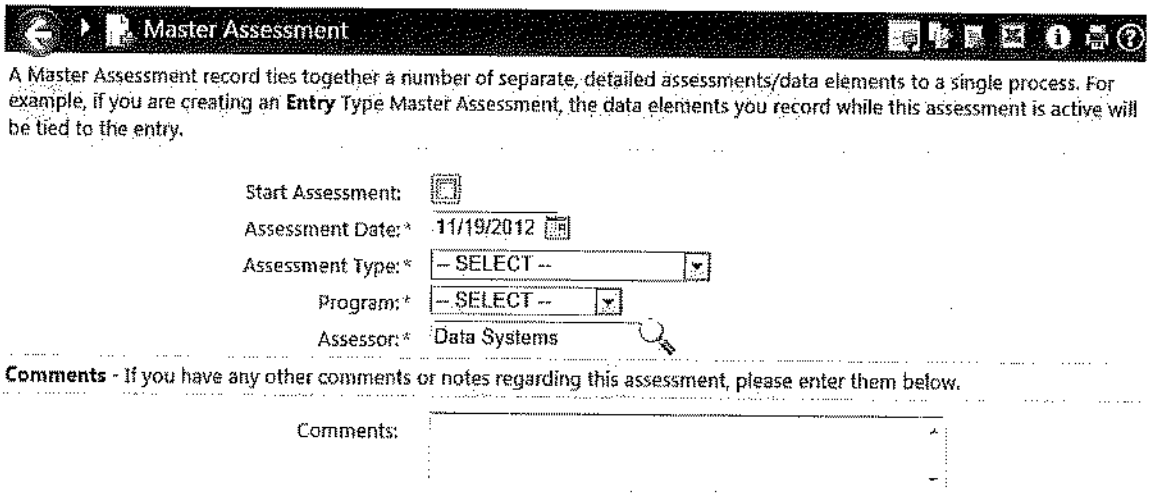
1. On the Master Assessments page, click Add New.



2. On the Master Assessment page, enter an Assessment Date.
3. Select an Assessment Type.
4. Select a Program in which you intend to enroll the client.
5. ClientTrack automatically fills in the Assessor as the current user name.

6. Include any Comments.

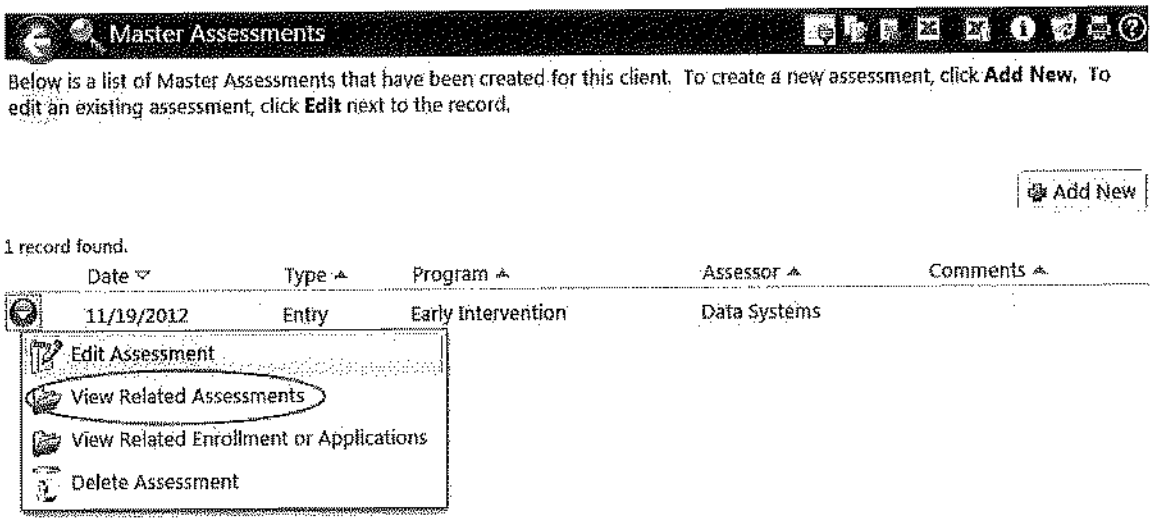
7. Click Save.



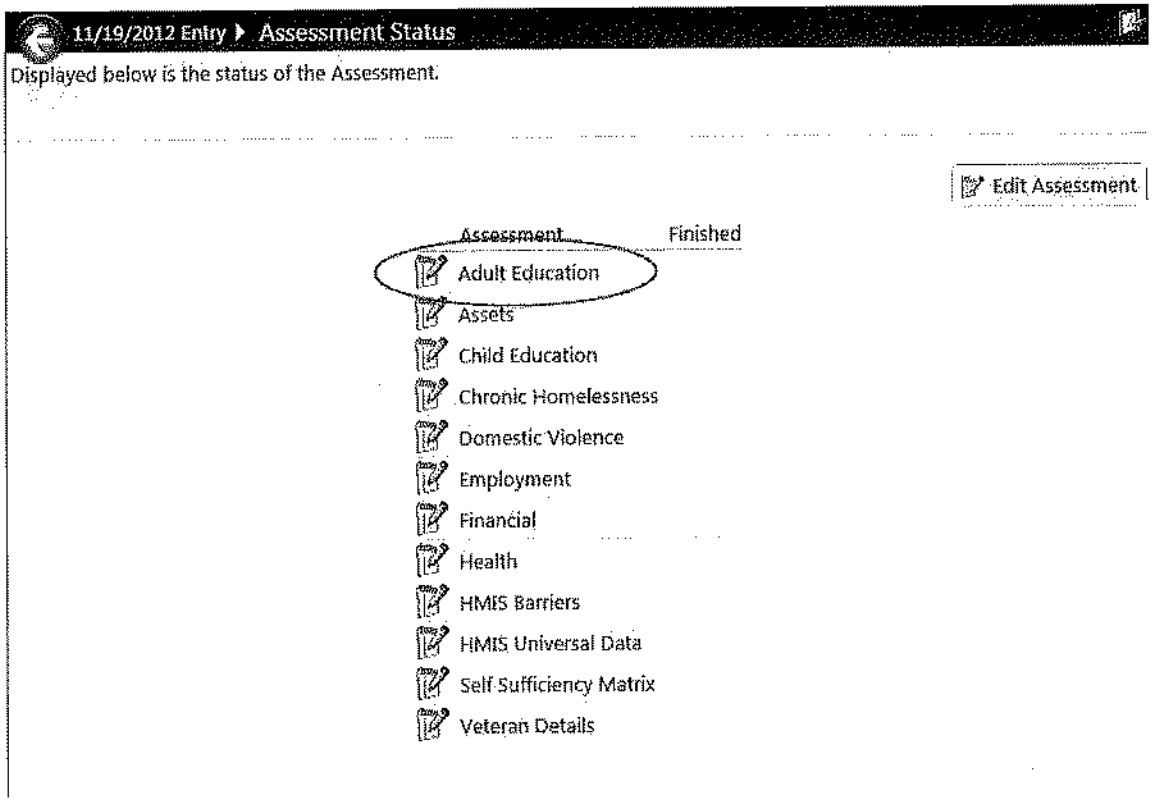
Once a Master Assessment has been created, it will appear on the Master Assessments page.

Clicking on the Action Menu  next to the assessment displays user options.

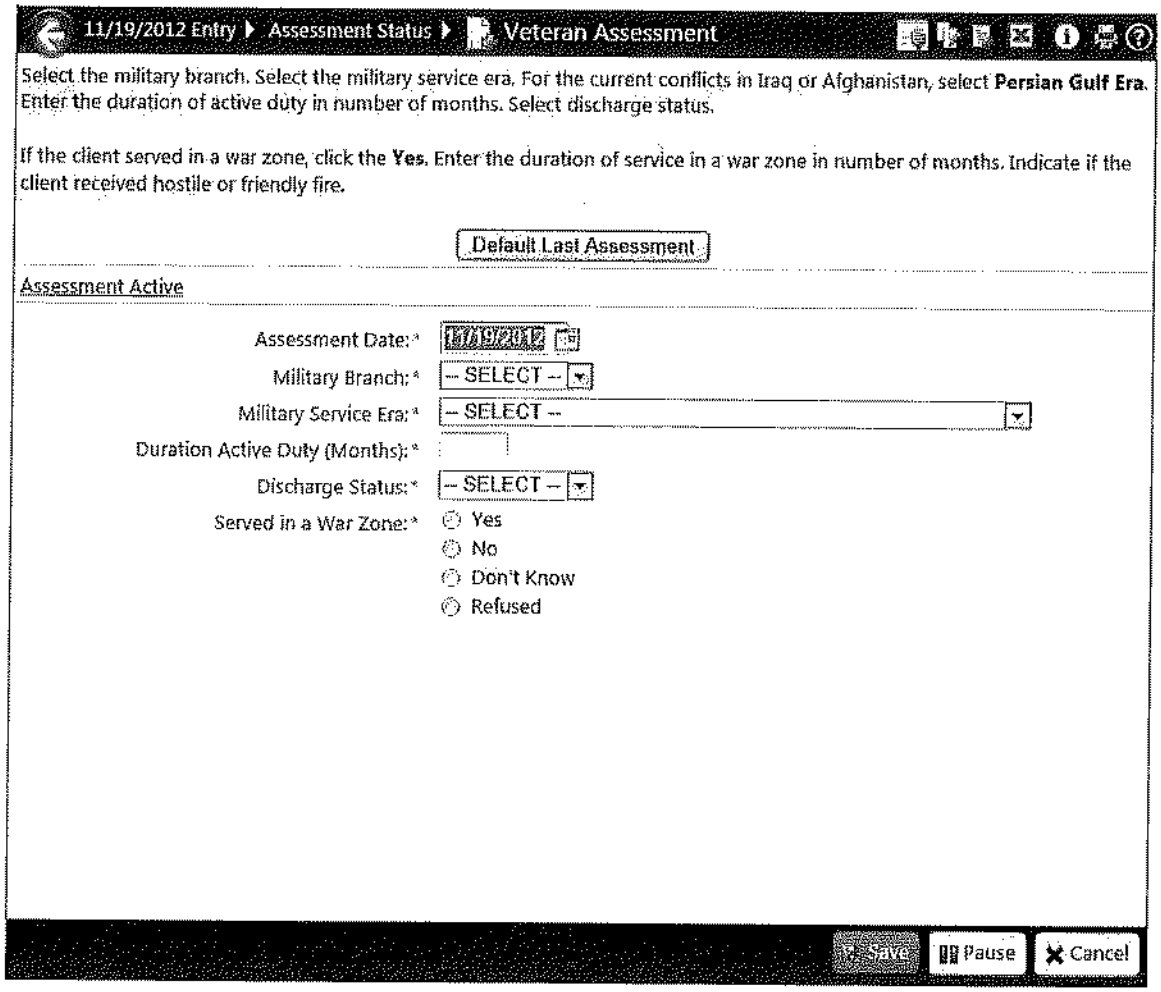
1. To enter individual assessments for this Master Assessment, click View Related Assessments.



2. On the Assessment Status page, click on the individual Assessments to access the entry page for each assessment.



3. Illustrated below is the Veteran Assessment page which will be displayed after clicking on Veteran.



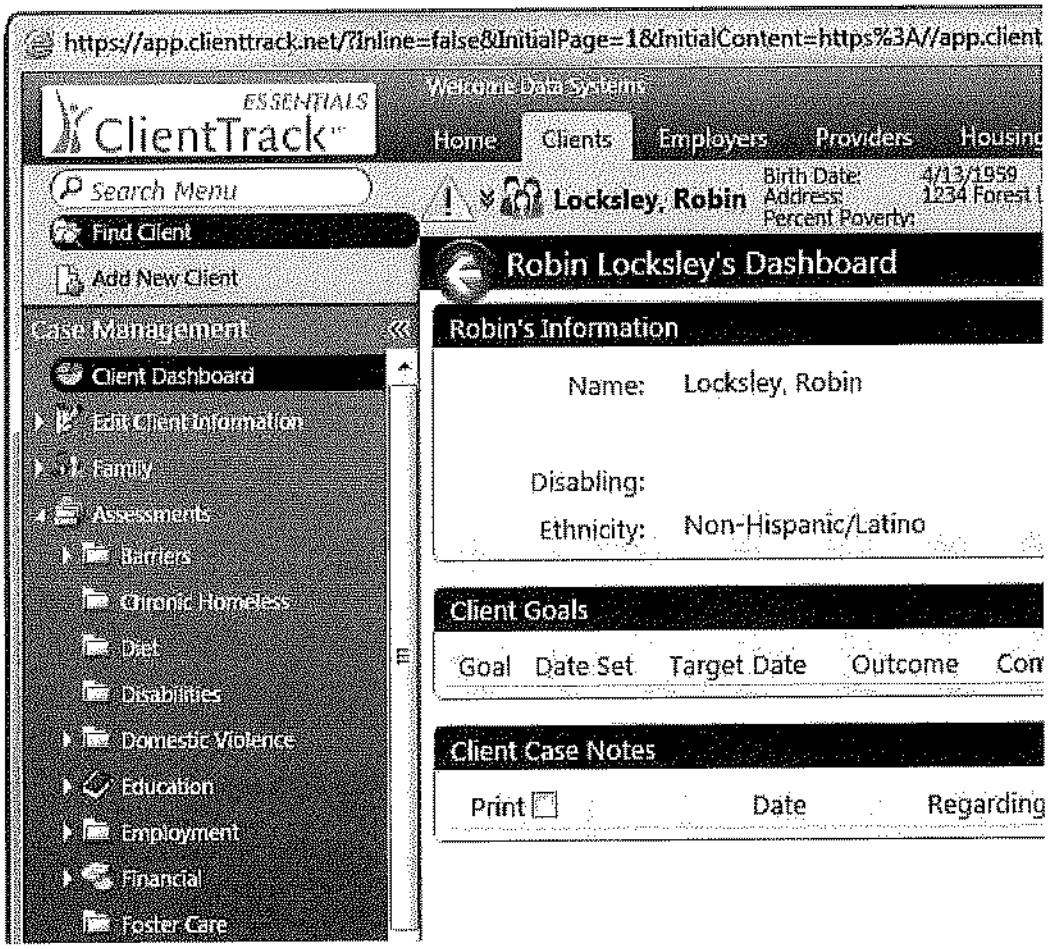
Informational Assessments

What is an informational type assessment and how are they entered in ClientTrack?

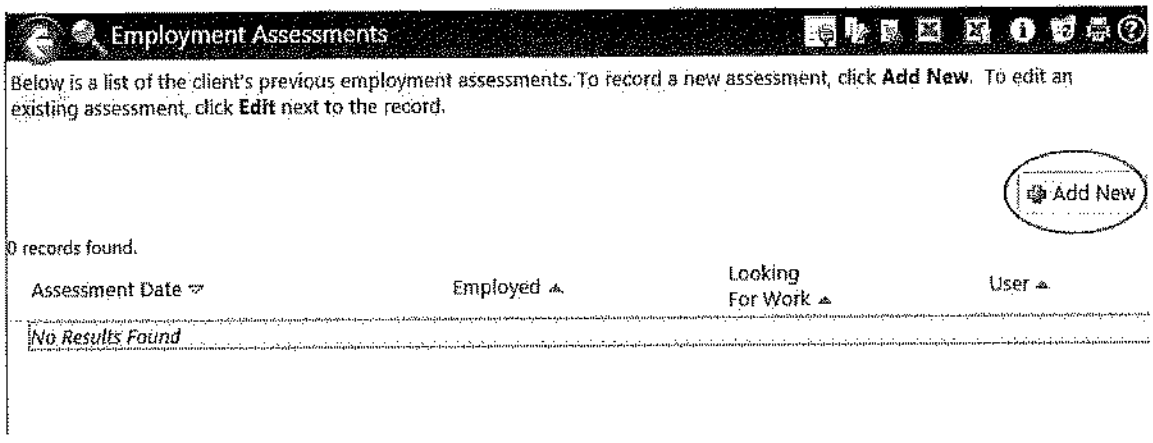
Informational assessments are used to collect a broad range of client data including health issues, veteran status, education, work history, and financial information. This type of information aids the case manager in determining the best way to assist clients.

To record client Employment data:

1. In the Case Management menu, click Assessments, and then Employment.



2. On the Employment Assessments page, click Add New.

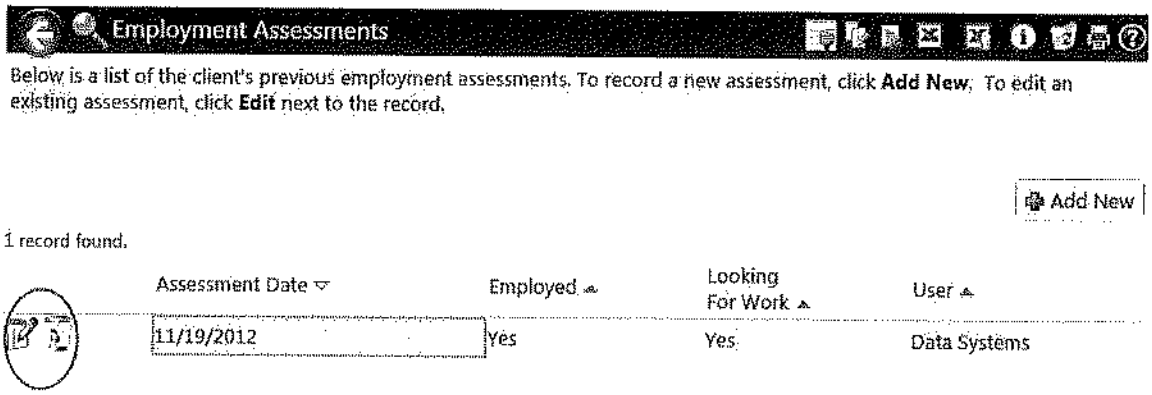


Tip: Users who are recording an assessment that contains the same data as the previous assessment can save time by clicking Default Last Assessment that appears at the top of the page. By clicking this button, the fields will default to what was recorded during the last assessment.

3. On the second Employment Assessment page, complete the appropriate data.

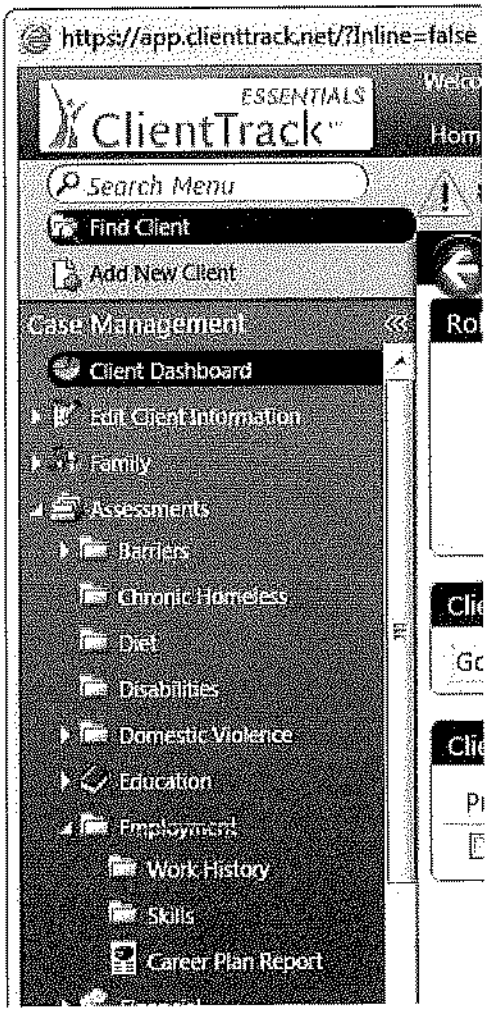
4. Click Save.

Once an Employment Assessment has been entered it will display on the client's Employment Assessments page. The assessment can be edited or deleted by clicking on the appropriate icons.

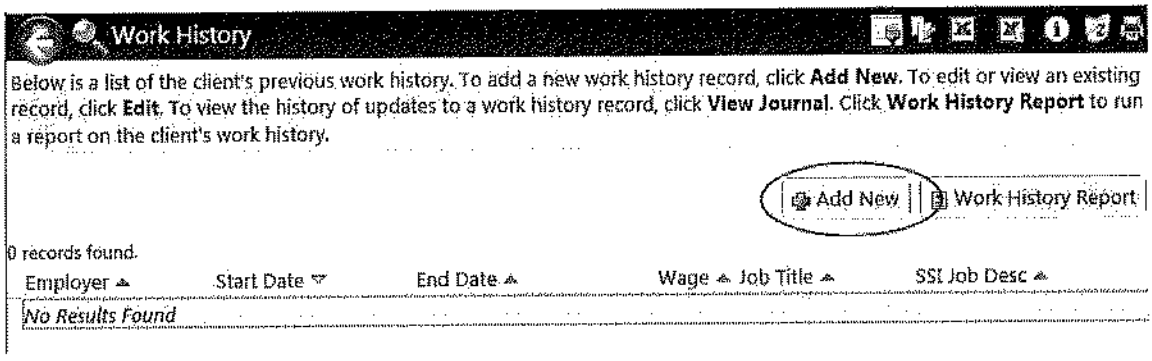


To record client Work History data:

1. In the Case Management Options menu, click Assessments, then click Employment, and then Work History.



2. On the Work History page, click Add New.

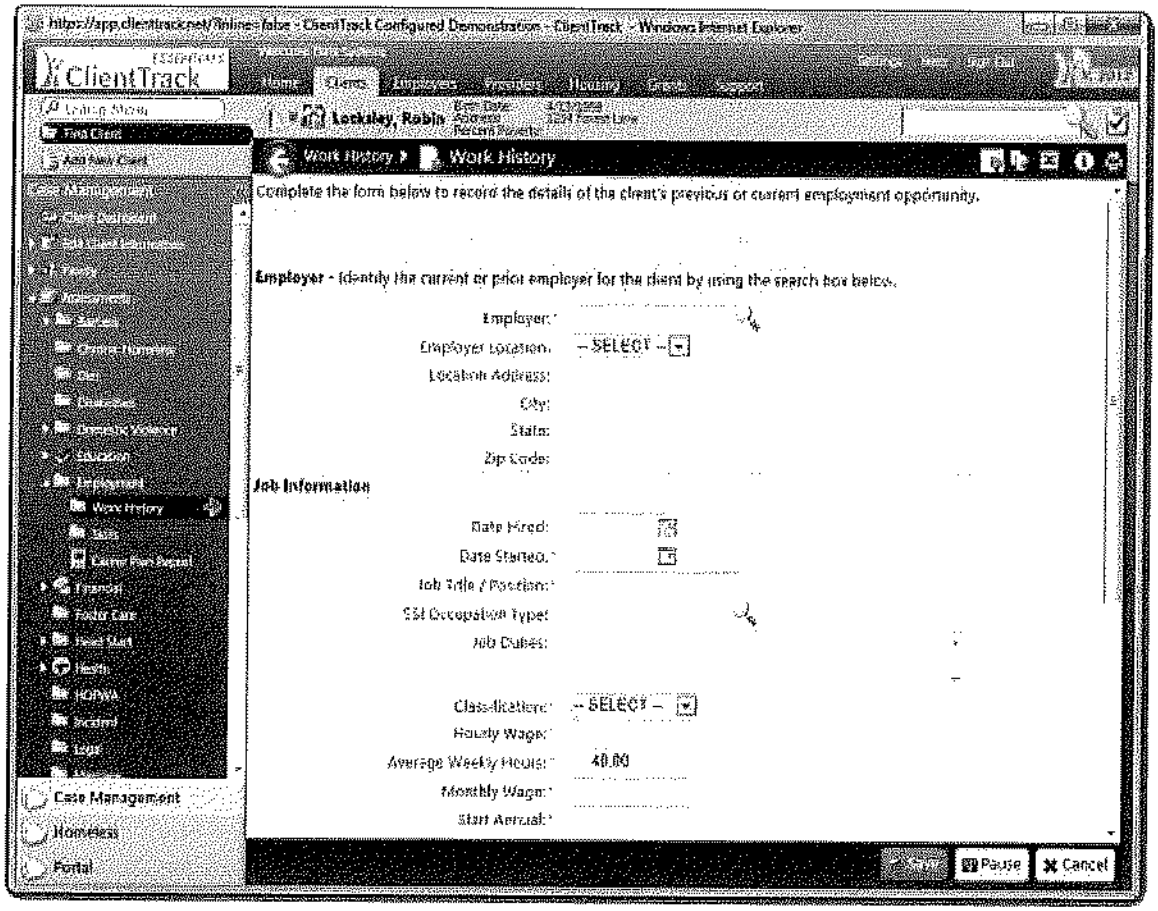


3. Type the Employer name and use the Find icon to locate the employer or add a new employer to the database

4. Type an hourly wage and average weekly hours at the time the client started the job. ClientTrack automatically calculates the Monthly and Start Annual fields.

5. If the client is no longer employed by this employer, complete the Work History – Termination Information section.

6. Click Save.

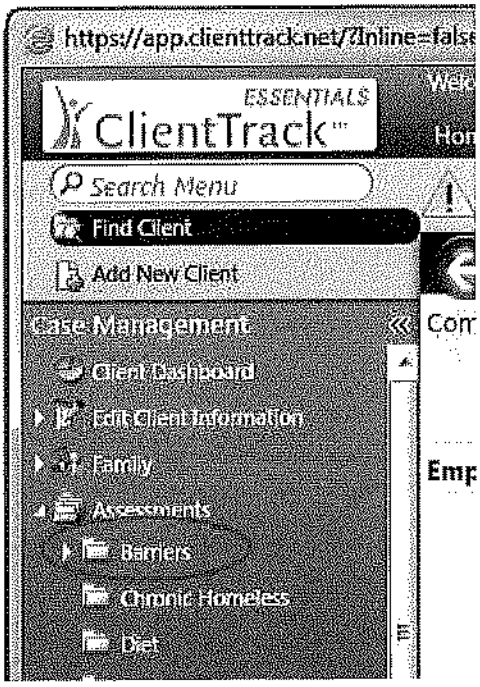


Barriers

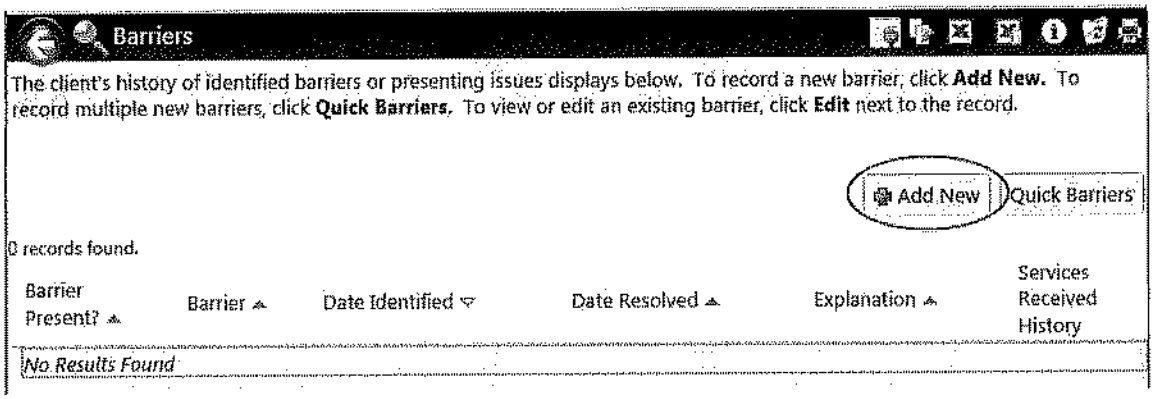
Barriers represent personal issues that may affect a client's ability to successfully achieve specific goals. In addition to general barriers, ClientTrack has submenus to record HMIS Barriers and Felonies.

To record client Barriers:

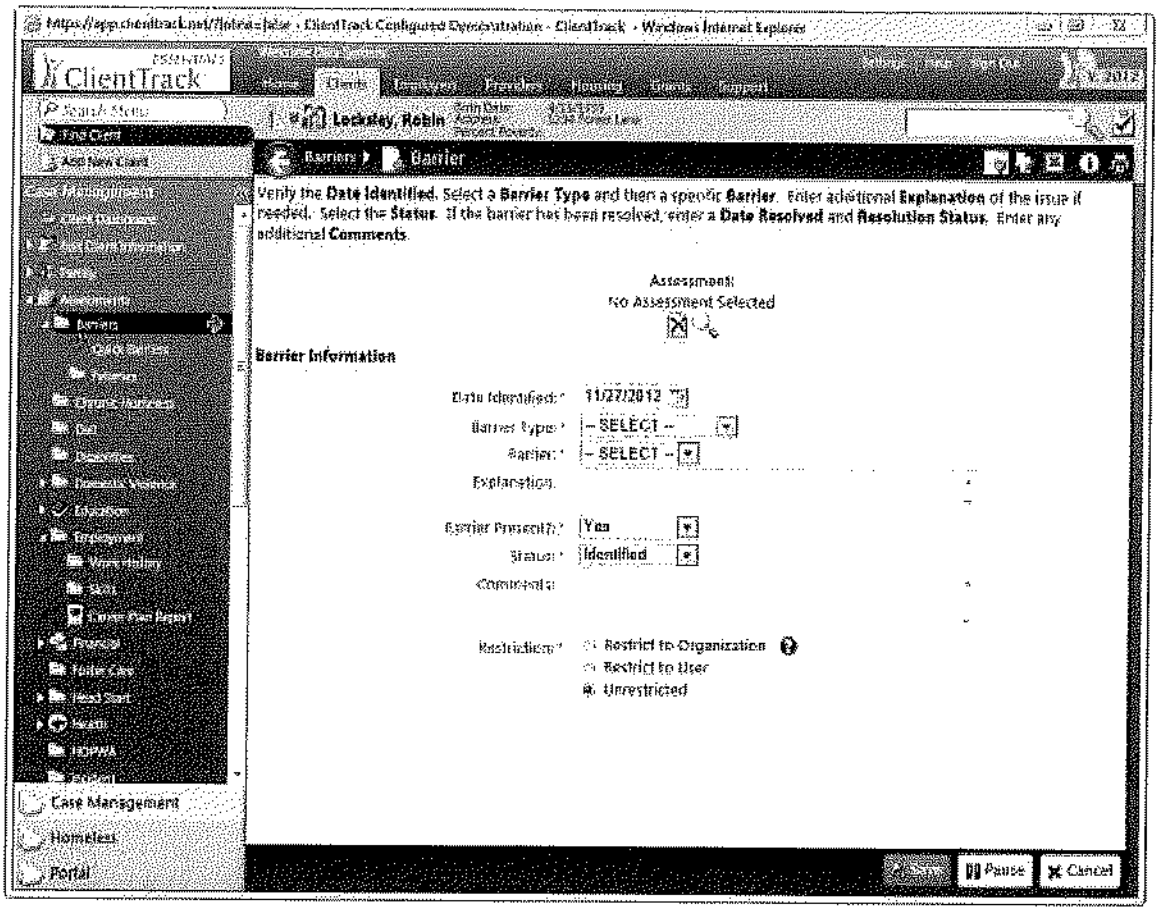
1. In the Case Management Options menu, click Assessments, then click Barriers.



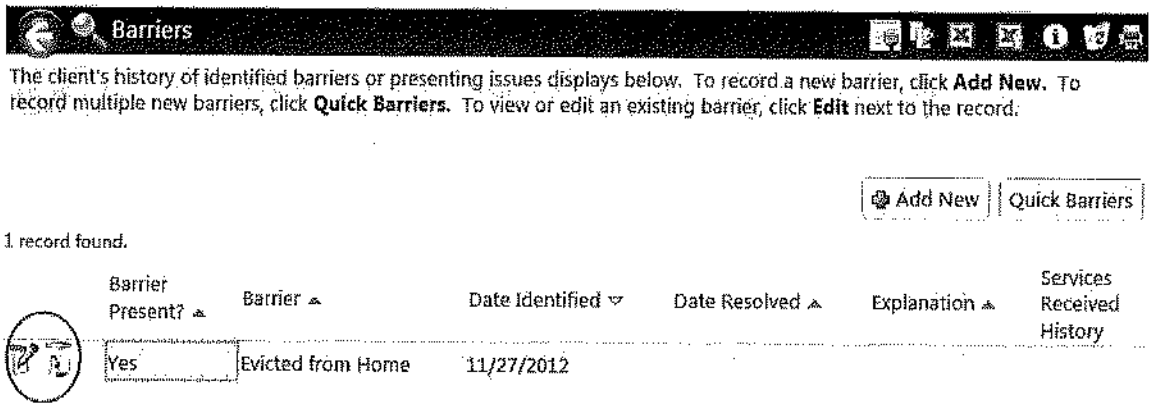
2. On the Barriers page, click Add New.



