

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (\*), which are mandatory and require a response.

## 1A. Continuum of Care (CoC) Identification

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

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**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

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**1B-1. CoC Meeting Participants.**

**For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:**

- 1. participated in CoC meetings;**
- 2. voted, including selecting CoC Board members; and**
- 3. participated in the CoC’s coordinated entry system.**

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

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Not Applicable	No	No
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	No
LGBT Service Organizations	Not Applicable	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	No	No
Homeless or Formerly Homeless Persons	Yes	Yes	No
Mental Illness Advocates	Yes	Yes	No
Substance Abuse Advocates	Yes	Yes	No
<b>Other:(limit 50 characters)</b>			
Local Workforce Investment Board	No	Yes	No
County - Aging and Children and Youth	Yes	Yes	No
Veterans Administration Medical Center	Yes	Yes	No

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

**Applicants must describe how the CoC:**

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

1) The CoC solicits & considers a full range of opinions in meetings and subcommittees including 2 publicly advertised meetings per year and a bimonthly CoC provider meeting where providers including ESG and Supportive Housing Programs (SHP) (including Victim Service Providers), SSVF, HUD-VASH, CoC staff, ESG Jurisdiction, PHAs, and more are able to share information and knowledge. VA, SSVF, Office of Youth and Family Services (OYFS), outreach, and SHP providers case conference for households on the Chronic Homeless & Veterans' lists at monthly meetings to assist in quickly entering housing. 2) At the bi-annual publicly advertised CoC meetings, as well as at the bimonthly CoC provider meetings, United Neighborhood Centers communicates information about the CoC, including information regarding funding, Coordinated Entry, policy changes, and other information to providers and interested parties. 3) In the past year, the public expressed concerns about cold weather and its impact on those who are unsheltered. The CoC used this

feedback to partner with Lackawanna County to provide “code blue” alerts via email and social media to advise residents where they can seek shelter and resources with those they encounter on especially cold days. PIT/HIC and LSA analysis, along with program entry input from providers, were used to inform the board’s decision on priorities for bonus funds. 4) The CoC ensures effective communication with people with disabilities by ensuring that electronic communications are accessible (readable by screen-readers, with images including alt text) and are offered in PDF format. Further, the CoC ensures that the CoC Director’s phone and email contact information is listed with all electronic communications, and the Director is easily accessible to assist interested parties, including those with disabilities, in accessing needed information.

**1B-2. Open Invitation for New Members.**

**Applicants must describe:**

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

1) & 2) In order to solicit new members, the CoC places an advertisement in the local, most widely distributed newspaper at least once, and most often, twice yearly to invite any and all interested parties to the public meetings and to participate in the CoC. For the two public meetings, e-mail blasts are also sent to a larger subset of community members/providers to solicit a wide array of community input and to inform as many community members as possible about CoC activities, the CoC meetings and contact information as well as solicit a wide array of community input. The CoC Board has also recruited Board members from key community partners in order to better facilitate an efficient system of homeless services. 3) The CoC ensures effective communication with people with disabilities by ensuring that electronic communications (including email and information on the UNC website) are accessible (compatible with Text2Speech, with images including alt text) as well as offering documents in PDF format. Further, the CoC ensures that the CoC Director’s phone and email contact information is listed with all electronic communications, and the Director is easily accessible to assist interested parties, including those with disabilities, in accessing needed information. 4) The CoC solicits new members twice annually, through newspaper and email communications about bi-annual public meetings of the CoC. 5) The CoC conducts outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC through member service providers, who personally invite individuals who are homeless to meetings, and the CoC has invited persons who are homeless to sit on the CoC Board, providing transportation as needed. This outreach occurs at least twice yearly. Special training/CoC 101 has been offered to persons with lived experience of homelessness who wish to join the CoC Board.

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

**Applicants must describe:**

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
- 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
- 3. the date(s) the CoC publicly announced it was open to proposal;**
- 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
- 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**

**(limit 2,000 characters)**

1) The CoC notified the public, including organizations not previously funded, that it was accepting and considering FY 2019 CoC Program proposals from organizations that hadn't previously received CoC Program funding through an ad placed in the Scranton Times Tribune, which is the most widely distributed publication throughout the county, on July 29, 2019. Notice was also sent to CoC members via e-mail regarding the RFP on July 26, 2019. The application was made available on the publicly accessible United Neighborhood Center's website on July 26, 2019. Notices advised that e-mail would be the method of proposal submission. 2) The CoC convened an evaluation committee comprised of 3 objective individuals who do not receive and had not applied for CoC funding within this county. These evaluators used a standardized scoring tool to develop consensus on the application scores. The applicant(s) with the highest score would be included in the FY 2019 Competition process. 3) The CoC publicly announced it was open to proposal on July 26, 2019 (via email and web) and July 29, 2019 (via newspaper advertisement). 4) The CoC ensures effective communication with people with disabilities by ensuring that electronic communications are accessible (readable by Text2Speech, with images including alt text) as well as offering documents in PDF format. Further, the CoC ensures that the CoC Director's phone and email contact information is listed with all electronic communications, and the Director is easily accessible to assist interested parties, including those with disabilities, in accessing needed information. 5) Not applicable – the CoC accepts proposals from organizations that have not previously received CoC Program funding.

# 1C. Continuum of Care (CoC) Coordination

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Not Applicable
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Housing and service programs through VAMC	Yes

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

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

1) The CoC collaborates with the City of Scranton's Office of Economic and Community Development, which oversees development of the Scranton Consolidated Plan, as well as acts as administrator for CDBG, HOME, and ESG funding. The Scranton Consolidated Plan serves as the planning tool for the CDBG, HOME, and ESG formula grant programs within the CoC. The Scranton Con Plan Jurisdiction encompasses over 85% of our projects/units. The CoC consults with the Con Plan Jurisdiction and ESG program recipients bi-monthly (at least 1 hour/month) at CoC and the broader Housing Coalition meetings, where UNC provides ESG program recipients with HIC/PIT data, and allocation of ESG funds is discussed. In addition, phone calls and e-mails are exchanged. To determine funding allocation, the CoC board comes together to determine community need with HIC/PIT, LSA and Coordinated Assessment data and works with Scranton to choose programs that best move the community towards the goal of ending homelessness. The CoC provides all HMIS data as requested by the city. For the state jurisdiction (PA), the CoC obtains certification of consistency with PA's Con Plan and attends quarterly state-wide meetings, lasting usually 1.5 hours each, where community needs, statewide and HUD initiatives, among other relevant topics are discussed. PA has access to the CoC's HIC/PIT data which is reported out during these meetings, and we are open to further involvement. 2) The CoC participates in evaluating and reporting performance of ESG program recipients and subrecipients by providing relevant HIC/PIT, LSA, and Coordinated Assessment data to the Con Plan Jurisdiction. 3) The CoC ensures local information is clearly communicated by sharing at meetings, making comment on the Con Plan and giving system-wide updates as requested.

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

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

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



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

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

**Applicants must describe:**

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

1) The CoC's protocols prioritizing safety and incorporating trauma-informed, victim-centered services, include: adoption of an emergency transfer plan (ET) that requires all providers to use consistent procedures allowing for victims to exit programs for reasons of safety. Victims of DV, dating violence, sexual assault, stalking and/or human trafficking who identify a threat of imminent harm from further violence by remaining in their current residence can request an ET to a new unit. The ET plan and CoC policies require safety, privacy, choice and access to trauma-informed, victim-centered services for all survivors. The CoC provided free training on trauma-informed care for all housing service providers including coordinated entry staff. In the instance where a HH comes to the system through coordinated entry, once the HH is identified as DV, the HH is referred to a DV provider, which can provide lethality screening and connection to DV safe housing (shelter), taking care to provide private meeting space, maintaining confidentiality and keeping all PII confidential, sharing information only with a signed release. Safety planning is conducted via CoC and/or Victim Service Provider (VSP) staff. Survivors may enter the homeless services system via the local Victim Services Provider, which is a CoC member, or via the Coordinated Entry System. 2) Both VSP and non-VSP providers take individual circumstances and safety needs into account when conducting assessments and making referrals, taking care to uphold client choice within the available safe options for housing and services, including client and provider coming up with additional options if none provided were acceptable. The Coordinated Entry System allows providers to connect HH to any safe housing options within the CoC, maximizing client choice for housing and services.

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

**Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:**

- 1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and**
- 2. Coordinated Entry staff that addresses safety and best practices (e.g.,**

**Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence. (limit 2,000 characters)**

1) and 2) The CoC conducts annual training given by the local Victim Service Provider (VSP) and the community based mental health provider for CoC, ESG, including Coordinated Entry (CE) staff, and other social service providers on the dynamics of DV, including identification, trauma-informed care, risk assessment, security concerns, safety planning and best practices in serving survivors of domestic violence, dating violence, sexual assault, stalking and human trafficking. Trainings also include the CE process for survivors, administering the VI-SPDAT, available housing resources and how to safely collect and record personal information. Trainings also include client-centered services (i.e. affirming the client’s ability and right to make his/her own choices). Additional related web-based trainings are offered to DV, sexual assault, homeless service and CE staff multiple times per year on topics including working with people who have experienced multiple traumas, especially women, people with disabilities, LGBTQ people and other underserved communities, and how to make informed referrals that strengthen providers’ responses to survivors of violence.

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

**Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)**

The CoC uses HMIS and HMIS-comparable database data as well as additional Victim Service Provider (VSP) database data to assess the scope of needs related to domestic violence, dating violence, sexual assault and stalking. The HMIS-comparable database is used by VSP which allows for collection of HUD required data of survivors while ensuring VAWA compliance. The CoC uses de-identified, disaggregated data to identify the special needs of survivors. Data collected in the comparable database is used, for example, to identify the demographic makeup of the population, previous living situations, sources and amounts of employment and non-employment income, and information on disabling conditions. The CoC uses these data points to inform service delivery and training needs. In addition, information from this system is used to evaluate the extent to which CoC-funded DV projects are meeting the needs of survivors, i.e.) increasing earned and other income, ensuring enrollment into non-cash benefits, and helping survivors maintain PH and exit to PH. All HUD required data is collected and entered by non-VSPs about DV survivors into HMIS. Victims sign a waiver to be entered into HMIS and are counseled around any potential risks to safety. An additional option is to have victims demographic information entered “anonymously”, where PII is not linked with a person’s name, etc. This data is analyzed in the same way the comparable database information is to ensure that households are able to access appropriate services and that those services are effective. Data from VSP data system are also used. These data offer an even broader scope of community needs, beyond housing, such as a need for economic advocacy and the nuances needed in outreach for victims including that for human trafficking.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Housing Authority of the County of Lackawanna	16.00%	Yes-Both	No
Scranton Housing Authority	10.00%	Yes-Both	No

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

**Applicants must:**

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

The two largest PHAs within the CoC’s geographic areas – Housing Authority of the County of Lackawanna and the Scranton Housing Authority – have adopted a homeless admission preference. The third PHA within our jurisdiction – Carbondale Housing Authority – has not adopted a homeless preference. In order to encourage them to adopt such a policy, the CoC invites the Housing Authority to CoC Public and General meetings. In addition, CoC member agencies have attended quarterly meetings with the Housing Authorities to discuss homeless issues, problem-solve around specific cases in order to prevent eviction, and present information about those experiencing homelessness throughout the county. We have used these meetings to explore options for better collaboration. The Carbondale Housing Authority has the lowest population of households experiencing homelessness of the 3 authorities. Specific action steps taken are attending quarterly meetings with Housing Authority representatives, asking the remaining HA to adopt a homeless preference, presenting data on local homelessness and building and maintaining a working relationship by assisting with application process, eviction prevention, etc. The CoC and County HHS office have also convened a monthly multi-disciplinary team/Housing Authority meeting to provide additional eviction prevention support as well as serve to support Move-On programs once they are adopted.

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

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

Yes

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

A local affordable housing provider has implemented a homeless preference which can be used as a move-on for any of our supportive housing programs including permanent supportive housing, as it takes referrals specifically from homeless service providers in this county. United Neighborhood Community Development Corporation has a homeless preference in the following projects: Stowe - 18 1,2&3 BR units, Cedar - 30 1,2&3 BR units, and Cabrini, a HUD 202 program for seniors - 16 units. The preference indicates that every other entry into the projects will be referred and certified as formerly homeless from one of the CoC providers. Therefore, the preference allows for entry to those wishing to leave permanent supportive housing programs. This preference has been approved by HUD and advertised at local Housing Coalition and Continuum of Care meetings. Permanent Supportive Housing providers assess program participants for "program graduation" readiness using a "Move-On Assessment." This assessment evaluates client's history of rental payment, income stability, budgeting, social and family supports, independent living skills, and lease compliance. Providers take care to uphold client choice while encouraging self-sufficiency if the assessment indicates that intensive supportive services are no longer needed. Graduates are also able to receive case management services for up to 6 months after leaving the program and connected with community supports should further assistance be needed.

**1C-5. Protecting Against Discrimination.**

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

The CoC addresses discrimination and equal access to housing and services by providing equal access in a sensitive and informed manner to homeless services, requiring all funded agencies to abide by the non-discrimination clause in the CoC by-laws as a condition of funding, and referring funded agencies to trainings on fair housing and non-discrimination provided within the community. The CoC takes active steps to address discrimination through partnerships with advocacy groups and organizations that serve minority populations that are frequent targets of discrimination. For example, the CoC has had a local LGBT organization, NEPA Rainbow Alliance, present and distribute materials regarding the LGBTQ needs and homelessness to local housing providers at CoC meetings. Topics covered include terminology, LGBT homeless statistics, challenges and rights of this population and sensitivity to any specialized needs and/or circumstances. The CoC includes a nondiscrimination clause in its By-Laws, which all CoC-funded agencies are required to abide by.

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

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

**\*1C-6. Criminalization of Homelessness.**

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

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

**Applicants must:**

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

1) The CoC’s Coordinated Entry/Assessment System covers the entire CoC geographic area via community homeless outreach efforts from all service

providers, and, especially, CiC and CSS with their office locations in various parts of the county and ability to go to where people experiencing homelessness have been seen and/or reported. Outreach is regularly conducted in known and rumored homeless locations, libraries, and in all school districts within the county. Agencies also provide transportation as necessary and when agreeable to persons experiencing homelessness to office locations where the assessment can be completed and data entered in HMIS. 2) A brochure has been developed and distributed among ESG, CoC, CDBG and legal service providers, early childhood programs, schools, the City of Scranton, behavioral health and physical healthcare providers, food distribution centers, etc. to inform all community members about the Coordinated Entry/Assessment system and how to access it. Live presentations, including Q&A time, have accompanied brochures for many of the aforementioned providers. Depending on the service provider, translation services are available on site, or via phone for those needing that assistance. For others, needing special assistance, the system utilizes the victim service providers (CoC member and service provider), the Center for Independent Living, and local behavioral healthcare providers for assisting those who have different risks, abilities and skill levels. 3) This CoC uses the VI-SPDAT as part of the Coordinated Entry/Assessment system. This, in combination with length of time homeless data and case conferencing as a means to present any information not captured by the VI-SPDAT, prioritizes people most in need of assistance, ensuring assistance is as timely as possible given the resources available.

# 1D. Continuum of Care (CoC) Discharge Planning

**Instructions:**

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**1D-1. Discharge Planning Coordination.**

**Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

# 1E. Local CoC Competition

## Instructions

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

**Applicants must indicate whether the CoC:**

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

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

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

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

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

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**Applicants must describe:**

**1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and**

**2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.**

**(limit 2,000 characters)**

1) The CoC considers the severity of needs and vulnerabilities of participants when determining project application priority using rates of project entries with high barriers as scoring criteria for renewal projects. Needs and vulnerabilities considered include: current/past substance abuse, MH diagnosis, physical disability, developmental disability, HIV/AIDS, chronic health condition, no income, and history of domestic violence, as well as rate of literal homelessness prior to project entry. 2) For all of the above, the higher the rates of participants with one or more barriers entering the program, and/or the higher the rates of participants entering the program from homeless locations, the higher a project would score and rank. For new projects, the criteria included for scoring considered participation in Coordinated Entry, which considers and highly prioritizes those with greater severity of needs and longer length of time homeless, the target population served and the applicant's adherence to housing first (commitment to prioritizing project participants without pre-requisites such as sobriety, income, project participation, treatment, etc.) and barrier responses on project applications. Discussion regarding the types of new projects accepted and final ranking further addressed programs' specialized target populations and their severity of need.

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

**Applicants must:**

**1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or**

**2. check 6 if the CoC did not make public the review and ranking process; and**

**3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or**

**4. check 6 if the CoC did not make public the CoC Consolidated Application.**

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>

3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

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

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

**Reallocation: 9%**

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

**Applicants must:**

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

1) The CoC’s written process for reallocation involves an assessment of current community needs and the capacity of currently funded programs to adequately meet those needs, as well as the capacity, performance, and financial stability of new and renewal applicants and programs. In determining community needs and capacity to meet those needs, the CoC considered data from the PIT and HIC, APRs, as well as CES data, and the chronic homeless by-name-list. The CoC also took into account priorities identified by HUD and the CoC. To assess the capacity and performance of project applicants and programs, the CoC considered past performance data (from project APRs for renewal grants, and data provided through the project application for new projects), including rates of placement into PH, PH retention, and returns to homelessness. The CoC also considered a project’s level of participation in CES. 2) The CoC board approved the written reallocation process, and made the final decision not to reallocate funding for the 2019 application. 3) The CoC communicated the reallocation process when communicating with currently funded applicants about the renewal process. This included details on how reallocation is determined, how the CoC would decide if reallocation was necessary, and how applicants would be notified if their project would be subject to reallocation. Renewal Project Applicants were encouraged to look critically at all of their projects to assess whether they align with CoC priorities and provide the most

effective use of HUD funding for Scranton/Lackawanna County. 4 and 5) For 2019, the CoC did not identify any projects that were considered to be low-performing or for which there was low need. As a result, the CoC board made the decision not to reallocate any funding for the 2019 application.

## DV Bonus

### Instructions

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

### 1F-1 DV Bonus Projects.

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

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

1. PH-RRH	<input type="checkbox"/>
2. Joint TH/RRH	<input checked="" type="checkbox"/>
3. SSO Coordinated Entry	<input type="checkbox"/>

**Applicants must click “Save” after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.**

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

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

Need Housing or Services	443.00
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the CoC is Currently Serving	161.00
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**1F-2a. Local Need for DV Projects.**

**Applicants must describe:**

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

1) The CoC calculated the number of DV survivors needing housing or services using data provided by local DV provider Women’s Resource Center. Women’s Resource Center reports that they served 1,330 adult survivors in Lackawanna County during fiscal year 2018-2019, of whom approximately 1/3 – or 443 households – need housing assistance.

2) The number of DV survivors served by WRC comes from their HMIS-comparable database (Efforts to Outcomes).

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

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

Applicant Name	DUNS Number
Women's Resource ...	09754371

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

## Applicant Capacity

DUNS Number:	09754371
Applicant Name:	Women's Resource Center, Inc.
Rate of Housing Placement of DV Survivors-Percentage:	32.00%
Rate of Housing Retention of DV Survivors-Percentage:	100.00%

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

**Applicants must describe:**

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

1. WRC served 161 households in need of housing, 51 of which were placed into PH.  $51/161 = 32\%$ . 100% of the 51 households placed into PH retained PH for 90 days or longer. This 100% retention rate shows the effectiveness of WRC's housing stabilization services. The 32% placement rate is not a reflection of the quality of WRC's services, but an indication of the need for additional PH resources in the CoC.

2. The data source was an HMIS comparable database and the most recent APR.

### 1F-4b. DV Survivor Housing.

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

The WRC has been using a Housing First model since 2012, when they transitioned from traditional emergency shelters to an emergency shelter in hotels (ESH) model. Through this model, WRC began providing rental assistance to survivors and moving them into safe, affordable permanent housing as quickly as possible. As a result, the WRC has tripled the number of families in its Safe Housing Program for relatively the same cost. The WRC continues to provide ESH by contracting with local hotels, but the length of stay has been drastically reduced. Safety planning will always come first for survivors given the risk for separation violence. WRC went from an average 40-day length of stay in shelter to moving survivors into safe, permanent housing after an average 14 day stay in ESH. WRC seeks to reduce barriers for participants in the Safe Housing Program by not requiring sobriety, mental stability, and/or mandatory supportive services for entry.

EH Advocates will meet with potential clients and determine eligibility for WRC services. Upon determining eligibility, the EH advocates will assist the client in finding a suitable rental property or enter a TH leased unit. The EH advocates

will assess for safety risks, assist in finding housing, provide options and also give the client parameters for finding a suitable rental property on their own if entering RRH. The TH units will be leased therefore individuals assessed to need more long term housing assistance before entering permanent housing will be offered a TH unit. The EH advocates will collaborate during the transition into PH to address all practical needs. The EH advocates will inspect the property and attend the lease signing. WRC will assess income; determine eligibility for subsidized housing; assist with housing applications; and assess for services provided by WRC including civil legal representation.

**1F-4c. DV Survivor Safety.**

**Applicants must describe how project applicant:**

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

**(limit 2,000 characters)**

1a) All WRC advocates are required to complete 65 hours of training on sexual abuse, domestic violence, stalking and dating violence upon hire. Safety assessment and planning with survivors is an established, ongoing activity performed by WRC advocates.

1b) WRC keeps all communication between advocates and survivors confidential unless there is an informed, time limited, written release as mandated by law and policy. WRC adheres to VAWA policies on victim confidentiality. WRC's services are survivor driven and trauma informed. Advocates conduct intakes in private offices; ensuring survivors are able to have private conversations with WRC advocates. Sound machines are used outside office doors as an added measure for privacy. Additionally, WRC provides mobile advocacy services whereby survivors have the option for advocates to meet them at a location that is determined to be safe and convenient.

1c) WRC does not provide services to couples. CoC Coordinated Assessment agencies conduct separate intake interviews with each member of any couple that comes to them for assistance, and will refer any individuals identified as survivors of domestic or sexual violence to WRC for further assistance.

1d) The WRC Joint TH-RRH project will have a scattered site model that considers neighborhood choice based on the survivor's safety risks and allied support systems.

1e) WRC will not be including any congregate living spaces for the proposed project.

1f) The project does not include dedicated units or congregate living spaces set aside solely for use by survivors.

2. Given the understanding that survivors of domestic violence and sexual

abuse are at increased risk for severe injury or death when planning to separate from an abusive partner; WRC's advocates conduct a detailed history of abuse, ongoing risk assessment and safety planning with all survivors engaged in the leaving process. WRC also provides 24 hour access to crisis intervention and system advocacy services.

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

**Applicants must describe:**

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

1. WRC has more than 43 years' experience serving survivors of domestic violence, sexual abuse, dating violence and stalking in Lackawanna County. WRC established the WRC Economic Advocacy Project, with a Safe Housing Program component, 8 years ago with the specific purpose of advancing the agency's economic justice work and developing a continuum of housing options for survivors fleeing abuse. WRC currently has a HUD CoC grant to provide RRH for DV survivors in Lackawanna County. WRC serves an average of 1500 survivors (including children) each year; more than 1/3 of the requests WRC receives are for some type of housing assistance. All of WRC's programs operate using trauma-informed, victim-centered approaches, and all direct-service staff receive training on trauma-informed care upon hire and at least annually thereafter.