3. On the second Barrier form, enter the Date Identified.
4. The Barrier Type determines the barriers displayed in the Barrier dropdown menu, so select a Barrier Type before selecting an Issue.
5. Enter the additional information concerning the Barrier.
6. Click Save.



Once a Barrier has been entered it will display on the client's Barriers page. The assessment can be edited or deleted by clicking on the appropriate icons.



How are HMIS Barriers recorded in ClientTrack?

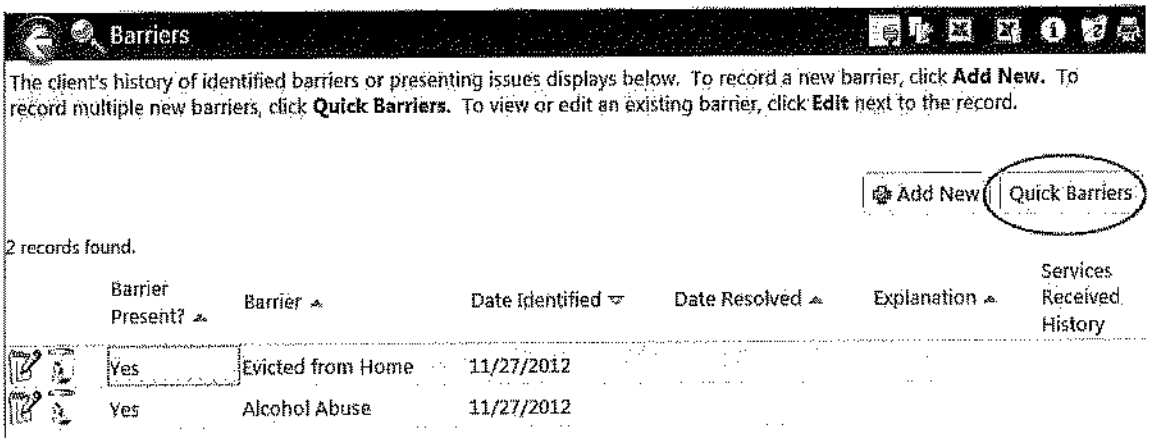
HMIS Barriers are recorded in the same manner as Barriers (described above), except that you must select HMIS Barriers as the Barrier Type.

Quick Barrier Entries

ClientTrack offers an alternative method to enter multiple client barriers on a single page.

To record client barriers using Quick Barrier entry:

1. On the Barriers page, click Quick Barriers.



2. On the Quick Barriers screen, verify Barrier is displayed in the Screen dropdown menu. Selections in the dropdown menu are controlled by the system administrator.

3. Identify the client's barriers by clicking the checkbox next to the appropriate Barrier. Clicking the checkbox in the header row (next to Barrier), will select all Barriers listed on the page.

4. If desired, type an Explanation.

5. Select a Restriction from the dropdown menu.

6. If your organization is set up to record case notes for a barrier, the Edit icon will be displayed to the right of the Restriction column. To enter case notes, click on the Edit icon. The Case Note editor will open and case notes can then be recorded.

7. If your system administrator has added help information for the specific Barrier, the Help icon will be displayed in the Help column. Positioning the mouse pointer over the icon will display the Help information.

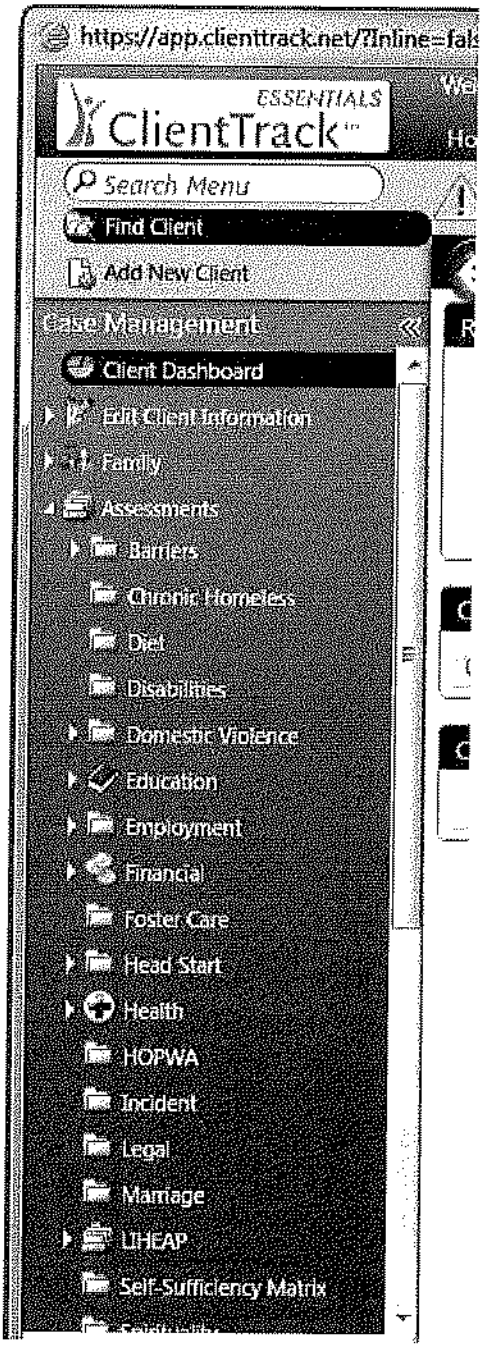
8. When finished recording Barriers, click Save.

Self-Sufficiency Matrix

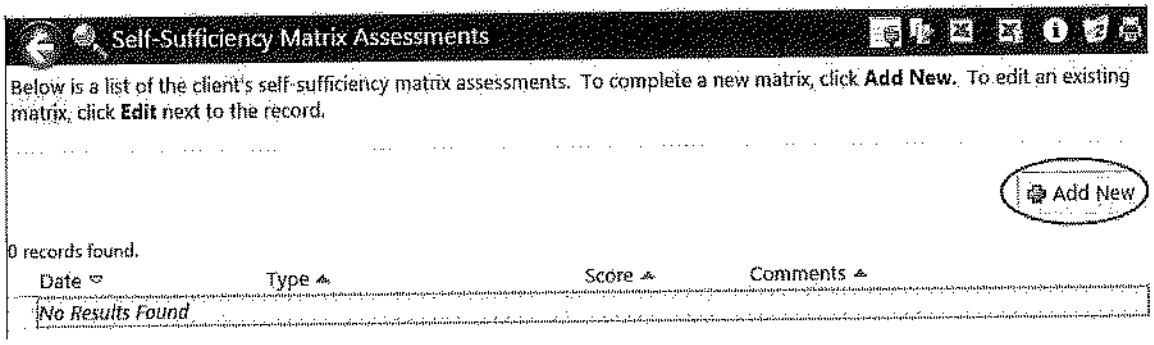
A client's Self-Sufficiency Matrix is a case manager's evaluation of a client's level of self-sufficiency at a particular point-in-time recorded in numerical format.

To create a Self-Sufficiency Matrix in ClientTrack:

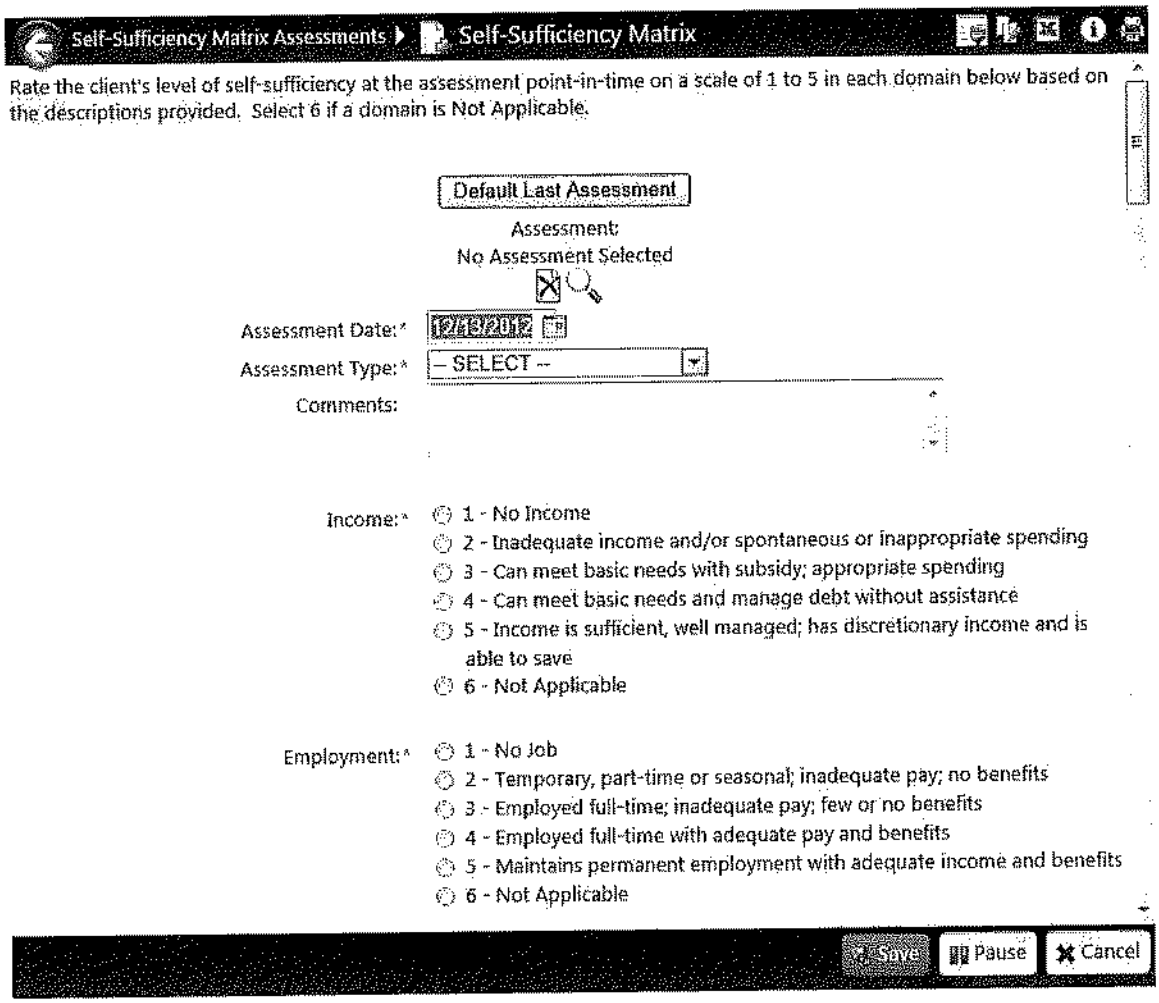
1. In the Case Management menu, click Assessments, and then click Self-Sufficiency Matrix.



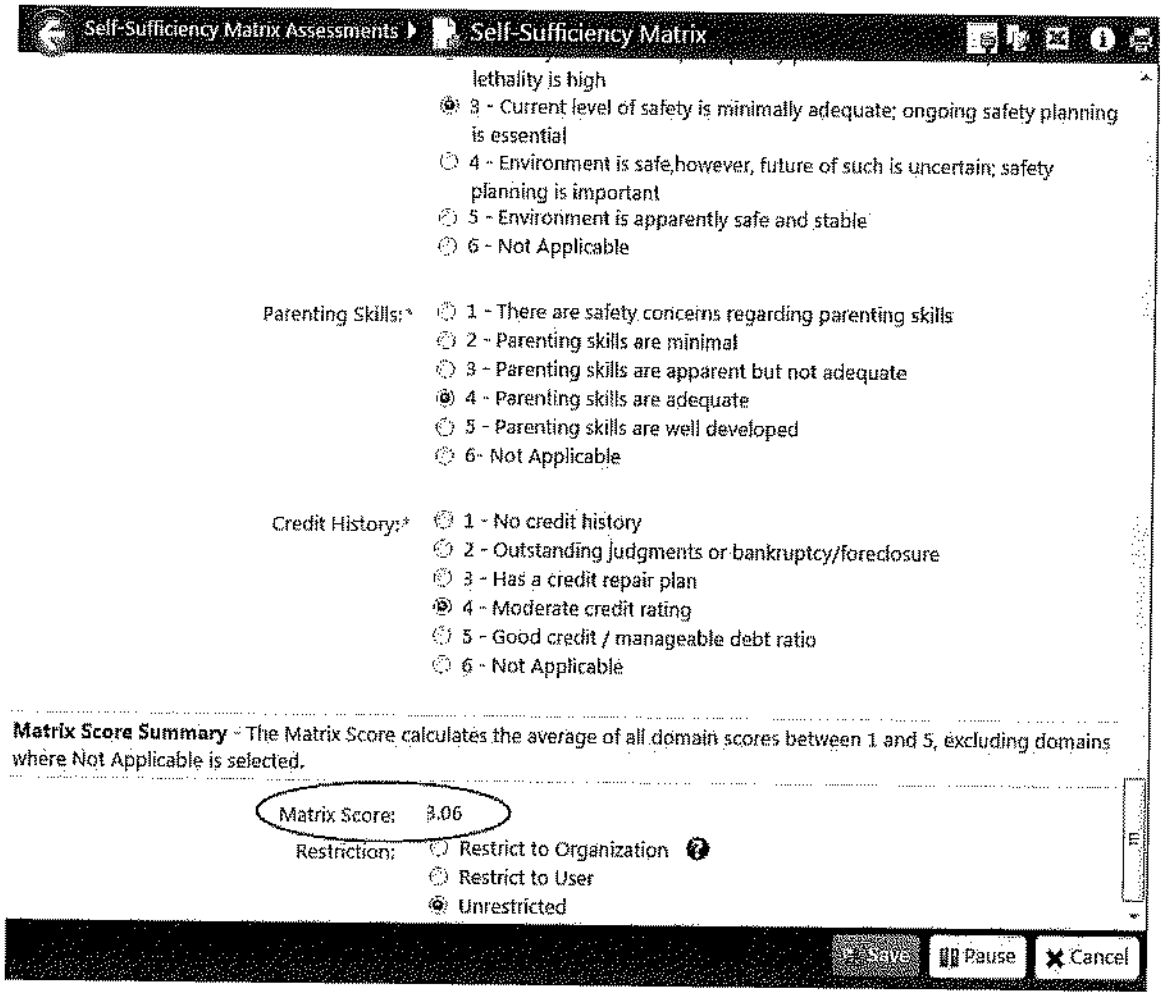
2. On the Self-Sufficiency Matrix Assessments page, click Add New.



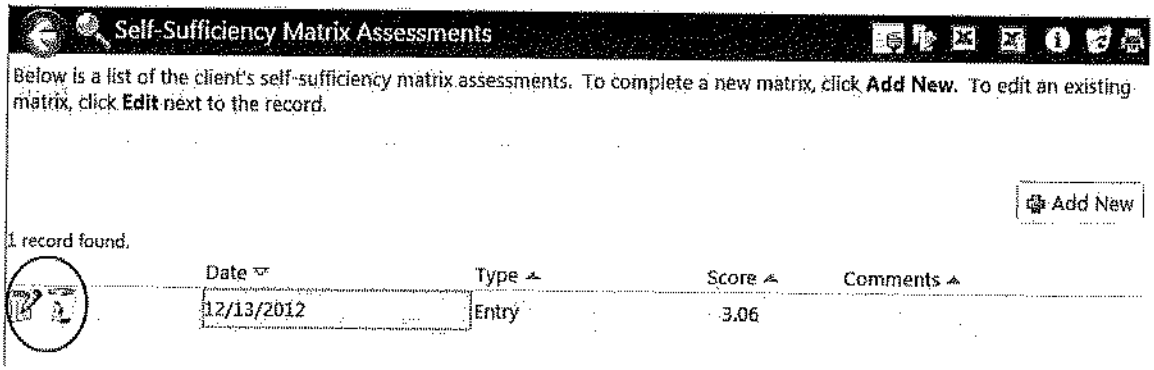
3. On the Self-Sufficiency Matrix page, rate the client's level of self-sufficiency using a scale of 1 to 5 for each area of assessment by clicking the applicable radio button. Select 6 if a particular assessment area is not applicable to the client.



4. ClientTrack adds the values entered for each assessment and displays the total at the bottom of the page. Click Save.



Once a client Self-Sufficiency Matrix has been entered it will display on the client's Self-Sufficiency Matrix Assessment page. The assessment can be edited or deleted by clicking on the appropriate icons.

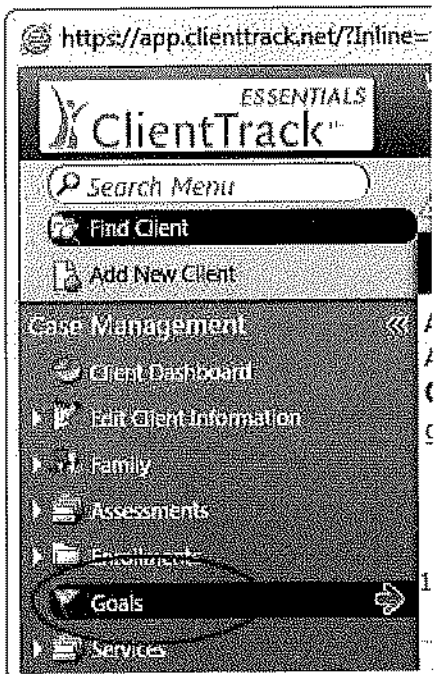


Setting Goals

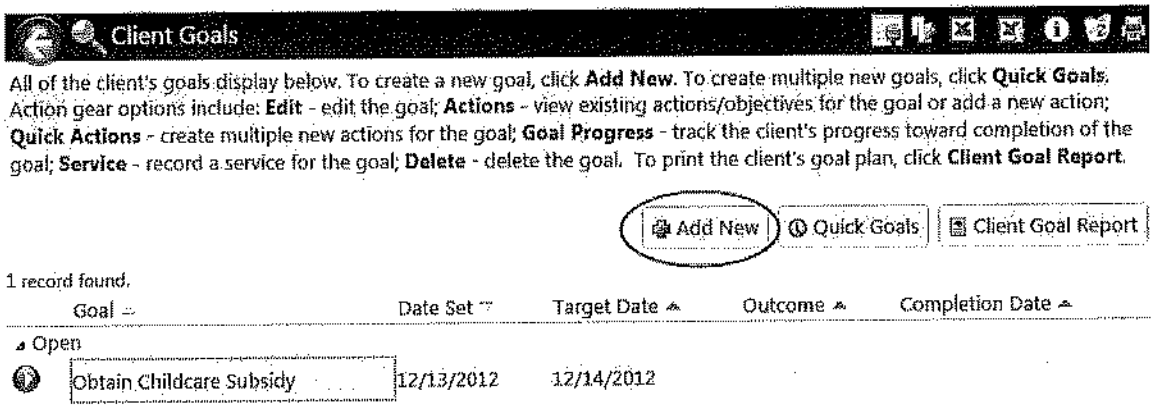
Once you have entered a client into the ClientTrack database and conducted a personal assessment, you can then assign goals to the client and establish action plans to achieve those goals. In addition, you can link specific services to those goals/action plans.

To assign client goals individually:

1. On the Clients tab in the Case Management menu, click Goals.



2. On the Client Goals page, click Add New.

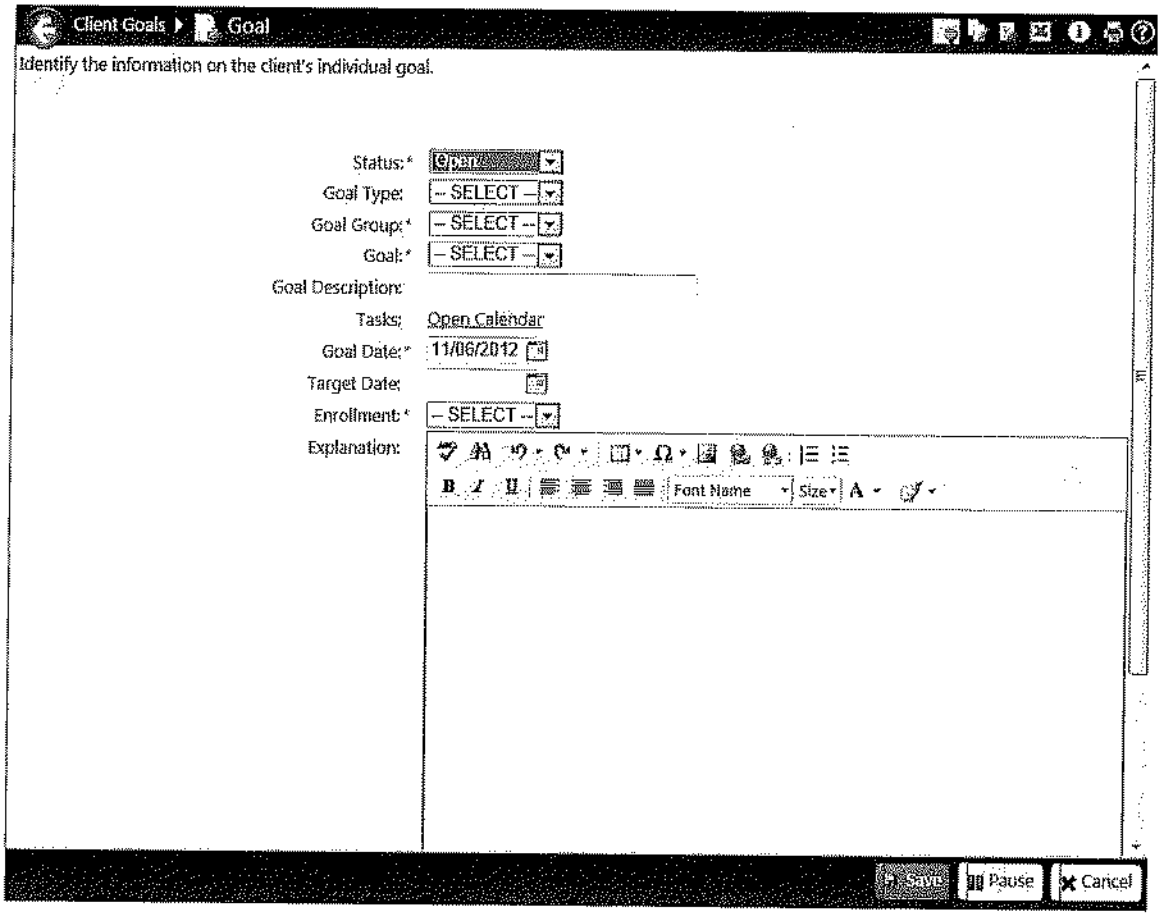


3. On the Client Goals page, complete all applicable entries concerning the Goal.

4. The Goal Type determines the Goals displayed in the Goal dropdown menu, so select a Goal Type before selecting Goal.

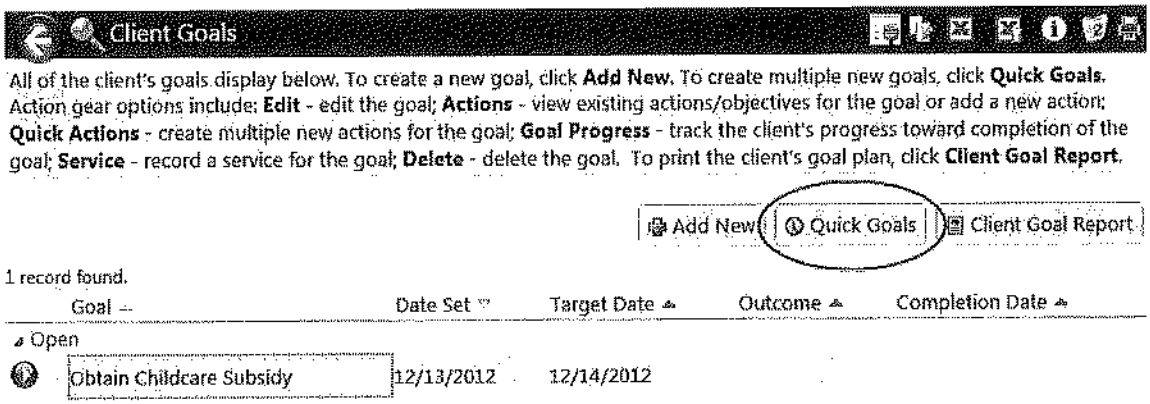
5. Type any detailed information concerning the client's goal in the text editor.

6. Click Save.

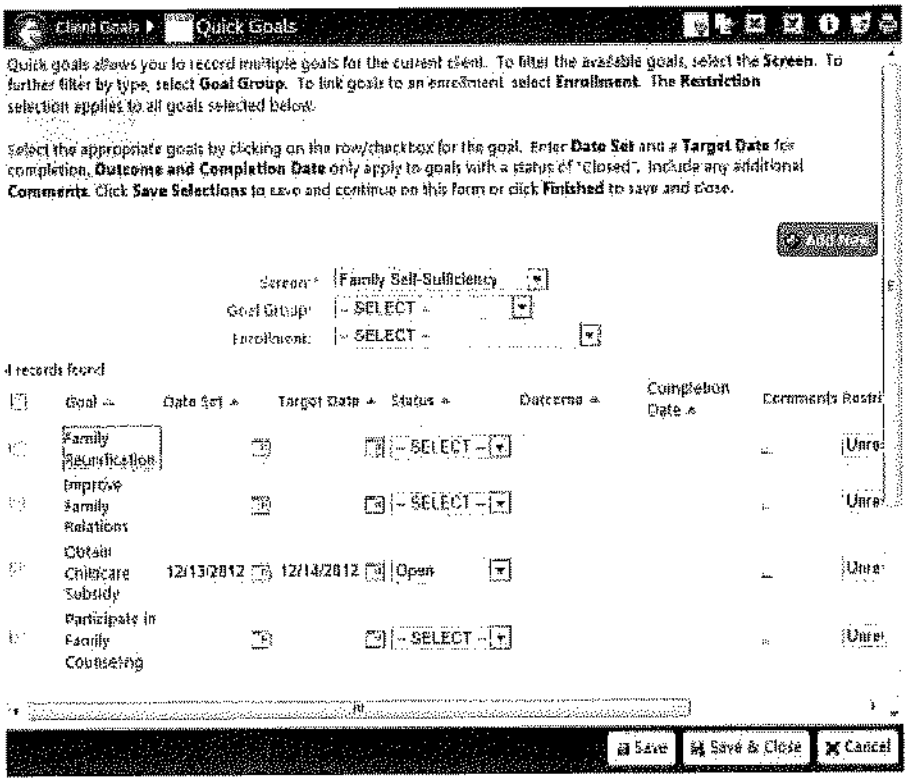


To assign multiple client goals quickly:

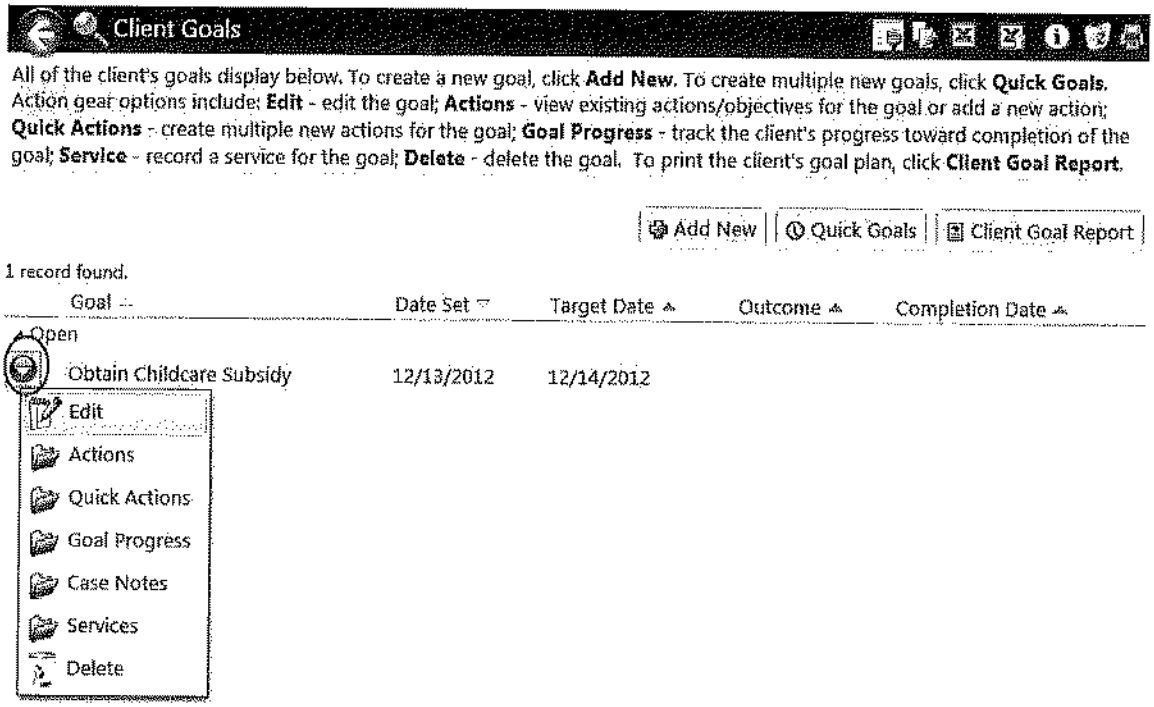
1. On the Client Goals page, click Quick Goals.



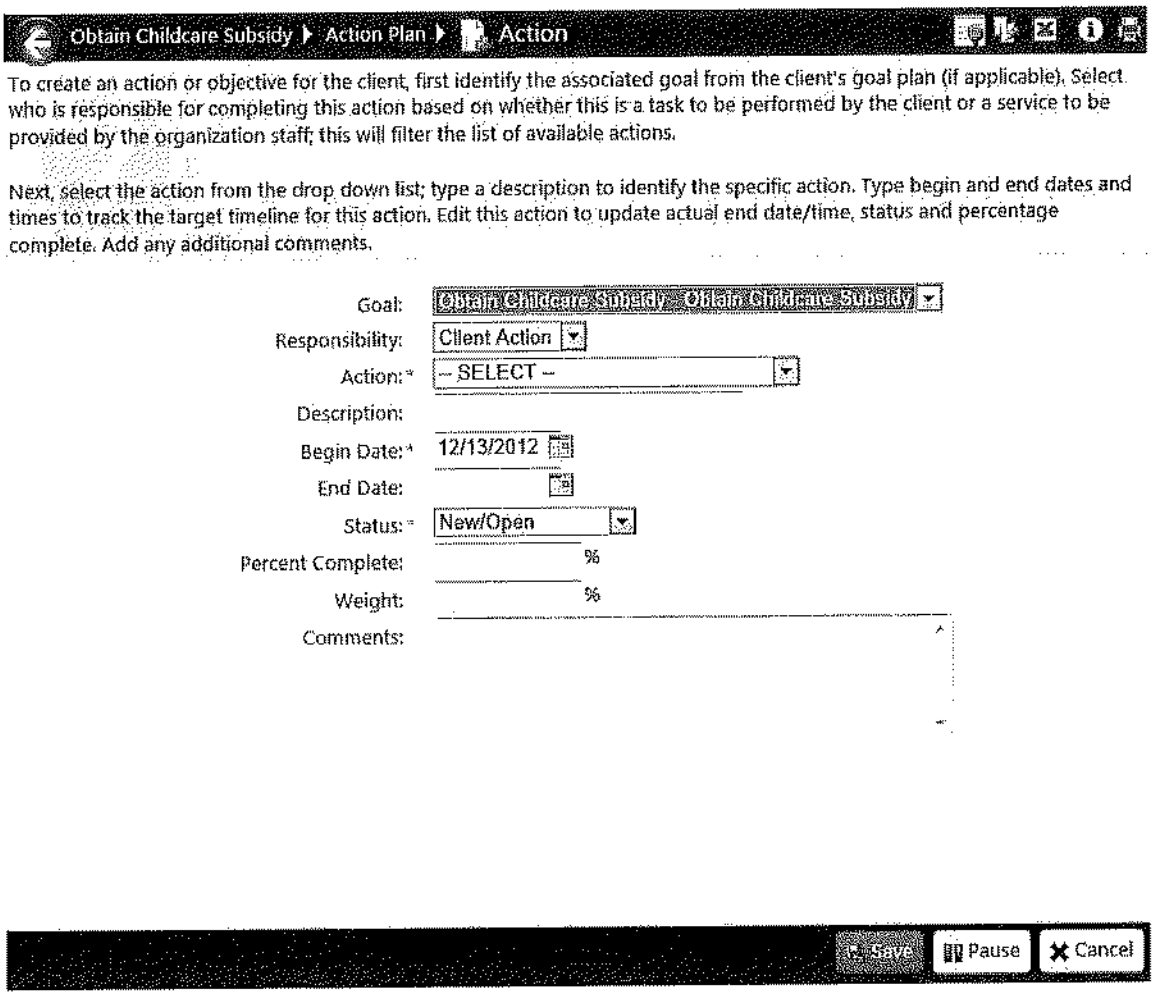
2. Select the appropriate Screen and Goal Type from the dropdown menus. These menus are a method to filter goals, and they are configured by the system administrator.
3. Check the box next to each Goal you would like to assign to the client.
4. To link goals to an Enrollment in a specific program, select the program in the Enrollment dropdown menu.
5. To assign all goals on the page to the client, check the box next to Goal.
6. Enter a Target Date and any Comments.
7. Click Save.