2. WRC operates with a trauma-informed, empowerment-based counseling model driven by survivor-centered goal development.

(a) Advocates engaged in survivor-centered advocacy strive to meet individual needs, as defined and prioritized by them. It is defined through partnership-building by focusing on the survivor's unique set of skills, strengths, and abilities, with the goal being greater autonomy, justice, and safety. The primary focus of the joint TH-RRH project will be on assisting survivors to access safe, stable PH as rapidly as possible while considering their safety needs and



housing preferences. Survivor's housing preferences may include community, unit size, unit floor, accessibility, etc. WRC currently has a short 14 day average stay in its emergency safe housing before moving participants into PH.

(b) One of WRC's guiding principles is to treat all individuals with respect and dignity. WRC does not use punitive interventions. WRC seeks to minimize power differentials by maintaining a diverse staff including individuals identifying as LGBTQ, bi-lingual/cultural and non-white.

(c) WRC advocates receive ongoing training on trauma-informed interventions, as well as traumatic brain injury assessment and referral. WRC has established relationships with organizations that provide mental health services, SUD treatment, medical services, SOAR certified workers, ESL classes and other related services.

(d) WRC's approach is an empowerment-based counseling model driven by survivor-centered goal development. Survivor-driven goal planning focuses on the identification of participant's strengths. WRC uses a variety of tools to assist survivors in developing goal plans that have been created by a variety of experts in the field including NNEDV, OVW, and PCADV.

(e) WRC's commitment to diversity moves beyond mere tolerance, and embraces the diverse identities, perspectives, and experiences of survivors, staff, volunteers, board members, and other community partners. It is WRC's practice to assess for ways to "screen in" participants versus "screening out" due to mental illness, drug addiction or other related issues. To ensure quality services to diverse and marginalized populations, all direct service staff receive training on cultural competency, including training on nondiscrimination, equal access, and inclusivity. WRC employs Spanish-speaking advocates, and provides translated forms and handouts in Spanish. Translation for additional languages is provided via telephone.

(f) WRC and project partners OUTREACH and St. Joseph's Center deliver opportunities for connection through parenting groups, job search groups, economic and housing group meetings, legal group meetings, and monthly educational dinners. Survivors will be connected to other group opportunities, including faith-based programs to meet spiritual needs as desired by the client.

(g) WRC will connect participants with children to parenting and childcare services through OUTREACH (Head Start, parent-child programs, parenting education, child custody support), and WRC also maintains flexible funding to provide funds for childcare.

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

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

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

**- Childcare**

**(limit 2,000 characters)**

Child Custody: OUTREACH provides child custody supports. WRC attorneys provide representation on child custody.

Legal Services: WRC’s civil legal project provides legal services for custody, support, housing, credit, divorce, Protection from Abuse, immigration, and other civil legal needs. Referral to local Legal Aid and Pro Bono attorneys are additional options. WRC’s Legal Advocates provide accompaniment and advocacy on civil and criminal matters.

Criminal History: OUTREACH specializes in serving women who are incarcerated, and has staff experienced at working with women in learning how to present their criminal history to landlords and employers.

Bad Credit History: WRC Advocates work with survivors to address poor credit histories that are often a result of financial abuse. WRC works closely with partners to address financial issues including Consumer Credit, UNC, and Educational Opportunity Center (EOC).

Education: EOC provides educational counseling, assistance with loan/grant applications; training/tutoring; and GED assistance.

Employment/Income: WRC works with OUTREACH, Dress for Success, EOC, and Career Link for job prep and placement. WRC has relationships with administrators of TANF, Medicaid, SLHDA and EARN. WRC is a member of Women in Philanthropy that supports a Matched Savings Program and provides micro-loans to women starting small businesses.

Physical/Mental Healthcare: WRC makes referrals to the Scranton Counseling Center (mental health), and Maternal and Family Health and Wright Center (medical care). WRC also has relationships with local physicians that provide pro bono assistance.

Drug/Alcohol Treatment: WRC refers survivors to DATS, private institutions, and dual diagnosis programs in surrounding cities.

Childcare: OUTREACH provides parent-child groups, including Head Start. WRC has funding to pay for childcare at a reduced rate with a local provider. WRC provides children’s activities during informational group meetings at WRC.

## 2A. Homeless Management Information System (HMIS) Implementation

**Intructions:**

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

**Resources:**

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

**2A-1. HMIS Vendor Identification.** Eccovia Solutions (ClientTrack)

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

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

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

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	70	20	50	100.00%
Safe Haven (SH) beds	11	0	11	100.00%
Transitional Housing (TH) beds	70	9	61	100.00%
Rapid Re-Housing (RRH) beds	197	49	148	100.00%
Permanent Supportive Housing (PSH) beds	214	0	164	76.64%
Other Permanent Housing (OPH) beds	0	0	0	

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

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

**1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and  
 2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.  
 (limit 2,000 characters)**

1 and 2) The PSH bed coverage rate is 76.64%. The only PSH beds not in HMIS are HUD-VASH. The CoC houses the Veterans master list and works closely with the VAMC to keep that current, exchanging data frequently. In the next 12 months, the CoC intends to increase this percentage by working with HUD Vets @ Home TA in order to gain insight on how other communities include these beds, develop and execute appropriate confidentiality agreements for data inclusion, and participate in discussion with regional and local HUD-VASH experts and staff to explore solutions, including direct input into this CoC's system and CSV import into the system. Additional action steps will depend on the solution, but may include working with the HMIS vendor to learn/facilitate the data import process and providing HMIS training to HUD-VASH staff.

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

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

**\*2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).  
 (mm/dd/yyyy)** 04/26/2019

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

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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

**2B-1. PIT Count Date.** 01/30/2019

**Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).**

**2B-2. PIT Count Data–HDX Submission Date.** 04/26/2019

**Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).**

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

**Applicants must describe:**

**1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**

**2. how the changes affected the CoC’s sheltered PIT count results; or**  
**3. state “Not Applicable” if there were no changes.**

**(limit 2,000 characters)**

Not applicable.

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

**Applicants must select whether the CoC added or removed emergency shelter,** No

**transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.**

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

**Applicants must describe:**

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
  - 2. how the changes affected the CoC’s unsheltered PIT count results; or**
  - 3. state “Not Applicable” if there were no changes.**
- (limit 2,000 characters)**

1) The CoC involved more volunteers in the unsheltered count implementation than in previous counts; 2) the involvement of additional volunteers allowed for a more complete and thorough count.

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

**Applicants must:**

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

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

**Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:**

- 1. plan the 2019 PIT count;**
  - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
  - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

1) Several community stakeholders serving youth experiencing homelessness were engaged in the youth PIT planning process, including youth after school programs, post-foster care and youth homeless service providers, a new homeless youth non-profit, and the Office of Youth and Family Services. This group participated in several planning meetings and activities such as advertising, organizing and leading youth focus groups, leading up to the PIT. Committee members, including several youth service providers, reached out to youth as well as local schools to solicit input and participation. Homeless and other youth were engaged in planning efforts and implementation via focus group, one-on-one discussion and committee input on efforts such as method of information gathering, the survey tool, and where and how to advertise. 2) Committee members provided input on locations where youth experiencing homelessness are most likely to be identified. 3) Youth experiencing

homelessness were involved through one-on-one contact, soliciting input regarding outreach and engagement methods and locations, and invitation to participate in focus groups. Youth experiencing homelessness were not involved in the PIT count.

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

**Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:**

- 1. individuals and families experiencing chronic homelessness;**
- 2. families with children experiencing homelessness; and**
- 3. Veterans experiencing homelessness.**

**(limit 2,000 characters)**

1) In order to better count individuals and families experiencing chronic homelessness during the 2019 PIT, the CoC met and planned with the day shelter which had agreed to extend their hours to overnight to support the count. The CoC provided a survey team for this temporary, religiously affiliated, winter shelter. The CoC also sent a survey team to the other religiously affiliated seasonal shelter to count those individuals, several of whom were chronically homeless, and met with the outreach team to share information about homeless camps/locations of unsheltered persons from the greater CoC and integrated that into the PIT canvassing plan. As was the case in previous years, the ESG-funded emergency shelters stayers were counted using HMIS, capturing additional chronically homeless individuals. There were no chronic homeless families counted in the last several years as those families had been entered into permanent supportive housing. 2) To better count families with children experiencing homelessness, the CoC collaborated with the Office of Youth and Family Services as well as schools, using those community partners to help complete surveys for families not yet accessing CoC homeless services. The CoC’s Victim Service Provider completed surveys with program participants in their Safe Housing (Emergency Shelter) and Transitional Housing programs, and all CoC and ESG and other funded HMIS contributing Shelters and Transitional Housing contributed to the PIT via HMIS. 3) To better count Veterans experiencing homelessness, the CoC collaborates with the VAMC as well as the Veteran Grant Per Diem provider. The VA assists in locating Veterans experiencing homelessness, adding to the outreach teams and contributing shelter knowledge, and the GPD program enters data into HMIS which is used for the PIT count. Of course, all of the methods outlined above would also be used to capture chronic homeless veteran individuals or families and veteran families with children.

## **3A. Continuum of Care (CoC) System Performance**

### **Instructions**

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

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

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

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

#### **Applicants must:**

Report the Number of First Time Homeless as Reported in HDX.	707
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### **3A-1a. First Time Homeless Risk Factors.**

#### **Applicants must:**

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

1) To identify homeless risk factors, the CoC conducts fact-finding with providers and institutions having discharged to homelessness and looked at data from the LSA/AHAR reports. The CoC also works closely with mainstream and general assistance providers as well as school districts to determine trends in the population they are seeing leading to homelessness. 2) The CoC's efforts to reduce the number of first-time homeless include diversion efforts built into the Coordinated Entry (CE) system. CE is conducted for those who are literally homeless as well as those at imminent risk of homelessness, identifying any other resources (i.e. prevention, utility assistance, HAP case management and rental assistance) or avenues of support a household might use, and assisting



with referrals and connections to safely divert people from the homeless system. In addition, the CoC participates in the re-entry task force to advocate for improved home planning for prisoners. Two re-entry housing programs within our network resulted from this which serve to transition prisoners needing a higher degree of assistance upon exit to permanent housing. The CoC shares information about the CE system with all faculty and staff in all of the school districts within the county. Scranton School District alone reported 383 homeless children last year who fell under the McKinney-Vento Act. The CoC is working with the schools to ensure that all of these families/youth are referred to CE & linked with appropriate diversion services. One new strategy incorporated into one of the new projects included in the 2019 application is partnership with a provider working with women who are incarcerated who are survivors of DV, providing assistance to help them access PH post-release. The CoC also participates in the larger Housing Coalition, identifying & creating low-income housing solutions for the county. 3)United Neighborhood Centers, the CoC Lead Agency oversees the strategies.

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

**Applicants must:**

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	162
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**3A-2a. Strategy to Reduce Length of Time Homeless.**

**Applicants must:**

- 1. describe the CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;**
  - 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
  - 3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

1)The CoC's strategy to reduce LOT homeless includes increasing PH inventory using reallocation, bonus projects and philanthropic funds, and ensuring programs are housing first/low barrier. The CoC more than doubled RRH inventory this year for all populations (from 93 to 197), including more than doubling RRH beds for families (from 24 to 60). The CoC holds landlord forums and keeps an inventory list of landlords willing to take clients in supportive housing programs in order to have an inventory of apartments when needed. The CoC employs case management in family and individual shelters in order to connect households with needed services, collect documents, complete PHA applications, etc. so as to move as quickly into PH as possible. Outreach efforts are also consistently employed especially with those persons resistant to housing interventions. In addition, the CE efforts contribute to reduction in LOT homeless. 2. The CoC uses an assessment in the Coordinated Entry (CE) system to determine those households with the longest LOT homeless, using this as a factor in prioritizing those people for housing. CE participants have staff follow up until the household is permanently housed or cannot be reached

after 90 days, ensuring timely assistance is given. 3. United Neighborhood Centers, the CoC Lead Agency, and CoC Board are responsible for overseeing this strategy.

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

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	60%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	98%

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

**Applicants must:**

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

**(limit 2,000 characters)**

1)The CoC's strategy to increase the rate at which individuals & persons in families in ES, SH, TH & RRH exit to PH include connection with mainstream resources, employment opportunities & training, life skills training, behavioral & physical health care as well as improved protocols to assess & refer all shelter guests to appropriate, right-fitted, resources via the CE. The shelters employ case management to achieve the above, and also collect documents, & apply for PHAs & other housing opportunities for clients. The CoC participates in an initiative to recruit & retain local landlords. Low income housing units have implemented a homeless preference. This, in addition to the homeless preference of 2 local PHAs is an additional strategy to increase exits to PH. 2) UNC, the CoC Lead Agency oversees the strategy. 3) In terms of households in PH other than RRH, in order to retain &/or exit to PH, some same strategies as above are used such as linkages to mainstream resources, behavioral & physical health care, & using CES to ensure referrals are made to the

appropriate intervention for the level of client need. The CoC connects those no longer in need of intensive support services to sustainable housing options in the way of low income and subsidized housing as needed. CoC staff has been meeting with local housing authorities to both increase homeless entries & establish a move-on program with supports in place to facilitate transition out of PSH. For all supportive housing program populations the use of initial & regularly updated individual service programs, where client-centered services & best practices are utilized to move clients toward agreed-upon goals, continuously re-evaluating & re-tooling as circumstances change in order to both maintain & exit to PH destinations. Educational opportunities for staff such as motivational interviewing, housing first, & local resources contribute to this strategy as well. 4) UNC, the CoC Lead Agency oversees the strategies.

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

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	4%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	8%

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

**Applicants must:**

- 1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;**
- 2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
- 3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness. (limit 2,000 characters)**

1. The CoC identifies common factors of individuals and persons in families who return to homelessness by analyzing trends in the data for those who are returning to homelessness (System Performance Measures) and identifying interventions the CoC can either implement or strengthen in order to change those trends. 2. The CoC's strategy to reduce the rate of additional returns to homelessness includes increasing PH options such as Rapid Re-housing, which includes vital supports to create and maintain housing stability, increasing subsidized PH options in the way of homeless preferences with low income housing providers and PHAs, providing up-to-date trainings to staff on current best practices such as housing first and motivational interviewing, as well as presentations on local resources such as employment and mainstream resources. Program evaluations also help identify any trends in which individual program/agency models may need improvement, and the requirement for accountability in outcomes facilitates this. 3. United Neighborhood Centers as the CoC Lead Agency is responsible for overseeing these CoC strategies.

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

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	32%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	32%

**3A-5a. Increasing Employment Income.**

**Applicants must:**

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

1 and 2). The CoC's strategy to increase access to employment income include a partnership with the Lackawanna County WDB through an MOU with CareerLink (WIOA one-stop) to promote employment opportunities, co-enroll individuals in CareerLink services, and connect individuals to private employers; further, provider staff assist clients in completing job applications, collecting work-ready documents, accessing transportation, and providing clients with life skills and soft skills education. CoC funded agencies take clients to job interviews and job fairs to assist them in identifying and securing employment. For those on the chronic homeless and Veteran by-name lists, funded agencies conduct case conferencing calls that include discussions of employment opportunities for these clients. To support employment opportunities for youth, the CoC recently established a youth in education subcommittee, which includes local employers who provide input on strategies to effectively connect youth to employment. This strategy also involves the development and presentation of learning opportunities for CoC staff including web-based training, presentations by local providers at CoC meetings as well as more in-depth workshops on Workforce Development opportunities. 3. The primary mainstream employment organizations with which the CoC works are Careerlink, the EARN program, EOC and Pathstone. These organizations help clients with aptitude testing, counseling on employment options offering sustainable incomes, resume writing, interview training, providing updated lists of job opportunities and career training. Projects have been assisted via trainings on criminal record expungement and mainstream resources, facilitating information-sharing opportunities and sharing additional provider education opportunities such as conferences, webinars and trainings on best practices via e-mail and meeting announcements. 3. UNC as the CoC Lead Agency is responsible for overseeing this strategy.

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

**Applicants must:**

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

1 and 2) The CoC's strategy to increase access to non-employment cash sources include SOARS training for all PSH providers and funded programs linking participants with mainstream benefits. All funded programs incorporate routine connection of participants with mainstream benefits (including TANF, SSA, food stamps, medical assistance and behavioral health programs), childcare and early childhood educational resources including assistance in completion of any forms, collection of necessary documents, transportation and follow-up, use of committees to present and share current information on mainstream resources. The CoC systematically keeps program staff up-to-date regarding mainstream resources by providing a bi-annual training given by local providers with information on how to access resources, how to access assistance when questions and/or problems arise and sharing additional provider education opportunities such as conferences, webinars and trainings on best practices via e-mail, and meeting announcements. 3. United Neighborhood Centers as the CoC Lead Agency is responsible for overseeing this strategy.

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

**Applicants must describe how the CoC:**

- 1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**

- 2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.**  
**(limit 2,000 characters)**

1) The CoC promoted partnerships and access to employment opportunities with private employers and private employment organizations by working with CareerLink (the local WIOA-funded One-Stop), which maintains relationships with private employers and has employment staff who assist individuals who are homeless in connecting to employment opportunities with private employers. Case management staff with CoC-funded agencies further assist individuals who are homeless in accessing employment opportunities by driving them to job interviews and job fairs, helping them create resumes and fill out job applications, and supporting them in securing documentation and other items required to secure employment. 2) the CoC is working with public and private organizations to provide meaningful education and training opportunities for those who are homeless, including residents of PSH, through collaboration with CareerLink. CareerLink provides customized training programs for workers

needing to attain, refine, and broaden their skills to meet current industry and workforce needs, and will provide training and job placement services for those who are homeless in the CoC, including those in PSH.

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

**Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC’s geographic area:**

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

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

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

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

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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### 3B-1. Prioritizing Households with Children.

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

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

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

**Applicants must:**

**1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;**

**2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once**

assistance ends; and

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

1) The CoC's strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless includes the use of the Coordinated Entry System to identify and provide correct referrals. The CES uses a vulnerability index prioritizing those appropriate for RRH or PSH and CE staff follow up with families until permanently housed or contact attempts are unsuccessful for 90 days. Additionally, the CoC prioritizes funds for RRH based on the HIC, PIT, LSA/AHAR & CE data. Current funding requests for ESG & CoC RRH funding is increased compared to previous years, including an additional Joint TH-RRH program for DV survivors. An additional strategy is working with low-income housing providers and PHAs to develop preferences as well as attending quarterly landlord forums to increase flow through our system and increase viable PH exit options for all experiencing homelessness. 2) Some of the ways the CoC addresses housing needs is outlined above with increased program and sustainable PH exit options. The CoC addresses service needs to ensure families successfully maintain their housing once assistance ends by conducting initial comprehensive service plans along with households in order to set and move forward in goals leading to housing stability. While these plans vary widely from family to family, they often involve many of the following: connection to all eligible mainstream benefits, childcare, schools, educational & job readiness programs, behavioral & physical health programs, peer support services, facilitation of family &/or social connections, transportation assistance, life skills and budgeting training, & application for SSI/DI as necessary via SOART-trained staff. Service plans are updated regularly. 3)UNC, CoC lead agency, is responsible for this strategy.

**3B-1b. Antidiscrimination Policies.**

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

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



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

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

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

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

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

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
3. Unsheltered Homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad Credit or Rental History	<input checked="" type="checkbox"/>

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

**Applicants must describe how the CoC increased availability of housing and services for:**

- 1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and**
  - 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.**
- (limit 3,000 characters)**

1) The CoC’s strategies to increase housing and services for all youth experiencing homelessness include successfully acquiring grants from local private foundations for a new RRH program for youth, which began in 2018;

securing over \$160,000 annually from the office of youth and family services for a youth TH program; and increased collaboration with regional youth service providers and schools. Specifically, within the past 2 years the CoC has collaborated with the local Health and Human Services (HHS) office in implementing a Cross-Systems Transitions Conference which meets regularly to find solutions for any youth at risk of homelessness ages 15 through 18. Attendees of these meetings include the most relevant providers for the specific case at hand which can and have been any of the following: mental health providers, substance abuse providers, housing providers, case management providers including intensive case management, independent living providers, education and legal advocates. 2) For youth experiencing unsheltered homelessness, strategies to increase availability of housing and services include all of the items outlined above, giving youth options which are accessible and specifically targeted to their needs, partnering with providers which are experienced and knowledgeable in youth outreach and engagement strategies, housing services for homeless LGBTQ youth and the use of RRH with youth. In addition, the county HHS office assisted the CoC's outreach to and collaboration with the school districts throughout the county, offering Coordinated Entry presentations to all faculty and staff in each district. This will facilitate referrals to appropriate prevention, shelter and supportive housing projects and services. All of the strategies/resources outlined in sections 1 and 2 of this response serve to offer alternatives to unsheltered homelessness as well as outreach to identify and bring youth into housing as quickly as possible. Through a new RRH project for Youth funded through the 2018 CoC Application, the CoC has added 7 units of RRH for youth in the past year.

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

**Applicants must:**

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

1) The CoC uses evidence such as changes in youth PIT/AHAR/LSA data as well as rates of youth increase in income and returns to homelessness from the System Performance Measures to measure the strategies in question 3B-1d. The community Housing Inventory Chart is also a measure of increasing the availability of youth-specific housing. Data from the Coordinated Assessment System is also used more as a measure of housing instability for youth, prompting the CoC to look at how prevention strategies are functioning and gauge commonalities in terms of barriers and/or previous systems experience or locations/systems from which youth are entering. 2) To calculate effectiveness of the strategies, given that this is a relatively small CoC, any increase in sheltered and/or unsheltered youth within the PIT or the AHAR/LSA would be reason to change/develop a more effective strategy. Likewise, for increase in youth coming to through the Coordinated Assessment System. If more volume is seen here, data will be evaluated to determine trends, such as

have increased outreach efforts just brought forward those already experiencing housing insecurity, or is the scope of youth homelessness increasing? Income levels will help determine whether education and job readiness strategies are effective. 3) The measure is an appropriate way to determine the effectiveness of the strategies because it provides evidence of the results being achieved by the strategies indicated (i.e. - are the numbers of homeless youth increasing or decreasing during the PIT in the AHAR/LSA? - are there more or less unsheltered youth in the PIT/LSA? What are the exit to PH/housing stability rates for youth? Return to homelessness rates? increase in income rates?) The data will indicate whether strategies are on the right path or need changing.

**3B-1e. Collaboration–Education Services.**

**Applicants must describe:**

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

- 2. how the CoC collaborates with:**
  - a. youth education providers;**
  - b. McKinney-Vento Local LEA or SEA; and**
  - c. school districts.**

**(limit 2,000 characters)**

1a) The CoC has a formal agreement with the local Head Start Provider for collaboration and prioritization for services.

1b) and c) representatives from the local school districts participate on the CoC’s Youth and Education Subcommittee.

2a, b, and c)The CoC collaborates with youth education providers by presenting the regulations on the rights of homeless children and an overview of all CoC services available to all of the school districts’ faculty and staff within the county as well as some early childhood education providers, including Head Start. Information presented focuses on the coordinated entry system, as well as prevention services, as most homelessness reported by local school districts includes families or individuals who are doubled-up or couch-surfing. During these presentations, teachers, staff and homeless liaisons are urged to refer all families in need of any assistance to our network of services, and especially all of those families meeting the educational definition of homelessness. These presentations were established with the assistance of the local Office of Youth and Family Services and the Education for Children and Youth Experiencing Homelessness (ECYEH) Liaison, who is available to schools for additional advocacy and assistance in accessing education. The ECYEH Liaison attends CoC meetings as do some local district Homeless Liaisons. The ECYEH Liaison is also used as a point of contact with school counselors, teachers, superintendents and early education programs. These relationships are helping to provide the CoC with additional local data and systems knowledge which the CoC is using to find solutions such as increased prevention and diversion efforts, better youth count strategies and increase in youth supportive housing beds.