After client goals have been recorded, the client manager can edit the goals, establish an action plan to achieve the goals, track goal progress, and record a service for the goal. To access these options, on the Client Goals page, click the Action Menu next to the goal. To change any previously entered information concerning the goal, click Edit.



1. To set up an action plan to accomplish the client goal, click Actions.
2. On the Action Plan page, click Add New.
3. Enter the appropriate data on the Action page.
4. Click Save.



5. Depending on system configuration, clicking Quick Actions will open a spreadsheet where multiple actions may be entered quickly.
6. To track goal progress click Goal Progress.
7. To set up Services, click Services.
8. In the Service page, enter the information about the service provided to the client.
9. Click Save.

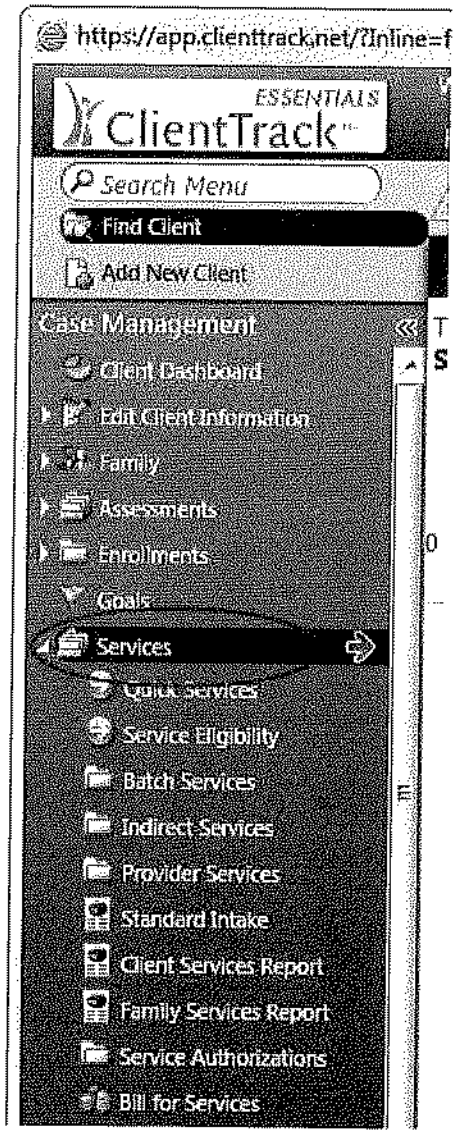
Recording Services

How does the case manager record services provided to a client in ClientTrack?

Services provided to clients are normally recorded on the Quick Services page accessed through the Case Management area of ClientTrack.

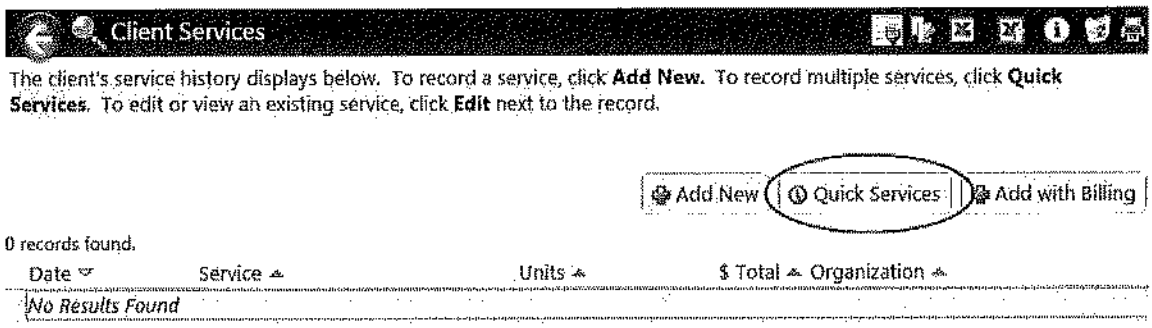
To access the Services area of ClientTrack:

On the Clients tab in the Case Management menu, click Services.



To record Services using Quick Service:

1. On the Client Services page, click Quick Service.



2. On the Quick Services page, select the appropriate Screen filter and Grant from the dropdown menus.

3. Type the Provider name or search for the provider's name by clicking the Find icon.

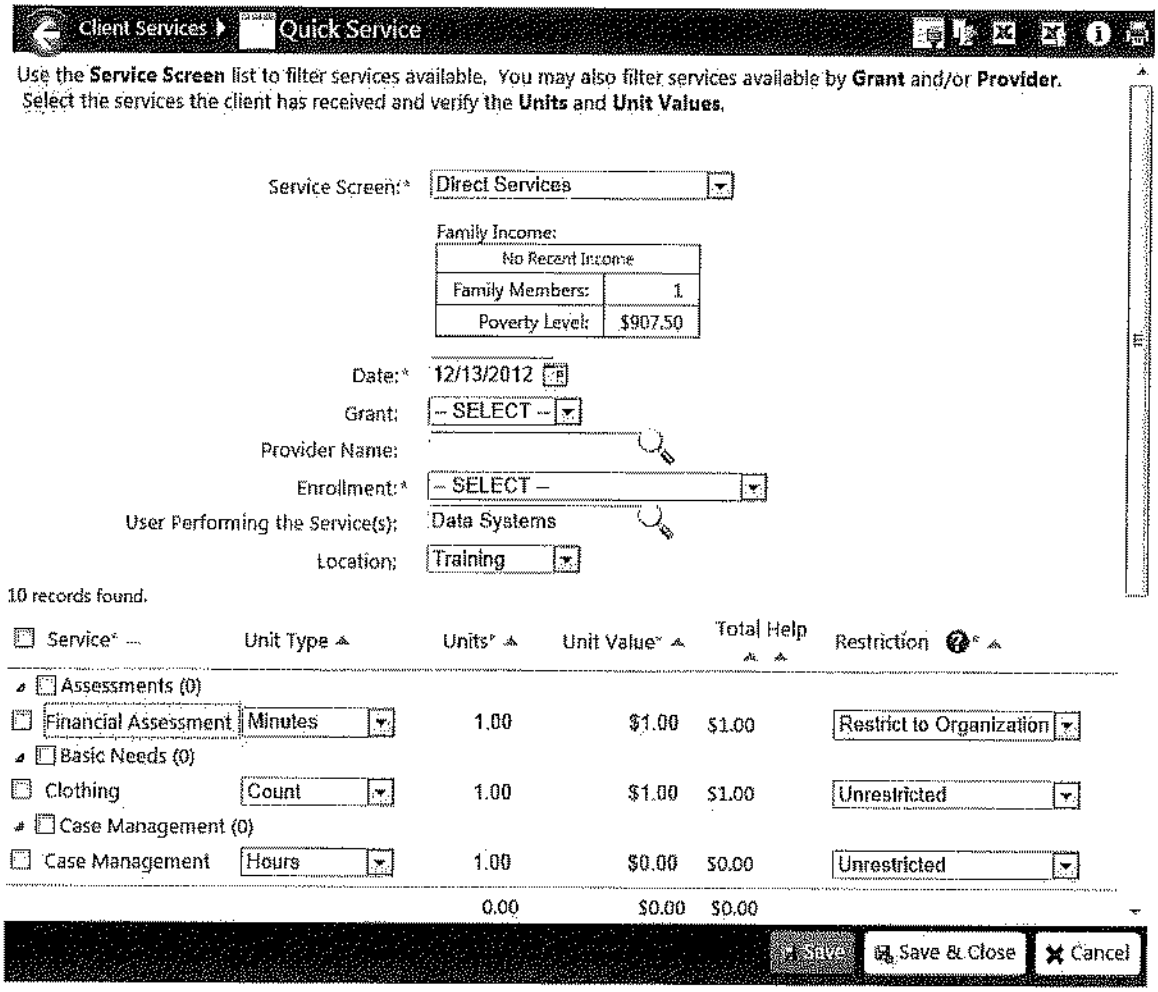
4. Record each Service provided to the client by checking the checkbox next to the particular Service.

5. Type the number of service Units provided to the client, the unit cost, and $/Unit. Depending on your organization's setup, the unit cost may appear automatically.

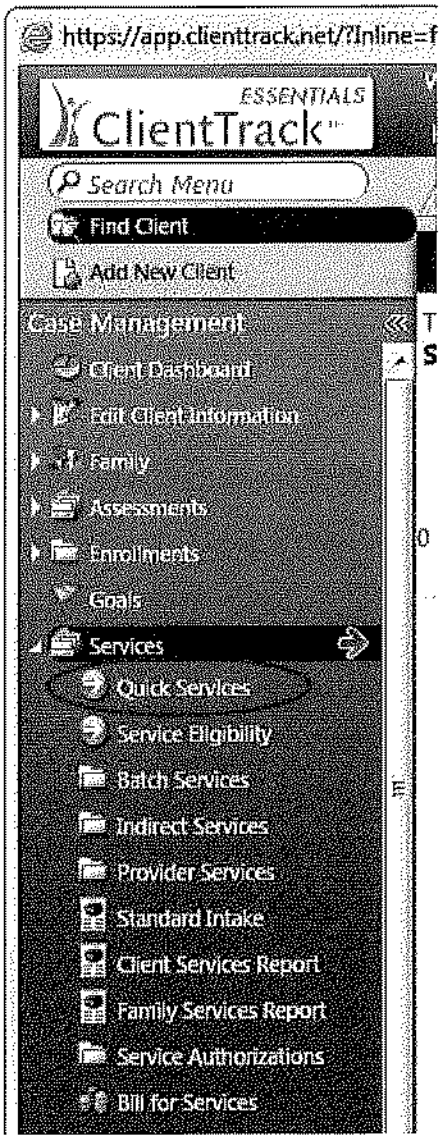
6. When finished recording services corresponding to the parameters entered at the top of the page, click Save Selections.

7. To record Services provided under a different set of parameters, repeat steps 2-6.

8. When finished recording Services, click Finished.

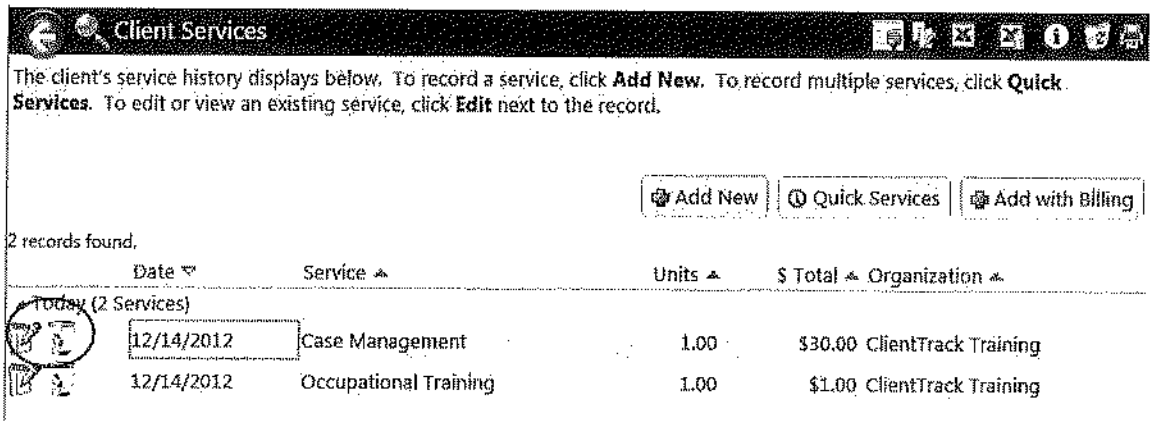


Note: The Quick Services page may also be accessed by clicking Quick Service in the Services menu.



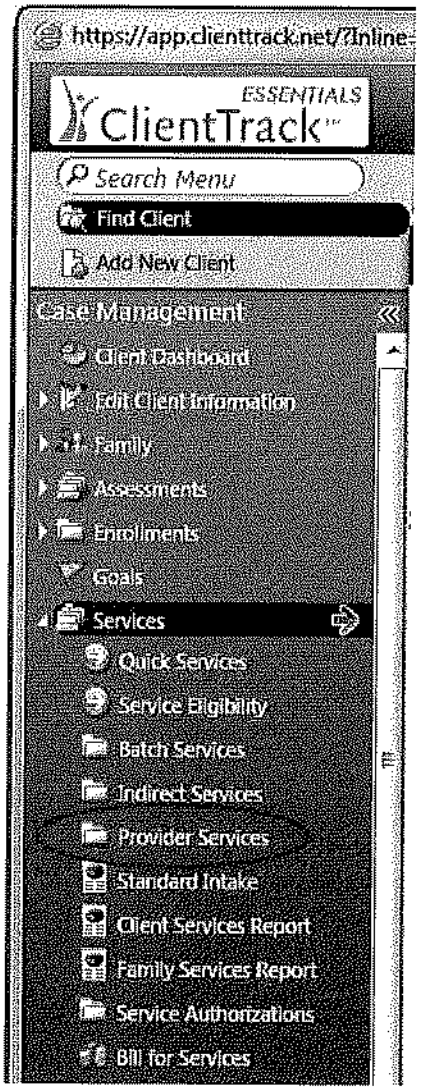
To view or edit a client's service records:

1. On the Clients tab in the Case Management menu, click Services.
2. Click the Edit or Delete icons on the Client Services page.

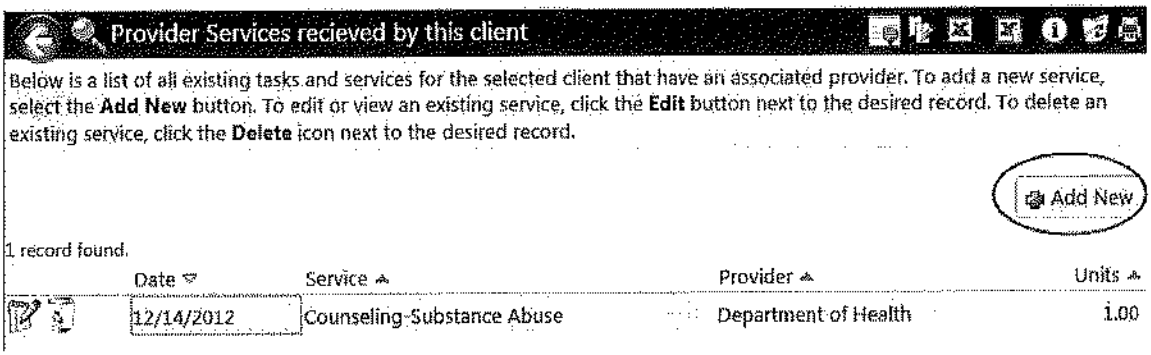


To view a list of a client's existing tasks and services with an associated Provider:

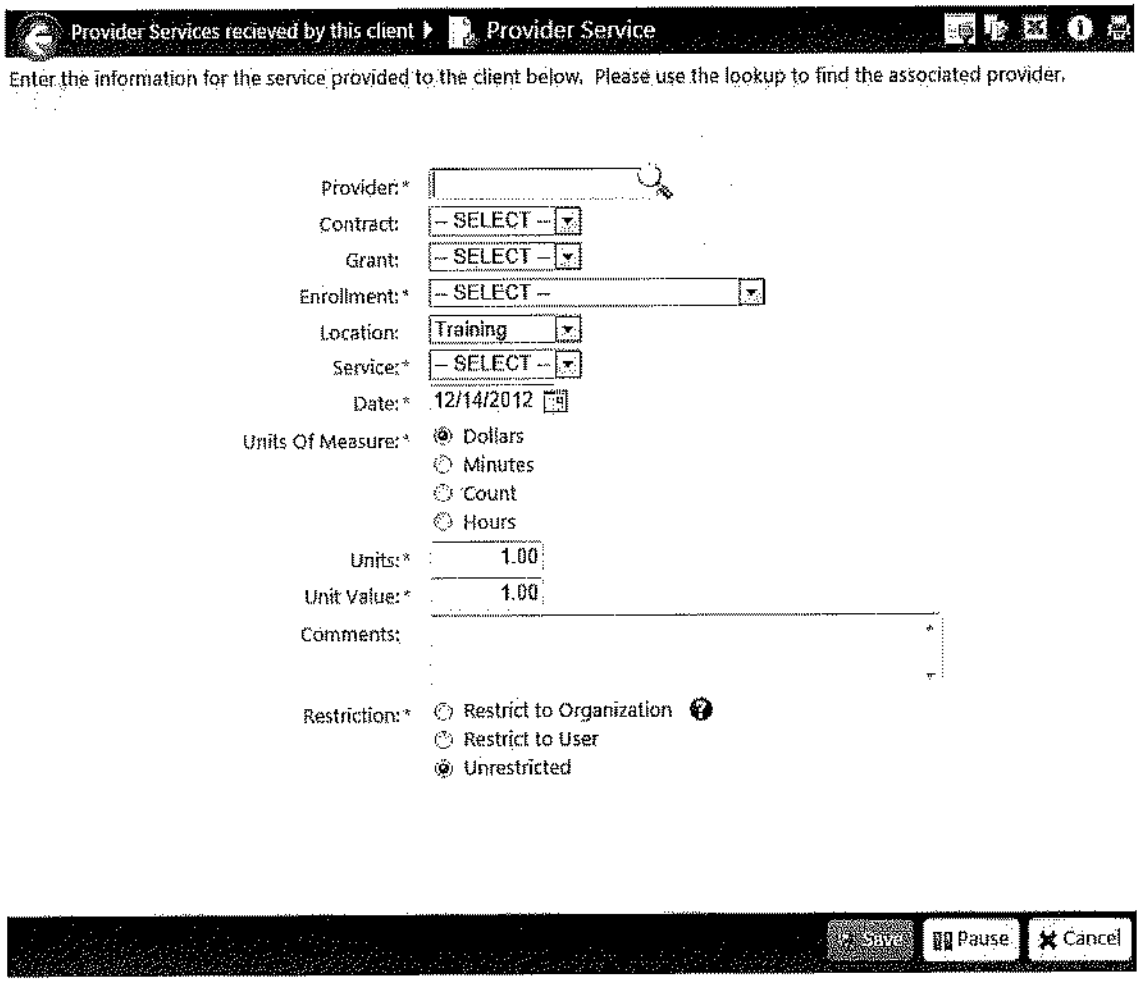
On the Clients tab in the Case Management menu, click Services then click Provider Services.



The Client Services with an Associated Provider page displays all existing tasks and services for the selected client with an associated provider. The Service can be edited or deleted by clicking the Edit or Delete icons. To enter a new Client Service with an Associated Provider, click Add New.



Enter the appropriate information on the Provider Services page, then click Save. The new Service will then be listed on the Client Services with an Associated Provider page.



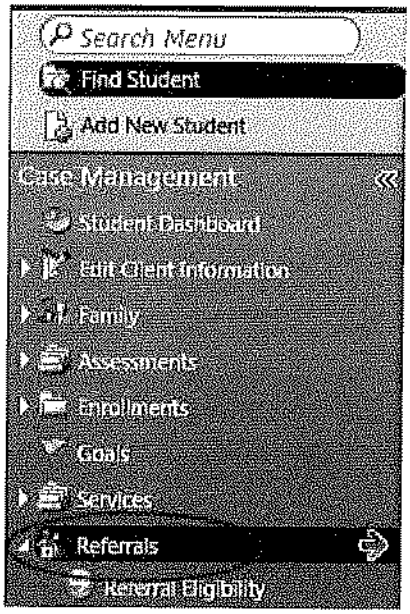
Referrals

What are Referrals and how are they recorded in ClientTrack?

If you are referring a client to another provider for services, you can record the referral as a service. Recording Referral Services is a two-step wizard process.

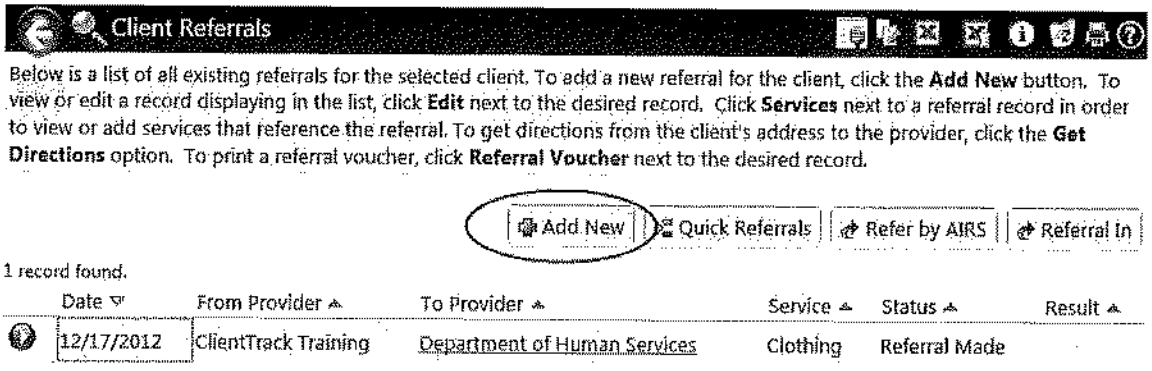
To access Referrals in ClientTrack:

On the Clients tab in the Case Management section, click Referrals.



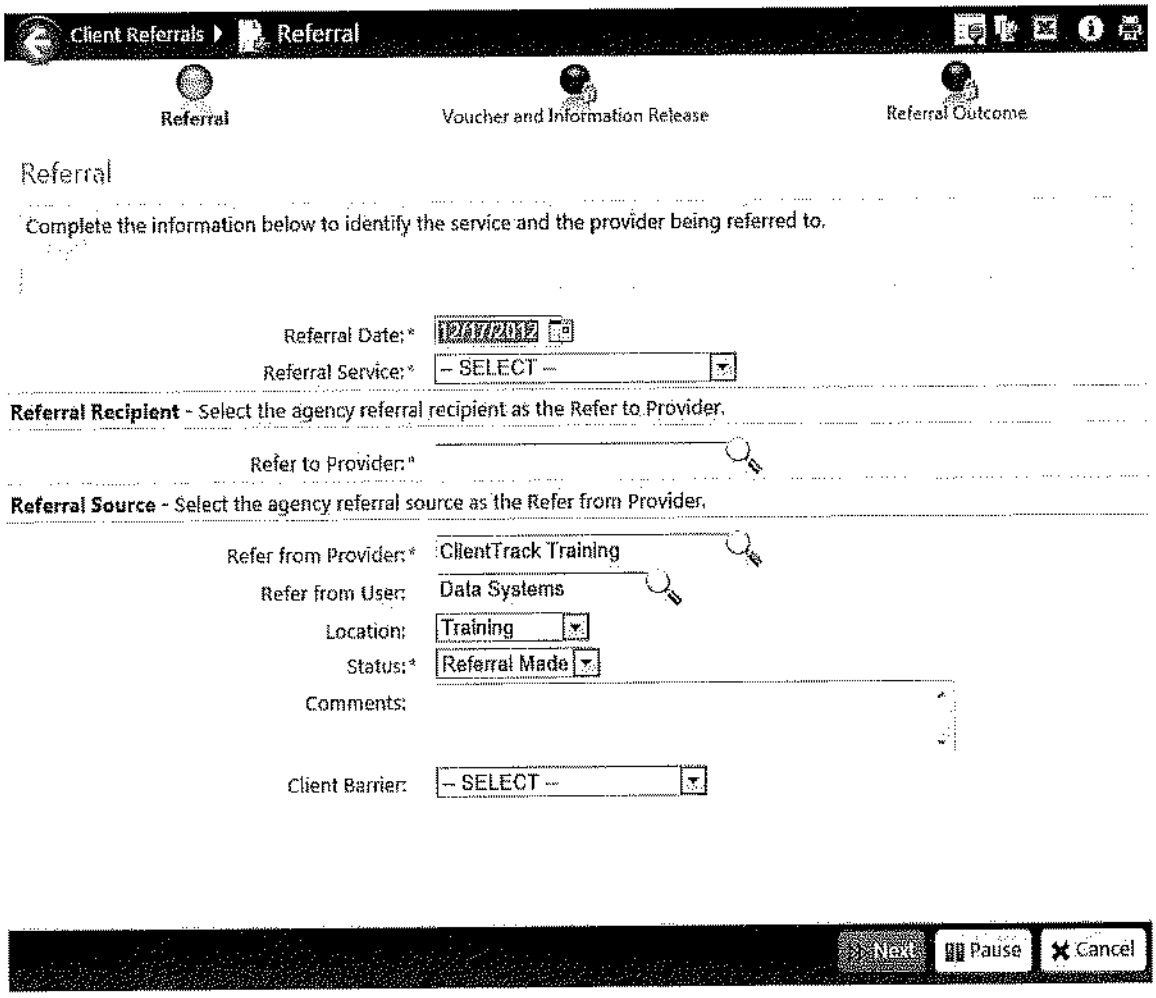
To record client referrals:

1. On the Client Referrals page, click Add New.



2. On second Client Referrals page, enter a Referral Date.

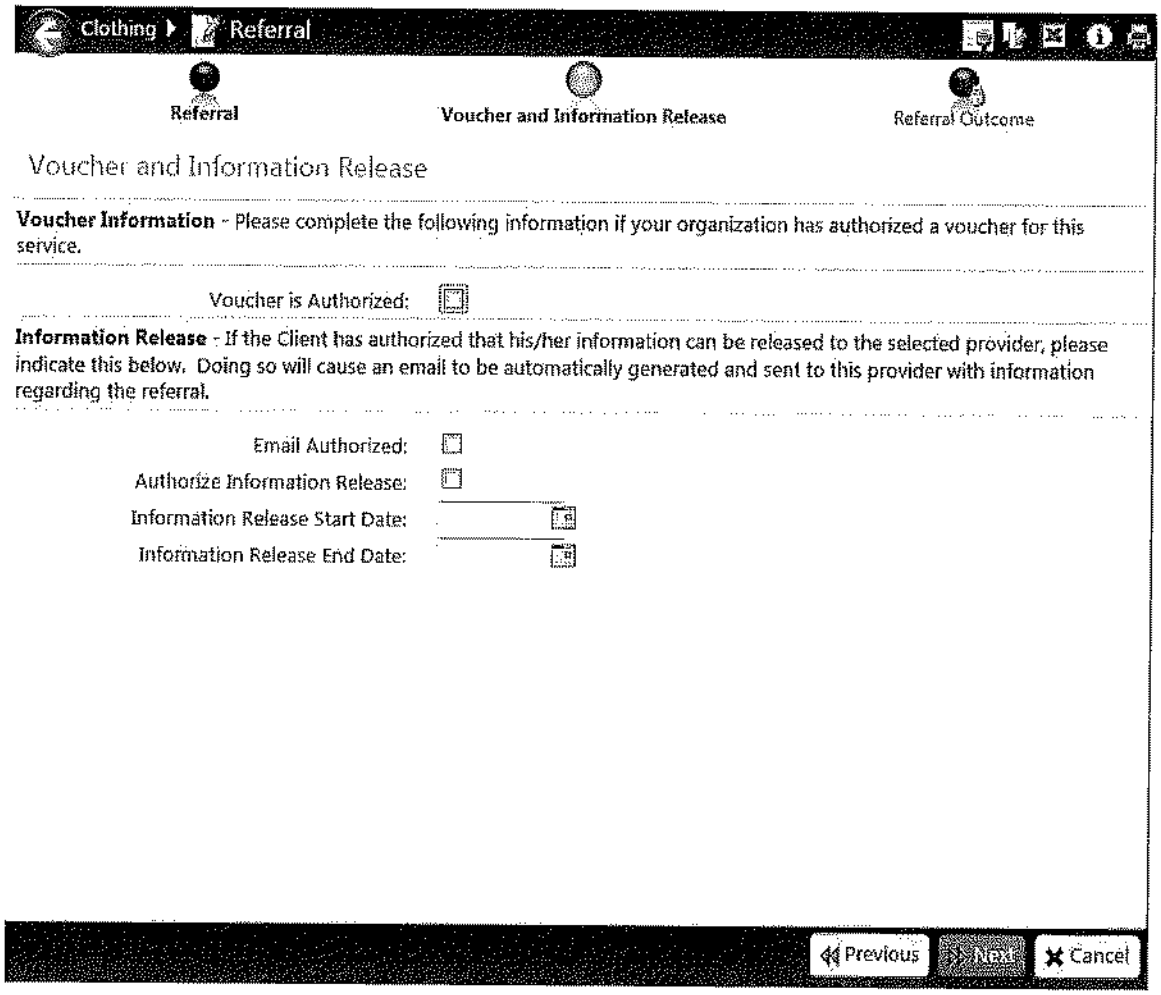
3. If desired, enter a Referral Need.
4. Select a Referral Service from the dropdown menu.
5. Click on the Refer to Provider search icon to look for providers that provide the service you have selected. (only providers that provide that service will be displayed for selection)
6. The Refer from Provider field defaults to your organization. If this referral is from another organization, you can click the search icon to find that organization
7. The Refer from User field defaults to the active user. You can click the search icon to find a different user.
8. Select the Status of the referral.
9. If desired, type Comments and select a Client Barrier.
10. Click Next.