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

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

The educational policies and procedures the CoC adopted to inform individuals and families who become homeless are: 1) all providers serving children and youth must have an educational liaison; 2) all providers must share information on educational rights to homeless families upon program entry; and 3) provider staff must facilitate and coordinate educational access for the child/children at the school(s) and/or educational site(s) the family chooses and as is within their rights.

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

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

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

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

**Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC.** Yes

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

**Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded** Yes

**programs to achieve the benchmarks and criteria for ending veteran homelessness.**

**3B-2b. Housing First for Veterans.**

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

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

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

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

**3B-3a. Addressing Racial Disparities.**

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

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input checked="" type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input checked="" type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>

5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="checked" type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

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

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**Resources:**

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

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

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

### 4A-1. Healthcare—Enrollment/Effective Utilization

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

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

#### 4A-1a. Mainstream Benefits.

**Applicants must:**

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

**health insurance;**

**4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and**

**5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

1)The CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive benefits in the following ways: ensures all agencies have staff who have completed SOAR training (including by providing training to agency staff in October 2018); funded programs incorporate routine connection of participants with mainstream benefits, childcare and early childhood educational resources including assistance in completion of any forms, collection of necessary documents, transportation and follow-up; use of committees to present and share current information on mainstream resources. 2) The CoC keeps program staff up-to-date regarding mainstream resources by providing a bi-annual training given by local providers with information on how to access resources and convening information sharing opportunities on topics stated above as well as sharing additional provider education opportunities such as conferences, webinars and trainings on best practices via e-mail, and meeting announcements. 3) The CoC has healthcare navigators to assist individuals in enrolling in appropriate health insurance. CoC Lead UNC has a community health department that includes an RN and LPN on staff to assist in connecting individuals to appropriate healthcare/providing needed healthcare. Additionally, the CoC has a healthcare subcommittee that focuses on healthcare related issues, including issues related to health insurance. 4) CoC healthcare navigators assist clients in identifying healthcare providers that accept Medicaid, and assist clients in understanding their benefits. Further, the CoC board includes the Executive Director of a local Federally Qualified Health Center, providing valuable information on access to healthcare and effective utilization of Medicaid and other benefits. 5) The organization responsible for the above strategies is United Neighborhood Centers, the CoC Lead Agency.

**4A-2. Lowering Barriers to Entry Data:**

**Applicants must report:**

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	17
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	17
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

**4A-3. Street Outreach.**

**Applicants must:**

**1. describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are**



**identified and engaged;**  
**2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;**  
**3. describe how often the CoC conducts street outreach; and**  
**4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.**  
**(limit 2,000 characters)**

1) CoC outreach identifies and engages households living in environs unfit for human habitation by, at least weekly, scouting known and rumored locations where people experiencing homelessness converge throughout the county via word of mouth with the area's homeless and fluid communication and collaboration among housing, homeless and other providers, including local and state police. 2) CoC's Street Outreach covers 100 percent of the CoC's geographic area by making at-least weekly rounds to homeless camps and other known locations where the homeless sleep throughout the county, as well as following up on calls from local citizens, and other providers/community organizations outlined above. 3) The CoC conducts street outreach at least weekly as described above, and on an as-needed basis depending on reports from aforementioned organizations and community members including homeless and formerly homeless individuals. 4) The CoC tailors its street outreach to persons experiencing homelessness who are least likely to request assistance by ensuring homeless information and services are available via local hotline and internet; and ensuring outreach workers have access to a 24-7 phone translation service for non-English speakers. Additional outreach is provided by SSVF and VA providers specific to Veterans. Providers collaborate to meet clients where they are. As such, if any of the following barriers exist: transportation, language, mobility, technical access or any disability, outreach teams utilize resources mentioned above as well as going to the client, accessing cell phones for clients, working with behavioral health or independent living providers, including the Blind Association, to tailor outreach to the individual.

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

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

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	93	197	104

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

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

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

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

## 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:  
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
_ FY 2019 CoC Competition Report (HDX Report)	Yes	PA 508 2019 HDX C...	09/04/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners’ Preference.	No		
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA Administrativ...	09/04/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	Coordinated Asses...	09/04/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Public Posting 15...	09/17/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Public Posting 15...	09/17/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Public Posting of...	09/04/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Public Posting of...	09/24/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No		
3A. Written Agreement with State or Local Workforce Development Board.	No		
3B-3. Summary of Racial Disparity Assessment.	Yes	Summary of Racial...	09/23/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No	HMIS Policies and...	09/24/2019
Other	No	CoC Review Score ...	09/25/2019

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Other	No		
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## **Attachment Details**

**Document Description:** PA 508 2019 HDX Competition Report

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** PHA Administrative Plan Homeless Preference and Supporting Docs

## **Attachment Details**

**Document Description:** Coordinated Assessment Tool

## **Attachment Details**

**Document Description:** Public Posting 15 Day Notification Outside of eSnaps Projects Accepted

## **Attachment Details**

**Document Description:** Public Posting 15 Day Notification Outside of eSnaps Projects Rejected or Reduced

## **Attachment Details**

**Document Description:** Public Posting of Local Competition and Deadline

## **Attachment Details**

**Document Description:** Public Posting of Local Competition Announcement and Application

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Summary of Racial Disparity Assessment

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** HMIS Policies and MOU

## **Attachment Details**

**Document Description:** CoC Review Score and Ranking Procedures

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
<b>1A. Identification</b>	09/16/2019
<b>1B. Engagement</b>	09/23/2019
<b>1C. Coordination</b>	09/25/2019
<b>1D. Discharge Planning</b>	No Input Required
<b>1E. Local CoC Competition</b>	09/23/2019
<b>1F. DV Bonus</b>	09/25/2019
<b>2A. HMIS Implementation</b>	09/23/2019
<b>2B. PIT Count</b>	09/23/2019
<b>3A. System Performance</b>	09/25/2019
<b>3B. Performance and Strategic Planning</b>	09/23/2019
<b>4A. Mainstream Benefits and Additional Policies</b>	09/17/2019
<b>4B. Attachments</b>	Please Complete

FY2019 CoC Application	Page 56	09/25/2019
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**Submission Summary**

No Input Required

# 2019 HDX Competition Report

## PIT Count Data for PA-508 - Scranton/Lackawanna County CoC

### Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	242	197	159	186
Emergency Shelter Total	80	56	76	101
Safe Haven Total	4	4	8	11
Transitional Housing Total	147	123	70	65
Total Sheltered Count	231	183	154	177
Total Unsheltered Count	11	14	5	9

### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	13	13	12	12
Sheltered Count of Chronically Homeless Persons	8	7	11	8
Unsheltered Count of Chronically Homeless Persons	5	6	1	4

## 2019 HDX Competition Report

### PIT Count Data for PA-508 - Scranton/Lackawanna County CoC

#### Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	42	32	19	20
Sheltered Count of Homeless Households with Children	42	32	19	20
Unsheltered Count of Homeless Households with Children	0	0	0	0

#### Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	35	36	26	33	30
Sheltered Count of Homeless Veterans	35	36	26	33	30
Unsheltered Count of Homeless Veterans	0	0	0	0	0

2019 HDX Competition Report  
HIC Data for PA-508 - Scranton/Lackawanna County CoC

**HMIS Bed Coverage Rate**

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	70	20	50	100.00%
Safe Haven (SH) Beds	11	0	11	100.00%
Transitional Housing (TH) Beds	70	9	61	100.00%
Rapid Re-Housing (RRH) Beds	197	49	148	100.00%
Permanent Supportive Housing (PSH) Beds	214	0	164	76.64%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	562	78	434	89.67%

# 2019 HDX Competition Report

## HIC Data for PA-508 - Scranton/Lackawanna County CoC

### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	153	165	164	210

### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	11	25	24	60

### Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	30	76	93	197

2019 HDX Competition Report  
**FY2018 - Performance Measurement Module (Sys PM)**  
**Summary Report for PA-508 - Scranton/Lackawanna County CoC**

**Measure 1: Length of Time Persons Remain Homeless**

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

*Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.*  
*Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.*

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	605	659	27	29	2	12	10	-2
1.2 Persons in ES, SH, and TH	803	817	101	87	-14	23	20	-3

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	626	692	72	115	43	19	22	3
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	824	848	148	162	14	31	43	12

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

#### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	10	2	20%	0	0%	1	10%	3	30%
Exit was from ES	332	16	5%	37	11%	18	5%	71	21%
Exit was from TH	102	2	2%	4	4%	2	2%	8	8%
Exit was from SH	5	0	0%	0	0%	1	20%	1	20%
Exit was from PH	85	1	1%	0	0%	15	18%	16	19%
TOTAL Returns to Homelessness	534	21	4%	41	8%	37	7%	99	19%

#### Measure 3: Number of Homeless Persons

##### Metric 3.1 – Change in PIT Counts



## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	197	159	-38
Emergency Shelter Total	56	76	20
Safe Haven Total	4	8	4
Transitional Housing Total	123	70	-53
Total Sheltered Count	183	154	-29
Unsheltered Count	14	5	-9

### Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	803	825	22
Emergency Shelter Total	613	666	53
Safe Haven Total	7	6	-1
Transitional Housing Total	200	153	-47

# 2019 HDX Competition Report

## FY2018 - Performance Measurement Module (Sys PM)

### Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	86	88	2
Number of adults with increased earned income	19	19	0
Percentage of adults who increased earned income	22%	22%	0%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	86	88	2
Number of adults with increased non-employment cash income	26	20	-6
Percentage of adults who increased non-employment cash income	30%	23%	-7%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	86	88	2
Number of adults with increased total income	39	38	-1
Percentage of adults who increased total income	45%	43%	-2%

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

#### Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	34	72	38
Number of adults who exited with increased earned income	10	23	13
Percentage of adults who increased earned income	29%	32%	3%

#### Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	34	72	38
Number of adults who exited with increased non-employment cash income	9	23	14
Percentage of adults who increased non-employment cash income	26%	32%	6%

#### Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	34	72	38
Number of adults who exited with increased total income	16	42	26
Percentage of adults who increased total income	47%	58%	11%

# 2019 HDX Competition Report

## FY2018 - Performance Measurement Module (Sys PM)

### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	635	717	82
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	121	133	12
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	514	584	70

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	685	854	169
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	141	147	6
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	544	707	163

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

#### Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

#### Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	42	6	-36
Of persons above, those who exited to temporary & some institutional destinations	1	3	2
Of the persons above, those who exited to permanent housing destinations	19	2	-17
% Successful exits	48%	83%	35%

Metric 7b.1 – Change in exits to permanent housing destinations

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	668	660	-8
Of the persons above, those who exited to permanent housing destinations	262	398	136
% Successful exits	39%	60%	21%

#### Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	178	172	-6
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	174	168	-6
% Successful exits/retention	98%	98%	0%

## 2019 HDX Competition Report FY2018 - SysPM Data Quality

### PA-508 - Scranton/Lackawanna County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

## 2019 HDX Competition Report FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	46	54	48	61	148	125	106	67	125	226	220	219		29	45	53				
2. Number of HMIS Beds	46	54	48	61	148	125	106	67	125	153	165	164		29	45	53				
3. HMIS Participation Rate from HIC ( % )	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	67.70	75.00	74.89		100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	567	579	621	685	242	254	201	178	136	187	182	189	68	88	55	209	18	6	42	9
5. Total Leavers (HMIS)	404	502	575	579	124	144	119	101	15	42	18	30	32	66	28	93	17	3	35	5
6. Destination of Don't Know, Refused, or Missing (HMIS)	166	24	330	57	27	4	1	0	0	0	0	0	7	0	0	2	0	2	17	0
7. Destination Error Rate (%)	41.09	4.78	57.39	9.84	21.77	2.78	0.84	0.00	0.00	0.00	0.00	0.00	21.88	0.00	0.00	2.15	0.00	66.67	48.57	0.00



# 2019 HDX Competition Report

## Submission and Count Dates for PA-508 - Scranton/Lackawanna County CoC

### Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/30/2019	

### Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/26/2019	Yes
2019 HIC Count Submittal Date	4/26/2019	Yes
2018 System PM Submittal Date	5/30/2019	Yes

**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



**Housing Authority of the County of Lackawanna**

HOUSING AUTHORITY OF THE COUNTY OF LACKAWANNA

R2

2019 W. Pine Street, Dunmore, PA 18512

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alt. Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

QUESTIONNAIRE FOR PREFERENCE

I DO HAVE ONE OR MORE OF THE LISTED REASONS FOR PREFERENCE FOR HOUSING ASSISTANCE.

*Please check one or more of the following:*

- 1.  I am a victim of domestic violence.
- 2.  I am a Veteran
- 3.  Immediate family of an active military person
- 4.  I am a victim of a Federally Declared Disaster
- 5.  I have been displaced due to a fire, government condemnation, or flood, through no fault of my own
- 6.  I am homeless
- 7.  \*\*\*\*\*  
The head, spouse, or sole member of my household is employed at least 24 hours per week, and has been employed for at least 6 months, **OR**
- The head, spouse, or sole member of my household is an active **full-time** participant in, or a recent (within the past one year) graduate of, educational and/or training programs designed to prepare individuals for the job market, **OR**
- The head, spouse, or sole member of my household is working part-time **AND** participating part-time in educational and training programs designed to prepare individuals for the job market, **OR**
- The head, spouse, or sole member of my household is 62 years of age or older, **OR**
- The head, spouse, or sole member of my household is receiving Social Security Disability benefits, Supplemental Security Income (SSI) Disability benefits, or other payments based on inability to work.
- 8.  \*\*\*\*\*  
**NONE OF THE ABOVE** numbers 1 through 7.

In all categories, priority for admission will be given to applicants who reside, work, or have been hired to work in Lackawanna County, excluding the City of Scranton and the City of Carbondale. Second Priority will be given to residents who reside, work, or have been hired to work in Scranton and/or Carbondale.

*Please check one of the following ONLY if it applies to you:*

The head, spouse, or sole member of my household has been hired for a job, (but has not started work yet) to work in:

Lackawanna County, other than the Cities of Scranton or Carbondale

the City of Scranton or the City of Carbondale

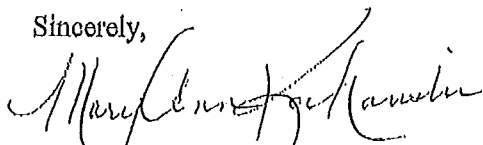
November 13, 2015

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

Scranton Housing Authority  
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 <u>Wt</u>
<input type="checkbox"/> Applicant who is involuntarily displaced from his/her home as a result of fire, disaster or government action.	8
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> Applicant who is a victim of domestic violence.	5
<input checked="" type="checkbox"/> Applicant who is homeless.	4
<input type="checkbox"/> Applicant living in substandard housing.	3
<input type="checkbox"/> Applicant paying more than 50% of income for rent.	2
<input type="checkbox"/> 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

# Coordinated Assessment

## Basic Client Information

---

Complete the client's identifying information. Name and social security number have associated data quality fields. Data quality fields are used to indicate the reason full information wasn't collected. Name and social security number data quality fields allow users to indicate when a client doesn't know or refuses to provide information. If the required data is collected then ClientTrack automatically records that full data quality was met.

First Name: \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Name Quality: \*  Full name reported  
 Partial, street name, or code name reported  
 Client doesn't know  
 Client refused  
 Data not collected

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN Quality: \*  Client doesn't know  
 Client Refused  
 Data not collected

## Basic Client Demographics

---

Birth Date: \_\_\_\_\_

Client Age: N/A

Date of Birth Quality: \*  Approximate or Partial DOB Reported  
 Full DOB Reported  
 Client doesn't know  
 Client refused  
 Data not collected

Ethnicity: \*  Hispanic/Latino  
 Non-Hispanic/Latino  
 Client doesn't know  
 Client refused  
 Data not collected

Race: \*

Gender: \*  Male  
 Female  
 Trans Male (FTM or Female to Male)  
 Trans Female (MTF or Male to Female)  
 Gender Non-Conforming (i.e. not exclusively male or female)  
 Client doesn't know  
 Client refused  
 Data not collected

Veteran Status: \*  Yes  
 No  
 Client doesn't know  
 Client refused

Data Not Collected

Show Address and Contact Information:

---

Family Information - Use this section to collect data about a client's family. The Family search field allows you to search for and select an existing family account. This is appropriate when adding a family member to an existing family.

---

Family:

Relationship to Head of Household:

- \*  Self  
 Son  
 Daughter  
 Dependent Child  
 Spouse  
 Other Family Member  
 Other Non-Family  
 Partner  
 Roommate

Hidden - FamilyAcct:

Begin Date:

End Date:

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## Prescreen Assessment

---

The purpose of this form is to collect initial information regarding the client.

Assessment Date: \* \_\_\_\_\_

Homeless / Will become homeless within the next 72 hours?  Yes  
 No  
 Not Applicable

Residing with / Trying to leave an intimate partner who threatens or makes the client fearful?  Yes  
 No  
 Not Applicable



Please address the following:

- You can not enroll someone outside of the Project Start and End Dates

## HUD Program Enrollment

Select the Project you are enrolling the client into. ClientTrack will display a list of clients in the client's family. Please select all the clients you are enrolling.

The Project Start Date is:

- **for Street Outreach projects** – it is the date of first contact with the client.
- **for Emergency Shelters** – it is the night the client first stayed in the shelter for the consecutive shelter period from entry to exit. Night by night shelters, which use a bed-night tracking method will have a project start date and will allow clients to re-enter as necessary without “exiting and restarting” for each stay for a specified period.
- **for Safe Havens and Transitional Housing** – it is the date the client moves into the residential project (i.e. first night in residence).
- **for all types of Permanent Housing, including Rapid Re-Housing** – it is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
  - 1) Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify – though all documentation may not yet have been gathered ;
  - 2) The client has indicated they want to be housed in this project;
  - 3) The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time
- **for all other types of Service projects including but not limited to:** services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project: \* CoC - Coordinated Assessment

Household - *Excerpt from the HMIS Data Standards Manual* "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

<input type="checkbox"/> Name	Gender	Age	Project Start Date	Case Manager	Relationship to Head of Household*
<input type="checkbox"/> Mouse, Mickey	Male	104			<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate

<input type="checkbox"/> Name	Gender	Age	Project Start Date	Case Manager	Relationship to Head of Household*
<input type="checkbox"/> Dog, Pluto	Male	7			<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate

## Diversion Assessment

---

The purpose of this form is to assist in determining the client's eligibility for diversion.

---

### Assessment Active

---

Assessment Date: \_\_\_\_\_ \*

Where client slept last night? \*

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Other
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other housing subsidy (including RRH)
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)
- Client doesn't know
- Client refused
- Data not collected

Is it safe? \*

- Yes
- No
- Not Applicable

Why did they leave? \*

- Lack of transportation
- Moved
- Childcare issues
- Work schedule conflict
- Incarcerated
- Program didn't meet expectations
- Not indicated
- Referred to other services
- Deceased
- Diverted
- Other

Could client stay there again? \*

- Yes
- No

- Not Applicable
- Does client need help to stay there? \*  Yes
- No
- Not Applicable
- Would it help to contact the person they stayed with? \*  Yes
- No
- Not Applicable

### Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT)

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#### Administration

Interviewer Name: \_\_\_\_\_

Agency:  Team  Staff  
 Volunteer

Date/Time: \* \_\_\_\_\_  
\_\_\_\_\_

Interview Location: \_\_\_\_\_

#### Basic Information

Name: \_\_\_\_\_ Mouse, Mickey

Nickname: \_\_\_\_\_

In what language do you feel best able to express yourself?

- English
- Spanish
- French
- German
- Italian
- Polish
- Portugese
- Russian
- Arabic
- Armenian
- Farsii
- Hebrew
- Turkish
- Cantonese
- Mandarin
- Mien
- Other Chinese Language
- Cambodian
- Hmong
- Lao
- Thai
- Vietnamese
- Tagalog
- Ilacano
- Japanese
- Korean
- Samoan
- American Sign Language
- Other Sign Language
- Other- Non English

Soc Sec No:

\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_

Age at Assessment:

104

Birthdate: 02/10/1915

Has Consented to Participate?  No

Yes

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

**SCORE:**

\_\_\_\_\_

A. History of Housing & Homelessness

1. Where do you sleep most frequently?  Shelter  Transitional Housing  Safe Haven  Outdoors  
(check one):  Other (specify)  Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

**SCORE:**

\_\_\_\_\_

2. How long has it been since you lived in permanent stable housing? # of Years: \_\_\_\_\_  
# of Months: \_\_\_\_\_  Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_  Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

**SCORE:**

\_\_\_\_\_

B. Risks

4. In the past six months, how many times have you...:

a) Received health care at an emergency department/room? \_\_\_\_\_  Refused

b) Taken an ambulance to the hospital? \_\_\_\_\_  Refused

c) Been hospitalized as an inpatient? \_\_\_\_\_  Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_  Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_  Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

**SCORE:**

\_\_\_\_\_

5. Have you been attacked or beaten up since becoming homeless?  No  Yes  Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  No  Yes  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

**SCORE:**

\_\_\_\_\_

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  No  Yes  Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

**SCORE:**

---

8. Does anybody force or trick you to do things that you do not want to do?  No  Yes  Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  No  Yes  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

**SCORE:**

---

### C. Socialization & Daily Functioning

---

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  No  Yes  Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  Yes  No  Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

**SCORE:**

---

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Yes  No  Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

**SCORE:**

---

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  Yes  No  Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

**SCORE:**

---

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?  No  Yes  Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

**SCORE:**

---

### D. Wellness

---

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  No  Yes  Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  No  Yes  Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  Yes  No  Client refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  No  Yes  Refused

19. When you are sick or not feeling well, do you avoid getting help?  No  Yes  Refused

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?  No  Yes  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.  
**SCORE:**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  No  Yes  Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  No  Yes  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.  
**SCORE:**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?  No  Yes  Refused

b) A past head injury?  No  Yes  Refused

c) A learning disability, developmental disability, or other impairment?  No  Yes  Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  No  Yes  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.  
**SCORE:**

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.  
**SCORE:**

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  No  Yes  Refused



26.Are there any medications like  No  Yes  Refused  
painkillers that you don't take the way the  
doctor prescribed or where you sell the  
medication?

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

**SCORE:**

27.YES OR NO: Has your current period  
of homelessness been caused by an  
experience of emotional, physical,  No  Yes  Refused  
psychological, sexual, or other type of  
abuse, or by any other trauma you have  
experienced?

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

**SCORE:**

Prescreen  
Total: 1

PRE-SURVEY: 1  
A. HISTORY: 0  
B. RISK: 0  
C. SOCIALIZATION & DAILY  
FUNCTIONS: 0  
D. WELLNESS: 0  
PRE-SCREEN TOTAL: 1

**SCORING SECTION**

SECTION

SCORE

Results

PRE-SURVEY

**Score**

**Recomendation**

**A. HISTORY OF HOUSING & HOMELESSNESS**

0-3  
No housing intervention  
B. RISK

4-7  
An assessment for Rapid Re-Housing  
C. SOCIALIZATION & DAILY FUNCTIONS

8+  
An assessment for Permanent Supportive Housing/Housing First  
D. WELLNESS

Grand Total

**Follow-Up Questions**

On a regular day, where is it  
easiest to find you and what time  
of day is easiest to do so? \_\_\_\_\_

When?  Mornings  Afternoon  Evening  Night

Is there a phone number and/or email where someone can get in touch with you or leave a message?

Phone:

---

Email:

---

Photo Permission:

No  Yes  Refused

Family Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT) RM

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Type:

- Single Adults
 Family

Interviewer's Name:

Agency:

- Team  Staff  Volunteer

Survey Date/Time:

Interview Location:

PARENT 1

First Name:

MickeyLast Name: MouseLanguage:

- English
 Spanish
 French
 German
 Italian
 Polish
 Portugese
 Russian
 Arabic
 Armenian
 Farsii
 Hebrew
 Turkish
 Cantonese
 Mandarin
 Mien
 Other Chinese Language
 Cambodian
 Hmong
 Lao
 Thai
 Vietnamese
 Tagalog
 Ilacano
 Japanese
 Korean
 Samoan
 American Sign Language
 Other Sign Language
 Other- Non English

ClientID: 40619

Birthdate:

02/10/1915Age: 104SSN: 123-45-6789Consent to participate  No  Yes

Gender:

Male

PARENT 2

No second parent currently part of the household:

Name:

Language:

- English
 Spanish
 French
 German
 Italian
 Polish
 Portugese
 Russian
 Arabic
 Armenian
 Farsii
 Hebrew
 Turkish
 Cantonese
 Mandarin
 Mien
 Other Chinese Language
 Cambodian
 Hmong
 Lao

- Thai
- Vietnamese
- Tagalog
- Itacano
- Japanese
- Korean
- Samoan
- American Sign Language
- Other Sign Language
- Other- Non English

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

Children

1. How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? : \_\_\_\_\_  Refused
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?  No  Yes  Refused
4. Please provide a list of children's names and ages:

1 result found (+1).

<input type="checkbox"/> First Name*	Last Name*	Gender*	Birth Date*	Age	SSN	Relationship to Head of Household*	Living With Head of Household	Race*	Ethnicity*	Disabling Condition	Veteran Status
<input type="checkbox"/> Pluto	Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____	7	_____- _____- _____-	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate	<input type="checkbox"/>	White	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Collected
<input type="checkbox"/>	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____	N/A	_____- _____- _____-	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate	<input type="checkbox"/>	...	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Collected

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE. IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE. SCORE:

History of Housing and Homelessness

5. Where do you and your family sleep most frequently?

- Shelters
Transitional House
Safe Haven
Outdoors
Other (specify)
Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. SCORE:

6. How long has it been since you and your family lived in permanent stable housing? # Years:

# Months Refused

7. In the last three years, how many times have you and your family been homeless?

Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. SCORE:

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? Refused
b) Taken an ambulance to the hospital? Refused
c) Been hospitalized as an inpatient? Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused
e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. SCORE:

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? No Yes Refused

10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? No Yes Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. SCORE:

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? No Yes Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. SCORE:

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? No Yes Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? No Yes Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? No Yes Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  Yes  No  Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.  
SCORE:

---

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  No  Yes  Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.  
SCORE:

---

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?  No  Yes  Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.  
SCORE:

---

#### D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  Yes  No  Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Yes  No  Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?  Yes  No  Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Yes  No  Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.  
SCORE:

---

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?  Yes  No  Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.  
SCORE:

---

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?  Yes  No  Refused

b) A past head injury?  Yes  No  Refused

c) A learning disability, developmental disability, or other impairment?  Yes  No  Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.  
SCORE:

---

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?  Yes  No  Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY.  
SCORE:

---

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?  Yes  No  Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?  No  Yes  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.  
SCORE:

---

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?  Yes  No  Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.  
SCORE:

---

#### E. FAMILY UNIT

---

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?  Yes  No  Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.  
SCORE:

---

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?  Yes  No  Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days?  Yes  No  Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?  Yes  No  Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.  
SCORE:

---

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?  Yes  No  Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.  
SCORE:

---

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?  Yes  No  Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older?  Yes  No  Refused

b) 2 or more hours per day for children aged 12 or younger?  Yes  No  Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?  No  Yes  Don't Know  Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.  
SCORE:

---

#### SCORING SECTION

##### SECTION

##### SCORE

##### Results

##### GENERAL INFORMATION

---

##### Score

##### Recommendation

##### A. HISTORY

---

0-3

No housing intervention

##### B. RISK

---

4-8

An assessment for Rapid Re-Housing

##### C. SOCIALIZATION & DAILY FUNCTIONS

---

9+

an assessment for Permanent Supportive Housing/Housing First

##### D. WELLNESS

---

##### E. FAMILY UNIT

---

##### PRE-SCREEN TOTAL

---

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Additional Questions

---

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

---

---

Is there a phone number and/or email where someone can get in touch with you or leave a message?

---

Ok, now I'd like to take your picture. May I do so?

No  Yes  Refused



## Universal Data Assessment

---

Complete the information below related to the selected client's housing status and other relevant information. Note: Because 3.917 reflects real time data entry as described in the Data Dictionary, the Default Last Assessment button will not bring in any 3.917 data. Changing any project setup data with existing enrollments may affect or break the logic for 3.917. 3.917 may not always show as expected because of changed setup data or missing required data links

---

### Master Assessment Active *Change Assessment Date*

---

Universal Data Assessment \*

Information Date: \_\_\_\_\_

Age while in project: 104

Assessment Type:  Annual  
 Entry  
 During Program Enrollment  
 Exit  
 Post Exit/Follow Up  
 Other

Disabling Condition: \*  Yes  
 No  
 Client doesn't know  
 Client refused  
 Data Not Collected

---

Client Location - Select or enter the CoC code assigned to the geographic area where the head of household is staying at the time of project entry.

---

Client Location : \*  PA-508 - Scranton/Lackawanna County CoC

---

Living Situation - Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

---

Type of Residence: \*  Place not meant for habitation  
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher  
 Safe Haven  
 Interim Housing  
 Foster care home or foster care group home  
 Hospital or other residential non-psychiatric medical facility  
 Jail, prison or juvenile detention facility  
 Long-term care facility or nursing home  
 Psychiatric hospital or other psychiatric facility  
 Substance abuse treatment facility or detox center  
 Hotel or motel paid for without emergency shelter voucher  
 Owned by client, no ongoing housing subsidy  
 Owned by client, with ongoing housing subsidy  
 Permanent housing (other than RRH) for formerly homeless persons  
 Rental by client, no ongoing housing subsidy  
 Rental by client, with VASH subsidy  
 Rental by client, with GPD TIP subsidy  
 Rental by client, with other housing subsidy (including RRH)  
 Residential project or halfway house with no homeless criteria

- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)
- Client doesn't know
- Client refused
- Data not collected

Length of stay in the prior living situation: \*

Health Insurance - Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

Covered by Health Insurance:

- \*  Yes
- No
- Client doesn't know
- Client refused
- Data Not Collected

<input type="checkbox"/> Type	Status*	Reason No	Other Coverage
Combined Children's Health Insurance / Medicaid Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____
Geisinger	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____
Geisinger Gold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____

Type	Status*	Reason No	Other Coverage
Highmark Blue Cross Blue Shield	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>
Indian Health Service (IHS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>
MA Aetna	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>
MA Amerihealth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>

Type	Status*	Reason No	Other Coverage
MA Gesinger	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>
MA Humana	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>

Type	Status*	Reason No	Other Coverage
Military Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> Applied; decision pending	
	<input type="checkbox"/> No	<input type="checkbox"/> Applied; client not eligible	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client did not apply	
	<input type="checkbox"/> No	<input type="checkbox"/> Insurance type n/a for this client	<hr/>
		<input type="checkbox"/> Client doesn't know	
		<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Data not collected	
No insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> Applied; decision pending	
	<input type="checkbox"/> No	<input type="checkbox"/> Applied; client not eligible	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client did not apply	
	<input type="checkbox"/> No	<input type="checkbox"/> Insurance type n/a for this client	<hr/>
		<input type="checkbox"/> Client doesn't know	
		<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Data not collected	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> Applied; decision pending	
	<input type="checkbox"/> No	<input type="checkbox"/> Applied; client not eligible	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client did not apply	
	<input type="checkbox"/> No	<input type="checkbox"/> Insurance type n/a for this client	<hr/>
		<input type="checkbox"/> Client doesn't know	
		<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Data not collected	
Other Public	<input type="checkbox"/> Yes	<input type="checkbox"/> Applied; decision pending	
	<input type="checkbox"/> No	<input type="checkbox"/> Applied; client not eligible	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client did not apply	
	<input type="checkbox"/> No	<input type="checkbox"/> Insurance type n/a for this client	<hr/>
		<input type="checkbox"/> Client doesn't know	
		<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Data not collected	

<input type="checkbox"/> Type	Status*	Reason No	Other Coverage
Private	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>
Private - Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>
Private - Individual	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>
State Children's Health Insurance Program S-CHIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<hr/>

Type

Status\* Reason No

Other Coverage

State Funded

- Applied; decision pending
- Applied; client not eligible
- Yes  Client did not apply
- No  Insurance type n/a for this client
- Client doesn't know
- Client refused
- Data not collected

\_\_\_\_\_

## Domestic Violence Assessment

---

If the client has been a victim of domestic violence, select Yes for Domestic Violence Experience, and select when the experience occurred.

### Assessment Active

Assessment Date: \_\_\_\_\_

Domestic Violence Experience :

- \*  Yes
- No
- Client doesn't know
- Client refused
- Data Not Collected

When Experience Occurred:

- \*  Within the past three months
- Three to six months ago (excluding six months exactly)
- Six months to one year ago (excluding one year exactly)
- One year ago or more
- Client doesn't know
- Client refused
- Data not collected

Currently Fleeing:

- \*  Yes
- No
- Client doesn't know
- Client refused
- Data Not Collected

Interested in being Connected to DV Services:

- \*  Yes
- No



## Program Eligibility

All programs available for enrollment are listed below. By default only programs that have eligibility criteria are displayed. The selected client is evaluated against the eligibility criteria for each program and a result for each is displayed below.

*All programs listed here ; including prevention*

Usage/Capacity:

Only Display Programs with Eligibility Criteria:

Program Name	Usage/Capacity	Eligibility Result	Additional Criteria	Organization
<b>Coordinated Assessment</b>				
CoC - Coordinated Assessment				
<b>Day Shelter</b>				
CIC Day Shelter				
<b><u>Emergency shelter</u></b>				
CMC Emergency Shelter	8 / 16			Catherine McAuley Center
CSS Nativity Place Shelter	9 / 12		Referrals must be made by the Office of Youth and Family Services	Catholic Social Services
CSS St. Anthony's Shelter	94 / 26	Passed		Catholic Social Services
SJC Walsh Manor Shelter	3 / 4		Must be pregnant	St. Joseph's Center
UNC AAA Emergency Motel Shelter				
UNC EFSP Emergency Shelter				
UNC HAP Emergency Shelter				
UNC OYFS Emergency Motel Shelter				
<b><u>Homelessness Prevention</u></b>				
CSS Fig St. HAP		Not enough data	Must meet income guidelines & prove able to afford apartment after all monthly expenses	Catholic Social Services
CSS Homeless Assistance Program				
CSS Prevention ESG				
UNC EFSP Rental				
UNC ESG Prevention		Not enough data	Income below 30% AMI, being evicted by Magistrate, in Scranton at least 90 days	United Neighborhood Centers
UNC Homeless Assistance Program				

Program Name	Usage/Capacity	Eligibility Result	Additional Criteria	Organization
<u>PH - Permanent Supportive Housing (disability required for entry)</u>				
CIC Permanent Supportive Housing	8 / 8	Fail		Community Intervention Center
CIC Permanent Supportive Housing 2	6 / 6	Fail		Community Intervention Center
CIC Permanent Supportive Housing 3	12 / 12	Fail		
CMC Permanent Supportive Housing	7 / 8	Fail		Catherine McAuley Center
CMC Permanent Supportive Housing FAMS	28 / 28	Fail		Catherine McAuley Center
CSS Permanent Supportive Housing	8 / 8	Fail		Catholic Social Services
CSS Permanent Supportive Housing 2	5 / 5	Fail		Catholic Social Services
CSS Permanent Supportive Housing Veterans	7 / 8	Fail		Catholic Social Services
UNC Permanent Supportive Housing	18 / 16	Fail		United Neighborhood Centers
UNC Permanent Supportive Housing 2	0 / 8			
UNC Permanent Supportive Housing for Families	30 / 24	Fail		United Neighborhood Centers
UNC Permanent Supportive Housing for Families 2	26 / 26	Fail		United Neighborhood Centers
<u>PH - Rapid Re-Housing</u>				
CIC Rapid Re-Housing City ESG				
CMC Rapid Re-Housing	35 / 25	Fail		Catherine McAuley Center
CMC Rapid Re-Housing 2	2 / 5	Fail		
CMC Rapid Re-Housing ESG City				
CMC Rapid Re-Housing RETIRED	0 / 35			Catherine McAuley Center
UNC ESG Rapid Re-Housing				
UNC Home4Good	1 / 10			
UNC Rapid Re-Housing for Families	63 / 27	Fail		
VYH - Lackawanna Rapid Re-Housing	26 / 18			

Program Name	Usage/Capacity	Eligibility Result	Additional Criteria	Organization
<u>Safe Haven</u>				
CIC Safe Haven Apartments	4 / 4	Fail		Community Intervention Center
CSS VA PDO Low Demand	7 / 7	Fail		
<u>Services Only</u>				
CoC - Chronic Homeless				
CoC - Rapid Re-Housing Prioritization List				
CSS St. James Manor	2 / 16			
<u>Transitional housing</u>				
CMC Bridge Housing	11 / 12	Fail		Catherine McAuley Center
CSS Mental Health Homeless	6 / 6	Fail		Catholic Social Services
CSS St. James Manor Transitional Housing	0 / 16	Fail		Catholic Social Services
CSS VA PDO Clinical Treatment		Fail		
CSS VA PDO Service Intensive	5 / 30	Fail		Catholic Social Services
CSS Veteran SRO	1 / 8	Fail		Catholic Social Services
SJC Mother Infant	10 / 10	Fail		St. Joseph's Center
UNC Intensive Family Reunification	0 / 24	Fail	Must have open case with OYFS, be involved with a TX court and be referred by OYFS.	United Neighborhood Centers
UNC Lackawanna County Justice Initiative	16 / 4			
UNC Post Foster Care Support	8 / 8	Fail	Must have been in foster Care. All referrals come from Office of Youth and Family Services	United Neighborhood Centers
UNC Transitional Housing	0 / 55			

The Scranton/Lackawanna County Continuum of Care (CoC) is made up of representatives from local social service organizations that are committed to working together to improve services for the homeless in our region. The members monitor the characteristics and situations of the homeless population, in order to identify strategies to prevent homelessness, rapidly house those who become homeless, and make homeless episodes as brief as possible.

As the lead agency of the CoC, UNC provides administrative support and technical assistance for the CoC and its functions. UNC is responsible for the completion and submission of the Continuum of Care Consolidated Application, which brings funding for services to the region, as well as the Housing Inventory Chart and the Point in Time Count, which monitor current homeless individuals and resources in the region. For more information about the CoC, please contact UNC's Director of Continuum of Care, Justin Marino, at 570-346-0759, ext. 108.

#### Member Agencies

- United Neighborhood Centers of Northeastern Pennsylvania
- Catherine McAuley Center
- Catholic Social Services
- Community Intervention Center
- Geisinger Health Foundation
- Lackawanna Department of Human Services
- North Penn Legal Services
- Saint Joseph's Center
- Scranton Primary Health Care Center
- Valley Youth House
- Wilkes-Barre VA Medical Center
- Women's Resource Center

#### Continuum of Care Competition Application Materials

##### FY 2019 Continuum of Care Competition Materials

- PA-508 New Project Application 2019
- **FY 2019 Projects Accepted**
- **FY 2019 Projects Rejected or Reduced**

##### FY 2018 Continuum of Care Competition Materials

- PA-508 New Project Application 2018
- CoC Board Notes November 14, 2017
- CoC Board Notes March 13, 2018
- CoC Board Notes May 8, 2018
- CoC Board Notes August 21, 2018
- Project Priority List 2018
- FY2018 Rate, Rank, Review and Selection Criteria

Full-screen Snip

On Thursday September 5<sup>th</sup>, 2019, the Scranton/Lackawanna CoC Board approved the following projects and amounts to be accepted and ranked in the 2019 HUD CoC Competition.

<b>New/Renewal</b>	<b>Applicant Name</b>	<b>Project Name</b>	<b>Project Component</b>	<b>Funding Request</b>
Renewal	Catherine McAuley Center	Permanent Supportive Housing	PH	\$152,982
Renewal	Catherine McAuley Center	Permanent Supportive Housing #2	PH	\$188,136
Renewal	Catherine McAuley Center	Rapid ReHousing Consolidation	PH	\$154,996
Renewal	Catholic Social Services of the Diocese of Scranton, Inc.	Permanent Supportive Housing 2	PH	\$98,375
Renewal	Catholic Social Services of the Diocese of Scranton, Inc.	CSS PSHP #1	PH	\$130,336
Renewal	Catholic Social Services of the Diocese of Scranton, Inc.	VA-PSHP Lackawanna	PH	\$99,803
New	Catholic Social Services of the Diocese of Scranton, Inc.	St. Anthony's Haven PSHP	PH	\$76,836
Renewal	The Community Intervention Center of Lackawanna County	Shelter Me Safe Haven	SH	\$146,031
Renewal	The Community Intervention Center of Lackawanna County	CIC Permanent Supportive Housing #1	PH	\$162,620
Renewal	The Community Intervention Center of Lackawanna County	CIC Permanent Supportive Housing #3	PH	\$214,807
Renewal	The Community Intervention Center of Lackawanna County	CIC Permanent Supportive Housing #2	PH	\$121,544
Renewal	United Neighborhood Centers of Northeastern Pennsylvania	UNC Permanent Supportive Housing #1	PH	\$337,923
Renewal	United Neighborhood Centers of Northeastern Pennsylvania	Permanent Supportive Housing for Families #1	PH	\$421,993
Renewal	United Neighborhood Centers of Northeastern Pennsylvania	Homeless Management Information Systems (HMIS)	HMIS	\$59,556
Renewal	United Neighborhood Centers of Northeastern Pennsylvania	UNC Rapid Re-Housing for Families C	PH	\$249,172
Renewal	Valley Youth House Committee, Inc.	RRH for Lackawanna County Young Adults	PH	\$82,601
Renewal	Women's Resource Center, Inc.	WRC Rapid Rehousing for Domestic & Sexual Violence Survivors	PH	\$205,604
New	Women's Resource Center, Inc.	Community Collaborative to House Youth, Families, and Incarcerated Survivors of Domestic Violence.	PH	\$224,189

Delete  
 Reply  
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 Meeting  
 Team Email  
 2019 NAEH Con...  
 To Manager  
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 Create New  
 Reply & Delete  
 Quick Steps

Move  
 Rules  
 OneNote  
 Actions  
 Assign Policy  
 Mark Unread  
 Unread  
 Follow Up  
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 Tags  
 Categorize  
 Follow Up  
 Translate  
 Editing  
 Related Select  
 Find  
 Zoom  
 Insights

**Justin Marino**  
 Scranton/Lackawanna CoC New Project Acceptance and Ranking Notice  
 To: Nocella, Stephen (nocella@cssscranton.org)  
 Cc: Kendra, Mike

Hi Steve,

Please accept this as notice that Catholic Social Services of the Diocese of Scranton, Inc.'s new project St. Anthony's Haven PSHP has been accepted and ranked by the CoC Board among all projects submitted to HUD as a part of the 2019 Continuum of Care Competition as submitted for \$76,836. Thank you for CSS's continued work to end homelessness in Lackawanna County. If you have any questions please let me know.

Best,  
Justin

Justin Marino, MBA  
 Scranton/Lackawanna Continuum of Care Director  
 United Neighborhood Centers of NEPA  
 777 Keystone Industrial Park Road  
 Throop, PA, 18512  
 (Phone) 570-346-0759 ext. 108  
 (Fax) 570-207-4242

FILE MESSAGE ACROBAT

Ignore Delete Reply Forward All Meeting More

2019 NAEH Con... Team Email Reply & Delete To Manager Done Create New

Move OneNote Actions

Assign Mark Policy Unread

Tags Categorize Follow Up

Translate Editing

Find Related Select

Zoom Insights

Quick Steps Respond

Tue 9/10/2019 11:35 AM

**Justin Marino**  
 CoC Bonus Application Acceptance-Scranton Lackawanna CoC

To: Peg Ruddy (peg@wvnepas.org)  
 Cc: Perri, Nancy; Shoener, Carol

This is the most recent version, but you made changes to another copy. Click here to see the other versions.

**Dear Peg,**

The CoC Board voted to accept and rank **Women's Resource Center's DV Bonus Joint TH-RRH Project** Community Collaborative to House Youth, Families, and Incarcerated Survivors of Domestic Violence as submitted for \$224,189.00.

Thank you for Women's Resource Center's continued work to end homelessness in Lackawanna County. If you have any questions please let me know.

Best,  
 Justin

Justin Marino, MBA  
 Scranton/Lackawanna Continuum of Care Director  
 United Neighborhood Centers of NEPA  
 777 Keystone Industrial Park Road  
 Throop, PA 18512  
 (Phone) 570-346-0759 ext. 108  
 (Fax) 570-207-4242





The Scranton/Lackawanna County Continuum of Care (CoC) is made up of representatives from local social service organizations that are committed to working together to improve services for the homeless in our region. The members monitor the characteristics and situations of the homeless population, in order to identify strategies to prevent homelessness, rapidly house those who become homeless, and make homeless episodes as brief as possible.

As the lead agency of the CoC, UNC provides administrative support and technical assistance for the CoC and its functions. UNC is responsible for the completion and submission of the Continuum of Care Consolidated Application, which brings funding for services to the region, as well as the Housing Inventory Chart and the Point in Time Count, which monitor current homeless individuals and resources in the region. For more information about the CoC, please contact UNC's Director of Continuum of Care, Justin Marino, at 570-346-0759, ext. 108.

#### Member Agencies

- United Neighborhood Centers of Northeastern Pennsylvania
- Catherine McAuley Center
- Catholic Social Services
- Community Intervention Center
- Geisinger Health Foundation
- Lackawanna Department of Human Services
- North Penn Legal Services
- Saint Joseph's Center
- Scranton Primary Health Care Center
- Valley Youth House
- Wilkes-Barre VA Medical Center
- Women's Resource Center

#### Continuum of Care Competition Application Materials

##### FY 2019 Continuum of Care Competition Materials

- PA-508 New Project Application 2019
- **FY 2019 Projects Accepted**
- **FY 2019 Projects Rejected or Reduced**

##### FY 2018 Continuum of Care Competition Materials

- PA-508 New Project Application 2018
- CoC Board Notes November 14, 2017
- CoC Board Notes March 13, 2018
- CoC Board Notes May 8, 2018
- CoC Board Notes August 21, 2018
- Project Priority List 2018
- FY2018 Rate, Rank, Review and Selection Criteria

Full-screen Snip

The Scranton/Lackawanna County CoC did not reject or reduce any projects in the FY 2019 CoC local competition.