11. On Step 2, if your organization has authorized a voucher for this service, click Voucher is Authorized.

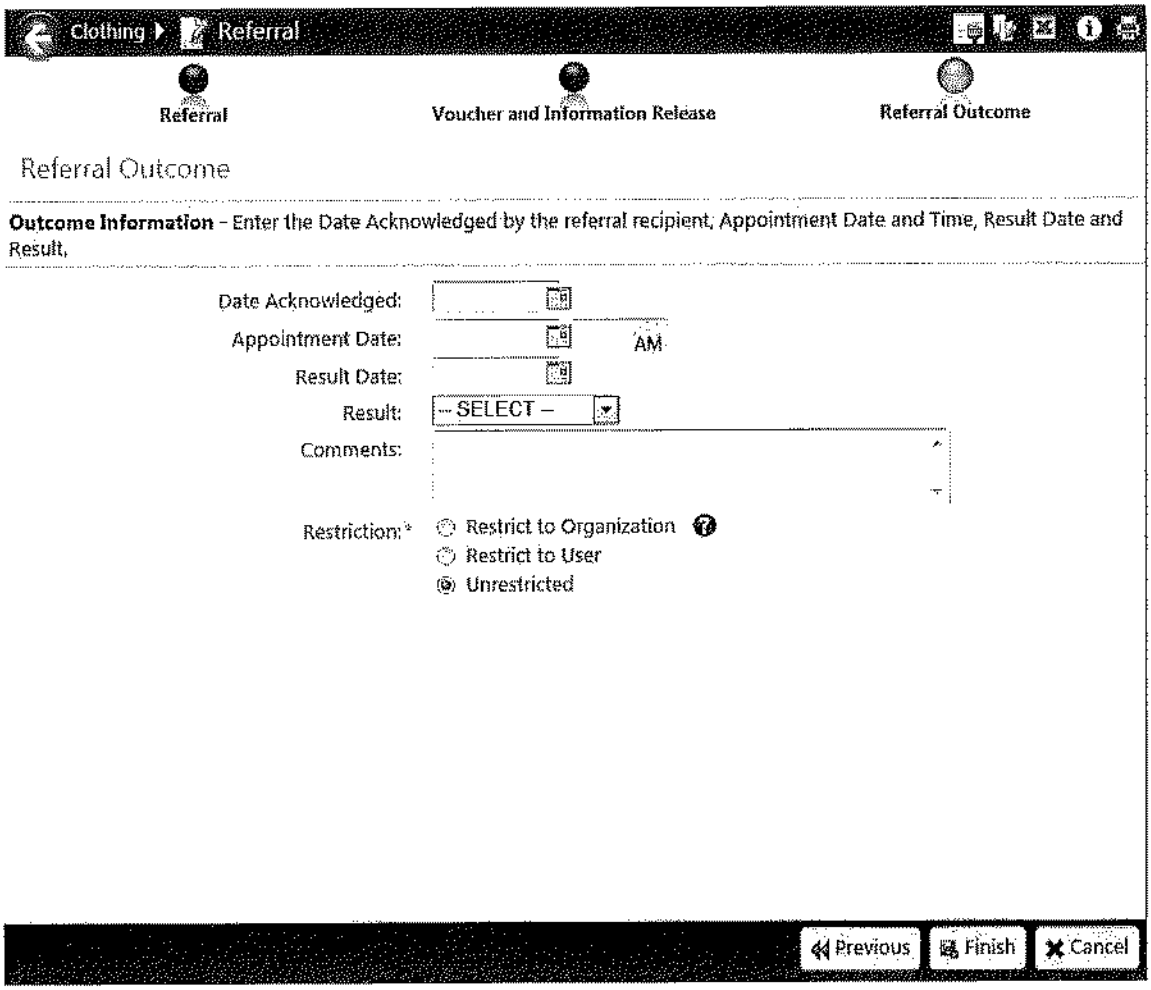
12. If the client has authorized that his/her information can be released to the selected provider, check Email Authorized. This will cause a window to open upon form completion that allows you to craft an email to send to this provider with information regarding the referral.

13. Click Next.



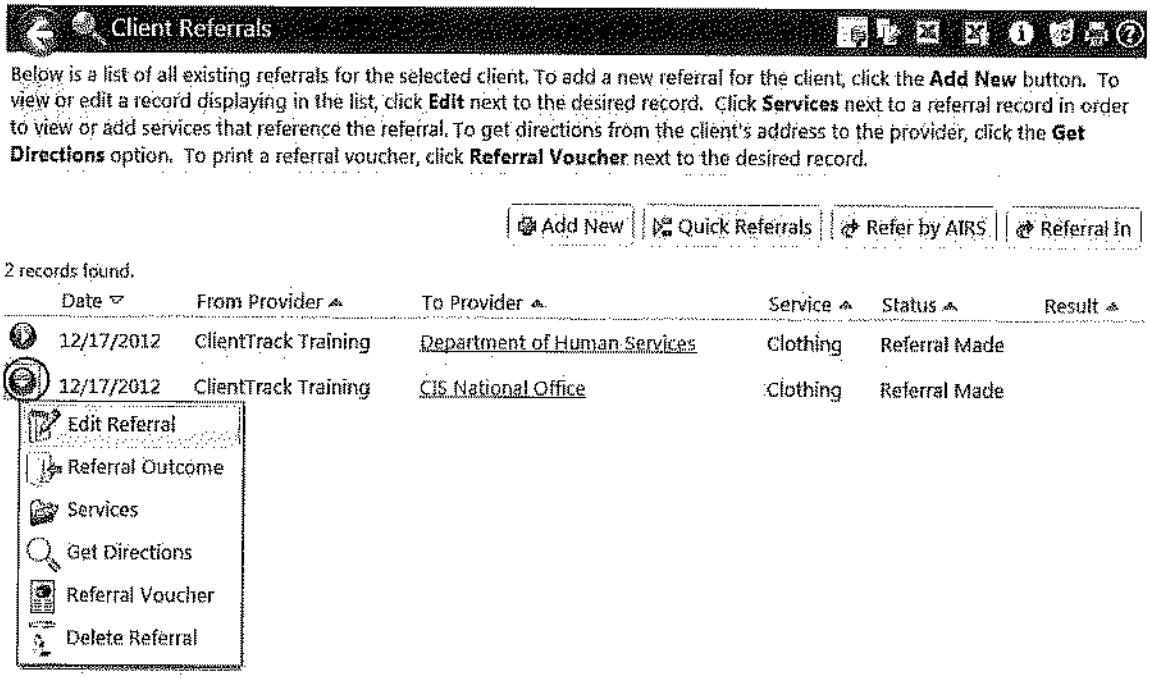
14. On Step 3, enter the Date Acknowledged by the referral recipient and any other desired information.

15. Click Finish.



Client Referral Actions

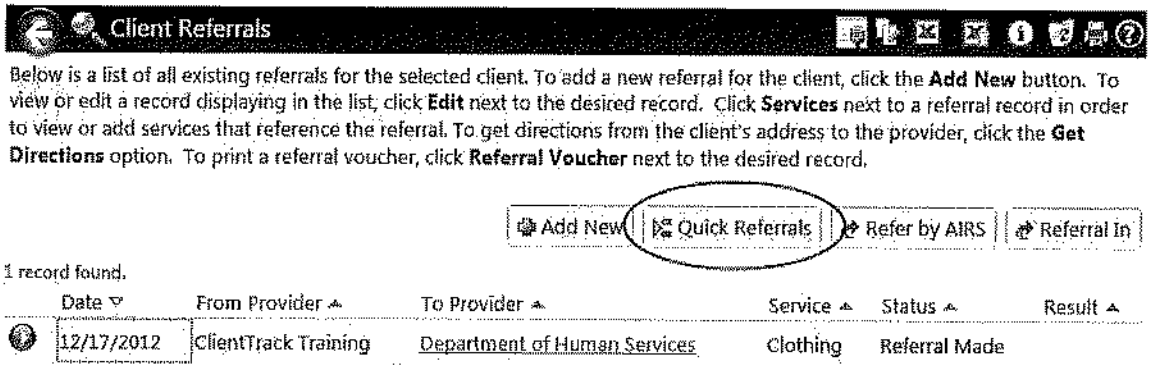
Once client referrals are recorded they will be displayed on the Client Referrals page. Clicking on the Action Menu will display a number of options. Referrals can be edited, deleted, and the referral voucher can be viewed and printed by clicking Referral Voucher. The Services option allows the user to view or add services that reference the referral.



Clicking Get Directions will display MapQuest to obtain directions to the provider.

To record Quick Referrals:

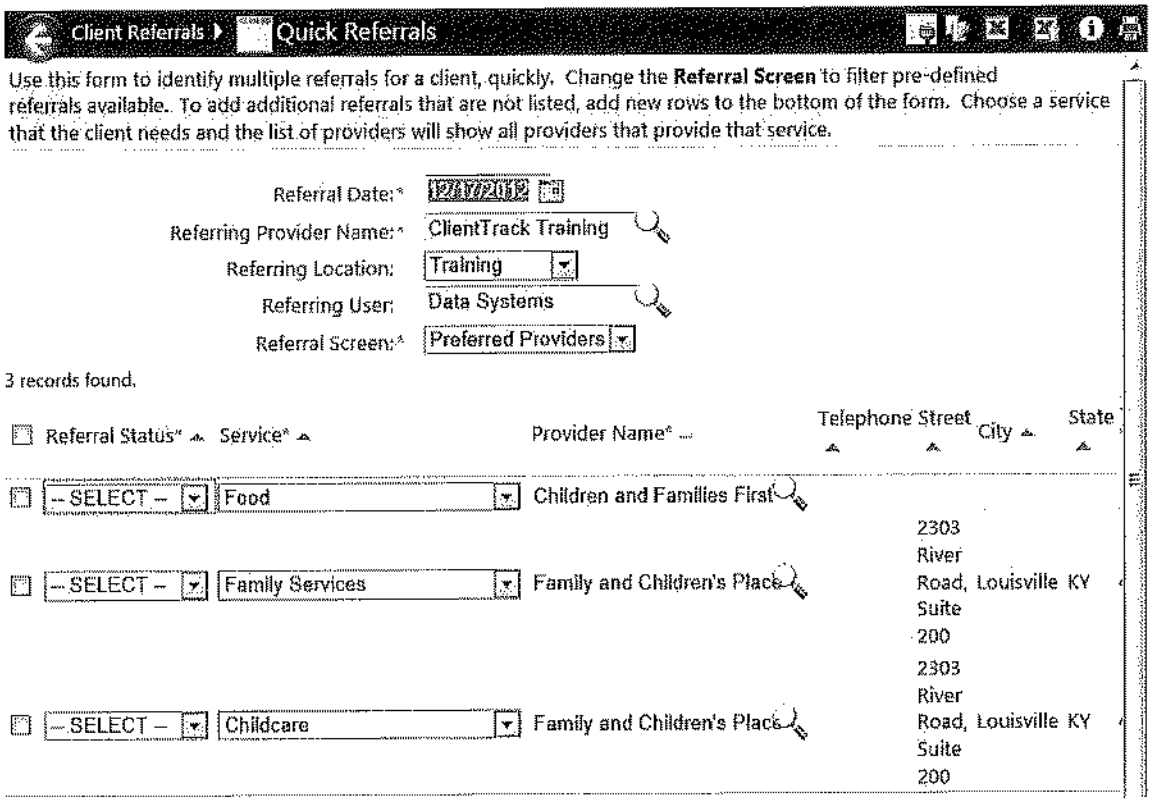
1. On the Client Referrals page, click Quick Referrals.



2. On the Quick Referrals page, select a Screen from the dropdown menu to display corresponding Referral Services.

3. Click Refresh.

4. To display additional services, type a number in the Number of Additional Services box and click Refresh.

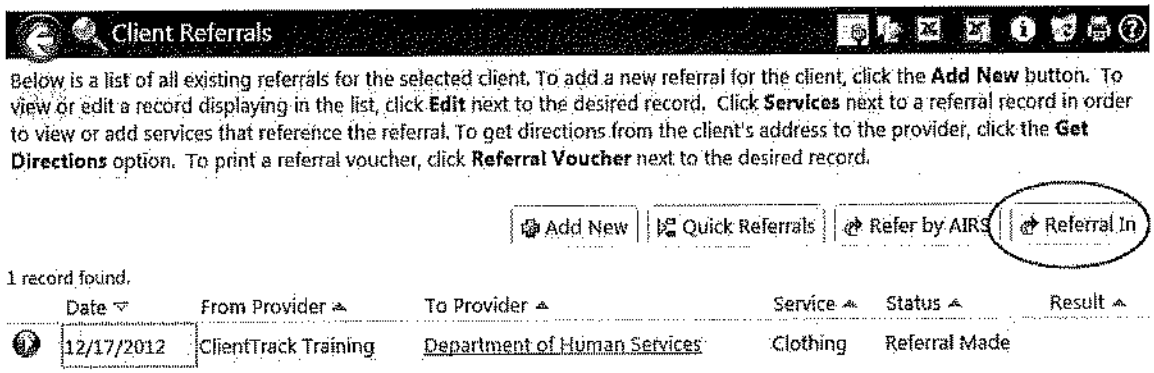


5. Select the desired Services by clicking the checkbox next to each service. To select all services listed, click the box next to Referral Service.

6. When finished recording referrals, click Finished.

To record a referral into your organization:

1. On the Client Referrals page, click Referral In.

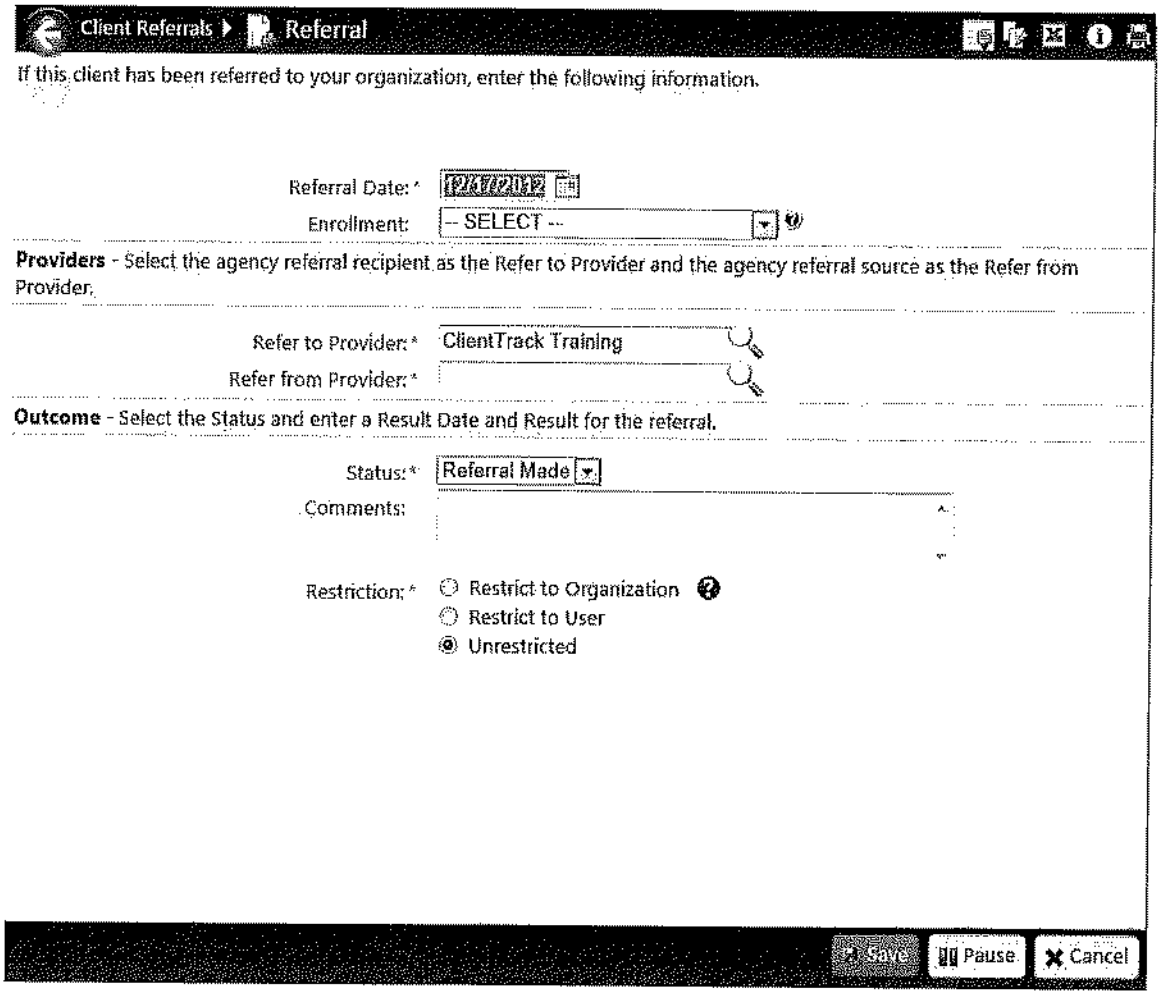


2. Since the client has been referred to your organization from another provider, Verify that your organization's name is in the Refer to Provider field on the Referral page.

3. Type the provider's name that referred the client to your organization in the Refer from Provider field.

4. Complete the additional information concerning the referral.

5. Click Save.



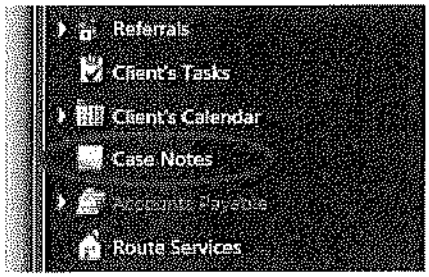
Case Notes

How are client case notes recorded in ClientTrack?

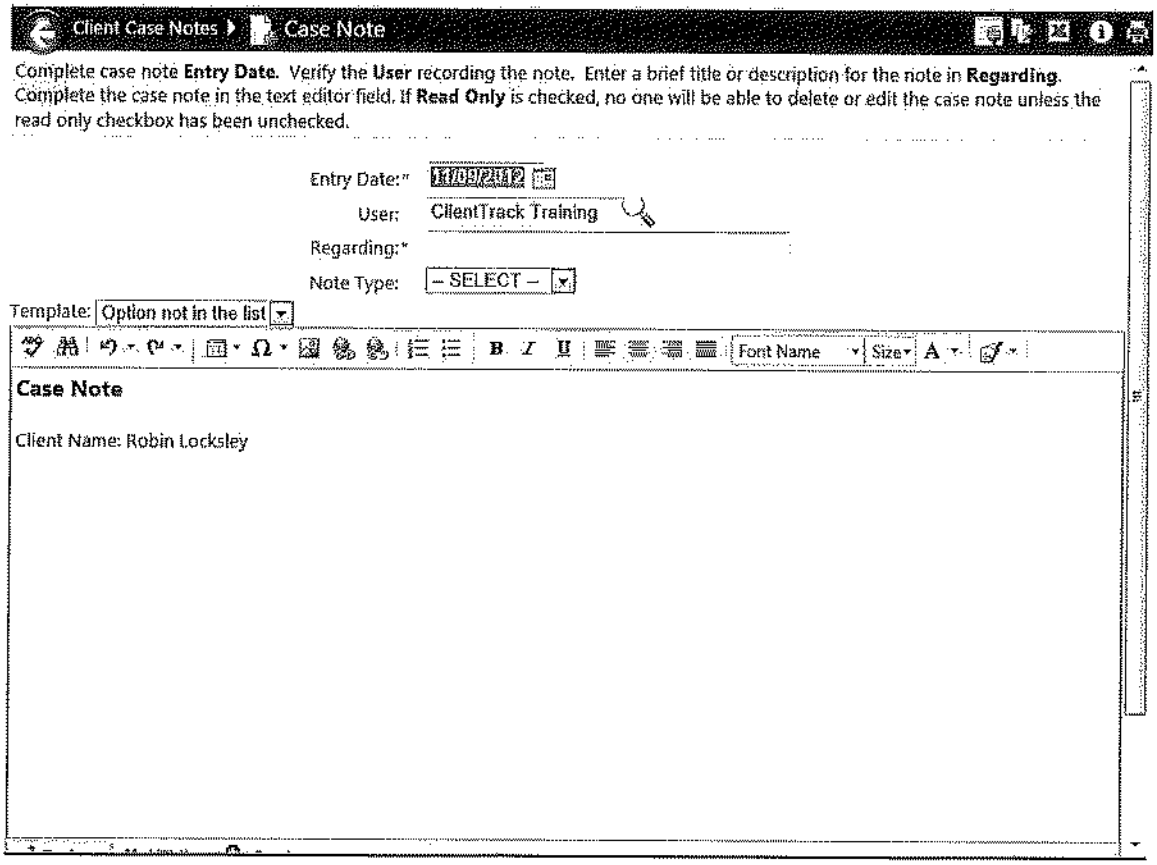
ClientTrack allows users to enter unlimited notes concerning clients' goals, actions, and progress.

To record client Case Notes in ClientTrack:

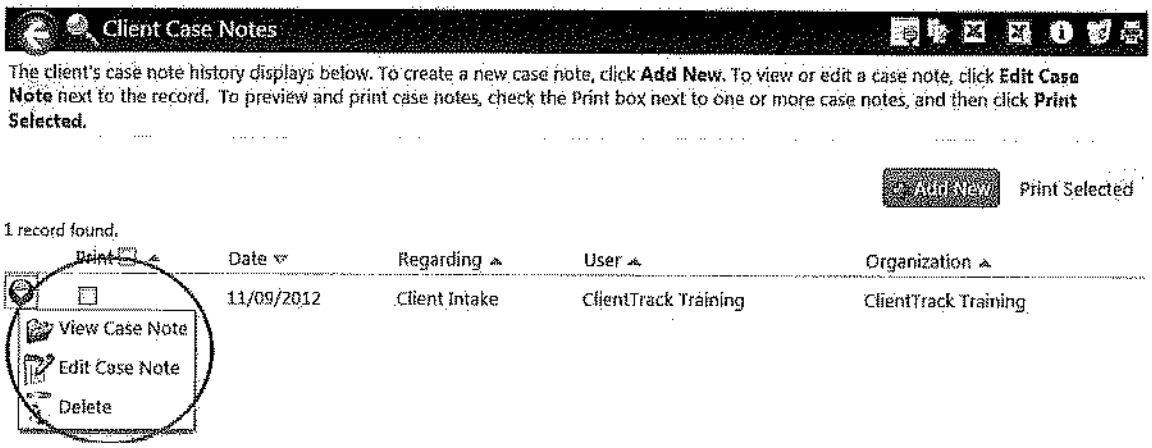
1. On Clients tab in the Case Management menu, select Case Notes, then click Add New.



2. On the Case Note page, you will see a Template dropdown menu. The templates displayed in the dropdown menu are controlled by your organization's system administrator. The selected template will change information displayed in the text entry section.
3. Select a Template from the dropdown menu.
4. ClientTrack automatically inputs the current date and the name of the user into the Entry Date and Case Manager fields. Verify that the information is correct.
5. Type the text in the text field. There are a variety of options in the text editor, including fonts, spell checking, and printing in the toolbar.
6. If Read Only is checked, no one will be able to delete or edit the case note until the read only checkbox has been unchecked.
7. Set a Restriction if desired.
8. Click Save.



Once a case note has been entered, it is displayed on the Client Case Notes page where you can edit, or delete it.



Additional Client Information

Client information includes data like Address History, Document Check, Interested Others, Family Members, Case Managers, Notifications, Alias History, Wait List, Bar List and Client Photo. Most of this is usually recorded under the Edit Client menu option.

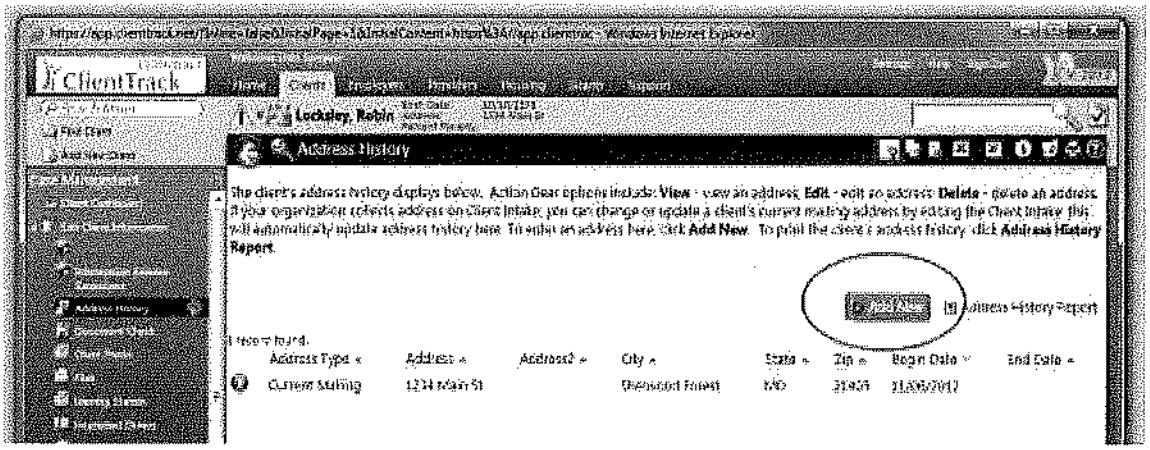
Note: The following section explains the most commonly used options in the Edit Client menu. If no entity has been selected, the Entity Toolbar will appear to be empty and some menu options may not be visible. Use the find functionality on each tab to select an entity.

Address History

The Address History section provides the current address and a list of previous addresses for the selected client. When you add a new client to ClientTrack, you will record an address in the basic information. If a client has additional addresses that may be useful to track, the addresses can be recorded in Address History. Any changes made to the client's address in the Edit Client menu will automatically be entered into the Address History.

To record address history:

1. Locate the client using Find Client.
2. On the Client tab, in the Case Management menu, click Edit Client then click Address History.
3. Click Add New.

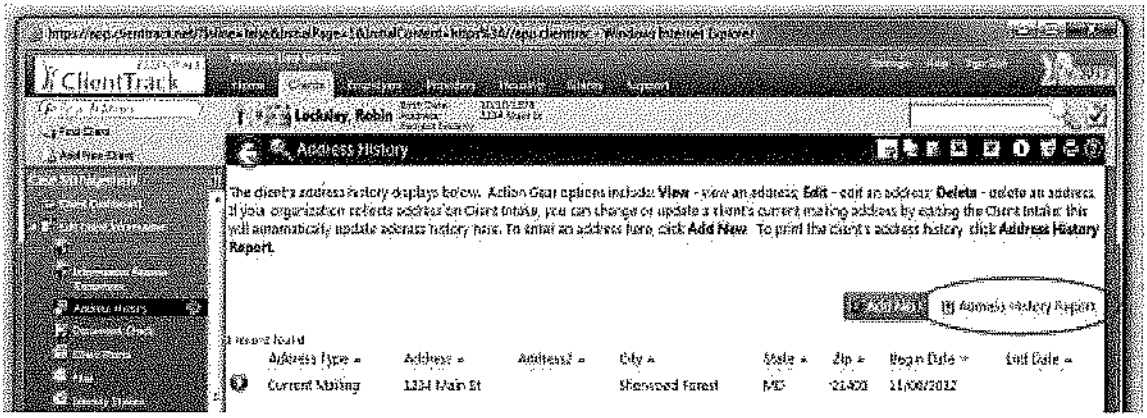


4. On the Client Address page, enter the Address Type and other required information.

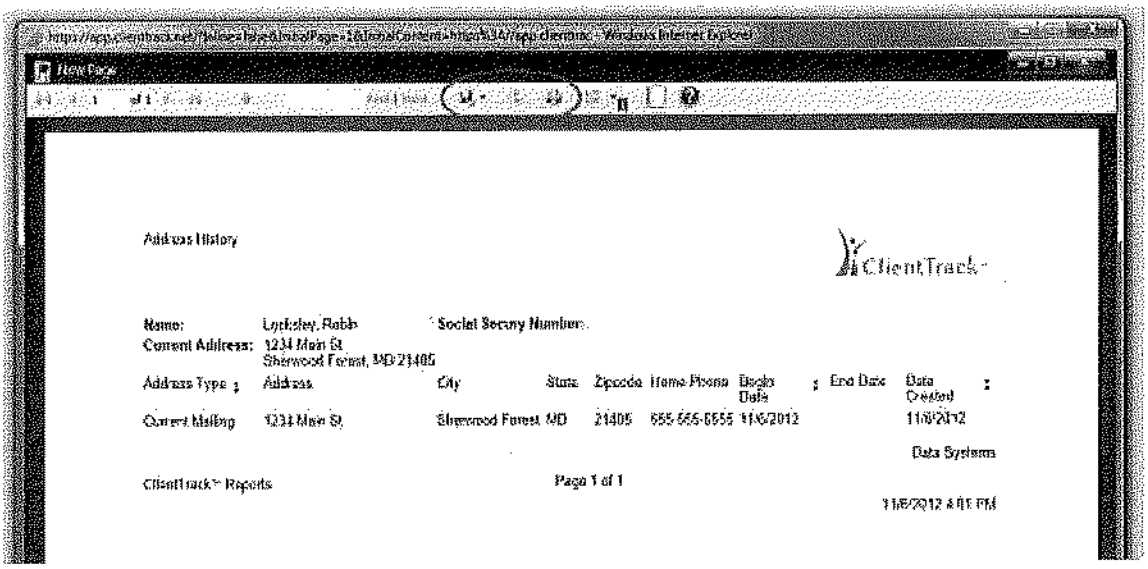
5. Click Save.

Address History Report

To create a report of the client's address history, on the Address History page, click Address History Report.

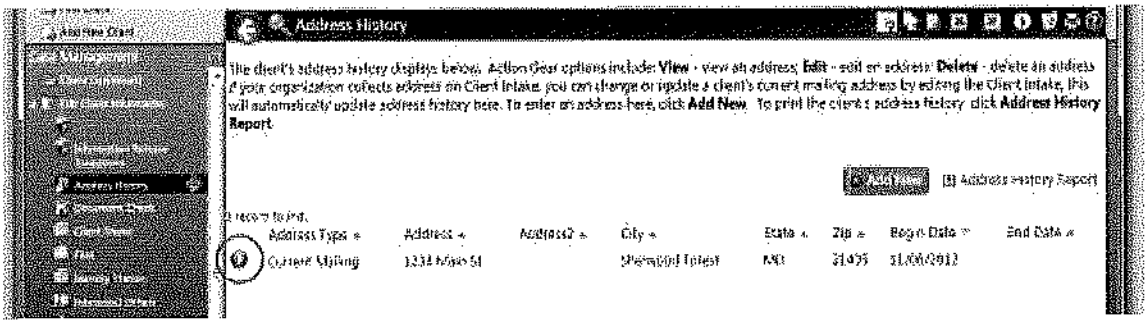


The report opens in a new window as illustrated below. If the report is longer than a single page, the navigation tools at the top of the page help the user move around in the document. In addition, the results may be displayed in a spread sheet or PDF file by clicking the appropriate buttons.



Once a client address has been entered, it will appear on the Address History page.

Clicking on the Action Menu next to the assessment displays user options to View, Edit, or Delete the record.



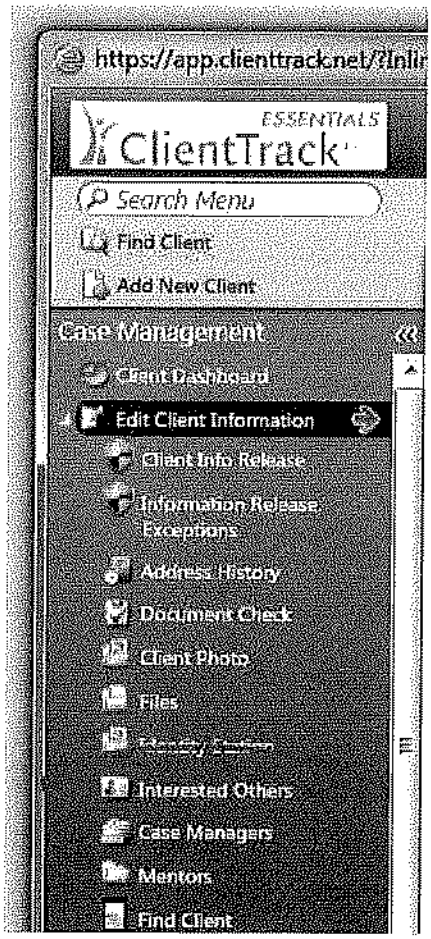
Interested Others

An interested other is an individual who has an interest or important association with the client and has not been recorded as a family member. Interested others include emergency contacts, physicians, counselors, or friends, etc.

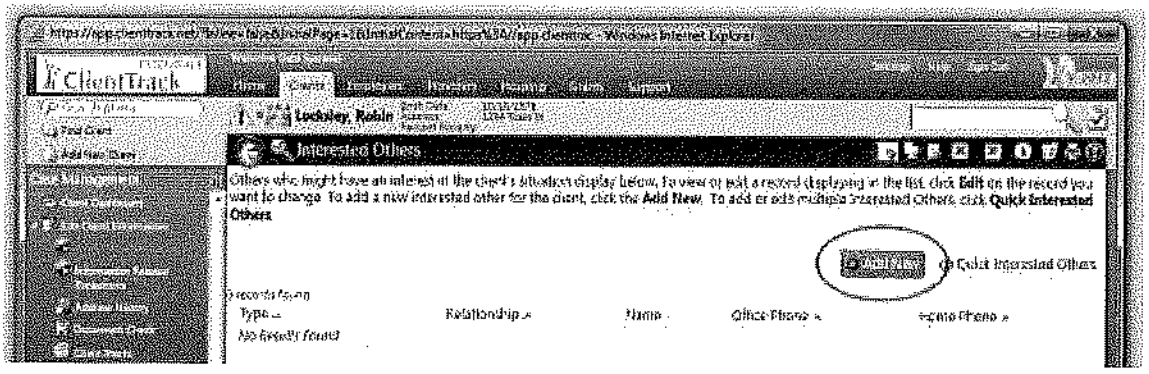
Note: An interested other could also be an existing client.