THE SCRANTON TIMES  
DBA THE TIMES TRIBUNE  
PO BOX 3478  
SCRANTON PA 18505-0478  
(570) 348-9183  
Fax (570) 348-9149

ORDER CONFIRMATION

Salesperson: VENTURI SHARON X5270 Printed at 07/26/19 12:24 by svent

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Acct. #: 65748 Ad #: 82361222 Status: New WHOLD

UNITED NEIGHBORHOOD CENTERS  
777 KEYSTONE INDUSTRIAL PARK ROAD  
THROOP PA 18512  
Start: 07/29/2019 Stop: 07/29/2019  
Times Ord: 1 Times Run: \*\*\*  
TSLEG 1.00 X 29.00 Words: 107  
Total TSLEG 29.00  
Class: X1010 LEGALS & PUBLIC NOTICES  
Rate: CLL Cost: 141.95  
# Affidavits: 1

Contact: BOB OBRIEN Ad Descrpt: LEGAL NOTICE SCRANTON/LAC  
Phone: (570) 346-0759ext Given by: \*  
Fax#: (570) 207-4242 P.O. #:  
Email: dconnors@uncnepa.org (Clair Created: svent 07/26/19 12:20  
Agency: Last Changed: svent 07/26/19 12:23

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PUB ZONE EDT TP RUN DATES  
STTT CL 3 S 07/29  
STIN INTR 3 S 07/29  
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AUTHORIZATION

Under this agreement rates are subject to change with 30 days notice. In the event of a cancellation before schedule completion, I understand that the rate charged will be based upon the rate for the number of insertions used.

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Name (signature)

**LEGAL NOTICE**

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The Scranton Times (Under act P.L. 877 No 160. July 9, 1976)  
Commonwealth of Pennsylvania, County of Lackawanna

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THROOP PA 18512

Account # 65748  
Order # 82361222  
Ad Price: 141.95

LEGAL NOTICE SCRANTON/LAC

Ann Marie Fortese

Being duly sworn according to law deposes and says that (s)he is Billing clerk for The Scranton Times, owner and publisher of The Scranton Times, a newspaper of general circulation, established in 1870, published in the city of Scranton, county and state aforesaid, and that the printed notice or publication hereto attached is exactly as printed in the regular editions of the said newspaper on the following dates:

07/29/2019

Affiant further deposes and says that neither the affiant nor The Scranton Times is interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statement as time, place and character or publication are true *Ann Marie Fortese*.

Sworn and subscribed to before me  
this 29th day of July A.D., 2019

*Sharon Venturi*

(Notary Public)

Commonwealth of Pennsylvania - Notary Seal  
Sharon Venturi, Notary Public  
Lackawanna County  
My commission expires February 12, 2022  
Commission number 1254228  
Member, Pennsylvania Association of Notaries

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this 29th day of July A.D., 2019

*Sharon Venturi*

(Notary Public)

Commonwealth of Pennsylvania - Notary Seal  
Sharon Venturi, Notary Public  
Lackawanna County  
My commission expires February 12, 2022  
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RA Outlook Email Files - OneDrive Hello Fax Add to PTE District Look Up by Address CES Home Save to PTE The Greater ...meless Count  
FY 2019 Co... https://files.... https://files.... https://files.... HUD.gov / U... Scranton/La... https://www... screenshot...

- **North Penn Legal Services**
- Saint Joseph's Center
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- PA-508 FY2018 CoC Consolidated Application

## INSTRUCTIONS

**This is the application for Scranton/Lackawanna County Continuum of Care (PA-508) permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through the permanent housing bonus. HUD has not yet announced the amount of funds that will be available.**

**The following types of new projects will be considered:**

- **New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals experiencing chronic homelessness coming from places not meant for human habitation, safe havens, or emergency shelters.**
- **New rapid rehousing (RRH) projects that will serve homeless individuals AND families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).**

**New projects to be included in the PA-508 2019 CoC Application to HUD will be selected by an independent scoring committee. Priority will be given to those projects serving 50% or more individuals. Final decisions regarding awards will be made by HUD via the national competition.**

**All applications will be reviewed to ensure they meet HUD's Threshold Standards. Applications that do not meet these standards will not be further reviewed.**

**All applications are due by August 23, 2019 and should be sent to: [jmarino@uncnepa.org](mailto:jmarino@uncnepa.org)**



## Project Requirement and Priorities:

- Eligible activities/projects for the Funds:
  - All projects must be Permanent Supportive Housing or Rapid Re-Housing with TH-PH-RRH allowable for DV Bonus
  - Projects can request funds for:
    - PSH: Leasing (tenant or project based only), operating funds, supportive services, admin
    - RRH: Rental assistance (tenant based only), supportive services, admin
    - TH-PH RRH for DV Bonus only
  - Term – 1 year
  - Eligible Supportive Services Costs are limited to the categories included in Section 17. Budget Detail.
  - Operating funds or project based rental assistance may be used for units owned by the applicant organization. These must be units newly designated to serve homeless people and ready for occupancy no later than 6 months after the award of funds. Awards are anticipated to occur in approximately January 2019. Projects must provide a deed demonstrating site control for a building or units where evidence of site control exceeds the requested grant term.
  - Projects applying for RRH should include at least \$4,000 per household served at a point in time for supportive services. For example, if the project will support 20 households at a given point in time, the annual supportive services budget should be at least \$80,000.
  - Projects applying for PSH should include at least \$5,000 per household annually for supportive services.
  - Projects cannot request rental assistance and operating funding in the same project.
  - Projects must agree to enter client data into the PA-508 HMIS (with the exception of Victims Services Providers as they are prohibited from doing so by law. VSPs must enter data into a comparable data base), participate in the annual homeless count, participate in and accept referrals only from the applicable **Coordinated Assessment** and comply with all other HUD requirements and PA-508 CoC Policies.
  - Applications must demonstrate:
    - A plan for **rapid implementation** of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award (i.e., by no later than July 2020).
    - A connection to **mainstream service systems**, specifically:
      - 1) that services are in place to identify and enroll all Medicaid-eligible program participants and to connect Medicaid-enrolled participants to Medicaid-financed services, including behavioral health services, or other services important to supporting housing stability.
      - 2) that services are in place to connect participants to mainstream resources, including benefits, health insurance and employment services
      - 3) for stable PSH participants, that the project will assess participants' interest in moving on to independent affordable housing and offer assistance, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities.
    - Experience in operating a successful **housing first** program and a program design that meets the definition of Housing First as adopted by the PA-508 CoC and the additional housing first principles outlined in the Appendix.
    - A plan for outreach to the eligible population (see below).
    - That they meet HUD's match requirements. See Section #17, Sources of Match.
- Eligible localities:

- Projects must be located within Lackawanna County, PA.
- Eligible populations:
  - PSH:
    - All projects must dedicate 100% of units to chronically homeless individuals.
    - Project applicants must demonstrate that they will first serve the chronically homeless and then prioritize as outlined in *Scranton/Lackawanna County Policies and Procedures: Adoption of HUD Notice CPD 16-11* (See Appendix).
    - Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix)
  - RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations.
- Eligible applicants:
  - Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
  - Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

## New Project Application

### 2019 Scranton/Lackawanna County Continuum of Care

- Applications are due by close of business on August 23, 2019 and should be sent to: [jmarino@uncnepa.org](mailto:jmarino@uncnepa.org)
- Please contact [jmarino@uncnepa.org](mailto:jmarino@uncnepa.org) for questions about the form or process.
- Please save your document with the following naming convention:  
 <Agency name –Program name-NEW PA508-18>.  
**Example:** ABC Services-Home to Stay-NEW PA508-18.doc
- The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

**1. Project Applicant Information:**

- a. Name of Organization: \_\_\_\_\_
- b. Organization Type
- Units of Local Government                       Non-profit 501(c)(3)                       PHA  
  
 State Government                       Other: Describe \_\_\_\_\_
- c. DUNS Number: \_\_\_\_\_

**2. Sub-Recipient Organization (if applicable):**

- a. Name of Organization: \_\_\_\_\_
- b. Organization Type
- Units of Local Government                       Non-profit 501(c)(3)                       PHA  
  
 State Government                       Other: Describe \_\_\_\_\_
- c. DUNS Number: \_\_\_\_\_

**3. Contact person for this application:**

- a. Name: \_\_\_\_\_ Title: \_\_\_\_\_
- b. Phone: \_\_\_\_\_
- c. Email: \_\_\_\_\_

**4. Project Location (town(s)):** \_\_\_\_\_

**5. Type of Project:**     PSH             RRH

**6. Proposed Project Budget**

Activities	Total Assistance Requested
1. Leasing	
2. Rental Assistance	
Indicate Type of RA: <input type="checkbox"/> TBRA (required for RRH) <input type="checkbox"/> PBRA	
3. Supportive Services	
4. Operations	
5. Administrative costs (Up to 7% of amount requested)	
6. Sub-total Request (Add lines 1-5)	
7. Cash Match	
8. In-kind Match	

9. Total Match (Add lines 6&7) – must equal at least 25% of line #6 for RRH projects or 25% of (line #6 minus line #1 (Leasing)) for PSH projects	
10. Total Budget (Add lines 6 & 9)	

**7. Housing Type**

- a. Type:  Single Site                       Scatter Site
- b. Total Number of Units: \_\_\_\_\_
- c. Total Number of Beds: \_\_\_\_\_

**8. A. Population to be Served in the Project (Point-in-Time)**

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

**B. Population to be Served in the Project (Annually – over the course of a year)**  
*(Not applicable for PSH - Applies to RRH only)*

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

**9. Experience of Applicant/Sponsor**

<p>A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project. Be sure to provide concrete examples that illustrate 1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications 2) working with and addressing the target population’s identified housing and service needs. Specifically describe your experience with:</p> <ul style="list-style-type: none"><li>• the Housing First model</li><li>• delivering or securing Medicaid funded services for participants in the agency’s programs</li><li>• linking participants to mainstream resources, including benefits, health insurance, employments services, and mainstream affordable housing</li><li>• assessing stable participants’ interest in moving on to independent affordable housing and offering assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities (PSH ONLY)</li></ul>
<p>B. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve.</p>
<p>C. Describe the basic organization and management structure of the applicant and sub recipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant.</p>
<p>D. Describe the experience of the applicant and potential sub recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.</p>
<p>E. Describe the experience of the applicant and potential sub recipients (if any) in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds. If the applicant and sub recipient have no experience, indicate “No experience leveraging other Federal, State, local or private sector funds.”</p>



A. Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify the target population including the number of single adults and the number of families with children to be served when the project is at full capacity.

- Address and location of units
- Type and number of units – scatter site or single site, single or multi-family homes, etc.
- The specific services that will be provided and outreach methods to be used to serve the long-term homeless population
- Projected outcomes
- Coordination with partners
- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid and other mainstream services to participants

B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

C. Will the project receive referrals only through the local Coordinated Entry Network?

Yes

No

If No, please explain.

D. PSH Only: Describe recipient/sub recipient capacity for assessing need, prioritizing persons with the most severe needs and outreaching to identify chronically homeless people and the specific plan for how the project will first serve the chronically homeless according to the order of priority established in HUD Notice CPD 16-11 (*SEE APPENDIX*).

E. Describe recipient/sub recipient experience with and a description of the program design for implementing Housing First.

F. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?  Yes  No

Will more than 16 persons reside in a structure?  Yes  No

If yes, please answer the following questions

- Describe local market conditions that necessitate a project of this size.
  
- Describe how the project will be integrated into the neighborhood.

G. If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential sub recipients (if any) will have in developing, operating, and maintaining the property.



**11. Supportive Services for Participants**

A. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, as updated by the Every Student Succeeds Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

- Yes      No

B. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?

- Yes      No

C. Describe how participants will be assisted to obtain and remain in permanent housing. The description must be consistent with other parts of this application and identify:

- Plan to move eligible participants into the project
- Needs of tenants and plan for addressing those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services
- How units will be identified and rent reasonableness will be determined

D. Describe how participants will be assisted to increase employment and/or income and to maximize their ability to live independently. The description must be consistent with other parts of this application and identify:

- Needs of target population and services required
- How tenants will access these services
- Coordination with other providers and mainstream systems
- How tenants will access SSI/SSDI and other mainstream benefits
- Unique needs of youth (if applicable)

E. Describe how you will coordinate effort with and connect tenants to mainstream employment organizations. These are organizations that provide job readiness, job training, and/or employment opportunities for all individuals and not exclusively for homeless individuals (e.g. Labor Ready).

F. Please identify whether the project will include the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes No
- Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes No
- Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub recipient, or partner agency? Yes No
- Indicate the last SOAR training date for the staff person providing the technical assistance: \_\_\_\_\_

**12. Supportive Services Type and Frequency:**

A. For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services.**

*For Provider, indicate: “Applicant” if the applicant will provide the service directly; “Sub recipient” if a sub recipient will provide the service directly; “Partner” if an organization that is not a sub recipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, “Non-Partner” to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.*

Supportive Services	Provider	Frequency – select one per service type				
		Daily	Weekly	Bi-monthly	Monthly	N/A
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/ Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

B. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) to the proposed project?

- Yes, very accessible
- Somewhat accessible
- Not accessible

**13. Population Characteristics**

<b>Population Characteristics</b>	<b>Persons in HH's with At Least One Adult and One Child</b>	<b>Adult Persons in Households without Children</b>	<b>Persons in Households with Only Children</b>	<b>Total</b>
<b>Disabled Adults over age 24</b>				
<b>Non-disabled Adults over age 24</b>				
<b>Disabled Adults ages 18-24</b>				
<b>Non-disabled Adults ages 18-24</b>				
<b>Accompanied Disabled Children under age 18</b>				
<b>Accompanied Non-disabled Children under age 18</b>				
<b>Unaccompanied Disabled Children under age 18</b>				
<b>Unaccompanied Non-disabled Children under 18</b>				

**Totals from Above:**

<b>Total Number of Adults over age 24</b>				
<b>Total Number of Adults ages 18-24</b>				
<b>Total Number of Children under 18</b>				
<b>Total Persons</b>				

**14. Subpopulations** – For PSH, each person must be listed as chronically homeless and at least one adult in each household must be listed as disabled. DV is not considered a disability by HUD.

**Households with At Least One Adult and One Child**

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Dom. Violence	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 18									
Total Persons									

**Adult Households without Children**

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Total Persons									

**Households with Only Children**

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Unaccompanied Disabled Children >18									
Unaccompanied Non-Disabled Children >18									
Accompanied Disabled Children >18									
Accompanied Non-Disabled Children >18									
Total Persons									

**15. Outreach for Participants**

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

- \_\_\_ Persons who came from the street or other locations not meant for human habitation
- \_\_\_ Persons who came from Emergency Shelters
- \_\_\_ Persons who came from safe havens
- \_\_\_ Persons eligible under category 4 – e.g., fleeing DV, stalking, violence (see appendix for definition)
- \_\_\_ Total of above percentages

B. Describe the outreach plan to bring eligible homeless participants into the project.

**16. HMIS Participation**

- a. Does your agency currently participate in HMIS?  Yes  No
- b. Will your agency enter data into the HMIS for this proposed project?  Yes  No



## 17. Budget detail

**Leased Unites Budget** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Link for 2019 FMRs:

[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/select_Geography.odn)

Unit Size	No. of Units	FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
<b>Totals</b>				

**Rental Assistance Budget** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Link for 2019 FMRs:

[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/select_Geography.odn) Indicate the Type of

Rental Assistance:  Project Based  Tenant Based

Unit Size	No. of Units	FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
<b>Totals</b>				

### Operating Costs

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Budget Request
Maintenance and repair		
Electricity, Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
<b>Total Operating Request</b>		

**Supportive Services:** Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

<b>Eligible Costs</b>	<b>Quantity Description (max 400 characters)</b>	<b>Annual Budget Request</b>
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Employment Services		
Food		
Housing Search/Counseling		
Legal Services		
Life Skills		
Outreach Services		
Transportation		
Utility Deposits (only if not included in lease agreement)		
<b>Total Annual Assistance Requested for Supportive Services</b>		

**Sources of Match – Please complete the match table below.**

Match is actual cash or in-kind resources contributed to the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Program, even if the recipient is not receiving CoC Program grant funds for that activity. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (with cash or in-kind resources). Match resources may be from public or private resources.

<b>Identify Type of Contribution: Cash or In kind</b>	<b>Name the Source of Contribution</b>	<b>Identify Source as: (G) Government or (P) Private</b>	<b>Date of Written Commitment</b>	<b>Value of Written Commitment</b>
<i>Example: Cash</i>	<b>DMHAS</b>	<b>G</b>	<b>7/15/19</b>	<b>\$10,000</b>
			<b>TOTAL:</b>	<b>\$</b>

## APPENDIX

### **PA-508 Adopted Definition of 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.

### **Housing First Principles**

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

#### Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
  - a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
  - b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of “housing readiness.”
  - c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
  - d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

#### Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.

- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

### **PA-508 Policy - Adoption of HUD Notice CPD 16-11**

This CoC will base prioritization for permanent supportive housing on the Notices CPD-14-012 and CPD-16-11. Households meeting the definition of chronic homelessness will be prioritized for all Permanent Supportive Housing vacancies upon turnover.

All CoC Program-funded PSH must take new participants from the single prioritized Chronic Homeless list for individuals or for families as appropriate, which is created using the Coordinated Entry process along with the criteria outlined below.

### **Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:**

All Scranton/Lackawanna County CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through the Chronic Homeless List maintained in HMIS and should be filtered for prioritization decisions.

This by-name lists use the order of priority established in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant guidance from the Notice appears below, and the full Notice is available at:

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.

### **Accepting Referrals through a Single Prioritized List for PSH**

All CoC-funded PSH projects are required to accept referrals ONLY from the *Chronic Homeless List* that is maintained in HMIS and monitored by the Chronic Homeless Committee, and should be filtered for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

### **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness (excerpt from PA-508 Policies and Procedures):**

I. The CoC hereby adopts the provisions and requirements set out in HUD Notice CPD-14-012 and updated Notice CPD-16-11 which are to be applicable to all CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness (which includes all PA-508 CoC Program-funded PSH):

**(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 (2) 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 (2) 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 (2) 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 (2) of the definition for chronically homeless, of the family as having severe service needs.

\*\*Please see full CoC Policies and Procedures for the full text of the prioritization policy:  
<http://www.uncnepa.org/scranton-lackawanna-county-continuum-of-care/>

## **DEFINITIONS OF KEY TERMS:**

**Category 4 – HUD Homeless Definition.** HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Chronically Homeless.** The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

**Chronically Homeless.** The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

1. **(a)** A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
  - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - ii. Has been homeless and living as described in paragraph (a) (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a) (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- (b)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (c)** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

**Disabling Condition:**

Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

**RACIAL EQUITY IN HOMELESS PREVALENCE  
Scranton/Lackawanna County Continuum of Care**

The Scranton/Lackawanna County Continuum of Care used the HUD 2019 Racial Equity Analysis Tool, along with race and ethnicity data from the 2018 Longitudinal Systems Analysis (LSA), to assess racial equity in homelessness and access to services for our CoC. Results from the HUD Racial Equity Analysis Tool show several disparities along racial/ethnic lines. While people who are White make up 93% of all people in the CoC and 84% of individuals living in poverty in the CoC, they represent only 65% of those experiencing homelessness. Conversely, people who are Black make up only 3% of all people in the CoC and 8% of those living in poverty, but represent 21% of those experiencing homelessness.

**Table 1: Homelessness by Race/Ethnicity - All**

<b>Race/Ethnicity</b>	<b>% Total Population in CoC</b>	<b>% Total Population in Poverty</b>	<b>% Population Experiencing Homelessness</b>
White	93%	84%	65%
Black	3%	8%	21%
Hispanic	6%	15%	15%

Amongst families with children, those who are Hispanic have higher prevalence of homeless (24%) compared to the total percentage of those in poverty (15%) and total percentage of the population (5%) when compared with those who are not Hispanic (76% of those who are homeless, 85% of those in poverty, and 95% of the total population).

**Table 2: Homelessness by Race/Ethnicity – Families with Children**

<b>Race/Ethnicity</b>	<b>% Total Population in CoC</b>	<b>% Total Population in Poverty</b>	<b>% Population Experiencing Homelessness</b>
White	93%	84%	53%
Black	3%	8%	23%
Hispanic	5%	15%	24%
Non-Hispanic	95%	85%	76%

The racial trends hold true amongst youth (under age 25), where Black youth are more likely to be homeless (17% of the homeless population, but only 5% of the total population) compared to their White counterparts (61% of the homeless population, but 88% of the total population). Similarly, Hispanic youth represent 28% of the homeless population, but only 11% of the overall population.

**Table 3: Homelessness by Race/Ethnicity – Youth Under Age 25**

<b>Race/Ethnicity</b>	<b>% Total Population in CoC</b>	<b>% Population Experiencing Homelessness</b>
White	88%	61%



Black	5%	17%
Hispanic	11%	28%

Of note is that those who are White are unsheltered at a higher rate (9% of all individuals who are White and homeless were unsheltered) compared to those who are Black (2% of all individuals who were Black and homeless were unsheltered) and Hispanic (7% of all individuals who were Hispanic and homeless were unsheltered). It is important to keep in mind that the total unsheltered population counted during the PIT was only 14, and as a result the rates are subject to significant variation as a result of 1 or 2 individuals of any given ethnicity, and does not provide sufficient data to reach conclusions about the prevalence of unsheltered populations by race/ethnicity.

**Table 4: Homelessness by Race/Ethnicity – Unsheltered**

Race/Ethnicity	Number Homeless	Number Unsheltered
White	129	12
Black	42	1
Hispanic	29	2

Using data from the LSA, we see that 66% (380) of those accessing emergency shelter, safe housing, and transitional housing were White, compared to 8% (46) who were Hispanic, and 22% (126) who were Black. 50% (6) of those access rapid re-housing were White, 17% (2) were Black, and 17% (2) were Hispanic. 75% (64) of those accessing permanent supportive housing were White, 15% (13) were Black, and 4% (3) were Hispanic. Overall, 67% (450) of those accessing housing services (emergency shelter, safe housing, transitional housing, rapid re-housing, permanent supportive housing) were White, 8% (51) were Hispanic, and 21% (141) were Black.

**Table 5: Access of Housing Resources by Race/Ethnicity (LSA) – Adult-Only Households**

Race/Ethnicity	Accessed ES/SH/TH	Accessed RRH	Accessed PSH	Total Accessed Housing	% Accessing Housing	% Overall Homeless Population
White	380	6	64	450	67%	65%
Black	126	2	13	141	21%	21%
Hispanic	46	2	3	51	8%	15%

The LSA data shows that those who are homeless who are Hispanic in adult-only households are less likely to access services (those who are Hispanic make up 15% of the total homeless population, but only 8% of those accessing housing services), while those who are White and those who are Black both access services at rates similar to their representation within the homeless population (those who are White represent 65% of the total homeless population and 67% of those accessing services, while those who are Black represent 21% of the homeless population and 21% of those accessing services).

LSA data shows additional disparities in accessing housing services amongst families with children, with families with children who are white making up 59% (104) of households served through housing programs, compared to 16% (29) of households who are Hispanic and 17% (30)

of households who are Black. This shows that families with children who are White access housing services at rates greater than their overall representation in the homeless population (households with children who are White make up 53% of the homeless population but 59% of those accessing housing services) while households with children that are Black and Hispanic access services at rates lower than their representation in the overall homeless population (households with children who are Black make up 23% of the total number of homeless households with children who are Black, but only 17% of those accessing housing services, and households with children who are Hispanic make up 24% of the total number of households with children experiencing homelessness but only 16% of those accessing housing services).

**Table 6: Access of Housing Resources by Race/Ethnicity (LSA) – Households with Children**

<b>Race/Ethnicity</b>	<b>Total Accessed Housing</b>	<b>% Accessing Housing</b>	<b>% of Overall Homeless Population</b>
White	104	59%	53%
Black	30	17%	23%
Hispanic	29	16%	24%

Neither the LSA or Racial Equity Analysis Tool has data on discharge or housing destination to allow for an analysis of emergency, transitional, or permanent housing outcomes by race/ethnicity.

It should be noted that the data used for the racial equity analysis (the PIT and LSA) both provide small sample sizes, in which small changes in the number of people in any given racial/ethnic group would substantially impact the findings of the analysis.

Using the above data, the Scranton/Lackawanna County CoC can see that those who are Hispanic and homeless access services at a lower rate than their White and Black counterparts. Efforts to address this have already begun, with CoC-funded organizations implementing linguistically and culturally appropriate services, including hiring Spanish-speaking direct service staff. This includes the Women’s Resource Center (DV provider), which has 5 Spanish-speaking advocates on staff to provide services to households fleeing domestic violence. Further outreach and engagement efforts will be made to connect with households who are Hispanic and homeless. Additionally, the CoC will assess opportunities to offer homelessness prevention services to households within the CoC, including households living in poverty who are Black, which could help to prevent those households from falling into homelessness and begin to reduce the disparity between the percent of households who are Black living poverty compared to the percent who are homeless.

**Scranton/Lackawanna County Continuum of Care  
Homeless Management Information Systems  
Policies and Standard Operating Procedures  
Version 1.0**

Effective Date  
January 19, 2017

**Scranton/Lackawanna County Homeless Management Information Systems  
Policies and Standard Operating Procedures  
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**Scranton/Lackawanna Continuum of Care  
Homeless Management Information Systems  
Policies and Standard Operating Procedures**

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This document details the policies and standard operating procedures that govern the operation of the Scranton/Lackawanna County Continuum of Care Homeless Management Information System (SLCCoC HMIS). It defines the roles and responsibilities of the HMIS Lead, agencies and individuals accessing SLCCoC HMIS data. It includes important information on the way the SLCCoC HMIS data is secured and protected. All individuals accessing SLCCoC HMIS must read and understand these Standard Operating Procedures.

## INTRODUCTION

This document details the policies and standard operating procedures that govern the operation of the Scranton/Lackawanna County Continuum of Care Homeless Management Information System (SLCCoC HMIS). It defines the roles and responsibilities of the HMIS Lead, agencies and individuals accessing SLCCoC HMIS data. It includes important information on the way the SLCCoC HMIS data is secured and protected. All individuals accessing the SLCCoC HMIS must read and understand these Standard Operating Procedures.

SLCCoC HMIS is administered by the United Neighborhood Centers of Northeastern Pennsylvania (UNC), a non-profit corporation acting in the behalf of the SLCCoC Board. The SLCCoC Board is comprised of six regional providers that are under contract with the U.S Department of Housing and Urban Development (HUD) to provide homeless services as well as other community stakeholders. The central server is administered by the contracted HMIS software vendor, and UNC administers licensing, training, and compliance.

The primary purpose of the SLCCoC HMIS is to provide a client and service data management tool to aid the Continuum of Care to end homelessness in Scranton/Lackawanna County and meet HUD requirements for CoCs to provide an unduplicated demographic report of the number and characteristics of clients served as well as program outcomes. This tool is Internet-based technology to assist homeless service organizations across Lackawanna County in capturing information about the clients that they serve.

SLCCoC HMIS provides a standardized assessment of consumer needs creates individualized service plans and records the use of housing and services which communities can use to determine the utilization of services of participating agencies, identify gaps in the local service continuum, and develop outcome measurements.

## Benefits of SLCCoC HMIS

### **SLCCoC HMIS benefits homeless men, women, and children:**

Improvements in service delivery for clients as case managers assess the client's needs, inform the client about available services on site or through referral, help the client find and keep permanent housing, and improve service coordination when information is shared between programs within one agency that are serving the same client.

### **SLCCoC HMIS benefits agencies, program managers and case managers:**

Aggregate program-level and agency-level information and reports should be accessible to agencies and program managers to provide a more complete understanding of clients' needs and outcomes, advocate for additional resources, complete grant applications, conduct evaluations of program services and staff performance, and report to funders. Minimally, the software should be able to generate the program portions of the HUD CoC Annual Progress Report (APR) and HUD ESG Consolidated Annual Performance and Evaluation Report (CAPER).

### **SLCCoC HMIS benefits the regional Continuum of Care:**

Unduplicated, de-identified, system-wide information should be readily accessible to provide a more complete understanding of homelessness, clients' needs and outcomes, and program and system-level performance to inform policy decisions aimed at addressing and ending homelessness at local, state and federal levels. The software should also be able to generate data and/or reports to fulfill Federal Annual Homeless Assessment Report (AHAR), System Performance Measures, Continuum application requirements, and city-wide and system-level funding reports.

## Definitions

### **Many of the terms used in this Policies and Standard Operating Procedures**

**Manual may be new to many users. Definitions of some of these terms are as follows:**

**Agency Administrator:** The person responsible for system administration at the agency level. This person is responsible for adding and deleting users, basic troubleshooting, and organizational contact with the SLCCOC HMIS System Administrator.

**Authentication:** The process of identifying a user in order to grant access to a system or resource; usually based on a username and password.

**Authorized Agency:** Any agency, organization or group who has an SLCCOC HMIS Agency Agreement with the SLCCOC HMIS System Administrator and that is allowed access to the SLCCOC HMIS database.

**Eccovia Solutions:** The company that wrote the software used for the SLCCoC HMIS. Eccovia Solutions, also houses and maintains the server which houses our HMIS database.

**Client:** Any recipient of services offered by a Provider or Authorized Agency.



**Client-level Data:** Data collected or maintained about a specific person. This type of data can be de-identified for purposes of data analysis, which means that personally identifying information is removed from the record.

**Database:** An electronic system for organizing data so it can easily be searched and retrieved; usually organized by fields and records.

**De-identified Data:** Data that has been stripped of personally identifying information.

**Encryption:** Translation of data from plain text to a coded format. Only those with the “key” have the ability to correctly read the data. Encryption is used to protect data as it moves over the internet and at the database level through the use of special software.

**Fiscal Agency:** The agency chosen by the SLCCoC governing board to manage the financial aspects of the corporation, including the general ledger, accounts payable, and accounts receivable. The Agency shall follow fiscal policies established by general accounting principles.

**Firewall:** A method of controlling access to a private network, to provide security of data. Firewalls can use software, hardware, or a combination of both to control access.

**HMIS:** Homeless Management Information System. This is a generic term for any system used to manage data about homelessness and housing.

**HUD HMIS Data and Technical Standards (the Standards):** The most recent HUD Standards published for Continuum of Care to systematically collect and report data for projects funded under Title IV of the McKinney-Vento Homeless Assistance Act. The current Standards were published in the July 30, 2004 Federal Register, Vol. 69, No. 146, pp. 45888 through 45934, with revisions released by HUD in March 2010. These standards fall into three categories: a) data elements required to be collected by HMIS users including “universal” and “program specific” data elements; b) Privacy and Security Standards for data confidentiality; and c) Technical Standards for the creation of HMIS data systems. Whenever the Standards are revised, this definition will reflect the most recently adopted revisions, and a change to the SLCCoC HMIS policies is not required.

**Identifying Information:** Information that is unique to an individual and that may be used to identify a specific person. Examples of identifying information are name and social security number.

**SLCCoC HMIS:** The software system as well as the information input, generated or acquired in print or machine readable format.

**Provider:** ANY organization providing outreach, shelter, housing, employment and/or social services.

**SLCCoC HMIS Lead Agency: Manages** the SLCCoC HMIS for the Continuum of Care

**Server:** A computer on a network that manages resources for use by other computers in the network. For example, a file server stores files that other computers (with appropriate

permissions) can access. One file server can “serve” many files to many client computers. A database server stores a data file and performs database queries for client computers.

***ClientTrack***: A web-based software package developed by Eccovia Solutions which tracks data about people in housing crisis in order to determine individual needs and provide aggregate data for reporting and planning.

**HMIS Lead**: The job title of the person who is responsible for the coordination and administration of SLCCoC HMIS. This person has the highest level of user access in *ClientTrack* and has full access to all user and administrative functions across the County. This person provides technical support and training to Users.

**User**: An individual who uses a particular software package; in the case of the SLCCOC HMIS, the *ClientTrack* software.

**User License**: An agreement with a software company that allows an individual to use the product. In the case of *ClientTrack*, user licenses are agreements between the Fiscal Agency and Eccovia Solutions that govern the distribution of regional licenses for individual connections to SLCCoC HMIS. User licenses cannot be shared.

**Policy 1.0 Organization and Management of the SLCCoC HMIS System**

Responsible: SLCCoC Board

Effective Date: January 19, 2017

Authorized: SLCCoC Board

Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the SLCCoC Board regarding access and usage of SLCCoC HMIS as well as the responsibilities for stewardship of SLCCoC HMIS.

**Policy Statement**

The SLCCoC Board is comprised of HMIS participating agencies and other homeless stakeholders in the Scranton/Lackawanna County Continuum of Care that are under contract with the U.S Department of Housing and Urban Development (HUD) and shall establish guidelines and operating policies for the SLCCoC HMIS to comply with federal regulation and guidance provided through the Department of Housing and Urban Development. These Policies and Standard Operating Procedures will be made available to all participating agencies, and a system of review will be established to ensure ongoing viability and responsiveness of policies to the project's environment.

**Policy 1.1 SLCCoC Board**

Responsible: SLCCoC Board

Effective Date: January 19, 2017

Authorized: SLCCoC Board

Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the SLCCoC Board regarding access and usage of SLCCoC HMIS as well as the responsibilities for stewardship of SLCCoC HMIS.

**Policy Statement**

The SLCCoC Board is the governing body in control of the county-wide HMIS system and has sole responsibility for the following programmatic areas: ensuring active membership in the HMIS Committee; monitoring the Lead Agency and Participating Agencies for compliance; and quality assurance/accountability. The Board meets at least quarterly. The Board is the final decision making authority of SLCCoC HMIS.

Membership of the SLCCoC Board will be established according to the guidelines outlined in the SLCCoC By-Laws. Roles and responsibilities of the Board include, but are not limited to:

- Determining the guiding principles that should underlie the implementation activities of SLCCoC HMIS, participating organizations and service programs;
- Adopting the Data Quality Plan for ensuring participation compliance;
- Defining criteria, standards, and parameters for the release of aggregate data;
- Ensuring adequate privacy protection provisions in project implementation; and
- Selecting and contracting with an HMIS software vendor

**Policy 1.2 Fiscal Management**

Responsible: United Neighborhood Centers

Effective Date: January 19, 2017

Authorized: United Neighborhood Centers

Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the United Neighborhood Centers regarding financial management of the corporation.

**Policy Statement**

United Neighborhood Centers has fiduciary responsibility for the HMIS grant. All financial activities will be documented through General Accounting Principles and comply with financial

regulatory requirements as applicable. In relation to fiscal management, United Neighborhood Centers is the final decision making authority of the HMIS grant.

United Neighborhood Centers shall adopt a budget; continuously review the operation of that budget and recommend appropriate changes therein during the fiscal year; and supervise the financial operations of the grant.

United Neighborhood Centers has the authority to contract with a fiscal agency to perform the day to day financial activities of the corporation. The Fiscal Agency will be required to follow the equivalent financial guidelines as the corporation and must be audited annually by an independent public accountant.

**Policy 1.3 HMIS Lead**

Responsible: United Neighborhood Centers  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the HMIS Lead Agency regarding access and usage of the HMIS System as well as the responsibilities for stewardship of the HMIS System.

**Policy Statement**

The CoC Board designates the HMIS Lead Agency as United Neighborhood Centers. United Neighborhood Centers will provide for SLCCoC HMIS services. United Neighborhood Centers will designate a staff member as the HMIS Lead. The HMIS Lead will be responsible for the management and supervision of the SLCCoC HMIS. In the absence of the HMIS Lead, UNC will designate a back-up staff person, until a new HMIS Lead is determined. The HMIS Lead has access to all agency records within the Continuum. The HMIS Lead is governed by these Policies and Standard Operating Procedures.

The HMIS Lead is responsible for the following:

- Manage the day-to-day operations of the SLCCoC System.
- Respond to all system-wide questions and issues;
- Provide quality assurance reports to the HMIS Committee;
- Issue User Licenses;
- Provide support to HMIS users upon request;
- Manage version controls;
- Monitor data quality and report data quality issues to Participating Agencies to ensure timely correction and support;
- Convene Community User Meetings and group trainings upon request.
- Train and support Participating Agencies in the use of SLCCoC HMIS.
- Attend System Administration User Meetings to share and benefit from the lessons learned across the Commonwealth and region.
- Report database problems to Software Provider.
- Manage notification of upgrades and updates to CHOs.
- Mine the database to respond to authorized requests for information.
- Prepare formal reports for the local Continuum of Care
- Sign Participating Agency Agreements as requested
- Sign and understand EndUser Agreement

- Complete required trainings with regard to Privacy and System Use.
- Manage password recovery.
- Respond to questions from the assigned Agency Administrators and provide on-site help as needed.
- Guide the HMIS process locally.

**Policy 1.4 Participating Agency**

Responsible: HMIS Lead  
 Authorized: SLCCOC HMIS Board

Effective Date: January 19, 2017  
 Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the Participating Agency regarding access and usage of HMIS as well as the responsibilities for stewardship of HMIS.

**Policy Statement**

The Continuum of Care shall identify and solicit the participation of human service providers who are necessary contributors to the HMIS system. These are to include: emergency shelters, transitional housing programs, rapid rehousing programs, homeless outreach programs, permanent supportive housing providers, and homeless prevention programs.

In addition, each region may discretionally identify other service providers that could benefit from inclusion in SLCCoC HMIS. Each Participating Agency will be accountable for adherence to the minimum data collection and technical standards set by the HMIS Committee and HMIS Lead, where applicable, as detailed in the Standard Operating Procedures.

Before an agency can join SLCCoC HMIS, a Partnership Agreement must be signed and all policies and accompanying documentation must be adopted. The Participating Agency will be responsible for oversight of its own related confidentiality requirements and bears primary responsibility for oversight for all sharing of data it has collected via HMIS.

**Policy 1.5 Agency Administrator**

Responsible: HMIS Lead  
 Authorized: SLCCoC Board

Effective Date: January 19, 2017  
 Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the Agency Administrator regarding access and usage of HMIS as well as the responsibilities for stewardship of HMIS.

**Policy Statement**

Each Participating Agency must identify a staff member to be the HMIS Agency Administrator. The HMIS Agency Administrator is the single point of contact for communication purposes and is responsible for enforcing the data and security requirements under the Policy and Procedures. The Executive Director must submit in writing the name and contact information of the HMIS Agency Administrator to the HMIS Lead. The Executive Director must notify the HMIS Lead of changes in personnel in writing within one business day. If the HMIS Agency Administrator does not have the capacity to fulfill the technical obligations of this role, arrangement can be made with the HMIS Lead prior to executing an Agency Agreement to ensure the Participating Agency is compliant with the data and security requirements of the HMIS.

The Agency Administrator is responsible for the following:

- Primary contact between the Participating Agency and the HMIS Lead
- Must have email, internet access, and an HMIS User License

- Manages agency user licenses; requesting addition and removal of licensed users for their agency, at the discretion of the HMIS Lead
- HMIS access must be revoked immediately upon termination from agency, placement on disciplinary probation, or upon any change in duties not necessitating access to HMIS System information. All changes must be relayed in writing to the HMIS Lead.
- Ensures the stability of the agency connection to the Internet and *ClientTrack*, either directly or in communication with other technical professionals
- Provides support for the generation of agency reports
- Monitors and enforces compliance with standards of client confidentiality and ethical data collection, entry, and retrieval at the agency level

**Policy 1.6 HMIS User**

Responsible: HMIS Lead  
 Authorized: SLCCoC Board

Effective Date: January 19, 2017  
 Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the HMIS User regarding access and usage of the system as well as the responsibilities for stewardship of HMIS.

**Policy Statement**

All HMIS Users will have access to data that is appropriate to the duties of their position so that client and service information can be recorded and accessed on a “need to know” basis. Each User will complete a training course and sign the User Agreement prior to gaining access to HMIS through the issuance of a license.

The User is responsible for the following:

- Adhering to all SLCCoC HMIS policies as detailed in the User Agreement
- Securing his/her log-in information so that it will not be shared with another, including administrators or other staff
- Disclosing HMIS participation and data usage to all clients prior to collection and entry
- Entering and updating client data in a “timely” manner

**Policy 1.7 System Availability**

Responsible: HMIS Lead  
 Authorized: SLCCoC Board

Effective Date: January 19, 2017  
 Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for providing availability of database server and notification in advance of any disruption of server availability.

**Policy Statement**

All SLCCoC HMIS Users will retain uninterrupted access to SLCCoC HMIS, with the exception of scheduled system maintenance. Notification of database unavailability will be posted to the “Organization News” section of ClientTrack on the User Dashboard and sent to all users via e-mail no less than forty-eight hours prior to the disruption.

**Policy 1.8 Ethical Data Usage**

Responsible: Participating Agency  
 Authorized: SLCCoC Board

Effective Date: January 19, 2017  
 Last Revision: January 19, 2017

**Scope**

This policy establishes the baseline ethics for HMIS data usage by anyone accessing the System.

## Policy Statement

Data contained in HMIS is intended to be used to support or report on the delivery of homeless and housing services in the Scranton/Lackawanna County. Each User will affirm the principles of ethical data use and client confidentiality contained in the Policies and Standard Operating Procedures Manual and the User Agreement. Each Authorized Agency must have a written privacy policy that includes policies related to employee misconduct or violation of client confidentiality. All Users must understand their Agency's privacy policy, and an HMIS User Agreement must be held at the agency level for each User.

The data collected in HMIS is primarily the personal information of people in Scranton/Lackawanna County who are experiencing a housing crisis. It is the user's responsibility as the guardian of that data to ensure that it is only used to the ends to which it was collected and in and the manner to which the individual client has given consent.

All users will sign an HMIS User Agreement before being given access to HMIS. Any individual or Authorized Agency misusing, or attempting to misuse HMIS data will be denied access to the database, and his/her/its relationship to HMIS may be terminated.

### Policy 1.9 Inter-Agency Data Sharing

Responsible: Participating Agency  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

#### Scope

This policy establishes requirements for any client data sharing from the Participating Agency inputting and releasing data to any other Participating Agency accessing HMIS.

#### Policy Statement

**Electronic data sharing varies between agencies.** The need for client confidentiality and the benefit of integrated case management should be balanced when discussing inter-agency data sharing. During the development of the regional HMIS, Scranton/Lackawanna County CoC favored electronic data sharing within HMIS for the benefit of interagency case management. Since then, additional agencies, not receiving CoC/ESG funds, have been added to the system. **The inter-agency data sharing policy is as follows:**

**CoC/ESG-fund recipients share all information that is entered into the system with exception to domestic violence service agency and clients that explicitly refuse to share data in SLCCoC HMIS.**

**Additional participating agencies will be set up as deemed appropriate by the CoC Board with consideration to client privacy as well as service facilitation.**

### Policy 1.10 Support

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

#### Scope

This policy establishes requirements of technical support for the HMIS software application.

#### Policy Statement

The HMIS Lead shall provide ongoing support to the Participating Agency through training on the system and ongoing telephone Help Desk functions. The HMIS Lead acknowledge the receipt of inquiries in a timely manner. The HMIS Lead will provide electronic access to documentation and manuals regarding the use of HMIS. The HMIS System also contains an on-line Help function for user support.

Support will include the HMIS Lead verification that the network server and the HMIS System are functioning correctly. Participating agencies are responsible for maintenance of their computer hardware and internet connectivity. The HMIS Lead will assist agency staff with questions that arise during the use of the System. Participating agencies should contact the Lead with questions or problems that appear to be related to errors in the System. The HMIS Lead may pass a description of the problem and an agency contact name to Eccovia Solutions Technical Support. The HMIS Lead will assist in the consolidation and deletion of duplicate client records.

**Policy 2.0 Requirements for Agency Participation**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the Participating Agency and User to obtain authorization to access and use HMIS.

**Policy Statement**

The HMIS Lead will ensure that anyone accessing HMIS has met the following standards:

- The agency requesting to participate in SLCCoC HMIS has signed a Partnership Agreement and the agreement will be on file at the HMIS Lead agency. The agency accessing the system shall ensure that measures have been taken to secure the physical location used for data entry. A computer that has HMIS “open and running” shall never be arranged so that unauthorized individuals may see the information on the screen.
- The User requesting access to the system has been given written permission from the Agency Administrator to access the system.
- The User given access to the system will have read, understood, and provided a signed acknowledgment of receipt of Policies and Standard Operating Procedures Manual.
- The User will be assigned a user name and password once they have successfully participated in HMIS Training.

**Policy 2.1 Participating Agency Agreement**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the Participating Agency Agreement.

**Policy Statement**

Only authorized Participating Agencies will be granted licenses to gain access to HMIS. The HMIS Lead will make the sole determination to identify Participating Agencies. Participating Agencies ensure that all aspects of the Participating Agency Agreement are followed as specified.

- The agency requesting to participate in HMIS has signed a Participating Agency Agreement and the agreement will be on file at the HMIS Lead agency.
- The Participating Agency Agreement outlines responsibilities and duties of the HMIS Lead and the Participating Agency including requirements for all aspects of system access and use.
- The Participating Agency Agreements will include terms and duration of access, an acknowledgement of receipt of the Policies and Standard Operating Procedures Manual, and an agreement to abide by all provisions contained therein.



**Policy 2.2 User Licenses**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date:  
Last Revision:

**Scope**

This policy establishes requirements for the Participating Agency and end user to obtain and utilize user licenses to gain access and use the SLCCoC HMIS.

**Policy Statement**

1. Fifteen licenses are available for each Participating CoC Agency. If necessary, the Participating Agency may incur any additional costs for licenses through the HMIS Lead Agency based upon the current quote from the system provider.
2. User licenses for agencies that do not receive CoC funds will be negotiated between the HMIS Lead Agency and relevant participating agency based upon the current quote from the system provider.
3. In order to obtain a license, a User must successfully complete an approved training program by the HMIS Lead.
4. Sharing of licenses, User IDs or passwords is strictly prohibited.

**Policy 2.3 User Cost**

Responsible: Participating Agency  
Authorized: SLCCoC Board

Effective Date:  
Last Revision:

**Scope**

This policy establishes cost requirements by Participating Agencies to gain access and use HMIS.

**Policy Statement**

1. Should it become necessary to incur shared costs by participating agencies, the HMIS Lead shall determine the per agency cost, in consultation with and after advance approval of the Scranton/Lackawanna County Continuum of Care and participating agencies.
2. Costs shall be documented and itemized with an invoice sent to the Participating Agency directly from the HMIS Lead Agency.
3. Payments shall be made payable to the United Neighborhood Centers and due *-insert payment schedule-*.
4. Costs shall be designated as follows: \_\_\_\_\_ per month totaling \_\_\_\_\_ per year.

**Policy 2.4 User Activation**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the User activation to access and use HMIS.

**Policy Statement**

1. The User requesting access to the system has been given written permission from the Agency Administrator to access the system through written request to the HMIS Lead.
2. The User given access to the system will have read, understood, and provided a signed acknowledgment of receipt of Policies and Standard Operating Procedures Manual.

3. The User will be assigned a user name and password once they have successfully participated in HMIS Training.
4. The HMIS Lead, will distribute User licenses, adding and deleting Users as necessary.
5. The HMIS lead will be responsible for training all new Users.

**Policy 2.5 User Agreement**

Responsible: Participating Agency and User  
 Authorized: SLCCoC Board

Effective Date: January 19, 2017  
 Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the User to obtain authorization to access and use HMIS.