To create an interested other:

1. On the Clients tab in the Case Management section, click Edit Client and then click Interested Others.



2. On the Interested Others page, click Add New.



3. On the second Interested Others page, select the Type/Description of the Interested Other from the dropdown menu.

4. Complete any additional information on the page.

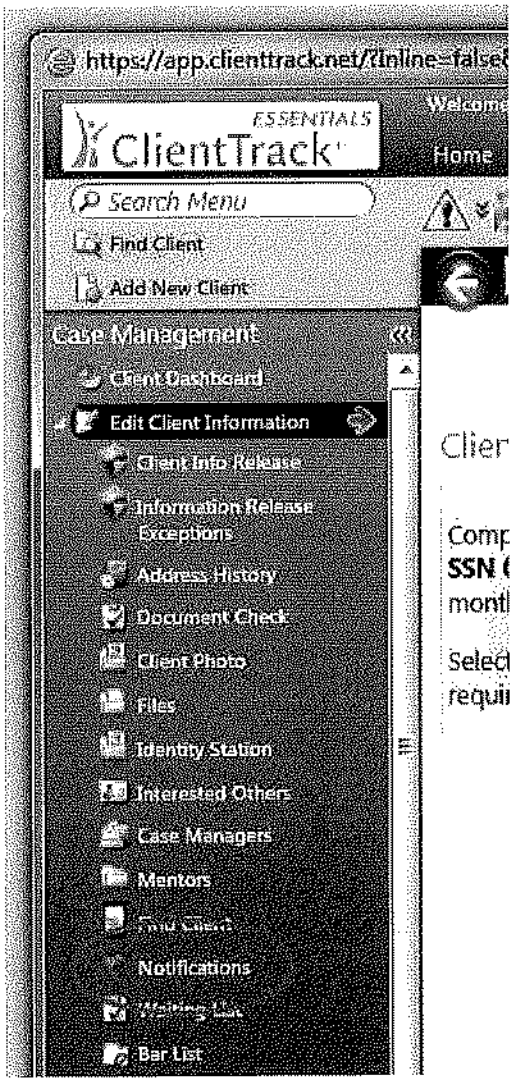
5. Click Save.

Notifications

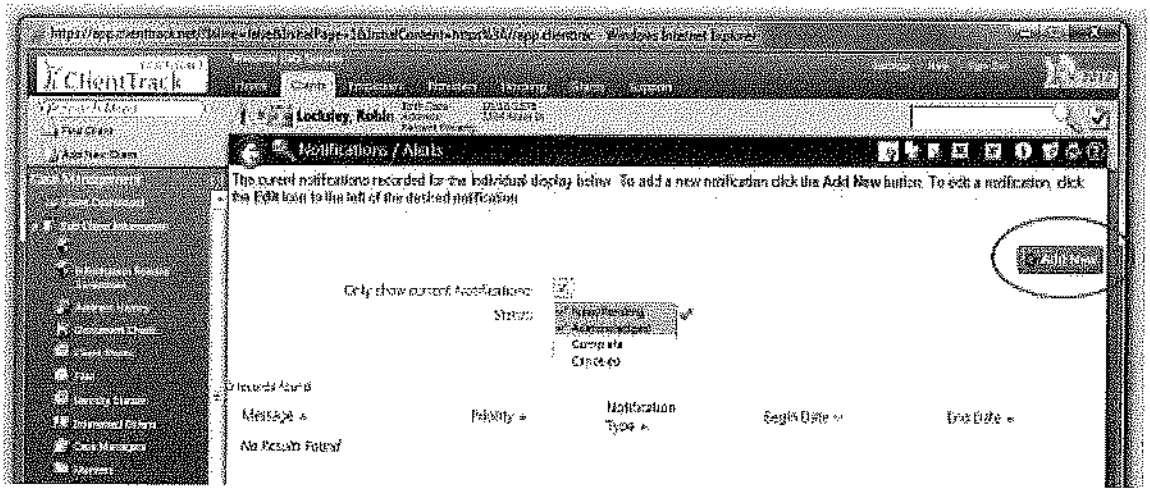
Notifications allow users to enter alerts regarding a specific client. These alerts can be configured to immediately appear once you select a particular client.

To create a Notification:

1. On the Clients tab in the Case Management menu, click Edit Client and then click Notifications.



2. On the Notifications screen click Add New.

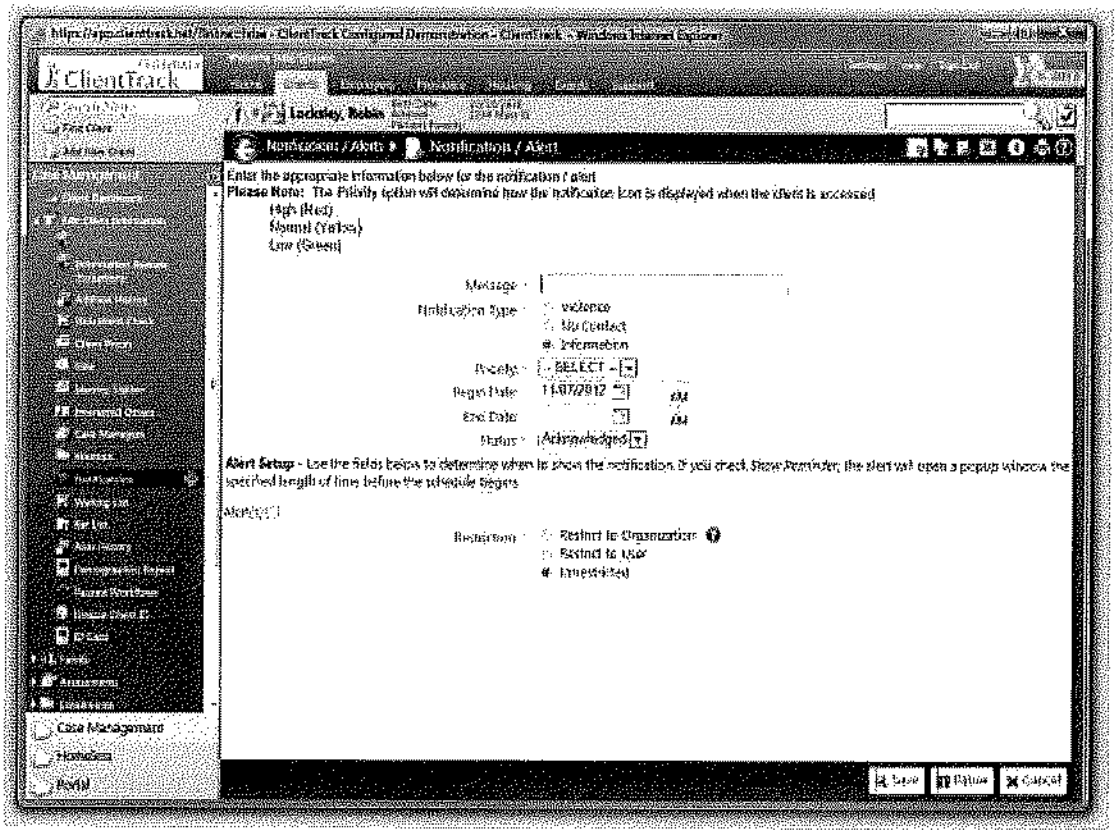


3. On the Client Notifications page, enter the notification information.

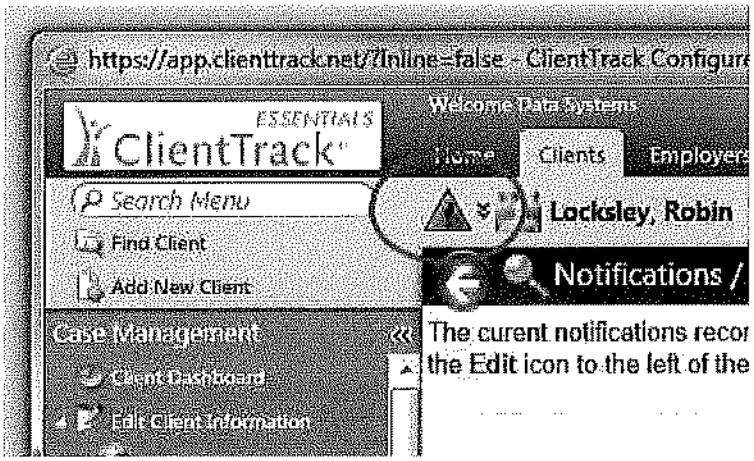
4. The Urgency Option selection determines the Notification icon that will appear when the client is accessed.

5. To create a popup alert for a task or for a schedule, check the Alert(s) checkbox and enter the date(s) and time(s) to show the alert.

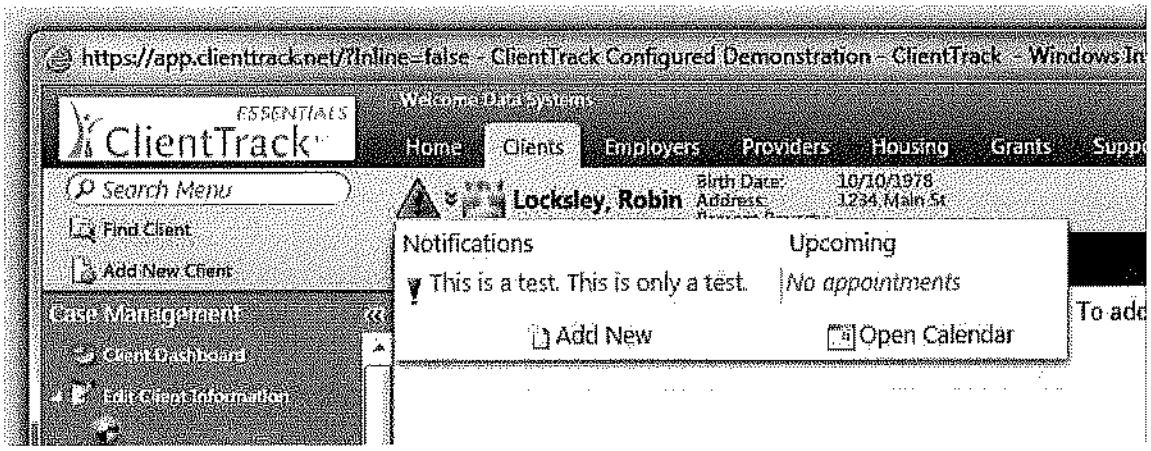
6. Click Save.



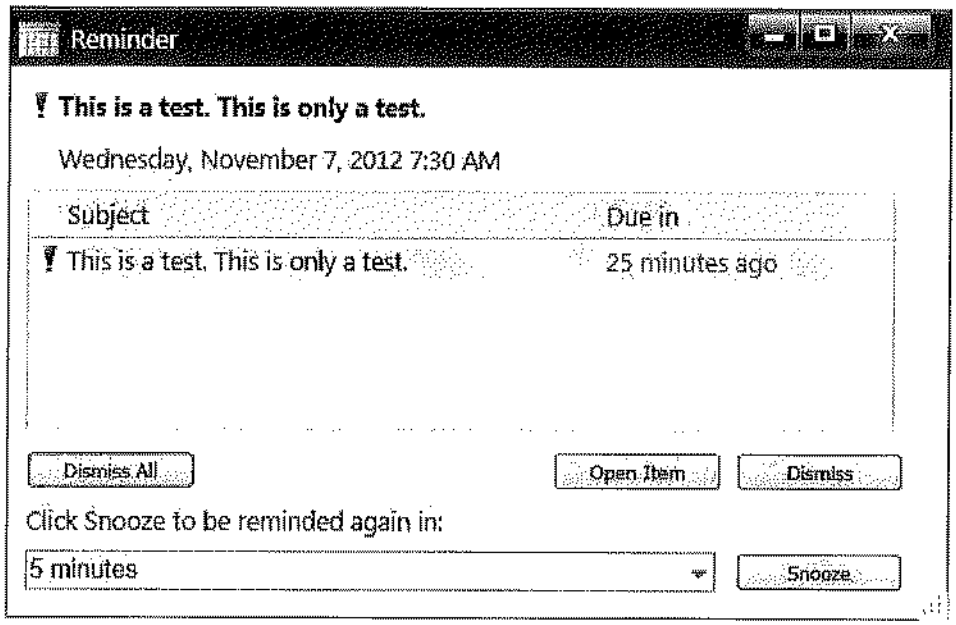
After you have entered in a notification, depending on the urgency, a red, yellow or green exclamation mark will show up next to the client's name. If there is more than one notification, the color representing the most urgent notification will be displayed.



Clicking on the exclamation mark will display a brief summary of the alerts.



The Notification popup page opens to display the notification information. You can modify the data, Snooze the alert, Dismiss the alert, or change the time in minutes that the popup window will be displayed.

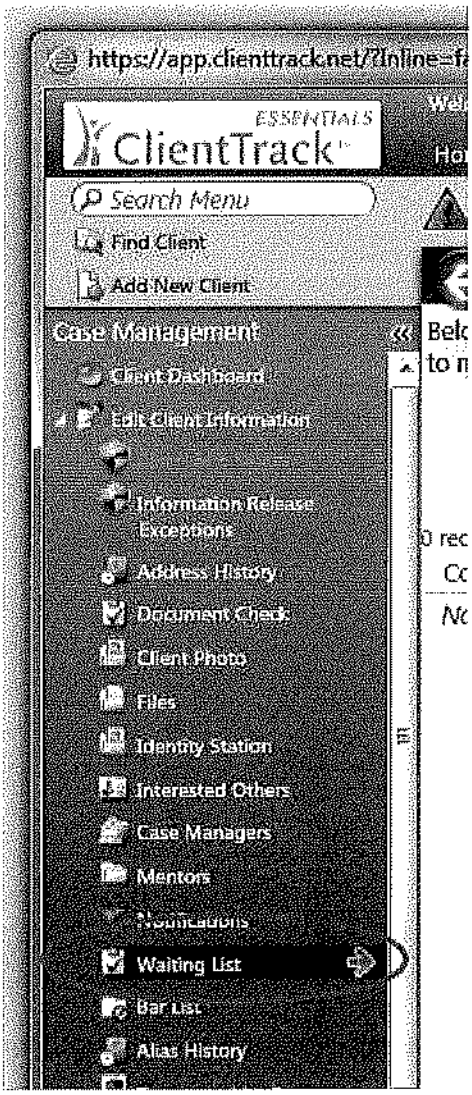


Wait List

The Client Wait list is a record of the referrals or facilities for which the client has been put on a waiting list. After clients are added to a waiting list, the provider assigned to the referral is able to access the list from the Wait List in the Provider Management area.

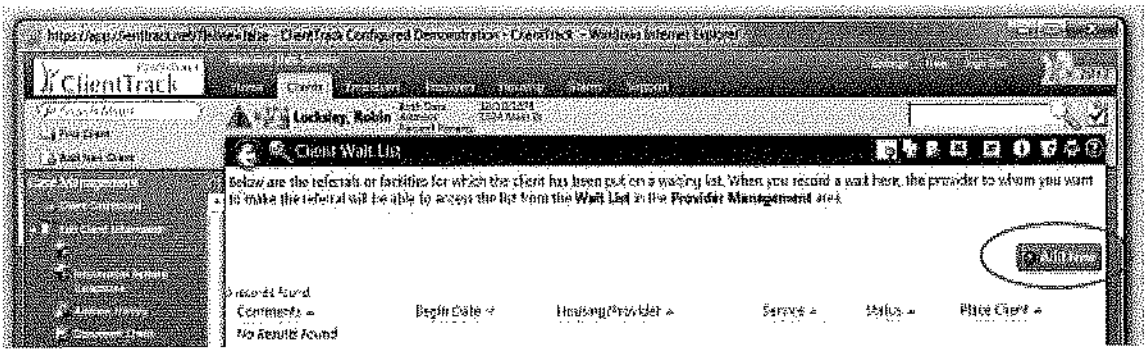
To access the Client Wait list:

On the Clients tab in the Case Management area, click Edit Client then click Wait List.



To add a referral or facility to a client Wait List:

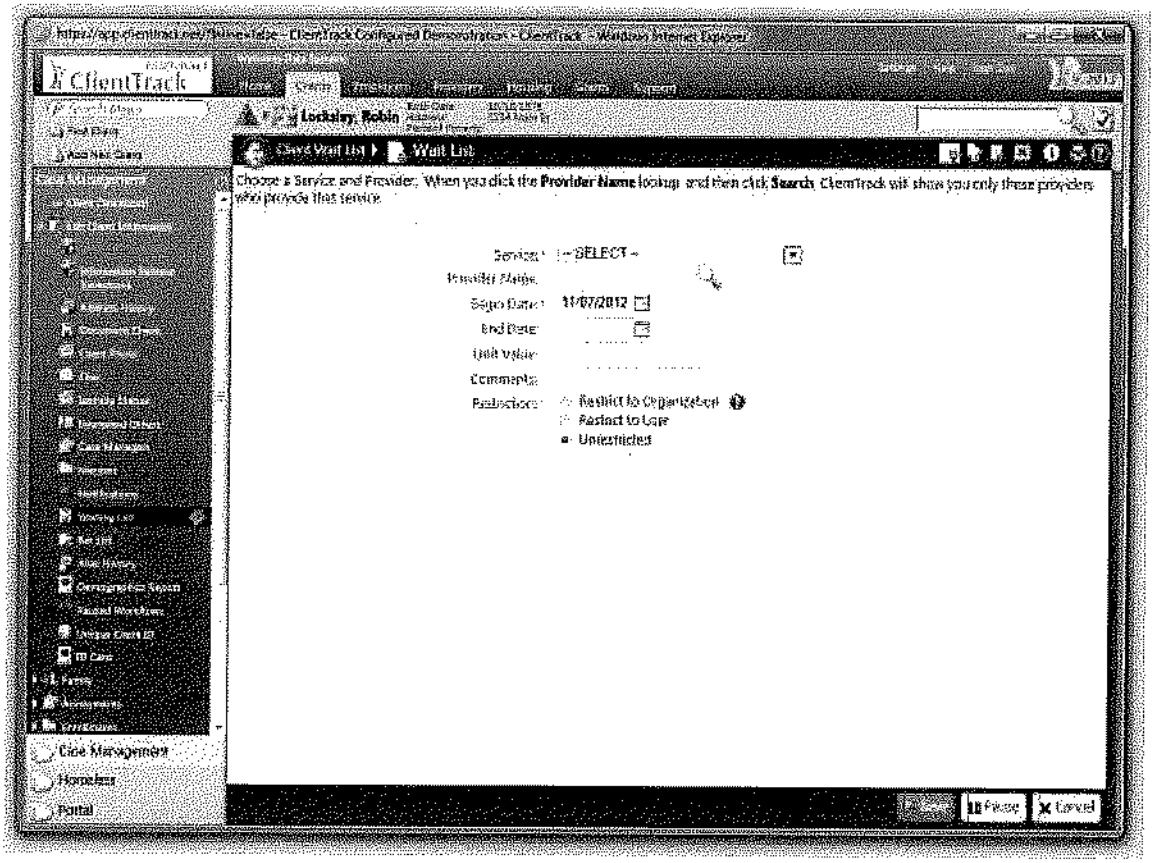
1. On the Client Wait List page, click Add New.



2. Select a Service from the dropdown menu.

3. Enter any additional information.

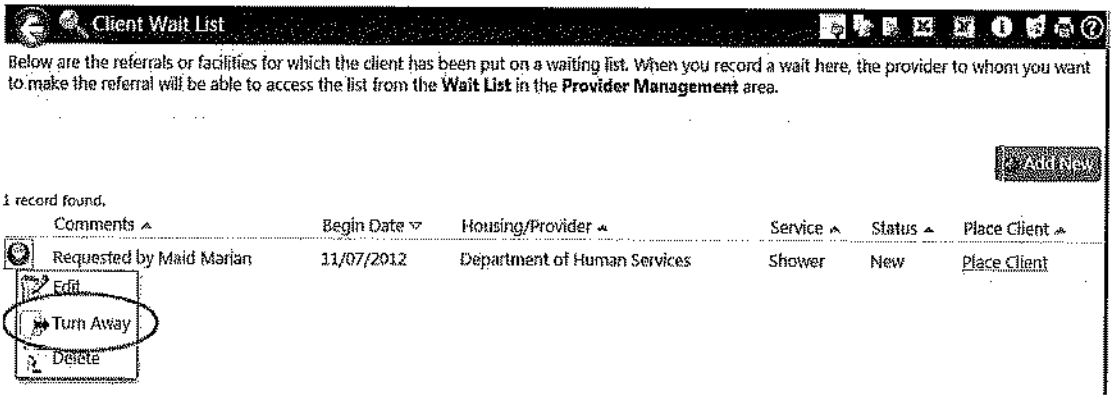
4. Click Save.



To record when a client has been turned away from a referral or facility on the Wait List:

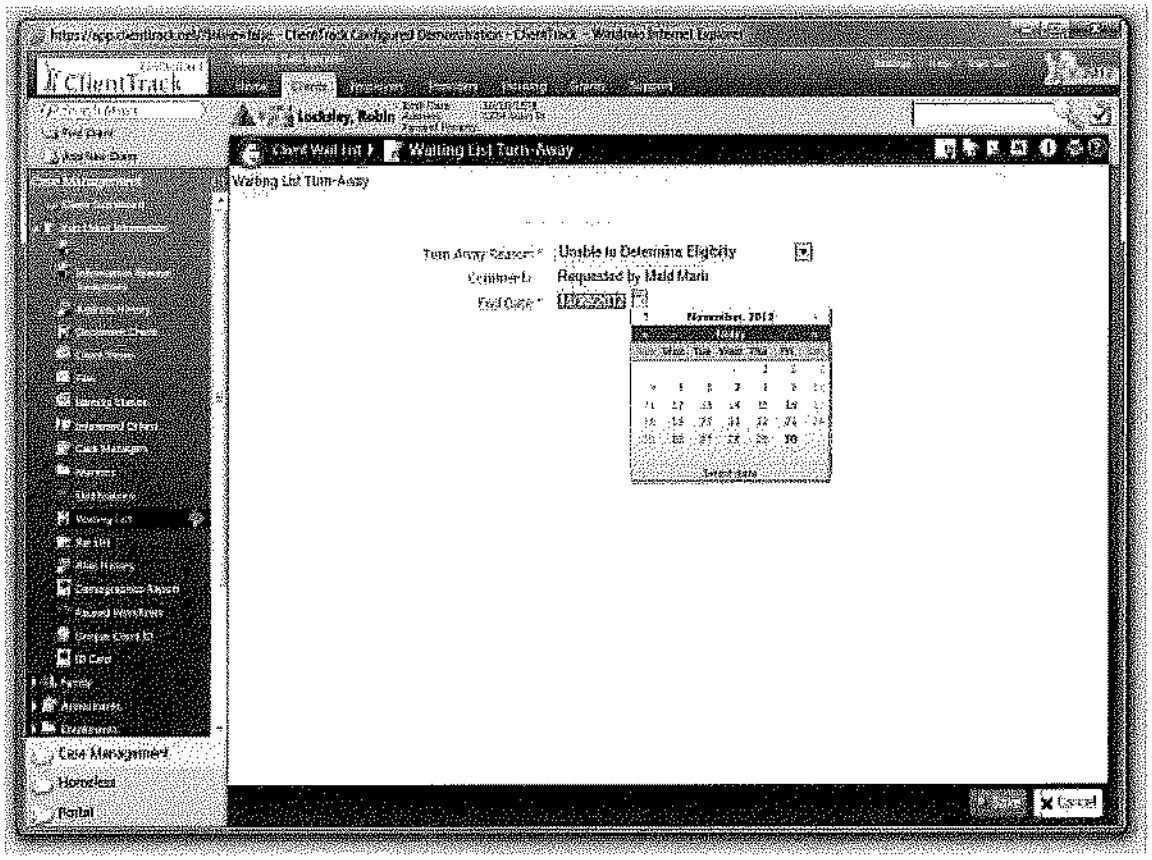
1. On the Client Wait List page, click the Action Menu next to the appropriate item on the client's wait list.

2. Click Turn Away.



3. On the Waiting List Turn-Away page, enter the reason for the turn-away, any Comments, and an End Date.

4. Click Save.

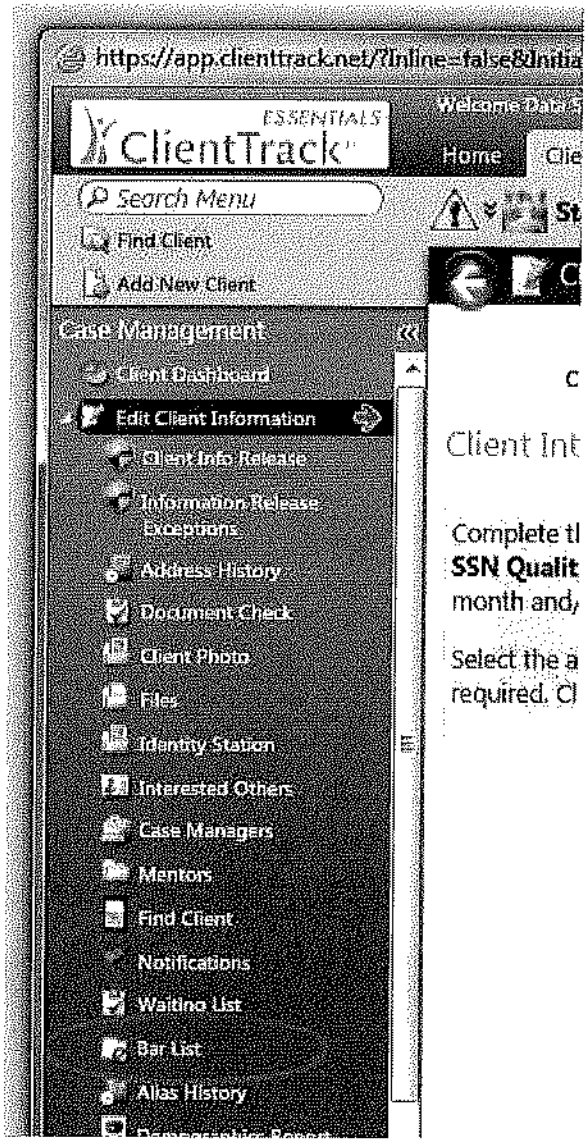


Bar List

The bar list is a record of all the services and the facilities from which this client has been barred. Clients may be barred for many different reasons. Once they have been barred from a service or facility, they will not be able to check in to the facility or receive the service.

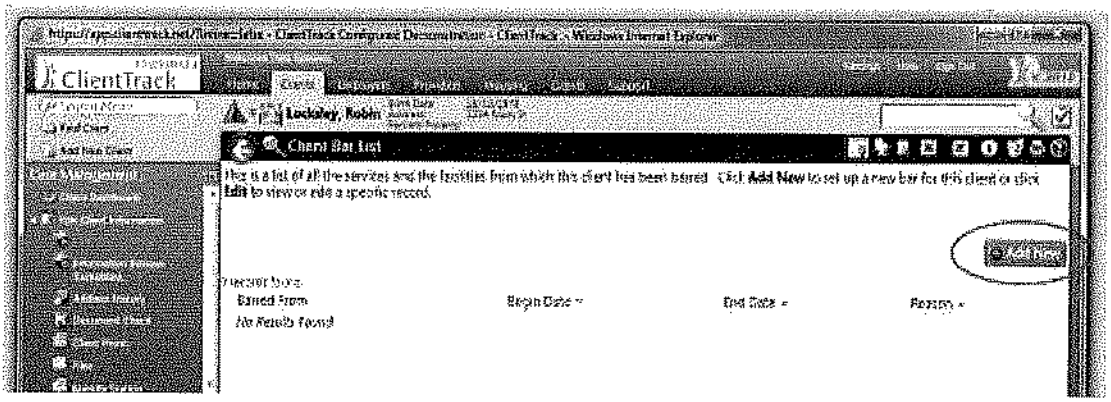
To access the client Bar List:

On the Clients tab in the Case Management area, click Edit Client then click Bar List.

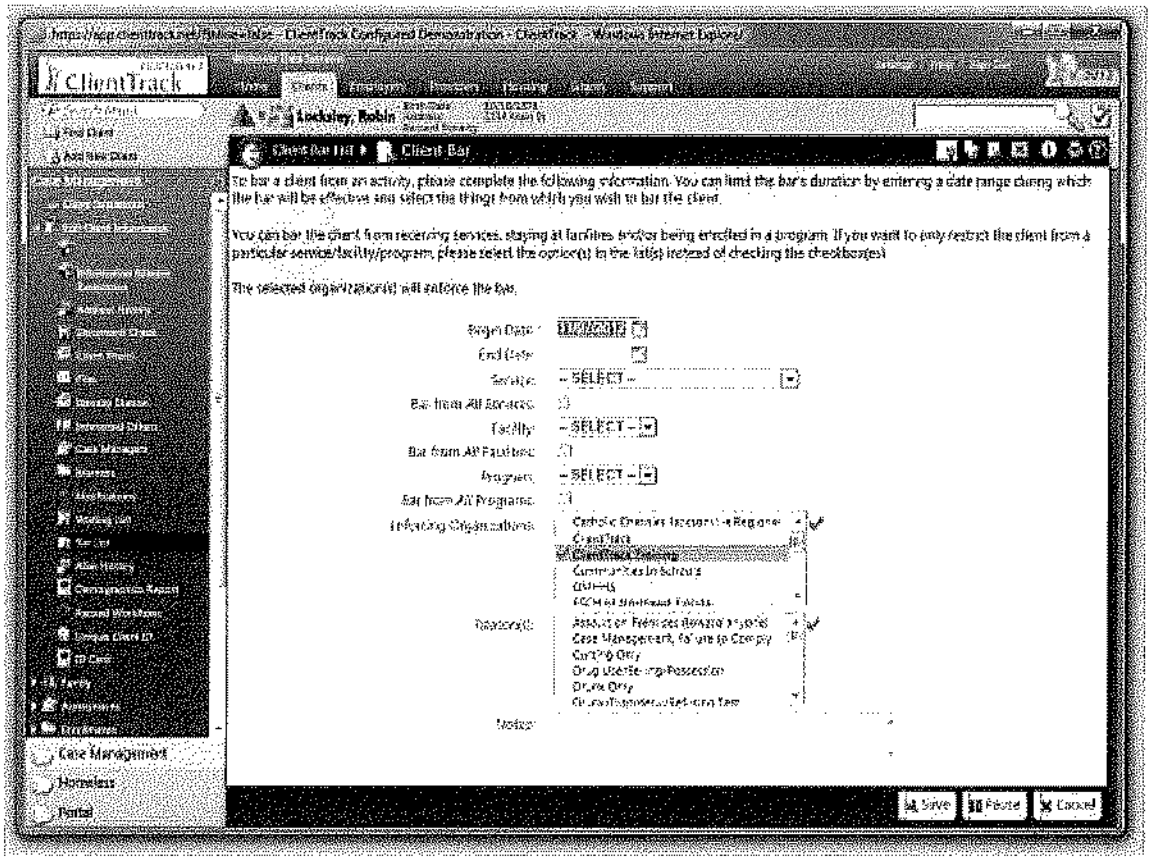


To add a client to the bar list:

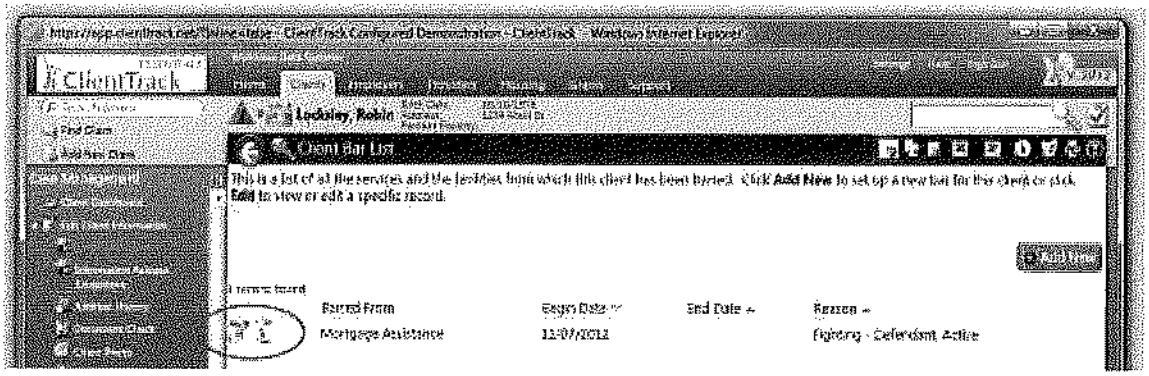
1. On the Client Bar List page, click Add New.