**Policy Statement**

Users must sign a User Agreement with the HMIS Lead Agency acknowledging full understanding and acceptance of the responsibilities and the proper use of the User ID and password of SLCCoC HMIS. Only individuals who can view information in SLCCoC HMIS are authorized users along with the Client to whom the information pertains.

Failure to uphold the standards set forth in the User Agreement items listed below are grounds for immediate termination of User privileges.

1. User ID and Passwords must be physically secure and cannot be shared with anyone, including other staff members, supervisors or Executive Director.
2. Access to HMIS is limited to User designated work and their location must meet all HUD HMIS Data and Technical Standards.
3. Users of HMIS, whatever their work role, position, or location, may view, obtain, disclose, or use client data from SLCCoC HMIS only as is necessary to perform their specific job.
4. Failure to log off HMIS appropriately may result in a breach in client confidentiality and system security. Users must log-off of HMIS before leaving the work area for any reason.
5. A computer that has the SLCCOC HMIS System “open and running” shall never be arranged so that unauthorized individuals may see the information on the screen.
6. Users must not change the closed security on any Client’s signed HMIS Client Release of Information. The HMIS security settings must always reflect the Client’s expressed wishes as documented through the HMIS Client Release of Information.
7. User access is revoked immediately upon employment termination
8. Users are responsible to immediately notify the HMIS Lead at 570-346-0759 in the event that any breach of confidentiality is witnessed.

**Policy 2.6 Hardware and Software Requirements and Maintenance**

Responsible: Participating Agency  
 Authorized: SLCCoC Board

Effective Date: January 19, 2017  
 Last Revision: January 19, 2017

**Scope**

This policy establishes hardware and software requirements for the Participating Agency to access and use SLCCoC HMIS.

**Policy Statement**

The Participating Agency shall maintain and secure the minimum required hardware, software and internet connectivity required in the Data Standards released by the Department of Housing and Urban Development. These minimum requirements include the following:

- Microsoft Operating System: Windows XP Professional

- Virus Protection Software: must automatically update and upgrade
- Anti-spy ware Software: must automatically update and upgrade
- Firewall: Can be software or hardware
- Internet Connectivity: must be DSL or higher
- PC: Pentium IV or higher
- PC Access: PC must be password protected with each user having a unique Login ID and Password

**Bandwidth Recommendations:**

The average user will need to sustain a 30-50 Kilobytes/Sec of download throughput to comfortably browse SLCCoC HMIS. Internet Bandwidth Comparisons

- 56K Modem – Most users will achieve a connection between 26.4K – 46K depending upon the phone line quality. This will provide at least a 5.0 KB/S transfer rate which is low and not recommended for a single user.
- SDSL – 512Kbps/62.5KB/s. Allows eight users to concurrently browse SLCCoC HMIS or use the Internet.
- ADSL – 1.5-8Mbps/187.5KB/s-1MB/s. Allows 23 – 125 users concurrently to use SLCCoC HMIS System or use the Internet. Distance limited to 18,000 feet.
- Cable – 1Mbps/122.1KB/s. Allows 15 users to concurrently use SLCCoC HMIS or the Internet.
- T1 – 1.544Mbps/188.5KB/s. Allows 23 users to concurrently use SLCCoC HMIS or the Internet.
- T3 – 44.763Mbs/5.461MB/s. Allows 682 users to concurrently use SLCCoC HMIS or the Internet.

**Other System Requirements:**

- Use with a modern browser such as Microsoft Internet Explorer 7+, Google Chrome, and Firefox 9.0+.
- Set video display to 1024 x 768 or higher.

<b>Policy 2.7 Training</b>	
Responsible: HMIS Lead	Effective Date: January 19, 2017
Authorized: SLCCoC Board	Last Revision: January 19, 2017

**Scope**

This policy establishes requirements to train all authorized personnel gaining access and use of SLCCoC HMIS.

**Policy Statement**

1. The HMIS Lead shall provide training to authorized Participating Agency personnel on use of SLCCoC HMIS.
2. The HMIS Lead shall utilize standardized training materials and curriculum in order to ensure that training is consistent.
3. Upon completion of training, the Participating Agency personnel should reasonably understand how the system works.
4. Tests and certifications may be required by the HMIS Lead.

<b>Policy 2.8 Contract Termination</b>	
Responsible: HMIS Lead	Effective Date: January 19, 2017

**Scope**

This policy establishes requirements for the HMIS Lead Agency to terminate a Participating Agency Agreement.

**Policy Statement**

The HMIS Lead Agency may terminate the Participating Agency Agreement for non-compliance with the terms of the agreement or with the SLCCoC HMIS Policies and Standard Operating Procedures with written notice to the Participating Agency. The HMIS Lead Agency may also terminate the Participating Agency Agreement with or without cause with 15 days written notice to the Participating Agency and according to the terms specified in the Participating Agency Agreement. The termination of the Participating Agency Agreement may affect other contractual relationships with the local Continuum of Care or with funding agencies (HUD).

While the HMIS Lead Agency may terminate the Participating Agency Agreement with the Participating Agency, all data entered into the SLCCoC HMIS will remain a part of the SLCCoC HMIS. This is necessary for the database to provide accurate information over time and information that can be used to guide planning for community services in Scranton/Lackawanna County. The termination of the Participating Agency Agreement may affect other contractual relationships with Continuum of Care or with funding agencies (HUD).

Many Participating Agencies are required to participate in HMIS as a condition of specific funding. When terminating the Agency Agreement, the Board Chair of the Continuum of Care will notify the person from the Participating Agency who signed the Agency Agreement (or a person in the same position within the agency) 15 days or more prior the date of termination of contract, unless the termination is due to non-compliance with the SLCCoC HMIS Policies and Standard Operating Procedures. Willful neglect or disregard of the SLCCoC HMIS Policies and Standard Operating Procedures may result in immediate termination of a Participating Agency from SLCCoC HMIS. In all cases of termination of Participating Agency Agreements, the HMIS Lead will inactivate all users from that Participating Agency on the date of termination of contract.

**Policy 3.0 Security and Access**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for implementing and maintaining security and access to the SLCCoC HMIS.

**Policy Statement**

The HMIS Lead and Participating Agencies will apply the user access privilege conventions set forth in the SLCCoC HMIS Policies and Standard Operating Procedures, Policy 2.5 Users Agreement and 3.8 User ID and Password.

**Policy 3.1 Security of Data on File Server**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements to secure access to data on SLCCoC HMIS.

**Policy Statement**

The SLCCoC HMIS Lead Agency along with the HMIS Committee shall establish and maintain controls to keep secure all client data in SLCCoC HMIS. This shall prohibit access by

individuals who are not registered with the HMIS Lead Agency, and therefore, are unauthorized to receive Participating Agency and client data information through any and all means, including telephone, mail, and computer. All registration and addition of Participating Agency staff to SLCCoC HMIS will be handled solely through the HMIS Lead. The HMIS Lead is responsible for assigning initial passwords and providing accessibility to SLCCoC HMIS to only those authorized individuals designated by the Executive Director or his/her designee of the Participating Agency. The HMIS Lead shall not be held liable for any breach in security related to any changes in authorized Participating Agency personnel if the Participating Agency has not notified the HMIS Lead; notification must be documented through e-mail, or postmarked through postal mail, within one business day of the personnel changes.

**Policy 3.2 Back Up of Data on File Server.**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements to back up data to ensure continuity of access to data.

**Policy Statement**

The HMIS Lead Agency shall contract with the software vendor to provide for the back-up of all information housed within SLCCoC HMIS. Eccovia Solutions' ClientTrack include the following features:

- Incremental database backups are performed every 4 hours
- Each night a full backup is taken
- Each week all nightly backups are consolidated
- Backups are encrypted with 256-bit AES encryption
- Backups are sent offsite to a secure store facility daily.

**Policy 3.3 Updates/Upgrades to SLCCoC HMIS**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements to update/upgrade the SLCCoC HMIS System.

**Policy Statement**

The HMIS Lead shall notify the Participating Agency of all updates and/or upgrades to SLCCoC HMIS through email to the Agency Administrator and posting notice in the "Organization News" of the SLCCoC HMIS User dashboard. All updates and/or upgrades to will occur no sooner than one business day after the notice.

**Policy 3.4 Data on File Server**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements of data access upon termination of the Participating Agency entering data into SLCCoC HMIS.

**Policy Statement**

Upon termination of the Agency Partner Agreement, and at the Participating Agency's request, the HMIS Lead may assist the Participating Agency with generating a final global report of their data within a reasonable time frame. Notwithstanding anything in the agreement to the contrary, the HMIS Lead Agency and agencies using the SLCCoC HMIS shall have the continuing right after the termination of this agreement to retain and use a copy of the

Participating Agency's data which was shared during the course of this agreement in furtherance of the SLCCoC HMIS programs and subject to any restrictions on use imposed by the clients to whom such data pertains and/or set forth in the provision hereof which, by their terms, survive termination of the agreement.

**Policy 3.5 Data Collection**

Responsible: Participating Agency  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes the SLCCoC HMIS adherence to data collection and data integrity requirements.

**Policy Statement**

The Participating Agency shall enforce with their staff the importance, quality, and accuracy of entering all data into the SLCCoC HMIS, as required in the Department of Housing and Urban Development Data Standards. After training of agency staff by the HMIS Lead, the Participating Agency has the responsibility to implement and manage a system for entering client data; the HMIS Lead will provide assistance with project management if requested by the Participating Agency. The Participating Agency must ensure that all selected personnel are trained on these procedures and adhere to the regulations as stated in the Data Quality Plan, Appendix B.

**Policy 3.6 User Access**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements to appropriately add users of SLCCoC HMIS as well as designate system use restrictions.

**Policy Statement**

The HMIS Lead will generate usernames and initial passwords within the administrative function of SLCCoC HMIS. User ID and Passwords are to be assigned to individuals who have received the SLCCoC HMIS System training and who have understood and signed all appropriate user agreements and related documents.

Access to the software system will only be allowed from computers and networks meeting HUD Technical Standards and specifically identified by the Executive Director and Agency Administrator of the Participating Agency. Access to SLCCoC HMIS from unauthorized locations will be grounds for termination of user rights.

**Policy 3.7 User Changes**

Responsible: Participating Site Administrator  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes requirements to appropriately modify or delete users of SLCCoC HMIS.

**Policy Statement**

The Agency Administrator, or the employee's immediate supervisor, must notify the HMIS Lead of a user's termination from the agency, placement on disciplinary probation, or upon any change in duties not necessitating access to SLCCoC HMIS information within one business day of the occurrence. If a staff person is to go on leave for a period of longer than 30 days, their password should be inactivated within 24 hours of the start of their leave.

**Policy 3.8 User ID and Passwords**

Responsible: HMIS Lead

Effective Date: January 19, 2017

**Scope**

This policy establishes requirements to create and disseminate User IDs and passwords.

**Policy Statement**

Authorized users will be granted a unique user ID and password. Each user will be required to enter a User ID with a Password in order to logon to the system. User ID and Passwords are to be assigned to individuals. The User ID will be the work e-mail address of the user.

The initial, temporary password will be generated by the HMIS Lead and will be issued to the User by same. These passwords may be communicated in written or verbal form only. After logging in to the system for the first time with the temporary password, the new password the User selects must follow the specifications outlined on the ClientTrack screen. Passwords are case sensitive.

Forced Password Change will occur every year once a user account is issued. Passwords will expire and users will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.

**Policy 3.9 Password Recovery**

Responsible: HMIS Lead

Effective Date: January 19, 2017

Authorized: SLCCoC

Last Revision: January 19, 2017

**Scope**

This policy establishes requirements to reset create and communicate a new user password.

**Policy Statement**

If a User unsuccessfully attempts to log onto the system five times, the User ID will be “locked out,” access permission will be revoked, and the User will be unable to gain access until their password is reset or their account is reactivated by the HMIS Lead.

The password will be reset by the HMIS Lead and communicated in written or verbal form to the user. The user will login with the given password and then set it to one of their own choosing.

**Policy 3.10 Use and Disposal of Exported Data**

Responsible: Participating Agency

Effective Date: January 19, 2017

Authorized: SLCCoC Board

Last Revision: January 19, 2017

**Scope**

This policy establishes requirements for the exported and disposal of exported SLCCoC HMIS data.

**Policy Statement**

Users have the ability to download and save client level data onto their local computer. Once this information has been downloaded in raw format to an agency’s computer, the data then become the responsibility of the agency. A participating Agency must develop a protocol regarding the handling of data downloaded from SLCCoC HMIS.

The Participating Agencies shall establish internal extracted data protocols. Issues to be addressed include storage, transmission and disposal of the data.

**Policy 4.0 Data Collection, Quality Assurance and Reporting**

Responsible: Participating Agency

Effective Date: January 19, 2017

Authorized: SLCCoC Board

Last Revision: January 19, 2017

**Scope**

This policy establishes Participating Agency requirements for data collection, quality assurance and reporting in SLCCoC HMIS.

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**Policy Statement**

The HMIS Lead and SLCCoC HMIS Participating Agencies will apply the data collection, quality assurance and reporting standards set forth in the SLCCoC Data Quality Standards.

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**Policy 4.1 Appropriate Data Collection**

Responsible: Participating Agency  
Authorized: SLCCoC HMIS Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes Participating Agency requirements for inputting data into the SLCCoC System.

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**Policy Statement**

The purpose of the SLCCoC is to support the delivery of homeless and housing services in Scranton/Lackawanna County. The database should only be used to collect or track information related to meeting the client's needs, the delivery of services and for policy development and planning purposes.

SLCCoC users will only collect client data that is

- relevant to the delivery of services,
- required by funders, or
- mandated by law.

**Procedure**

Agency Administrator will ask the HMIS Lead for any necessary clarification of appropriate data collection. The HMIS Lead, in consultation with the HMIS Committee and the CoC Board of Directors, will make decisions about the appropriateness of data being entered into the database. SLCCoC HMIS will periodically audit data quality to ensure the database is being used appropriately. This concern targets data elements that can be consistently tracked and reported, and does not specifically target the contents of case management notes or other fields not to be aggregated.

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**Policy 4.2 Client Grievances**

Responsible: Participating Agency  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes Participating Agency requirements for managing client grievances related to the SLCCoC HMIS.

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**Policy Statement**

Clients shall have the right to an independent, impartial review of any complaints they may have regarding SLCCoC data collection, explanations offered for that collection, and policies surrounding the collection. They also have a right to know about this opportunity.

Agencies must make every good faith effort to assure that homeless clients are apprised of our obligation and their right. To that end each agency must adhere to the process for filing a formal grievance with the HMIS Lead should a client determine his or her SLCCoC HMIS data privacy rights have been compromised by the Participating Agency.

**Procedure**

Each Agency shall inform their clients of their SLCCoC HMIS data privacy rights by prominently displaying the SLCCoC HMIS Public Notice of Privacy wherever SLCCoC HMIS data is



collected, as well as making the SLCCoC HMIS Privacy Notice available. In the event a client believes his or her SLCCoC HMIS data privacy rights have been compromised by the Participating Agency, (s)he should file a formal complaint by submitting a completed SLCCoC HMIS Grievance Form with the HMIS Lead. It is the responsibility of the Agency to ensure that the grievance form is readily accessible to clients. The HMIS Lead will research the written grievance and determine if there was a violation of SLCCoC HMIS data privacy rights. Should the HMIS Lead conclude that a breach has been made, she shall provide the Participating Agency with a timely plan of action for any correction that is necessary and addressing the issue with the staff involved. This may involve termination of user licenses and/or additional training.

**Policy 4.3 Required Data Collection**

Responsible: Participating Agency

Effective Date: January 19, 2017

Authorized: SLCCoC Board

Last Revision: January 19, 2017

**Scope**

This policy establishes Participating Agency data collection requirements to be entered into the SLCCoC System.

**Policy Statement**

Providers funded by HUD are required to participate in the SLCCoC HMIS system to meet the HUD HMIS Data and Technical Standards. Other providers may choose to participate in the SLCCoC HMIS. All Authorized Agencies that participate in the SLCCoC HMIS are required to comply with HUD's HMIS Data and Technical Standards unless those standards are in conflict with local laws. This includes the collection of required data elements.

If client refuses or is unable to provide basic information, providers shall, at a minimum, enter each client as an Anonymous entry into the SLCCoC HMIS. Authorized Agencies may choose to collect more client information for their own case management and planning purposes.

Timeliness of Data Entry: Quality assurance of timeliness is described in the SLCCoC Data Quality Plan, Appendix B. All HMIS Participating programs will ensure entry/exits, services, and Universal Data Elements are completed within 5\*\* business days of program entry/exits, with exceptions for emergency shelters, outreach programs, and legacy data. SLCCoC HMIS timeliness of data entry policy will not supersede more stringent CoC timeliness of data entry policies. Exceptions to these data collection policies are in place for organizations serving persons fleeing domestic violence; these organizations should request additional instruction from the HMIS Lead.

In order for the data contained within the SLCCoC HMIS to be useful for data analysis and reporting to funders, certain minimum data must be consistently collected throughout the system. In addition to the HUD required Data Elements, client level data is expected as well.

**Procedure**

All parties are subject to the SLCCoC HMIS Data Quality Plan, Appendix B, for determining procedural applications of the data collection policies and monitoring practices.

**Policy 4.4 Client Informed Consent**

Responsible: Participating Agency

Effective Date: January 19, 2017

Authorized: SLCCoC Board

Last Revision: January 19, 2017

**Scope**

This policy establishes Participating Agency requirement to obtain client informed consent prior to inputting data into the SLCCoC HMIS.

**Policy Statement**

Each agency must post a sign at each intake or comparable location and on its web site (if applicable) explaining the reasons for data collection for those seeking services. Consent for entering of data into SLCCoC HMIS may be inferred when the proper privacy notice is posted and if the client accepts the services offered. The client has the option to opt out of allowing his or her identifying information to be added to the database. In that case, the client's data should be added to SLCCoC HMIS without identifiers as described above, although the record should be tracked internally by the agency to minimize the number of duplicate records for one client. Electronic client data will be shared between agencies in accordance to the policies adopted by the SLCCoC Board of Directors. Client data may be shared through other means with written client consent or according to the privacy policy developed by the agency.

Privacy Policies should be in effect for each agency to both inform clients about the uses and disclosures of their personal data and to protect the agency by establishing standard practices for the use and disclosure of data. Each client must give permission for the disclosure and/or use of any client data outside of the privacy policy developed and posted by the agency. Client consent notices must contain enough detail so that the client may make an informed decision. Clients may withdraw permission to have their personal protected information shared in the SLCCoC HMIS, or may make a request to see copies of his or her client record.

**Procedure**

The HMIS Lead shall assume responsibility for monitoring Participating Agencies' compliance. The results and the means of determining them will be shared with the HMIS Committee.

**Policy 4.5 Client Release of Information to Share Data**

Responsible: Participating Agency  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes Participating Agency requirement to obtain client informed consent to share data in the SLCCoC HMIS.

**Policy Statement**

Each agency should include in its privacy policy that data collected by the agency is included in the SLCCoC HMIS as part of its administrative responsibility to its Continuum of Care and that aggregate, de-identified data may be used for analysis and reporting purposes. SLCCoC HMIS will only report aggregate and/or de-identified data as part of its responsibilities, and agrees to maintain the data with the highest level of confidentiality and within the security guidelines set forth in this document.

If a client declines data sharing permission, the user must take steps to restrict access to client data to the entering organization, immediately upon creation of the record.

**Policy 4.6 Data Ownership**

Responsible: Participating Agency  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes the requirement and responsibilities connected to data ownership of data within the SLCCoC HMIS.

**Policy Statement**

The SLCCoC HMIS, and any and all data stored in the system, is the property of the HMIS Lead Agency. The HMIS Lead Agency has authority over the creation, maintenance, and security of the SLCCoC HMIS. Violations of the SLCCoC HMIS Agency Agreement, the SLCCoC HMIS

Policies and Standard Operating Procedures, the Privacy Policies, or other applicable laws may subject the Authorized Agency to discipline and/or termination of access to the SLCCoC HMIS.

In order to ensure the integrity and security of sensitive client confidential information and other data maintained in the database, the HMIS Lead Agency will be responsible for data ownership.

**Policy 4.7 Data Entry Shared Information**

Responsible: Participating Agency  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes the requirement and responsibilities connected to sharing client profile information within the SLCCoC HMIS.

**Policy Statement**

From CoC to CoC, there are different policies about sharing information maintained in client records. The SLCCoC HMIS has a policy to allow First Name, Last Name, Race, Gender and Date of Birth fields to be shared across providers. A Client Consent - Release of Information form, signed by the client, must be kept on file.

In order to continue building our SLCCoC HMIS and the collaboration between Participating Agencies, the Board is open to the differing needs and sensitivities of each Agency; however, we are supporting an OPEN system.

**Policy 4.8 Data Integrity**

Responsible: Participating Agency  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes the requirement to ensure data integrity of SLCCoC HMIS.

**Policy Statement**

SLCCoC HMIS users will be responsible for the accuracy of their data entry. Authorized Agency leadership will be responsible for ensuring that data entry by users is being conducted in a timely manner and will also develop procedures to evaluate and increase the accuracy of the data entered.

The quality of SLCCoC data is dependent on individual users to take responsibility for the accuracy and quality of their own data entry. The HMIS Lead shall work with Agency Executive Directors and/or Agency Administrators in assuming responsibility for and in the monitoring of data quality for their own agency. It is in the interest of agencies and the CoC that all data collected have integrity since that data may be used for evaluation, reporting, monitoring, or funding purposes. In particular the data will impact funding opportunities during competitive SHP process. SLCCoC HMIS emphasizes, analyzes, and reports on data quality as a service to member agencies. All parties are subject to standards as determined in the SLCCoC HMIS Data Quality Plan, Appendix B.

**Procedure**

In order to test the integrity of the data contained in SLCCoC HMIS, the HMIS Lead will devise regular data integrity checks for the SLCCoC.

**Policy 4.9 Monitoring and Evaluation**

Responsible: SLCCoC HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes the requirement for monitoring and evaluating the SLCCoC HMIS.

**Policy Statement**

Accurate and consistent data entry is essential to ensuring the usefulness of the SLCCoC HMIS. Agencies will provide acceptable levels of timeliness and accuracy. Agencies without acceptable levels of data quality or timeliness may incur any sanctions negotiated by the Board until problems are addressed.

Data quality is an important aspect of SLCCoC HMIS, and must be maintained at the agency level and by users of the system. The HMIS Lead will monitor data quality as part of management functions.

**Procedure**

The HMIS Lead will develop and perform regular data integrity checks and will report on a regular basis.

**Policy 4.10 On-Site Review**

Responsible: HMIS Lead  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes the requirement for an on-site review of SLCCoC HMIS.

**Policy Statement**

Annual review of each contracted agency will be the responsibility of the HMIS Lead.

Regular reviews enable the SLCCoC HMIS to monitor compliance with the Standard Operating Procedures Manual and the SLCCoC HMIS Agency Agreements.

**Procedure**

The exact procedures for on-site reviews will be determined by the SLCCoC HMIS Committee on an annual basis.

**Policy 4.11 Client Request for Data**

Responsible: Participating Agency  
Authorized: SLCCoC HMIS

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes the requirement for managing a client’s request for their SLCCoC HMIS data.

**Policy Statement**

Any client may request to view, or obtain a printed copy of his or her own records contained in SLCCoC HMIS. The client will also have access to a logged audit trail of changes to those records. No client shall have access to another client’s records in SLCCoC HMIS.