2. Enter a Begin Date.
3. If you wish to create a date range to bar the client, enter an End Date.
4. You have the option of barring a client from a single Service, Facility, or Program, or from all of these entities by checking the appropriate Bar From *All* checkbox.
5. Select the Organization(s) to enforce the bar.
6. Click Save.



After a client has been barred from a Service, Facility, or Program the Barred From items will be displayed on the client's Bar List Setup page. Items listed in the bar list may be edited or deleted by clicking on the Edit or Delete icon.

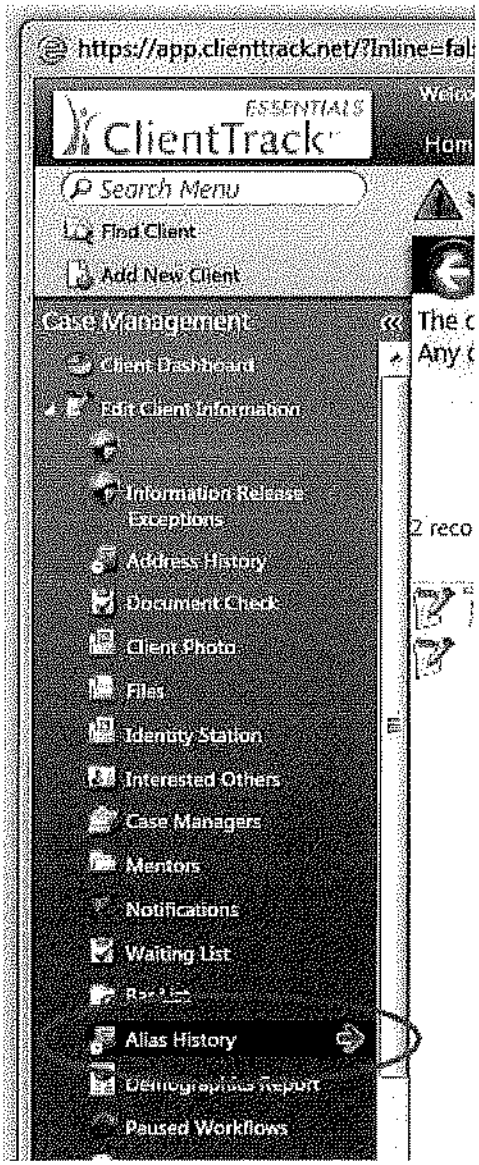


Aliases

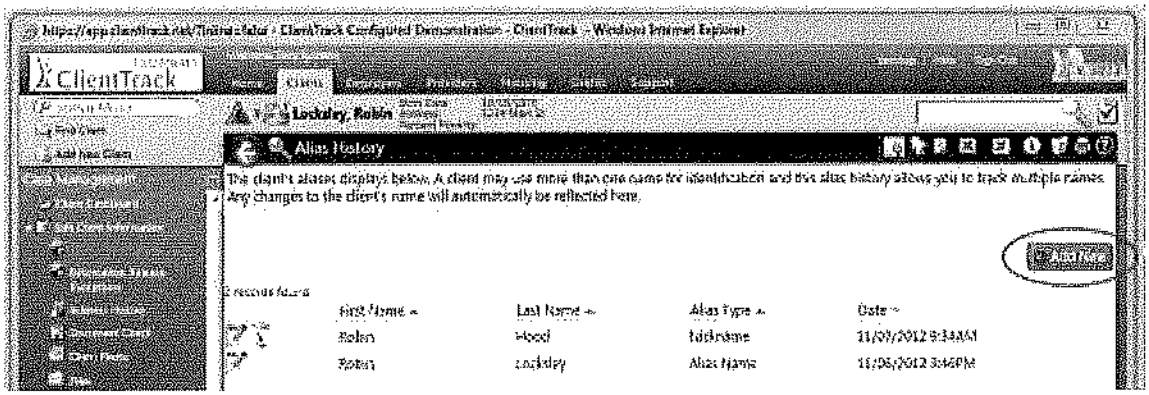
An alias is any name a client may use to identify himself/herself. An alias is automatically created behind the scenes when the user edits the client's name, but additional aliases can also be added manually.

To add a client Alias:

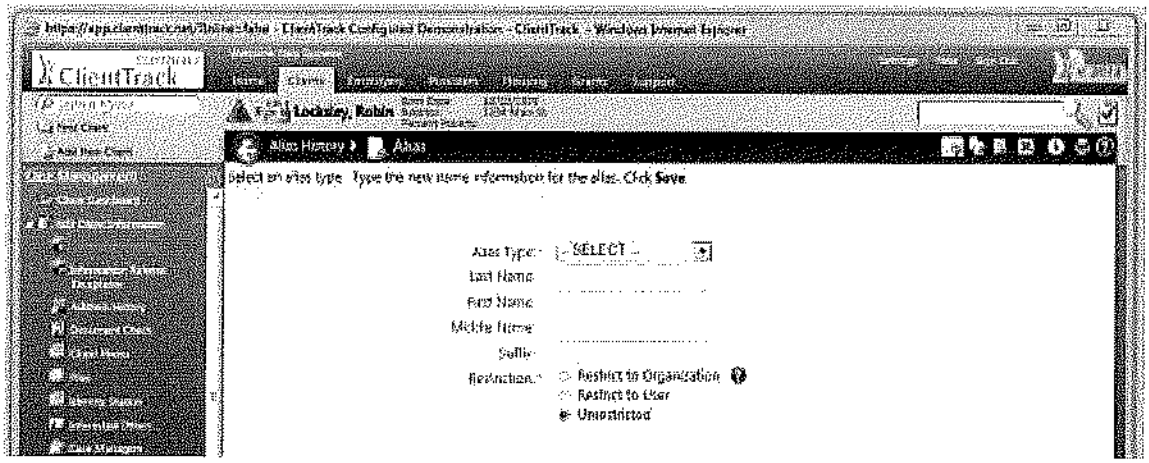
1. On the Clients tab in the Case Management section, click Edit Client and then click Aliases.



2. On the Alias History page, click Add New.

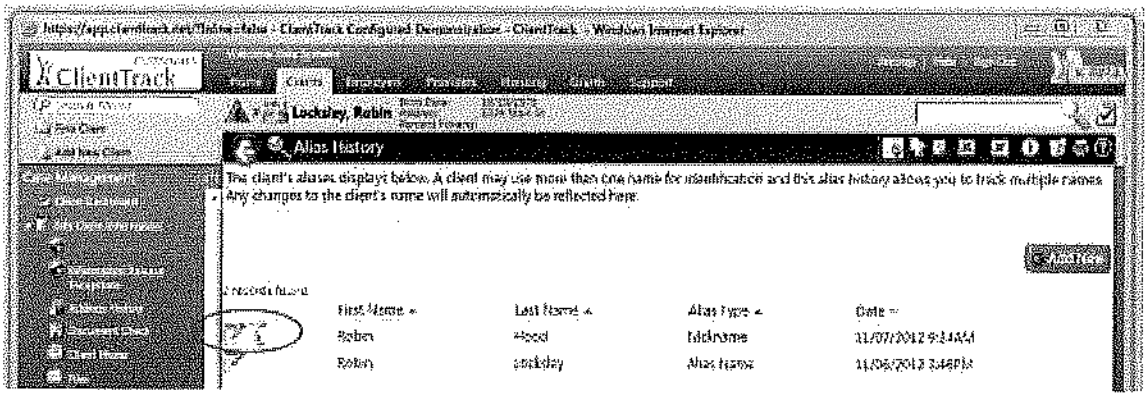


3. On the Client Alias page, fill in the new client alias information.
4. If you wish to restrict access to the new client alias, select the appropriate Restriction radio button.
5. Click Save.



To edit an existing alias:

1. On the Alias History page, next to the name you would like to edit, click the Edit icon.



2. On the Client Alias page, make the necessary changes.
3. Click Save.

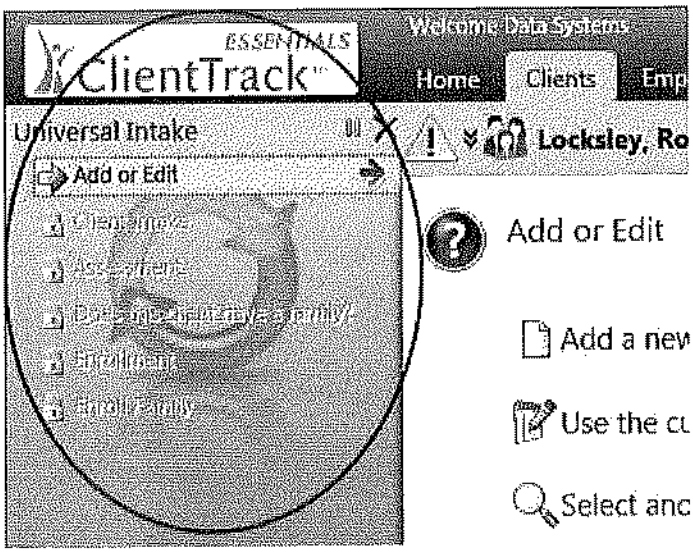
Workflows

Overview

The workflow process is a systematic method of capturing information that steps the user through a series of required entries. Workflows are created by the system administrator to make data entry an easy and organized procedure.

To begin a workflow:

Click on the workflow icon to begin the process. When a Workflow begins, the Workflow name along with a group of status icons and navigation buttons appear in the upper left navigation panel.



Workflow Navigation Buttons:

- -Delete Workflow
- -Stop Workflow
- -Pause Workflow

Workflow Status Icons:

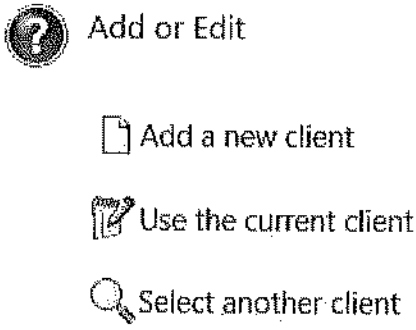
- - Workflow Step Completed.
- -Current Workflow Step

-Workflow Step Locked

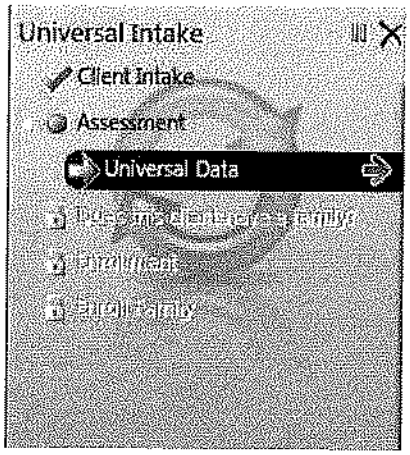
- Optional Step

- Required Step

After the Workflow begins, the forms and questions appear in the main form area.



As the user proceeds through the Workflow, the status icons will change to indicate progress.



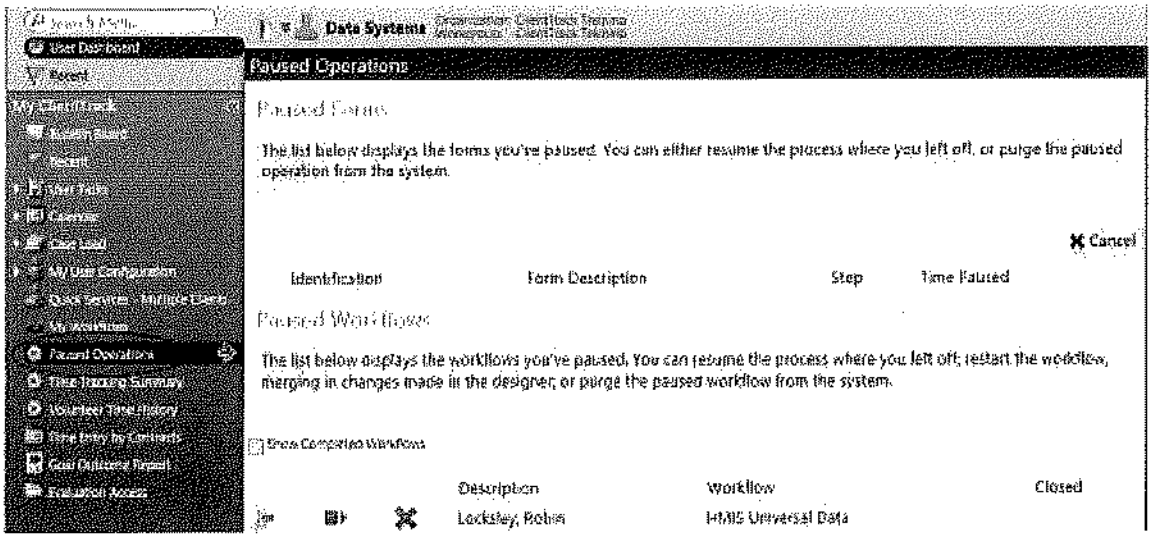
To pause a Workflow and return at a later time, click the Pause button. To cancel the Workflow and discard any unsaved data, click the delete button.

Note: Data is saved as each form step is completed.

Paused workflows may be resumed at any time.

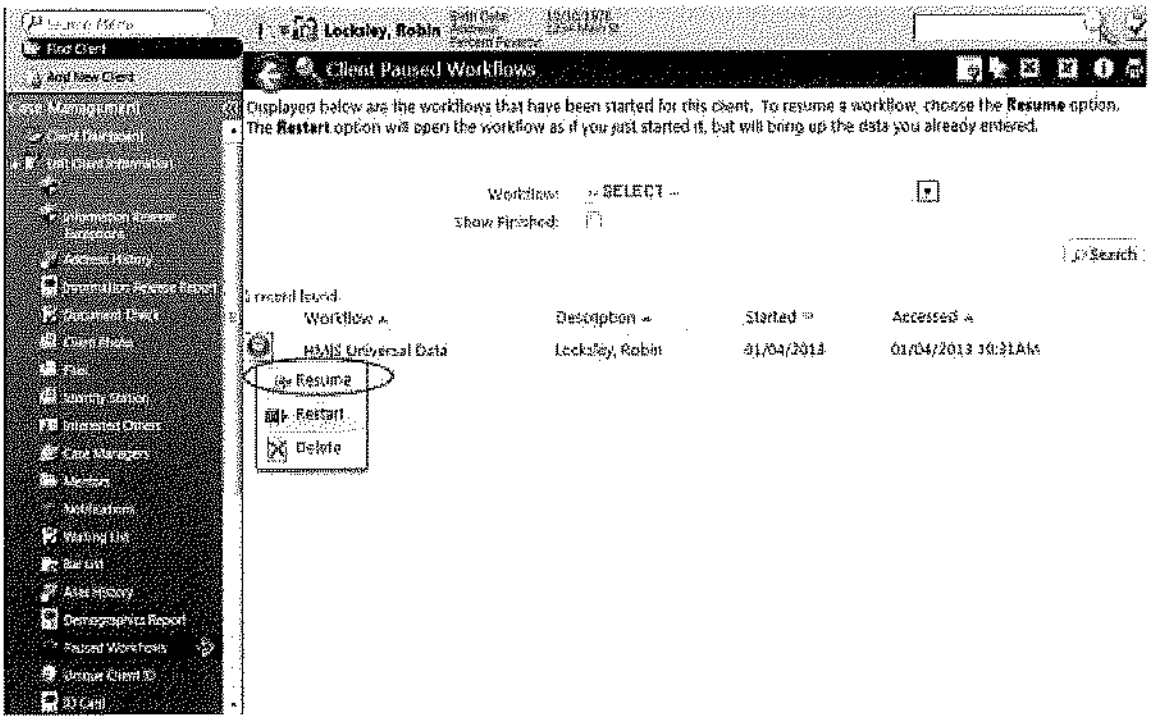
To access your paused operations

On the Home tab in the My ClientTrack section, click Paused Operations.



To Access a Client's Paused Workflows

In the Clients Tab under the Edit Client Information menu option, click Paused Workflows. From here you can use the action menu to resume a workflow where it was paused, restart a workflow from the beginning, or delete a workflow.

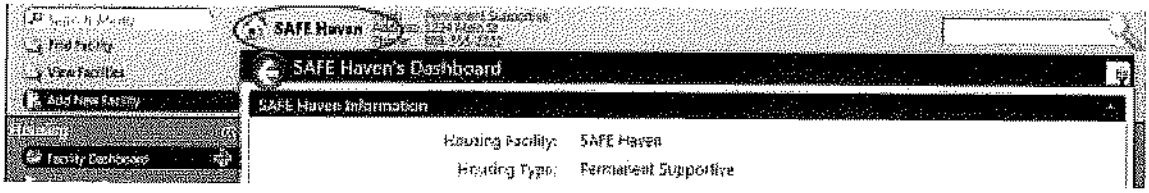


Note: Any user can manage a client's workflow from the Clients tab, regardless of whether they started the workflow or another user did.

Housing Management

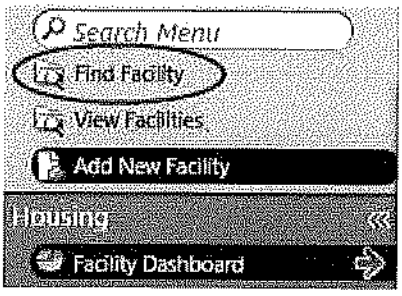
Shelter and Transitional Housing processes are located on the Housing tab of ClientTrack. The Housing Management menus enable users to check availability, view current residents, and check clients into housing facilities. Housing reports are available in the Housing Reports menu option.

There are various methods to access housing information in ClientTrack. When an individual facility has been selected, it is displayed in the entity area, the same as a client.



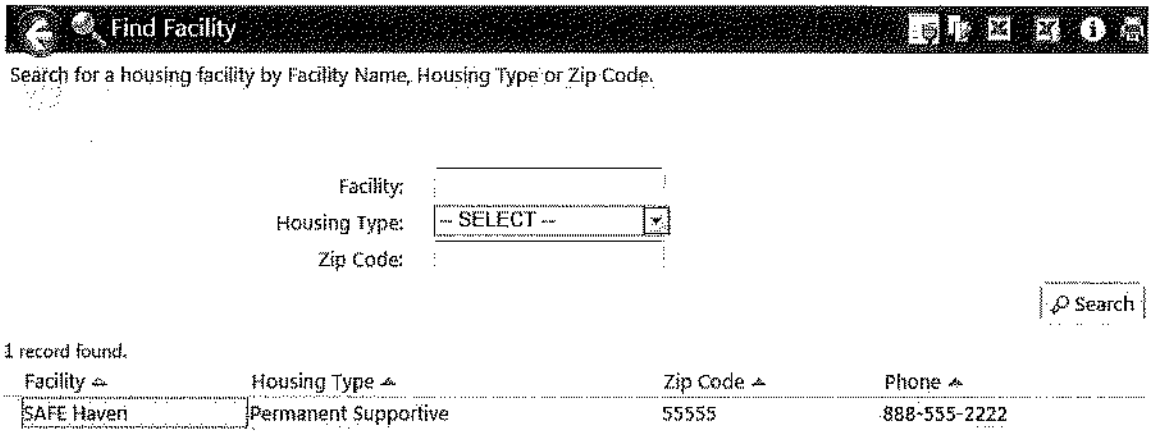
To locate a housing facility in ClientTrack:

1. On the Housing tab, in the top left navigation panel, click Find Facility.

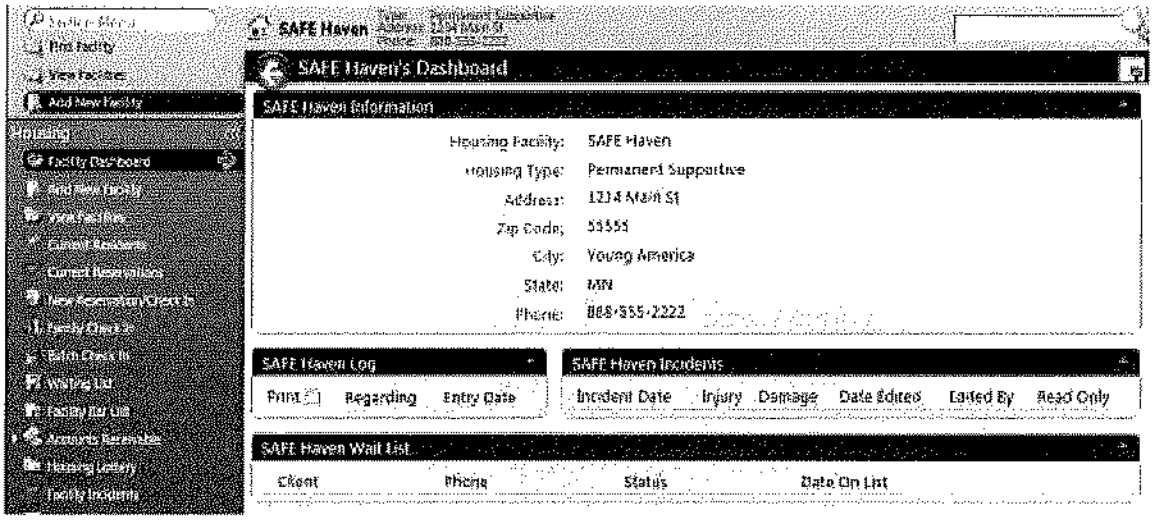


2. The Find Facility function operates the same as Find Client. Type any known data and click Search.

3. The View Facilities function will display a list of all facilities.



4. The selected facility information will be displayed on the Facility Dashboard Info page, and the facility will be listed as the current entity. The menu items in the left navigation panel refer to the facility listed as the entity.



ClientTrack uses the following icons to represent different types of housing facilities:

 - Shelter

 - Transitional

 - Program Unit

 - Permanent

Checking Bed Availability

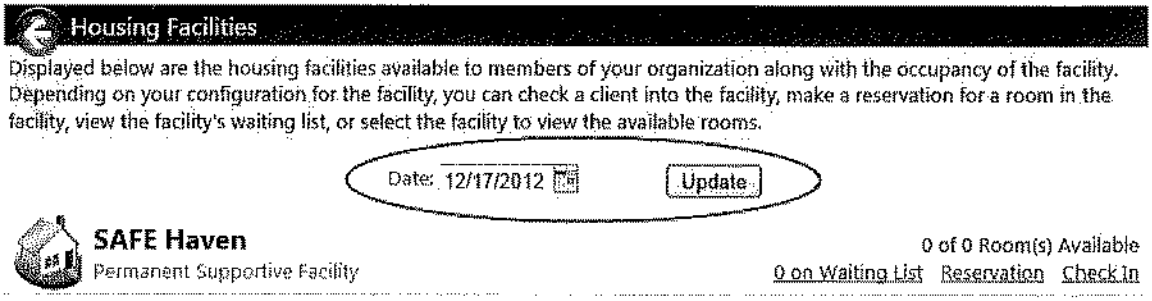
When you are assessing client needs, you may want to do quick search to check for bed availability on a specific date.

To check bed availability:

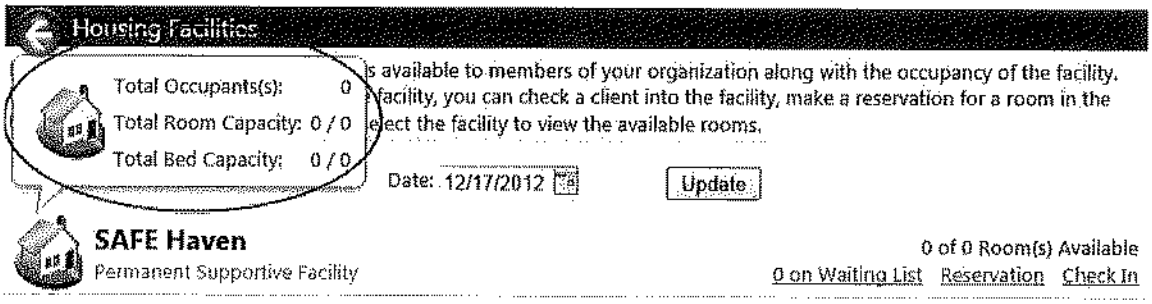
1. On the Housing tab in the Housing Options menu, click View Facilities.

2. The View Facilities page displays all the housing facilities available to members of your organization along with the occupancy of the facility for a specific Date. Each facility is listed with the number of available units as well as a brief description under the facility name.

3. To view availability for a different date, select a new Date and click Update.



4. Holding the mouse cursor over a facility will also display availability in an information balloon above the facility's icon.



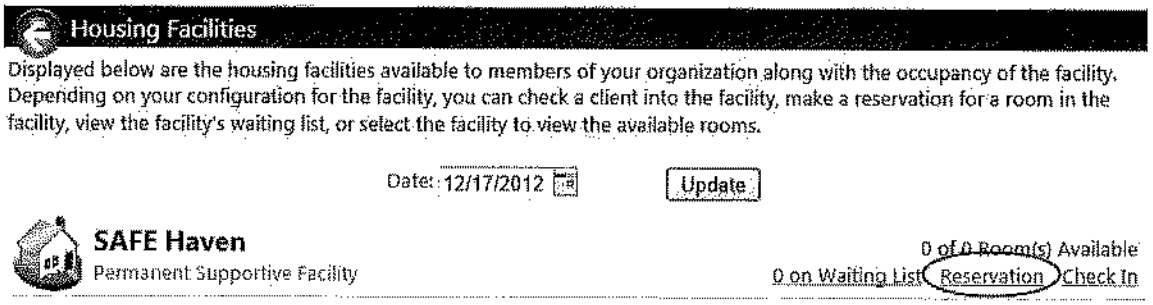
5. Clicking on the facility name will make that facility the current entity and display additional details, including a breakdown of individual units with information such as the type of rooms in the facility and the ages and gender of clients that may occupy them.

Note: In order to check a client into a room, the client must meet any restrictions in the room designators, such as Male, Female, Adult, or Youth. When a room has a Family designation, a child of any gender can check into that room, regardless of any other gender restrictions.

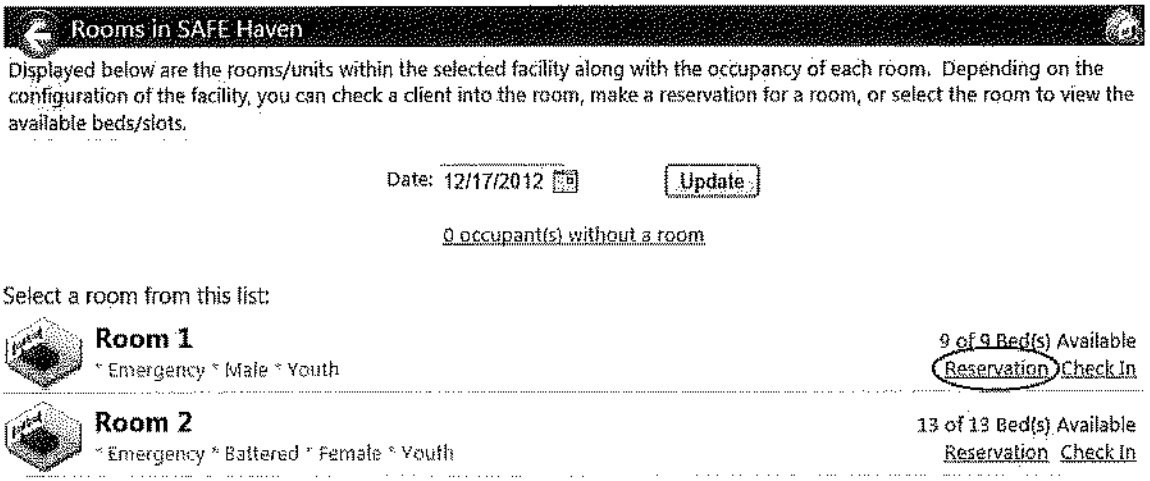
Reservations in Housing Management

To make a bed reservation:

1. On the Housing tab in the Case Management menu, do either of the following:
    a. Click View Facilities
    b. Click New Reservation/Check In
2. Clicking on View Facilities will display the Housing Facilities page. Click Reservation.



3. Clicking on New Reservation/Check In will display the rooms/apartments for the current facility entity. Click Reservation for the specific room/apartment where you want to reserve a bed for the client.



4. On the Housing Reservation page, verify the Facility in the dropdown menu, and then select a Room and a Bed.

5. The Availability of the facility is automatically displayed. Enter a Reservation Begin Date and End Date.

6. Use the Search icon to find the client you wish to assign a reservation. ClientTrack will fill in the client's personal information automatically.

Note: The Housing Management menu is not client-specific, but facility-specific. The active client in the Case Management section will not be the default client in Housing Management. The user must select the client in the Housing Management section in order to create a reservation for that specific client.

Checking in Clients

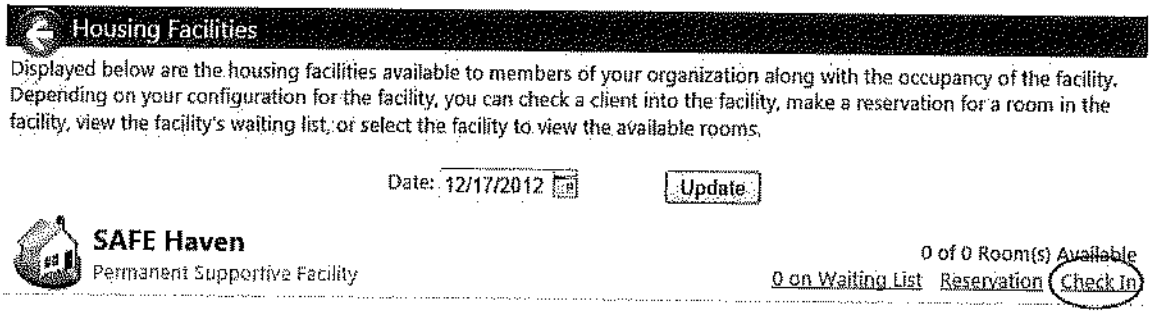
To check in a client:

1. On the Housing tab in the Housing Options menu, do either of the following:

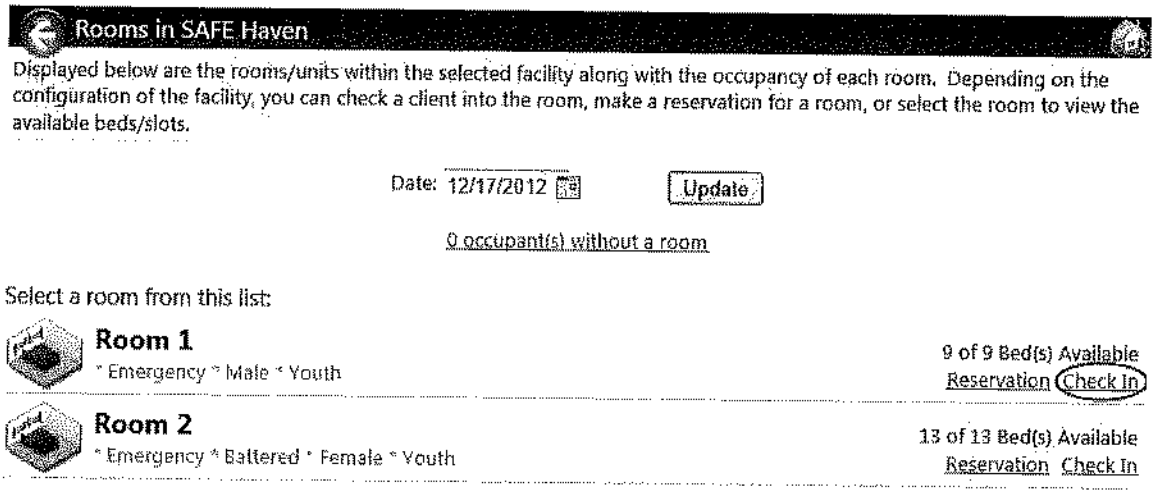
    a. Click View Facilities

    b. Click New Reservation/Check In

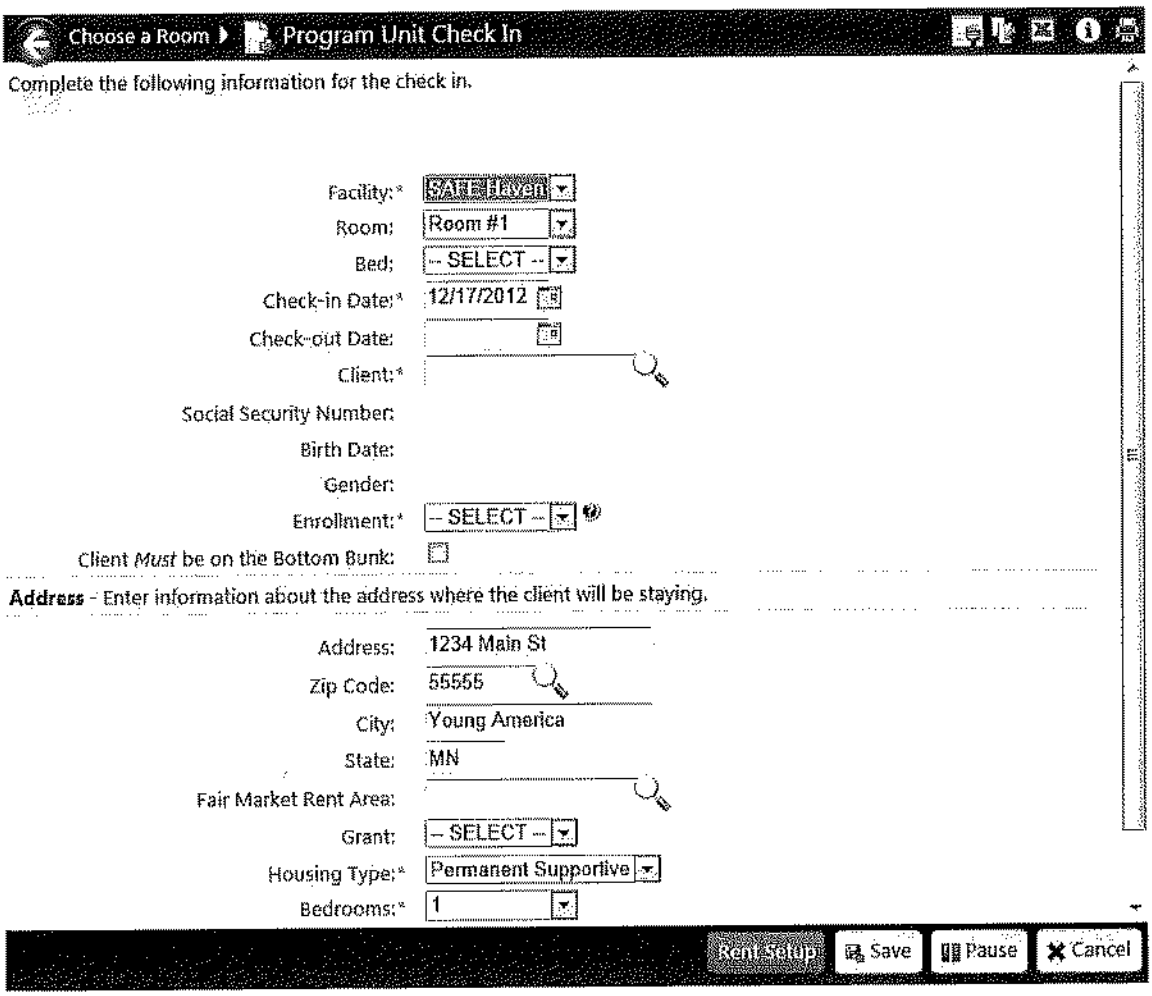
2. Clicking on View Facilities or Check Availability will display the Housing Facilities page. Click Check In.



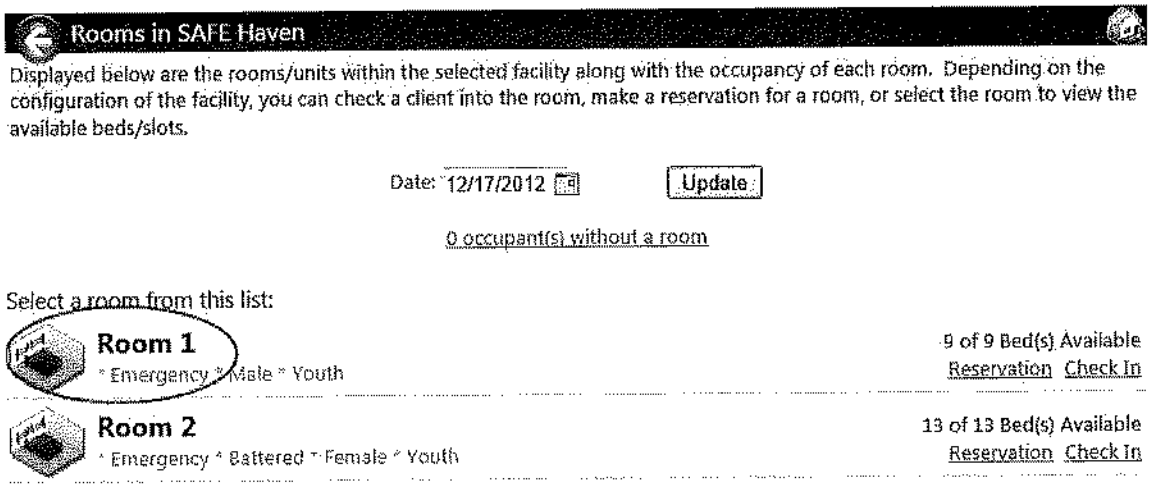
3. Clicking on New Reservation/Check In will display the rooms/apartments for the current facility entity. Click Check In for the specific room/apartment where you want to check in the client.



4. If the facility is a shelter, the Shelter Check In page will be displayed. Verify the Facility in the dropdown menu.
5. If desired, select a specific Room and Bed. These items may be selected later.
6. Select a Check-in Date and, if desired, a Check-out Date.
7. If you wish to assign the client a Chore, such as mopping the floors or removing the trash, select the chore in the dropdown menu.
8. To assign a Storage/Locker at the particular facility, use the Find icon to locate available resources and assign one to the client.
9. If the client must have a Bottom Bunk, check the box on the page.
10. Click Save.



11. If the client has not been assigned a bed, the Rooms in the facility page will display and the client's name and icon will appear at the top of the page. Click the name of the room where you would like to assign the client a bed.



The following icons appear in rooms:

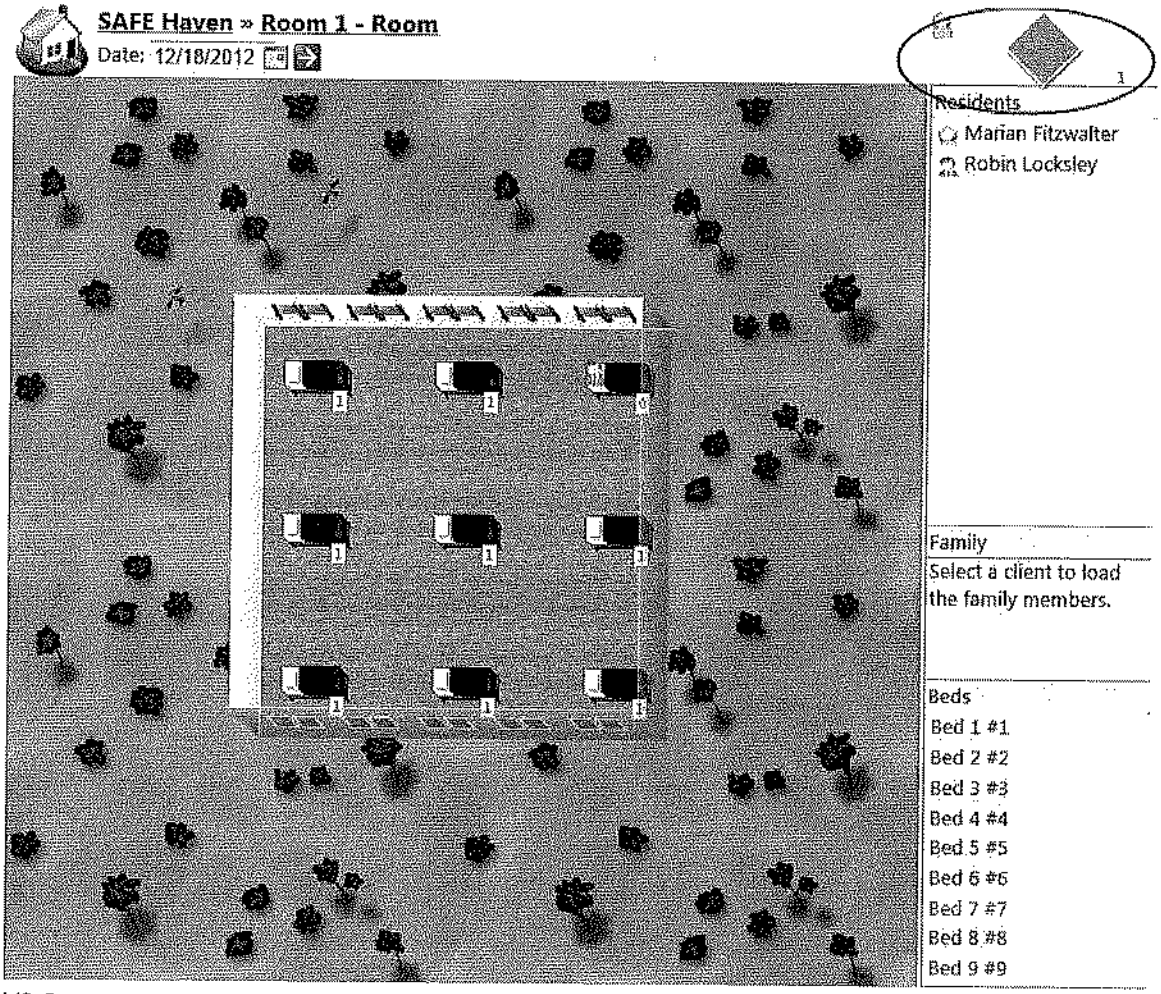
 - Available

Occupied Beds

 - Female

 - Male

12. The client's icon will appear under Occupants without a bed assignment. Hold the mouse cursor over the icon and client information will be displayed. Then hold down the left mouse button and drag the icon to a bed.



13. The client's icon will then move to the bed. Holding the cursor over the icon will display client information.

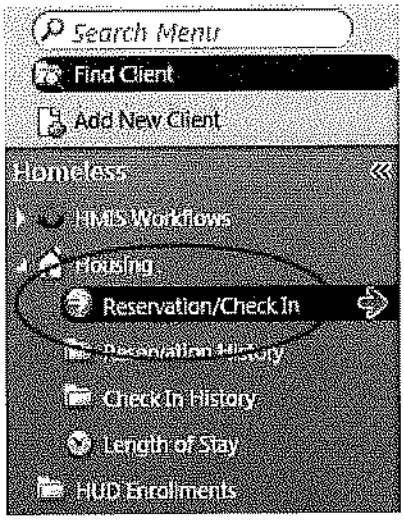
Note: If a client's record is restricted to the organization that created the record, the client's information will be blocked to other organizations authorized to view bed availability.

Client Entity Reservations and Check In

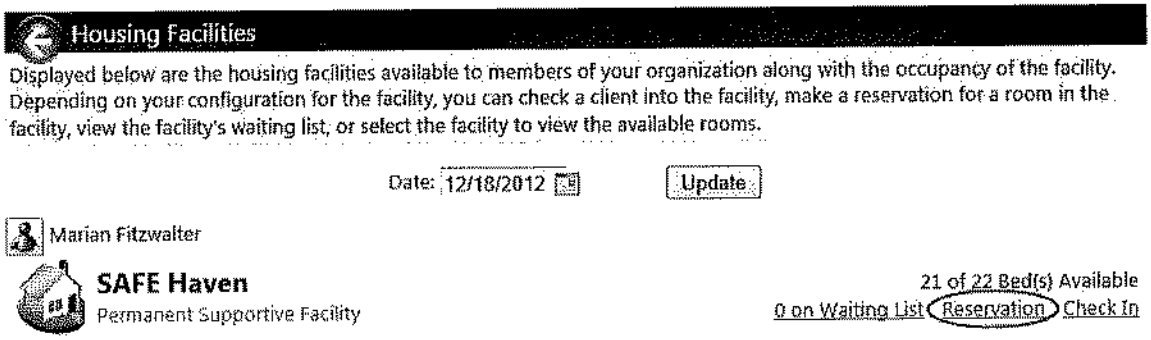
Client housing reservations can also be made in the Clients tab. Reservations made using this method will automatically be tied to the current client entity.

To make a reservation for the current client entity:

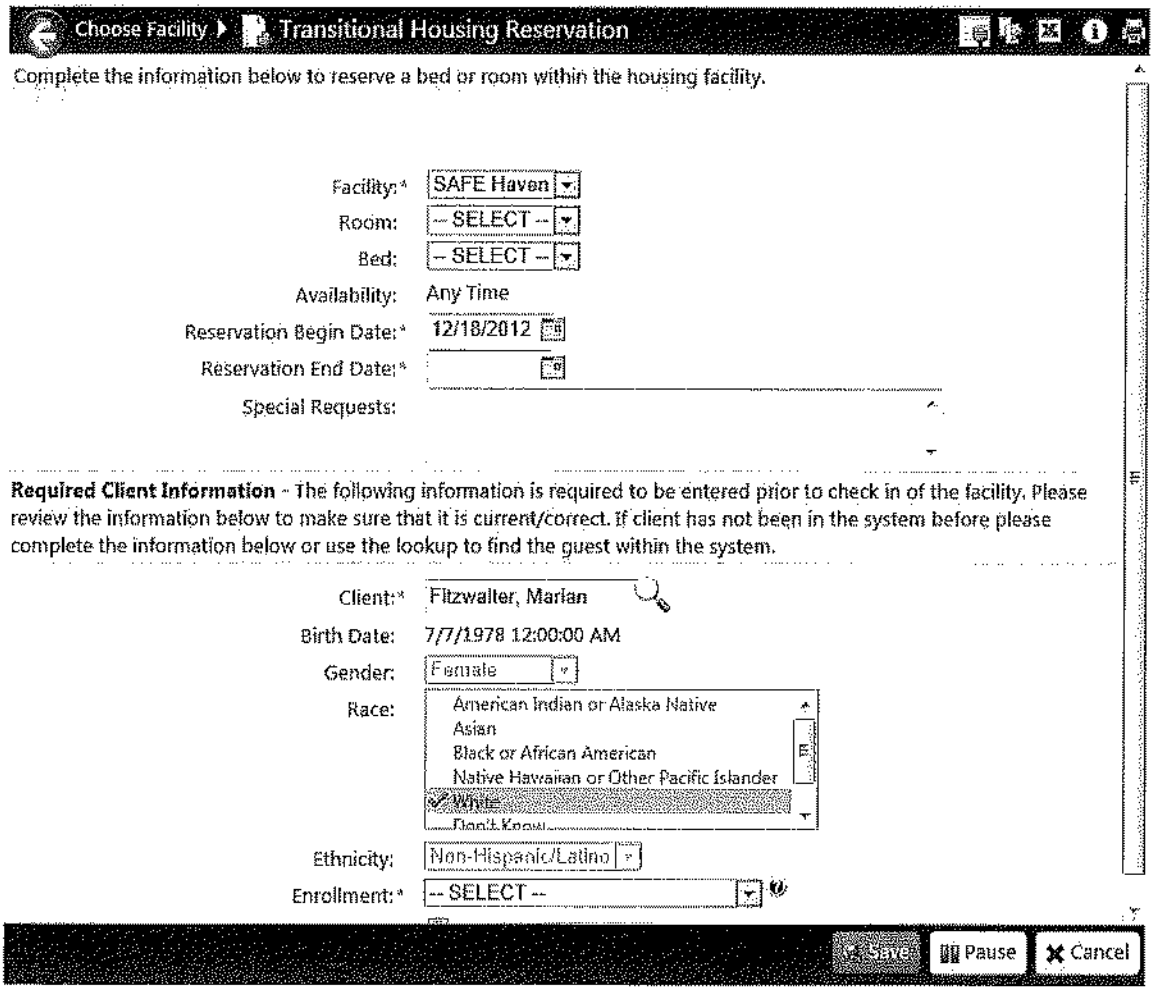
1. On the Clients tab in the Housing menu, click Reservation/Check In. The reservation will be referenced to the current client entity.



2. The Housing Facilities page will then be displayed with the active client's name displayed next to an icon. Click on Reservation in the facility where you would like to make a reservation.



3. The Housing Reservation page will then be displayed with the current client's information already entered. Follow the procedures listed above to reserve a bed for the client. The check in procedure is also the same.



HMIS Privacy Plan
Of the
Scranton/Lackawanna County Continuum of Care

A. Purpose

This document describes the privacy plan of the Scranton/Lackawanna County Continuum of Care's HMIS participating agencies. This document covers the processing of protected personal information for clients of HMIS Participating Agencies.

Protected Personal Information is any information we maintain about a client that:

a. Allows identification of a client/consumer directly or indirectly,
b. Can be manipulated by a reasonably foreseeable method to identify a specific client/consumer, or
c. Can be linked with other available information to identify a specific client/consumer.

The provisions of this plan shall go into effect immediately.

B. Data Collection Notice

HMIS Participating Agencies must let clients know that personal identifying information is being collected, and the reasons for collecting this information. To meet this requirement, HMIS Participating agencies must post the following language in places where intake occurs:

> The Scranton/Lackawanna County Continuum of Care (CoC)'s provider agencies collect personal information about homeless or threatened homeless individuals and families in a computer system called a Homeless Management Information System (HMIS) for reasons that are outlined in our privacy policy. We may be required to collect some personal information by law or by organizations that provide funds to operate this program. Other personal information that is collected is important to run our programs, to improve services and to better understand the needs of individuals being served. The Scranton/Lackawanna County CoC's provider agencies only collect information that is considered to be appropriate. If you have any questions or would like to see our privacy policy, our staff will provide you with a copy.

Each agency shall adopt and comply with the attached Notice of Privacy Practices for Use with the HMIS (HMIS Privacy Notice).

Each agency must provide a copy of the HMIS Privacy Notice upon client request.

Each agency shall provide reasonable accommodations to persons with disabilities and to persons with limited English proficiency to ensure their understanding of the HMIS Privacy Notice.

C. Accountability

Each agency must uphold relevant federal and state confidentiality regulations and laws that protect client records, including but not limited to the privacy and security standards found in HUD's Data and Technical Standards. If the agency is a HIPAA-covered entity, the agency is required to operate in accordance with HIPAA regulations and is exempt from the privacy and security standards found in HUD's Data and Technical Standards.

D. Access and Correction

Each agency must allow individuals to inspect and have a copy of their personal information that is maintained in HMIS.
Each agency must offer to explain any information that is not understood.

Individuals must submit a request to inspect their HMIS data in writing to their social worker/case manager. Each agency must consider a written request for correction of inaccurate or incomplete personal information. If the agency agrees that the information is inaccurate or incomplete, the agency may delete ir ot may choose to mark it as inaccurate or incomplete and to supplement it with additional information.

Each agency may deny the individual's request for inspection or copying of personal information if:

a. Information was compiled in reasonable anticipation of litigation or comparable proceedings
b. Information is about another client/consumer
c. Information was obtained under a promise of confidentiality or the disclosure would reveal the source of the information, or
d. Disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

If the agency denies a request for access or correction, it must explain the reason for the denial and include documentation of the request and the reason for the denial.

Each agency may reject repeated or harassing requests for access or correction.

E. Purpose and Use Limitations
Each agency will use or disclose personal information for activities described in this part of the notice. The agency assumes that clients consent to the use or disclosure of personal information for the purposes described here and for other uses and disclosures that are determined to be compatible with these uses or disclosures;

a. To provide or coordinate services to individuals (shelter, housing, case management, etc.)
b. For functions related to payment or reimbursement for services
c. To carry out administrative functions such as personnel oversight, management functions, and auditing purposes
d. To create de-identified (anonymous) information that can be used for research and statistical purposes
e. When required by law
f. To avert a serious threat to health or safety if
    a. The agency believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public, and
    b. The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat
g. To report victims of abuse when authorized by law
h. For research purposes unless restricted by other federal and state laws
i. To a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct).
j. For judicial and administrative proceedings in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer or a grand jury subpoena.
k. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

Before any use or disclosure of personal information that is not described here, the agency must seek the clients consent first.

F. Confidentiality

Each agency must maintain any/all personal information as required by federal, state, or local laws.

Each agency shall only solicit or input into HMIS client information that is essential to providing services to the client.

Each agency shall not knowingly enter false or misleading data under any circumstance, nor use HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

Each agency shall ensure that all staff, volunteers and other persons who use HMIIS are issued an individual User ID and password.

Each agency shall ensure that all staff, volunteers and other persons issued a User ID and password for HMIS receive confidentiality training, HMIS training and comply with the attached HMIS User Agreement and the HMIS Partnership Agreement.

G. Protections for victims of Domestic Violence, Dating Violence, Sexual Assault and Stalking

Victim service providers are prohibited from entering data into HMIS. Other agencies must be particularly aware of the need for confidentiality regarding information about persons who are victims of domestic violence, dating violence, sexual assault, and stalking.

H. Duration

This plan must be reviewed annually and updated as needed by the Scranton/Lackawanna County Continuum of Care.

Attachments:

A. Scranton/Lackawanna County Notice of Privacy Practices for Use with the Homeless Management Information System (HMIS)
B. Notice of Privacy Practices Posting
C. Scranton/Lackawanna County User Policy, Responsibility Statement and Code of Ethics

Attachment A:

Scranton-Lackawanna County CoC

Notice of Privacy Practices for use with the

Homeless Management Information System (HMIS)

This notice described the privacy policy and practices of the Scranton/Lackawanna County Continuum of Care (CoC) as it relates to the Homeless Management Information System (HMIS). The employees of the CoC Provider Agencies collect personal information only when appropriate. The CoC provider agencies may use or disclose your information to provide you with services or to comply with legal and other obligations.

As a client/consumer, you may request to inspect the electronic of paper record of the personal information about you that the CoC's provider agencies maintain in HMIS. You may also ask the agencies to correct inaccurate or incomplete information. You may ask the agencies about the HMIS privacy policy or practices. The CoC or its provider agencies will respond to your questions and complaints.

What this Policy Covers.

1. This document describes Homeless Management Information Systems (HMIS) privacy policy and practices of the Scranton/Lackawanna Continuum of Care (CoC). The CoC's HMIS system is maintained by United Neighborhood Centers (UNC) as the HMIS Lead Agency. UNC's administrative office is at 425 Alder Street, Scranton, PA 18505.
2. This policy covers the collection, use and maintenance of Personally Identifiable Information/Protected Identifying Information (PII) for persons served by the CoC on the Scranton/Lackawanna County HMIS ClientTrack website.
3. PII is any personal information we maintain about a client that:
    a. Allows identification of an individual directly or indirectly;
    b. Can be manipulated by a reasonably foreseeable method to identify a specific individual; or
4. Can be linked with other available information to identify a specific client.
5. We may amend our policy or practices at any time. Amendments may affect PII that we obtained before the effective date of the amendment.
6. We give a written copy of this privacy policy to any individual who asks for it.

How and Why We Collect PII.

1. We collect PII only when appropriate to provide services or for another specific purpose of our organization or when required by law. We may collect information for these purposes:
    a. To provide or coordinate services;
    b. To produce aggregate-level reports regarding use of services;
    c. To track individual project-level outcomes;
    d. To identify unfilled service needs and plan for the provision of new services;
    e. To operate our organization including administrative functions such as legal, audits, personnel, oversight, and management functions;
    f. To comply with government reporting obligations;
    g. When required by law;
    h. To conduct research for consulting and/or educational purposes; and
    i. To accomplish any and all other purposes deemed appropriate by the CoC.
2. We only use lawful and fair means to collect PII.

3. We normally collect with the knowledge or consent of our clients or their legal guardians. If you seek our assistance and provide us with PII, we assume that you consent to the collection of information described in this policy.
4. This data is shared among the Scranton/Lackawanna CoC HUD grant recipients (see current list of participating agencies) and, occasionally, with support staff at ClientTrack, the data systems company designated by the CoC to provide our HMIS system.
5. We post a sign at our intake desks or other locations where client information is added explaining the reasons we ask for PII. The sign says:

> The Scranton/Lackawanna County Continuum of Care (CoC)'s provider agencies collect personal information about homeless or threatened homeless individuals and families in a computer system called a Homeless Management Information System (HMIS) for reasons that are outlined in our privacy policy. We may be required to collect some personal information by law or by organizations that provide funds to operate this program. Other personal information that is collected is important to run our programs, to improve services and to better understand the needs of individuals being served. The Scranton/Lackawanna County CoC's provider agencies only collect information that is considered to be appropriate.

If you have any questions or would like to see our privacy policy, our staff will provide you with a copy.

How We Use and Disclose PII.

1. We use or disclose PII for activities described in this part of the policy. We may or may not make any of these uses or disclosures of your PII. We assume that you consent to the use or disclosure of your PII for the purposes described below and for other uses and disclosures that we determine to be compatible with these uses or disclosures:
    a. To provide or coordinate services to individuals.
    b. For functions related to payment or reimbursement for services.
    c. To carry out administrative functions such as legal, audits, personnel, oversight and management functions.
    d. To create de-identified (anonymous) information.
    e. When required by law to the extent that use or disclosures complies with and is limited to the requirements of the law.
    f. To avert a serious threat to health or safety if:
        i. We believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
        ii. The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.
    g. To report victims of abuse when authorized by law.
    h. For research purposes unless restricted by other federal and state laws.
    i. To a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct).
    j. For judicial and administrative proceedings in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena.
    k. To comply with government reporting obligations for the HMIS and for oversight of compliance with HMIS requirements.
    l. Before we make any use or disclosure of your personal information that is not described here, we seek your consent.

How to Inspect and Correct Personal Information

1. You may inspect and have a copy of your personal information that we maintain. We will offer to explain any information that you may not understand.
2. We will consider a request from you for correction of inaccurate or incomplete personal information that we maintain about you. If we agree that the information is inaccurate or incomplete, we may delete it or we may choose to mark it as inaccurate or incomplete and to supplement it with additional information.
3. To inspect, get a copy of, or ask for correction of your information, by submitting your request in writing to your case worker/case manager.
4. We may deny your request for inspection or copying of personal information if:
    a. the information was compiled in reasonable anticipation of litigation or comparable proceedings.
    b. the information is about another client/consumer.
    c. the information was obtained under a promise of confidentiality and the disclosure would reveal the source of the information, or
    d. disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.
5. If we deny a request for access or correction, we will explain the reason for the denial. We will also include, as part of the personal information that we maintain, documentation of the request and the reason for denial.

Participation in data collection, although optional, is a critical component of the community's ability to provide the most effective services and housing possible. Please understand that access ***to shelter and housing services is available without participation in data collection***.

The information gathered and prepared by the Agency will be included in a HMIS database of collaborating agencies (list available), and **only to collaborating agencies**, who have entered into an HMIS Agency Participation Agreement and shall be used to:

a) Produce a client profile at intake that will be shared by collaborating agencies
b) Produce anonymous, aggregate-level reports regarding use of services
c) Track individual program-level outcomes
d) Identify unfilled service needs and plan for the provision of new services
e) Allocate resources among agencies engaged in the provision of services
f) Provide individual case management

Information Collected

1. Identifying information (Name, birth date, social security number)
2. Demographic information (gender, race, residential information, family composition)
3. Letter to number code conversion for name and Date of Birth, Demographic information (gender, race, residential information, family composition)
4. Medical records (except HIV/AIDS and alcohol and drug treatment), Psychological records and evaluations, vocational assessment, care coordinators recommendations and direct observations, employment status, etc.
5. Financial information (income verification, public assistance payments, food stamps)
6. HIV/AIDS diagnosis

7. Substance abuse diagnoses, treatment plan, progress in treatment, discharge.

This release can be revoked by the client at any time. The revocation must be signed and dated by the client. This consent is subject to revocation at any time, except to the extent that the Agency has already taken action in reliance on it. If not previously revoked, this consent terminates automatically 1 year after clients last treatment or discharge from the agency where the client was seeking services. These records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without client's written consent unless otherwise provided for in the regulations.

Participation in data collection is optional, and clients are able to access shelter and housing services if they choose not to participate in data collection.

Attachment B:

HMIS Privacy Posting/Notice

HOMELESS MANAGEMENT INFORMATION SYSTEM

The Scranton/Lackawanna County Continuum of Care (CoC)'s provider agencies collect personal information about homeless or threatened homeless individuals and families in a computer system called a Homeless Management Information System (HMIS) for reasons that are outlined in our privacy policy. We may be required to collect some personal information by law or by organizations that provide funds to operate this program. Other personal information that is collected is important to run our programs, to improve services and to better understand the needs of individuals being served. The Scranton/Lackawanna County CoC's provider agencies only collect information that is considered to be appropriate.

If you have any questions or would like to see our privacy policy, our staff will provide you with a copy.

Attachment C:

Homeless Management Information System User Policy,

Responsibility Statement and Code of Ethics

User Policy

Partner agencies shall share information for provision of services to homeless persons and those at risk of homelessness through a web-based infrastructure that establishes electronic communication among the partner agencies.

The Client Consent/Release of Information form shall be signed if the client agrees that information about their situation can be entered into the HMIS database system. In accordance with HUD HMIS regulations, minimum data entry on each consenting client will be input and includes:

* General information identifying the client by name, social security number, date of birth, indicating family status and latest residential history;
* Data detailing the client's current housing situation and the cause of their housing crisis and any barriers to housing;
* Shelter and transitional housing utilization information, when appropriate.

Data necessary for the development of aggregate reports of homelessness service includes services needed, services provided, referrals and client goals and outcomes. The HMIS database system is a tool to assist our agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff must use the client information in HMIS only to target services to clients' needs.

User Responsibility

Your username and password give you access to the HMIS system.

Your signature below indicates your understanding and acceptance of the proper use of your username and password.

Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the HMIS database access, and may result in disciplinary action from the partner agency as defined in the partner agency's personnel policies.

I agree to maintain the confidentiality of client information in HMIS in the following manner:

* My username and password are for my use only in connection with my employment and will not be shared with anyone or used for any other purpose.

* I will take reasonable means to keep my password physically secure.

* I will only view, obtain, disclose, or use the database information that is necessary to perform my job.

* I understand that the only individuals who may view or hear HMIS client information are authorized users, and I will take these steps to prevent casual observers from seeing or hearing HMIS client information.

* I will log off of HMIS before leaving my work area, lock my computer access, or make sure that the HMIS database has "timed out" before leaving my work area.

* I will not leave unattended any computer that has HMIS "open and running."

* I will keep my computer monitor positioned so that persons not authorized to use HMIS cannot view it.

* I will store hard copies of HMIS information in a secure file and not leave such hard copy information in public view on my desk, or on a photocopier, printer or fax machine.

* I will properly destroy hard copies of HMIS information when they are no longer needed.

* I will not discuss confidential client information with staff, clients, or client family members in a public area.

* I will not discuss confidential client information on the telephone in any areas where the public might overhear my conversation.

* I will not leave messages on my agency's answering machine or voicemail system that contain confidential client information.

* I will keep answering machine volume low so that confidential information left by callers is not overheard by the public or unauthorized persons.

* I understand that certain types of information that I will receive from clients are protected by the Health Information Privacy and Accountability Act (HIPAA) and will take every measure required by law to keep this information confidential and private.

* I understand that a failure to follow these security steps appropriately may result in a breach of client confidentiality and system security. If such a breach occurs, my access to HMIS will be terminated and I may be subject to further disciplinary action as defined in my employer's personnel policy.

* If I notice or suspect a security breach, I will immediately notify the director of my agency.

User Code of Ethics

1. HMIS users will treat partner agencies with respect, fairness and good faith.

2. Each HMIS user will maintain high standards of professional conduct in his or her capacity as an HMIS user.

3. HMIS users will use HMIS in good faith to benefit clients.

4. HMIS users have the responsibility to relate to the clients of other partner agencies with full professional consideration.

5. Clients have the right to receive assistance even if they do not choose to provide their information to the HMIS.

I understand and agree to comply with all of the statements listed above.

User Name (please print) User Signature Date

Employer (please print) Employer Signature Date

Agency or Sys. Admin (print) Agency or Sys. Admin Signature Date

Scranton Lackawanna County HMIS

SECURITY PLAN

This plan describes the standards for the security of all data contained in the Scranton/Lackawanna County Continuum of Care (CoC) Homeless Management Information System (HMIS). This plan outlines the security measures currently implemented by the HMIS Lead Agency, United Neighborhood Centers of Northeastern Pennsylvania and details the baseline security requirements for all HMIS Participating Agencies.

Applicability

UNC and HMIS Participating Agencies must apply system security provisions to all the systems where personal protected information (PPI) is stored, including, but not limited to, its networks, desktops, laptops, mini-computers, mainframes and servers.

Security Officers

The Scranton Lackawanna County CoC has designated an HMIS Security Officer whose duties include:

Review of the Security Plan annually and at the time of any change to the security management process, the data warehouse software, the methods of data exchange, and any HMIS data or technical requirements issued by HUD. In the event that changes are required to the HMIS Security Plan, the Security Officer will work with CoC Board for review, modification, and approval.

Confirmation that the CoC adheres to the Security Plan.

Response to any security questions, requests, or security breaches to HMIS and communication of security-related HMIS information to contributing HMIS organizations (CHOs)

Each provider must also designate a CHO HMIS Security Officer whose duties include:

Confirmation that the CHO adheres to the Security Plan.

Communication of any security questions, requests, or security breaches to the CoC HMIS Security Officer, and security-related HMIS information relayed from the HMIS Lead to the CHO's end users.

Participate in security training offered by the CoC.

Annual Security Certification

Each Provider must complete an annual security review to ensure the implementation of the Security Plan and HUD Standards for the HMIS. The CoC, through the HMIS Lead Agency, retains the right to conduct site visits to check compliance with the security policy and to verify self-certification of the CHOs.

All users must receive security training prior to being given access to the HMIS. In addition, the HMIS Lead shall provide security training no less than once per year.

Reporting security incidents

The HMIS Lead has created the following policy and chain of communication for reporting and responding to security incidents.

Security Incidents

All HMIS users are obligated to report to their agency HMIS Security Officer suspected instances of noncompliance with policies and procedures that may leave HMIS data vulnerable to intrusion. Each CHO is responsible for reporting any security incidents involving the real or potential intrusion of the HMIS to the HMIS Lead Agency. The Lead agency is responsible for reporting any security incidents involving the real or potential intrusion of the HMIS to the CoC Board.

Reporting Threshold

HMIS users must report any incident in which unauthorized use or disclosure of PII has occurred and any incident in which PII may have been used in a manner inconsistent with the CHO Privacy or Security Policies. Security breaches that have the possibility to impact the CoC's HMIS must be reported to the HMIS Administrator.

Reporting Process

HMIS users will report security violations to their CHO HMIS Security Officer. The CHO HMIS Security Officer will report violations to the CoC HMIS Security Officer. Any security breaches identified by Clienttrack will be communicated to the CoC Security Officer and System Administrator. The System Administrator will review violations and recommend corrective and disciplinary actions to the HMIS Committee and the Board of Directors, as appropriate. Each CHO will maintain and follow procedures related to internal reporting of security incidents.

Audit Controls

Clienttrack maintains an accessible audit trail that allows the HMIS Administrator to monitor user activity and examine data access for specified users. The HMIS Administrator will monitor audit reports for any apparent security breaches or behavior inconsistent with the CoC's Privacy Policy.

System Security

Each CHO must apply system security provisions to all the systems where personal protected information is stored, including, but not limited to, a CHO's networks, desktops, laptops, mini- computers, mainframes and servers.

User Authentication

Upon successful completion of training and subject to approval by UNC, each HMIS user will be provided with a unique User ID and initial password to access the HMIS.

While the User ID provided will not change, HUD standards require that the initial password only be valid for the user's first access to HMIS. Upon access with the initial password, the user will see a screen that will prompt the user to change the initial password to a personal password created by the user.

Passwords must be at least eight characters long and meet reasonable industry standard requirements. The password may not be stored in a publicly accessible location, and written information pertaining to the User ID, password, or how to access HMIS may not be displayed in any publicly accessible location.

The user is not permitted to divulge this password or to share this password with anyone.

Individual users must not be able to log on to HMIS on more than one workstation at a time, or be able to log on to the network at more than one location at a time.

CHOs are responsible for communicating all staff departures to UNC staff in a timely manner to ensure user profiles for departed staff are inactivated.

Virus Protection

A CHO must protect HMIS systems from viruses by using commercially available virus protection software. Virus protection must include automated scanning of files as they are accessed by users on the system where the HMIS application is housed. A CHO must regularly update virus definitions from the software vendor.

Firewalls

A CHO must protect HMIS systems from malicious intrusion behind a secure firewall. Each individual workstation does not need its own firewall, as long as there is a firewall between that workstation and any systems, including the Internet and other computer networks, located outside of the organization. For example, a workstation that accesses the Internet through a modem would need its own firewall. A workstation that accesses the Internet through a central server would not need a firewall as long as the server has a firewall.

Physical Access to Systems with Access to HMIS Data

A CHO must staff computers stationed in public areas that are used to collect and store HMIS data at all times. When workstations are not in use and staff is not present, steps should be taken to ensure that computers and data are secure and not usable by unauthorized individuals. After a short amount of time, workstations should automatically turn on a password protected screen saver when the workstation is temporarily not in use. If staff from a CHO will be gone for an extended period of time, staff should log off the data entry system and shut down the computer.

Hard Copy Data

The guidelines regarding the security of paper or other hard copy containing PPI that is either rgenerated by or for the HMIS, including, but not limited to reports, data entry forms, and signed consent forms are:

1. CHO staff must supervise at all times any paper or other hard copy generated by or for the HMIS that contains PPI when the hard copy is in a public area.
2. When CHO staff is not present, the information must be secured in areas that are not publicly accessible.

Database Integrity

The CHO must not intentionally cause corruption of HMIS in any manner. Any unauthorized access or unauthorized modification to computer system information, or interference with normal system operations, will result in immediate suspension of HMIS licenses held by the CHO, and suspension of continued access to HMIS by the CHO.

The CoC will investigate all potential violations of any security protocols. Any user found to be in violation of security protocols will be subject to sanctions. Individual users may be subject to disciplinary action by the employer CHO.

Disaster Recovery

Scranton Lackawanna County HMIS data is stored by Clienttrack in secure and protected off-site locations with duplicate back-up. In the event of disaster, the HMIS Administrator will coordinate with Clienttrack to ensure the HMIS is functional and that data is restored. The HMIS Lead Agency will communicate to CHOs when data becomes accessible following a disaster.

Contracts and other arrangements

The HMIS Lead shall retain copies of all contracts and agreements executed as part of the administration and management of the HMIS or required to comply with HUD requirements for a five-year period.

Client Consent – Release of Information

The Scranton/Lackawanna County Continuum of Care (CoC) is a group of partner agencies working together to provide services to homeless and low-income individuals and families in Scranton/Lackawanna County. In accordance with US Federal Law, a sub-group of agencies have joined together to build a Homeless Management Information System (HMIS) to report to the Department of Housing and Urban Development on the services we provide to our clients.

We collect information directly from you for reasons described in our Privacy Policy. We may be required to collect some personal information by law or by organization that give us money to operate programs. Other personal information that we collect is important to run our programs, to improve services and to understand your needs. We only collect information we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality.

The information you give may also be used by other helping agencies in the system, but first you must agree to share the information before any sharing can occur.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the partner agencies and their representatives to share the following information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, food, counseling and/or other services. The information may consist of the following:

- Identifying information (name, birthdate, gender, race, social security number, residential information, education level, household information)
- Medical records (except HIV/AIDS diagnosis and drug and alcohol treatment), psychological records and evaluations, vocational assessments, case manager's recommendations and direct observations, employment status, etc.
- Financial information (income verification, public assistance payments and allowances, food stamp allotments, disability payments, etc.)
- HIV/AIDS diagnosis
- Substance abuse diagnoses, treatment plan, progress in treatment, discharge, etc.

I UNDERSTAND THAT:

- Information I give concerning physical or mental health will be shared with other partner agencies (see attached list of current participating agencies) to help identify needs.
- The partner agencies have signed agreements to treat my information in a professional and **confidential** manner. I have the right to view the CoC's HMIS privacy policy.
- **Staff** members of the partner agencies who will see my information have signed agreements to **maintain confidentiality** regarding my information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- The release of my information **does not guarantee** that I will receive assistance.

- My refusal to authorize the use of my information **does not disqualify** me from receiving assistance.
- This authorization will remain in effect unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement available at any partner agency.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies except for the agency that entered the data.
- I have the right to request information about the information maintained in the system for me.

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

[ ] I agree that information regarding myself, my family and my housing situation can be shared among the Lackawanna County Continuum of Care HMIS providers.

[ ] I have given verbal permission to the intake worker to share my information among the Lackawanna County Continuum of Care HMIS Providers.

[ ] I agree that information regarding myself, my family and my housing situation can be shared among the Lackawanna County Housing and Homeless Continuum of Care HMIS providers except for the following:

_____

_____

Client Name (*please print*)	Client Signature	Date

List of Participating Agencies that Share Information

Catholic Social Services

Catherine McAuley Center

Community Intervention Center

Scranton Primary Health Care Center

St. Joseph's Center

United Neighborhood Centers

Lackawanna/Scranton Continuum of Care Data Quality Plan

The Lackawanna/Scranton Continuum of Care has developed a written policy and procedure practice for entering data into the local Homeless Management Information System. The purpose of this plan is to ensure accurate and complete information to report on the homeless population being served by the PA-508 Continuum. All Continuum of Care agencies will adhere to the protocol described to meet data quality requirements. This plan describes the timeliness, completeness, accuracy, monitoring, incentives and enforcement policies to be followed.

Components of a Data Quality Plan

1. *Timeliness:* The timeliness component of the data quality plan is documented to ensure that data is accessible when needed and also to avoid any incorrect data due to postponement of entering universal and program specific elements.

CoC Programs:

Transitional Housing Programs

- Entering Data: All Universal and Program Specific Data Elements will be entered into HMIS within one week of intake
- Exiting Data: Clients will be exited from HMIS within three working days after the client(s) exited the program.
- All HUD Assessments will be updated annually.

Permanent Supportive Housing Programs

- Entering Data: All Universal and Program Specific Data Elements will be entered into HMIS within one week of intake.
- Exiting Data: Clients will be exited from HMIS within three working days after the client(s) exited the program.
- All HUD Assessments will be updated annually.

ESG Programs:

Emergency Shelters - Including Night-by-Night's (NBN's):

- Entering Data: All Universal and Program Specific Data Elements, including "Contact" & "Date of Engagement", will be entered into HMIS within two days of intake.
- Exiting Data: NBN's leaving without an exit interview will record "Exit Destination" as "No exit interview completed". All other shelters will exit clients within three working days after the client has exited the program.
- An annual assessment will be conducted for all persons in a project for one year or more.

Prevention:

- Entering Data: All Universal and Program Specific Data Elements, including "Housing Assessment at Exit" will be entered within 24 hours of receiving assistance.
- Re-evaluations/updates will be performed on prevention clients once every three months.

Rapid Re-housing:

- Entering Data: All Universal and Program Specific Data, including "Residential Move-In Date" will be entered at project entry.
- Exiting Data: Client will be exited from HMIS within three working days after exiting the program.
- All assessments will be updated annually.

Outreach:

- Entering Data: Outreach projects will record every contact made with client in HMIS. All Universal and Program Specific Data, including "Contact" & "Date of Engagement" will be entered into HMIS at the point when the client has been engaged by the outreach worker.
- Exiting Data: Client will be exited from HMIS after three months of no contact.

Support Services Only

- Entering Data: All Universal and Program Specific Data Elements will be entered into HMIS within one week of intake
- Exiting Data: Client(s) will be exited from HMIS quarterly.

2. *Completeness:* The Continuum's goal is to collect 100% accurate data. Comprehensive data supplies the CoC with a clear picture of the clientele they are serving, fulfills funding/compliance requirements and plays a vital role with future planning. However, the CoC understands that collecting 100% of all data elements may not be possible in all cases and scenarios. The CoC has established an acceptable range of unknown/don't know/refused responses between 1 and 5% for each data element. The CoC has agreed to establish a 0% allowable null/missing data for universal elements because all elements are a requirement in HMIS. (*Please refer to data quality monitoring tool for details on specific elements)*

All data is completely and accurately entered into HMIS. The HMIS staff administrator runs monthly data quality reports which are reviewed at the monthly CoC meetings. If corrections need to be made, staff and agencies will have 10 working days to complete. If compliance has been achieved no changes should be necessary.
Example: If the data element for veteran status is unknown for emergency shelters is 1% or less, the data is complete and no changes need to be made. If veteran status is unknown for emergency shelters is greater than 1%, the data is incomplete and needs to be corrected.

2.1 Completeness: All Clients Served – The PA-508 CoC must make sure that all clients being served are entered into HMIS. If a program only enters some clients and not all clients, the data is not representing our homeless population in the correct way. Therefore, 100% of all homeless residential clients are to be entered into HMIS detailing the clients' specific situations. 100% of all homeless program participants will have the services data entered into HMIS.

2.2 Completeness: Bed Utilization Rates- Staff enters a client into HMIS and they are assigned to a program until they are exited. Once a client is exited, the bed or unit becomes free. The bed utilization rate is the # of beds occupied divided by the # of total beds. If a program has a low rate it could mean that the facility was not full or it could mean that the clients were not entered properly. High rates could mean that a program was over capacity on a given night or it could mean that clients are not being exited. Programs are assigned a maximum bed/unit capacity and should abide by those

rules unless there are unusual circumstances that can be explained. Staff must ensure that the number of clients they are serving in any given program, matches the number of clients for that program in HMIS.

3. *Accuracy* – Information entered into HMIS needs to accurately reflect any/ all of the people that enter any of the homeless programs. Inaccurate or false data/information is worse than having missing data. Agencies and staff should understand that it is better to enter nothing (or preferable don't know or refused) than to enter false information. To ensure correctness, data entry errors/mistakes should be edited on a monthly basis. Data in HMIS must also match the client file. Example: The date a client physically left the program should be the same in HMIS and on client paperwork.
4. *Consistency*- All data should be collected and entered on a consistent basis across all programs. If data is not collected and entered on a consistent basis, information may be lost or inaccurate. All intake and data entry workers will complete an initial training before entering any information into the live database. Definitions of specific data elements will also be available so as to ensure staff is collecting the exact information that funders are looking for. New agencies that join the CoC as well as new staff will review this document as part of the HMIS Agency Agreement.
5. *Monitoring*-Monitoring will be conducted to ensure that HMIS data quality is valid. All HMIS agencies are expected to meet the data quality benchmarks described on the monitoring tool. HMIS data will be monitored on a monthly basis to quickly identify any issues. To ensure that users understand the process of the data quality plan, the following protocol will be used from month to month.
    a. HMIS end users should have all data entered into the system within one week of the intake.
    b. Data quality reports will be run by the 2nd Thursday of every month by the HMIS staff.
    c. Data quality reports will be reviewed by the HMIS sub-committee on a monthly basis, either at an HMIS meeting or via e-mail.
    d. Providers will have 10 working days from the time the sub-committee's Data Quality Report is distributed to correct the data.
    e. Brief overview of the progress of the data quality will be discussed at the following CoC meeting after corrections have been made.
    f. If agencies fail to meet the data quality benchmarks even after the corrective period, agencies will have to explain why they have not met these requirements and the CoC shall take necessary actions as the members see fit.

6. *Incentives and Enforcement*-
    - Incentives: The Continuum of Care proposed that some incentives for timeliness, completeness, accuracy, consistency of data are as follows:
        - Agencies will have recognition at CoC Meetings
        - Each Agency within the Continuum of Care is encouraged to come up with their own incentives for their respective agencies.
    - Enforcements: The Continuum of Care proposed that if agencies do not comply with this data quality plan, the future funding of projects operated by that agency will be in jeopardy.

Domestic Violence Provider

Data Quality Plan

- The Lackawanna County Continuum of Care's Domestic Violence provider, in accordance with the protocol and procedures set in place by the Lackawanna County CoC will adhere to the following components of the Data Quality Plan:
    - Timeliness –
        - Emergency Shelter Programs: The DV provider will enter data into an HMIS comparable database within 24 hours of intake
        - Transitional Housing Programs: The DV provider will enter data into an HMIS comparable database within one week of intake
    - Completeness –
        - The DV provider will collect 100% of data elements unless an individual being served reports an unknown, don't know or refusal element. In that instance, the DV provider will stay within the 1 and 5% compliance.
        - 100% of all homeless participants served through the DV provider will be entered into the HMIS comparable database.
        - The DV Provider will ensure that the number of participants they are serving in a program match the number of participants for that specific program in Housing Index as reported to the CoC.
    - Accuracy -
        - Information entered into the DV providers HMIS comparable database will reflect any/all of the individuals that enter any of the homeless programs. Data in the HMIS comparable database will be the same as the data in the participants file.
    - Consistency –
        - The DV provider will collect and enter all data on a consistent basis across all programs. The provider will ensure that all data entry workers complete training on the HMIS comparable database prior to entering any information into the database. A document that outlines basic information needed for the accurate collection of information will match intake forms.
    - Monitoring –
        - The DV provider will strive to meet the data quality benchmarks as described on the monitoring tool and will follow the protocol as outlined in the Data Quality plan.

PA-508 HMIS GOVERNANCE CHARTER

Updated on 11/4/2015

Governance Model	HMIS Sub-Committee	CoC Responsibilities	HMIS Lead Responsibilities	HMIS User Responsibilities
HMIS Sub-Committee	*Membership: -CoC representatives -HMIS lead agency staff -Participating Agency staff *At least bi-monthly meetings *Makes Final decisions on: - Planning - Participation - Coordination of data - Policies and Procedures - Determination of software company -Growth of HMIS *Protects rights and privacy of clients *Monitors data quality *Directs HMIS administrator	*Ensures active membership of governing committee. * Reviews reporting *Monitors HMIS Lead agency and participating agencies for compliance *Ensures agencies are collecting all necessary data * Ensures agency participation *Ensures accuracy of AHAR *Ensures accuracy of CoC NOFA	*Oversees the day-to-day administration of HMIS system *Provides technical assistance to participating agencies *Provides training on software. *Reviews data quality and reports to the CoC and governing committee. *Ensures that the software is able to produce the reporting that is required to funders.	* Provides recommendations on use of software * Reviews APR's for accuracy * Follow data quality plan
CoC Lead Agency	N/A	*Membership: -CoC representatives -HMIS lead agency staff -Housing Coalition Staff -Agency staff *Regular monthly meetings *Makes Final decisions on: - Planning	*Also the HMIS Lead agency *Responds to CoC instruction *Oversees the day-to-day administration of HMIS system *Provides technical assistance to	* Provides recommendations on use of software * Reviews APR's for accuracy * Follow data quality plan

		- Participation - Coordination of data - Policies and Procedures - Determination of software company -Growth of HMIS *Protects rights and privacy of clients *Monitors data quality *Provides training on ethics and client confidentiality	participating agencies *Provides training on software. *Reviews data quality and reports to the CoC and governing committee. *Ensures that the software is able to produce the reporting that is required to funders.	
HMIS Sub-Committee	Serves as a liaison between CoC and HMIS Lead Agency. *Membership: - CoC representatives - HMIS Lead Agency Staff - Participating Agency Staff. *At least bi-monthly meetings *Makes recommendations to HMIS Lead Agency and CoC on: -Planning -Participation -Coordination of data -Policies and Procedures -Determination of software company *Protects rights and privacy of clients *Ensures data quality	Membership: -CoC representatives -HMIS lead agency staff -Housing Coalition Staff -Agency staff *Regular monthly meetings *Makes Final decisions on: - Planning - Participation - Coordination of data - Policies and Procedures - Determination of software company *Supports and protects the rights and privacy of clients *Monitors data quality *Ensures active representation on the HMIS Sub-committee	*Responds to CoC instruction *Oversees the day-to-day administration of HMIS system *Provides technical assistance to participating agencies *Provides training on software. *Reviews data quality and reports to the CoC and governing committee. *Ensures that the software is able to produce the reporting that is required to funders.	* Provides recommendations on use of software * Reviews APR's for accuracy * Follow data quality plan

		*Supports HMIS by providing funding		

November 13, 2015

Shannon Quinn-Sheeran
Director of Program Analysis and Data Quality
United Neighborhood Centers
425 Alder Street
Scranton, PA 18505

Dear Shannon,

I am writing to confirm that Scranton Housing Authority has a general preference for individuals and families experiencing homelessness for both the Public Housing and Housing Choice Voucher Programs.

Sincerely,

Mary Ann Kochanski
Administrative Assistant of Operations
Scranton Housing Authority
400 Adams Avenue
Scranton, PA 18510

400 ADAMS AVENUE
SCRANTON, PA. 18510

QUESTIONNAIRE FOR PREFERENCE

PUBLIC HOUSING

DATE: _____

NAME: _____

ADDRESS: _____

The Scranton Housing Authority will give priority in the selection of applicants from the public housing waiting list in the **following order.** Please check the preference that applies to your situation.

		Office Use Only Wt
____	Applicant who is involuntarily displaced from his/her home as a result of fire, disaster or government action.	8
____	Single or two parent household who resides in the City of Scranton where the head of household or spouse works or has been hired to work in the City of Scranton. Head of household or spouse must be employed a minimum of 30 hours per week.	7
____	Head of household or spouse or sole member who is 62 years of age or older, or who receives Social Security, SSI or any benefits resulting from an individual's inability to work will be counted as the equivalent to the second preference.	7
____	Head of household or spouse that has graduated from an education and/or training program that is designed to prepare individuals for the job market	6
____	Applicant who is a victim of domestic violence.	5
✓	Applicant who is homeless.	4
____	Applicant living in substandard housing.	3
____	Applicant paying more than 50% of income for rent.	2
____	No preference	1

All applicants will be selected by date and time of application according to the criteria herein stated.

Applicant must verify preference based on current status at initial lease up.

_____ _____

DATE SIGNATURE

Housing Authority of the County of Lackawanna
Administrative Office: 2019 West Pine Street, Dunmore, Pennsylvania 18512
(570) 342-7629 FAX: (570) 342-5756 E-Mail: hacl5@comcast.net

November 16, 2015

Michael J. Hanley
Chief Executive Officer
United Neighborhood Centers
425 Alder Street
Scranton, PA 18505

Dear Mike,

I am writing to confirm that Housing Authority of the County of Lackawanna has a general preference for individuals and families experiencing homelessness for the Public Housing.

Sincerely,

Jim Dartt
Executive Director
Housing Authority of the County of Lackawanna
2019 W. Pine Street
Dunmore, PA 18512

HMIS Memorandum of Understanding
Scranton/Lackawanna County CoC and United Neighborhood Centers
Effective November 2015

United Neighborhood Centers (UNC) will:

- Oversee and coordinate all aspects of Scranton/Lackawanna County CoC's HMIS Project implementation and development;
- Serve as the primary contact with the SLCCoC's HMIS vendor (ClientTrack);
- Monitor ClientTrack's performance under their contract with UNC;
- Provide ongoing training and technical support on the use of ClientTrack;
- Oversee system administration, especially as it relates to external security protocols;
- Review data quality and report to CoC and HMIS governance committee;
- Provide ongoing support, training, technical assistance to and function as a resource to the local Security Officers and ClientTrack users.
- Provide CoC with information needed from HMIS for the completion of the HUD NOFA. In addition, UNC will provide CoC with information needed for their Housing Inventory Charts.

The Continuum of Care will:

- Ensure active membership of HMIS governance committee.
- Review reporting
- Monitor UNC as HMIS lead agency and contributing HMIS organizations (CHOs) for compliance.
- Ensure CHOs are collecting all necessary data in the correct format
- Ensure accuracy of AHAR
- Ensure accuracy of CoC NOFA data

Contributing HMIS Organizations (CHOs) will:

- Regularly attend HMIS Governance Committee meetings.
- Review and correct data quality issues found on monthly report.
- Follow Data Quality Plan
- Work with CHO users to develop action plans to get to acceptable levels of data quality, and to make HMIS a useful tool for their community.

HMIS Governance Committee will:

- Make final decisions on: planning, participation, policies & procedures, determination of software company, and growth of HMIS
- Monitor Data Quality
- Direct the HMIS administrator

HMIS Memorandum of Understanding
Scranton/Lackawanna County CoC and United Neighborhood Centers
Effective November 2015

By signing below I agree to the stipulations of this Memorandum of Understanding.

Chief Executive Officer of United Neighborhood Centers

Signature _____ Date 11-16-15

Print Name Michael Hanley

CoC Chair

CoC Chair Signature Sr. Susan Hadzima Date 11/16/15

Print Name and Title Sr. Susan Hadzima Dir. of Programs

Name of Agency Catherine McAuley Center

Mailing Address 430 Wilkston Ave., Scranton PA 18505

Email hadzis@sistersofihm.org

HMIS System Administrator

Signature _____ Date 11/16/15

Print Name Shannon Quinn Sheeran

Scranton/Lackawanna County Continuum of Care

Policies and Procedures

ARTICLE XII: PROCESS FOR MONITORING OUTCOMES OF ESG RECIPIENTS

ESG Recipients will provide the CoC with a copy of all ESG sub recipient executed contracts within 10 business days of execution in order to maintain an accurate inventory of assistance available for the Coordinated Assessment System and set up of ESG program and reporting tools in the HMIS system.

The HMIS Lead will cooperate with ESG Recipients in providing needed performance or client HMIS information. The CoC Collaborative Applicant will conduct at least a biannual monitoring of ESG recipients to ensure data quality and annual monitoring to evaluate program outcomes.

The CoC Collaborative applicant will provide ESG Recipients with required Consolidated Action Plan and CAPER data.

ARTICLE XIII: CoC Program Rapid Rehousing Rental Assistance

Rapid Rehousing Permanent Housing Projects are designed to provide flexible programming that will expedite a household's ability to become self-sufficient through time-limited rental subsidy programs. Per 24 CFR part 578.37(a)(1)(ii), the CoC will establish annually priority populations to receive Rapid Rehousing assistance consistent with HUD Continuum of Care Program NOFA requirements and in response to analysis of point in time count and housing inventory and unmet needs reports.

The CoC will establish a Rapid Rehousing Rental Assistance Subsidy Policy to determine the amount or percentage of rent each program participant must pay and the maximum amount or percentage of rental assistance that a program participant may receive.

The CoC will also establish a Rapid Rehousing Rental Assistance Subsidy Policy to determine the maximum number of months that a program participant may receive rental assistance, the maximum number of times that a program participant may receive rental assistance, and the extent to which a program participant must share the cost of rent.

Program Participants may participate in a Rapid Rehousing Program a maximum of two times over a 24 month period including participation in an ESG Rapid Rehousing Program. Eligibility for frequency of participation will be determined by the Coordinated Assessment System review of client service history recorded in the HMIS and through consultation with any domestic violence Rapid Rehousing program.

ARTICLE XVIII: RATING AND RANKING CRITERIA

The CoC has developed a *Rating and Ranking Policy.* Please refer to this document for the process whereby projects are evaluated and ranked for the annual NOFA process.

ARTICLE XVI: MID-TERM PROGRAM EVALUATION POLICY

The Collaborative Applicant will provide midterm project evaluations of CoC Program projects to measure individual Project progress in achieving goals established in the CoC Program Application and the Recipient Agency Project Application. This evaluation assistance will be performed six months after the NOFA competition ends.

ii. The Collaborative Applicant will review an Annual Performance Report from the HMIS system. They will evaluate: progress in achieving project goals; contributions to meeting CoC level performance goals; and areas of concern for improvements. Examples of areas of concern include missing data elements within HMIS, data inconsistent with agency targets as outlined in the project's application, or significant shortfalls in CoC level performance benchmarks.

iii. The Collaborative Applicant will share findings with the Executive Director or designee of the Recipient Agency. Technical assistance will be provided upon request of the agency or as determined needful by the Collaborative Applicant. Technical assistance may include:

a) Review of client roles for accurate enrollment and exit documentation (as allowable by law)

b) Supplemental HMIS training

c) Review of project spending

ARTICLE XV: WRITTEN STANDARDS FOR ADMINISTERING ASSISTANCE

Use of Supportive Services Funds for Health, Mental health and Substance Abuse Services
Issue: What activities are eligible?

These supportive services are:

- linked to an assessment that identifies the need for the services related to obtaining and maintaining housing,
- provided by a licensed medical professional, and
- fall into one of the regulatory categories below

Health:

* Providing an analysis or assessment of an individual's health problems and the development of a treatment plan;

* Assisting individuals to understand their health needs;

* Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;

* Preventive medical care and health maintenance services, including in home health services and emergency medical services;

* Provision of appropriate medication;

* Providing follow-up services; and

* Preventive and non-cosmetic dental care.

Mental health:

* Direct outpatient treatment of mental health conditions that are provided by licensed professionals.

* Crisis interventions

* Counseling; individual, family, or group therapy sessions;

* Prescription of psychotropic medications or explanations about the use and management of medications; and

* Combinations of therapeutic approaches to address multiple problems.

Substance abuse:

* Program participant intake and assessment

* Outpatient treatment, group and individual counseling, and

* Drug testing

* Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.

Vacancies.

If a unit assisted under this section is vacated before the expiration of the lease, the assistance for the unit may continue for a maximum of 30 days from the end of the month in which the unit was vacated, unless occupied by another eligible person. No additional assistance will be paid until the unit is occupied by another eligible person. Brief periods of stays in institutions, not to exceed 90 days for each occurrence, are not considered vacancies.

According to the Interim Rule: The recipient or sub recipient must provide leasing assistance funds as set forth in §578.49. Occupancy agreements and subleases are required as specified in § 578.77(a).

COORDINATED ASSESSMENT

The CoC has chosen to use the No Wrong Door Approach in regards to the Coordinated Assessment System whereby a client could come to any of the CoC's seven participating

agencies and receive the same needs assessment for the purpose of identifying potential diversion resources and/or the level of housing need for the individual or family. This system eliminates the need for households to go from agency to agency telling the same story, and will lead to the appropriate referral for services or housing program. Please see the CoC document, *Coordinated Assessment Policy and Procedures* for more detail.

The CoC shall adopt the provisions and requirements set out in HUD Notice CPD ‐14 ‐ 012 for the
Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Person s in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless
Status as the baseline written standards for operations of the CoC Coordinated Assessment Syste m.

As Notice CPD-14-012 states: For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:

(a) First Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs

(b) Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,

ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1)

of the definition for chronically homeless, of the family as having severe service needs.

(c) Third Priority–Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

(d) Fourth Priority–All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and

ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Housing First

Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

Notice CPD 14-012 states that Projects that claimed to be Housing First in the 2013 NOFA must practice Housing First for both the FY 2013 and FY 2014 operating years. As follows, if a project has identified as practicing housing first for the FY 2015 operating year, it must practice that policy for the FY 2015 operating year.