The data in SLCCoC HMIS is the personal information of the individual client. Each client has a right to know what information about him or her exists in the database, and to know who has added, changed or viewed this information, and when these events have occurred. This information should be made available to clients within a reasonable time frame of the request.

**Procedure**

A client may ask his/her case manager or other agency staff to see his or her own record. The case manager, or any available staff person with SLCCoC HMIS access, will verify the client’s identity and print all requested information. The case manager can also request a logged audit trail of the client’s record from the HMIS Lead. The HMIS Lead will print this audit trail; give it to the case manager, who will give it to the client. The client may request changes to the record, although the agency can follow applicable law regarding whether to change information based

on the client's request. A log of all such requests and their outcomes should be kept on file in the client's record.

**Policy 4.12 Release of Data for Public Use**

Responsible: Participating Agency  
Authorized: SLCCoC HMIS

Effective Date: January 19, 2017  
Last Revision: January 19, 2017

**Scope**

This policy establishes the requirement for managing public requests for SLCCoC HMIS data.

**Policy Statement**

Any requests for information from an individual or group who has not been explicitly granted access to SLCCoC HMIS will be directed to the HMIS Committee. Requests for data at the Continuum of Care level will be directed to the HMIS Lead. No individual client data will be provided to any group or individual that is neither the Authorized Agency that entered the data or the client him or herself without proper authorization or consent.

The HMIS Lead will release routine aggregate reports for the larger community, which will address, but are not limited to, descriptive and demographical statistics. In instances where SLCCoC HMIS is mandated contractually to provide HMIS data, reports will be provided for purposes of monitoring services delivery and/or program evaluation. The content of these reports will reflect a commitment to client confidentiality and ethical data use. No individual client data will be provided to meet these requests without proper authorization or consent.

**Procedure**

As part of the mission to end homelessness in Lackawanna County, it is SLCCoC HMIS's policy to provide aggregate data on homelessness and housing issues in this area. SLCCoC HMIS will also issue periodic routine public reports. No individually identifiable client data will be reported in any of these documents. Wherein the SLCCoC HMIS is contractually obligated to provide de-identified data to funders for program monitoring and evaluation, the HMIS Lead shall prepare and submit reports to the appropriate bodies.

All requests for data from anyone other than an Agency or a client, which cannot be satisfied by either of the aforementioned conditions, will be directed to the SLCCoC HMIS Committee for a recommendation to the Board. The Executive Committee may act on behalf of the Board to expedite urgent requests.

## Appendix A

### Scranton/Lackawanna County Continuum of Care Board Membership

<u>Name and Title</u>	<u>Agency</u>	<u>Phone</u>
<b><u>Thomas Di Matteo</u></b> <b><u>Housing for Homeless Vets Coordinator</u></b>	<u>VA Medical Center</u> <u>1111 East End Blvd.</u> <u>Wilkes Barre, PA 18711</u>	<u>570-824-3521 x 27346</u>
<b><u>Kim Cadugan</u></b> <b><u>Executive Director</u></b>	<u>Community Intervention Center</u> <u>445 N. 6<sup>th</sup> Avenue</u> <u>Scranton, PA 18503</u>	<u>570-342-4298</u>
<b><u>Sr. Susan Hadzima</u></b>	<u>Catherine McAuley Center</u> <u>430 Pittston Avenue</u> <u>Scranton, PA 18505</u>	<u>570-342-1342</u>
<b><u>Lisa Durkin</u></b> <b><u>Chief Executive Officer</u></b>	<u>United Neighborhood Centers</u> <u>777 Keystone Industrial Park Rd.</u> <u>Throop, PA 18512</u>	<u>570-346-0759</u>
<b><u>John Byrd</u></b> <b><u>Staff Attorney</u></b>	<u>North Penn Legal Services</u> <u>33 North Main Street</u> <u>Pittston, PA 18640</u>	<u>570-299-4100</u>
<b><u>Joseph Hollander</u></b> <b><u>Executive Director</u></b>	<u>Scranton Primary Health Care Center</u> <u>959 Wyoming Avenue</u> <u>Scranton, PA 18509</u>	<u>570-344-9684</u>
<b><u>Andy Hurchick</u></b> <b><u>Administrator of Operations</u></b>	<u>St. Joseph's Center</u> <u>320 South Blakely Street</u> <u>Dunmore, PA 18512</u>	<u>570-963-1290</u>
<b><u>Nancy Lawton-Kluck</u></b> <b><u>Chief Philanthropy Officer</u></b>	<u>Geisenger Health Foundation</u> <u>100 North Academy Ave, MC 25-76</u> <u>Danville, PA 17822</u>	<u>570-214-7069</u>
<b><u>Krista Somers</u></b> <b><u>Executive Director</u></b>	<u>Catherine McAuley Center</u> <u>430 Pittston Avenue</u> <u>Scranton, PA 18505</u>	<u>570-342-1342</u>
<b><u>Peg Ruddy</u></b> <b><u>Executive Director</u></b>	<u>Women's Resource Center</u> <u>P.O. Box 975</u> <u>Scranton, PA 18501</u>	<u>570-346-4460</u>
<b><u>Dorrette Harris</u></b>	<u>Formerly Homeless</u>	
<b><u>Stephen Nocilla</u></b> <b><u>Director of Housing and Residential Programs</u></b>	<u>Catholic Social Services of the Diocese</u> <u>Scranton</u> <u>504 Penn Avenue</u> <u>Scranton PA 18509</u>	<u>570 209-9200 ext. 2103</u>
<b><u>Nichole Rios</u></b> <b><u>Associate Director</u></b> <b><u>NEPA IL Services</u></b>	<u>Valley Youth House</u> <u>120 Wyoming Ave. Suite 301</u> <u>Scranton PA, 18503</u>	<u>570-704-0626</u>
<b><u>Jason Kavulich</u></b> <b><u>Director</u></b>	<u>Lackawanna County Dept. of Human</u> <u>Services Area Agency on Aging</u> <u>123 Wyoming Avenue, 4th Floor</u> <u>Scranton, Pa 18503</u>	<u>570-963-6740, ext. 1126</u>



Appendix B

**Scranton/Lackawanna County  
Continuum of Care  
Data Quality Plan**

December 1, 2016

Developed by:  
SLCCoC HMIS Committee



The Scranton/Lackawanna County Continuum of Care has developed a written policy and procedure 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 SLCCoC participating 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.

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 and Rapid Re-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 within 30 days of the anniversary date for program entry.

##### 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 within 30 days of the anniversary date for program entry.

#### ESG Programs:

##### Emergency Shelters - Including Night-by-Night's (NBN's):

- \* Entering Data: All Universal and Program Specific Data Elements, including Universal Data, Barriers and Domestic Violence Assessments as well as "Contact" & "Date of Engagement" information, 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 monthly. 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 ensure 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 accurately. 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:

- o Agencies will have recognition at CoC Meetings
  - o Data Quality may be used as a program performance metric
  - o 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, or, if agency participation is optional, agency may be prohibited from using HMIS.

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:

o 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

o 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.
- o 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.
- o 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.
- o 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. The DV provider will monitor their own data quality at least quarterly and correct any missing or don't know/don't have data values that are above the benchmarks for said values.

Standard (percentage no greater than)

Universal Data Element	ES		TH		PH		SSO		Outreach		Prevention		Rpd Re-hsg	
	Null/ Miss	Unkn/ Dn't Kw/ Ref	Null/ Miss	Unkn/ Dn't Kw/ Ref	Null/ Miss	Unkn/ Dn't Kw/ Ref	Null/ Miss	Unkn/ Dn't Kw/ Ref	Null/ Miss	Unkn/ Dn't Kw/ Ref	Null/ Miss	Unkn/ Dn't Kw/ Ref	Null/ Miss	Unkn/ Dn't Kw/ Ref
1. Name	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2. Social Security Number (SSN)	0%	2%	0%	1%	0%	0%	0%	0%	0%	0%	0%	2%	0%	1%
3. Date of Birth	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4. Race	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
5. Ethnicity	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%
6. Gender	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
7. Veteran Status	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
8. Disabling Condition	0%	2%	0%	2%	0%	0%	0%	0%	0%	0%	0%	2%	0%	2%
9. Residence Prior to Program Entrance	0%	3%	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%
10. Zip Code of Last Permanent Residence	0%	3%	0%	3%	0%	3%	0%	0%	0%	0%	0%	3%	0%	3%
11. Homeless Status	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
12. Program Entry Date	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
13. Program Exit Date	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14. Personal Identifier (Unique ID)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
15. Household Identifier	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%



## **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 voicemail 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



**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 Bittston Ave., Scranton PA 18505

Email hadzis@sistersofihm.org

**HMIS System Administrator**

Signature  Date 11/16/15

Print Name Shannon Quint Sheeran

## Renewal Project Evaluation Tool

Question	Value
Organization	
Project Name	
Total number of Adults (Q7a)	
Total number of Clients (Q7a)	
Total number of Households Served (Q8a)	
Persons Proposed to Serve (Grant Application)	
Total number of leavers (Q22a1)	
Total HUD Award	
Total Project Budget (including all cash match)	
Continuum of Care Meetings	
HMIS Subcommittee Meetings	
Discharge Planning Subcommittee Meetings	
Youth and Education Subcommittee Meetings	
Chronic Homeless Subcommittee Meetings	
Coordinated Assessment Subcommittee Meetings	
Total Continuum of Care Meetings	
Total Program Enrollments	
Total Leasing amount for PSH projects only	
Total Households at single point in time proposed to serve	
Total Stayers	

## Renewal Project Evaluation Tool - Page 2

Question #	Section	Data Title	Answer
6	Data Quality	DoB # of Missing Data (Q06A)	
7	Data Quality	Residence Prior to Entry # of Missing Data (Q15)	
8	Data Quality	Number of conditions (at Entry) # of Missing Data (Q13a2)	
9	Data Quality	Domestic Violence (at Entry) # of Missing Data (Q14a)	
10	Data Quality	Destination # of Missing Data (Q6c)	
11	Housing First Principles	Average Number of Households Served (Q8a)	
12	Housing First Principles	Domestic Violence Experience (Adults) (Q14b)	
13	Housing First Principles	Persons with Physical & Mental Health Number of Conditions at Start (Adults) (Q13a2)	
14	Housing First Principles		
15	Housing First Principles		
16	Housing First Principles	Residence Prior to Entry - Homeless Situations (Number of Heads of Household) (Q15)	
17	Adults who are connected with mainstream benefits		
18	Adults who are connected with non-cash benefits(excluding health insurance)	# of Non-Cash Benefit Sources - leavers & Stayers (1 + Sources) (Q20b)	
19	Adults who increased earned income	Earned income measure (Actual # of persons who accomplished this measure) (Q19a3)	
20	Adults who maintained or increased other income	Other (non-earned) income measure (Actual # of persons who accomplished this measure) (Q19a3)	
21	Clients who remained in program or exited the program to a HUD defined permanent destination	Housing stability measure: Achieving sufficient enough safety level to discharge to PH (Actual # of persons who accomplished this measure) (Q23a + Q23b + Q05a)	
22	Cost Effectiveness	Amount of funds the project returned at end of most recent grant term (Q28)	
23	Cost Effectiveness	Expenditure per Household (Total Project Funds minus Leasing)PSH for Individuals only	
24	Cost Effectiveness	Expenditure per Permanent Housing exit (not scored this year)	
25	Continuum of Care Participation	Continuum of Care Meetings Attended by Organization Personnel	
26	Continuum of Care Participation	HMIS Subcommittee Meetings Attended by Organization Personnel	
27	Continuum of Care Participation	Discharge Planning Subcommittee Meetings Attended by Organization Personnel	
28	Continuum of Care Participation	Education Subcommittee Meetings Attended by Organization Personnel	
29	Continuum of Care Participation	Chronic Homeless Subcommittee Meetings Attended by Organization Personnel	
30	Continuum of Care Participation	Coordinated Assessment Subcommittee Meetings Attended by Organization Personnel	
31	Coordinated Entry Implementation	Coordinated entry records exceeds number of agency program enrollments	
32	Coordinated Entry Implementation	All entries into the program were the highest priority(not scored this year)	
33	Client Satisfaction	Clients participating in survey	
34		Date of Materials Submission	
35	Domestic Violence	Describe How the Project Improved Safety for Specific Population Served. (Q29) (DV Providers Only)	

**Renewal Project Evaluation Tool - Page 3**

Question #	Section	Data Title	Calculation Explanation	Calculation	Points
1 & 6	Data Quality	DoB #	Q06a Missing Data / Total Clients	#DIV/0!	#DIV/0!
2 & 7	Data Quality	Residence Prior to Entry #	Q15 Missing Data / Total Clients	#DIV/0!	#DIV/0!
3 & 8	Data Quality	Substance Abuse (at Entry) #	Q13a2 Missing Data / Total Clients	#DIV/0!	#DIV/0!
4 & 9	Data Quality	Domestic Violence (at Entry) #	Q14a Missing Data/ Total Clients	#DIV/0!	#DIV/0!
5 & 10	Data Quality	Destination # of Missing (Q06c)	Q06c Missing Data / Total Clients	#DIV/0!	#DIV/0!
11	Housing First Principles	Average households served during operating year	Q08b / Households Proposed to Serve	#DIV/0!	#DIV/0!
12, 13, & 14	Housing First Principles	Domestic Violence, Physical, Mental Health Conditions	(Q14b + Q13a2) / Total Adults	#DIV/0!	#DIV/0!
16	Housing First Principles	Residence Prior to Entry - Homeless Situations (Number of Adult Clients)	Q20a1 / Total Adults	#DIV/0!	#DIV/0!
17 & 18	Adults who are connected with non-cash benefits (excluding health insurance)	# of Non-Cash Benefit Sources - Leavers & Stayers (1 + Sources)	Q20b / Total Adults	#DIV/0!	#DIV/0!
19	Adults who increased earned income	Earned income measure (Actual # of persons who accomplished this measure) (Q19a3)	Q19a3 / Total Adults	#DIV/0!	#DIV/0!
20	Adults who maintained or increased other income	Other income measure (Actual # of persons who accomplished this measure) (Q19a3)	Q19a3 / Total Adults	#DIV/0!	#DIV/0!
21	Clients who remained in program or exited the program to a HUD defined permanent destination	Housing stability measure - achieved sufficient level of safety to exit to PH (Actual # of persons who accomplished this measure) (Q23a & Q23b)	Q23a+23b+Stayers / Total Clients	#DIV/0!	#DIV/0!
	Leavers who exited to shelter, street or unknown	(Q23a & 23b)	Q23a+23b / Total Leavers		
22	Cost Effectiveness	Amount of funds the project returned at end of grant term (Q28)	Q28(Total Award/Total Expenditures)	#DIV/0!	#DIV/0!
23	Cost Effectiveness	Expenditure per Household (Total Project Funds)	Total award + cash match-Leasing/avg # HH served		
24	Cost Effectiveness	Expenditure per Permanent Housing exit			0
25, 26, 27, 28, 29, & 30	Continuum of Care Participation	Continuum of Care Meetings Total Participation	All Meetings Summed / Total Meetings	#DIV/0!	#DIV/0!
32	Coordinated Entry/Chronic Homeless Adherence	All entries into the program were taken from Chronic Homeless List	Total # entries from CH list/Total # entries during operating year		0
	Length of Stay (RRH Only)	Q22a1	Leavers under 12 months/Total Leavers	0%	0
33	Client Satisfaction	At least 50% of clients participate in survey	Clients participating in survey / Total Adults	#DIV/0!	#DIV/0!
34		Adherence to Project Ranking Deadline	Submission Date <= 08/30/2019	True	0
35	Domestic Violence (DV Providers Only)	Project Improved Safety for Specific Population Served	Degree to which Project Improved Safety for Specific Population Served	0-5 Points	0

**Total Ranking Score**

#DIV/0!

## 2019 Continuum of Care Program Evaluation Scoring Rubric

Data for this evaluation process will be acquired from program APRs either in SAGE or in HMIS, information from committee chairs, project applications and agency’s solicited information. Scoring information will be used for rating and ranking Continuum of Care projects.

### Data Quality

1 thru 5. This set of questions are Universal Data Elements or Program Specific Data Elements which are required across all pertinent programs in the Scranton / Lackawanna County Continuum of Care. All questions in this section are worth one point. Data elements are as follows: Date of Birth, Residence Prior to Entry, Substance Abuse at Entry, Domestic Violence at Entry, and Destination at Exit.

1 through 5.

Percentage	Points
0 – 5% missing data	1
6% and more missing data	0

### Utilization of Beds and Units

6. Occupancy rate based on quarterly unit utilization

Percentage	Points
90% and above	5
75% - 89%	4
60% - 74%	3
50% - 59%	2
49% and below	0

### Housing First

7. Number of Adults with Barriers or Adult Survivors of DV

Percentage	Points
90% or above	5
76% – 89%	4
61% – 75%	3
46% - 60%	2
30% - 45%	1
29% or below	0

8. Residence Prior to Project Entry –At Least 1 Adult from HUD-defined Literal Homelessness and/or Fleeing or attempting to flee DV/sexual assault

Percentage	Points
90% and above	10
85% - 89%	9
80% - 84%	8
75% - 79%	7
70% - 74%	6
65% - 69%	5
60% - 64	4
59% and below	0

## Income and Employment

### 9. Adults who are connected with non-cash benefits excluding health insurance

Percentage	Points
95% and above	10
85% - 94%	8
70% - 84%	6
55% - 69%	4
40% - 54%	2
25% - 39%	1
24% and below	0

### 10. Adults who increased EARNED INCOME from entry to exit/follow-up (leavers & stayers)

HUD has granted Safe Haven projects exempt from this metric on the Annual Performance Report and will therefore not have it included in the final calculated percentage of possible available points.

PSH Percentage	RRH Percentage	Points
25% and above	40% and above	10
20% - 24%	30% - 39%	8
15% - 19%	25% - 29%	6
10% - 14%	15% - 24%	4
5% - 9%	10% - 14%	2
4% and below	9% and below	0

### 11. Adults who maintained or increased OTHER INCOME (non-earned) from entry to exit/follow-up (leavers and stayers)

PSH & SH Percentage	RRH Percentage	Points
65% and above	35%	10
55% - 64%		8
45% - 54%	25%	7
35% - 44%		6
25% - 34%	15	5
15% - 24%		4
5% - 14%	10	2
Below 4%		0

## Housing Stability

### 12. Clients who remained in a program or exited the program to a HUD defined permanent destination

Percentage	Points
90% and above	10
75% - 89%	8
65% - 74%	6
60% - 64%	4
50% - 59%	2
49% and below	0

### 13. Leavers who exited to shelter/streets or unknown

Percentage	Points
10% or below	10
11% - 20%	8
21 - 30%	6
31% or above	0

## Budget

### 14. Amount of funds the project returned at end of grant term

Percentage	Points
0 – 2.5% return of funds	10
2.6 – 5% return of funds	8
6 – 7.5% return of funds	6
7.6 – 10 return of funds	4
11% and above	0

## Cost Effectiveness

### 15. Expenditure per Household

This year the information will be gathered but not scored. Metrics may be put in place to score programs in a way that encourages programs to be cost effective, but not so much so that they are not able to provide effective supportive services for program participants.

Cost per Household	Points
	5
	4
	3
	2
	0

### 16. Expenditure per PH Exit

The data for this metric will be collected and calculated, but it will not be scored this year. It is a potential new metric for next year.

Cost per Household	Points
	5
	4
	3
	2
	0

## CoC Participation

### 17. CoC Meeting & Subcommittee Attendance Total

This metric measures engagement between grant recipient organizations with the Scranton / Lackawanna County Continuum of Care.

Percentage	Points
Participate 91% - 100%	5
Participate 75% - 90%	2
Participate 50% - 74%	1
Participate 0 – 49%	0

## Coordinated Entry

### 19. PSH programs only: Program Entrants were taken from the Chronic Homeless Program –

Percent	Points
90% or above	5
76% – 89%	4
61% – 75%	3
46% - 60%	2
30% - 45%	1
29% or below	0



### Length of Stay

20. RRH programs only: Length of Stay for participants is 12 months or less

Percent	Points
90% or above	5
75% - 89%	3
50% - 75%	1
49% and below	0

### Client Satisfaction

20. Client Satisfaction Surveys Administered

Percent	Points
50-100%	5
1-49%	0

### Penalties

21. Adherence to Deadline(s)

For this metric, if a deadline is missed, the 10 points are deducted from the total score.

## INSTRUCTIONS

**This is the application for Scranton/Lackawanna County Continuum of Care (PA-508) permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through the permanent housing bonus. HUD has not yet announced the amount of funds that will be available.**

**The following types of new projects will be considered:**

- **New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals experiencing chronic homelessness coming from places not meant for human habitation, safe havens, or emergency shelters.**
- **New rapid rehousing (RRH) projects that will serve homeless individuals AND families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).**

**New projects to be included in the PA-508 2019 CoC Application to HUD will be selected by an independent scoring committee. Priority will be given to those projects serving 50% or more individuals. Final decisions regarding awards will be made by HUD via the national competition.**

**All applications will be reviewed to ensure they meet HUD's Threshold Standards. Applications that do not meet these standards will not be further reviewed.**

**All applications are due by August 23, 2019 and should be sent to: [jmarino@uncnepa.org](mailto:jmarino@uncnepa.org)**

## Project Requirement and Priorities:

- Eligible activities/projects for the Funds:
  - All projects must be Permanent Supportive Housing or Rapid Re-Housing with TH-PH-RRH allowable for DV Bonus
  - Projects can request funds for:
    - PSH: Leasing (tenant or project based only), operating funds, supportive services, admin
    - RRH: Rental assistance (tenant based only), supportive services, admin
    - TH-PH RRH for DV Bonus only
  - Term – 1 year
  - Eligible Supportive Services Costs are limited to the categories included in Section 17. Budget Detail.
  - Operating funds or project based rental assistance may be used for units owned by the applicant organization. These must be units newly designated to serve homeless people and ready for occupancy no later than 6 months after the award of funds. Awards are anticipated to occur in approximately January 2019. Projects must provide a deed demonstrating site control for a building or units where evidence of site control exceeds the requested grant term.
  - Projects applying for RRH should include at least \$4,000 per household served at a point in time for supportive services. For example, if the project will support 20 households at a given point in time, the annual supportive services budget should be at least \$80,000.
  - Projects applying for PSH should include at least \$5,000 per household annually for supportive services.
  - Projects cannot request rental assistance and operating funding in the same project.
  - Projects must agree to enter client data into the PA-508 HMIS (with the exception of Victims Services Providers as they are prohibited from doing so by law. VSPs must enter data into a comparable data base), participate in the annual homeless count, participate in and accept referrals only from the applicable **Coordinated Assessment** and comply with all other HUD requirements and PA-508 CoC Policies.
  - Applications must demonstrate:
    - A plan for **rapid implementation** of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award (i.e., by no later than July 2020).
    - A connection to **mainstream service systems**, specifically:
      - 1) that services are in place to identify and enroll all Medicaid-eligible program participants and to connect Medicaid-enrolled participants to Medicaid-financed services, including behavioral health services, or other services important to supporting housing stability.
      - 2) that services are in place to connect participants to mainstream resources, including benefits, health insurance and employment services
      - 3) for stable PSH participants, that the project will assess participants' interest in moving on to independent affordable housing and offer assistance, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities.
    - Experience in operating a successful **housing first** program and a program design that meets the definition of Housing First as adopted by the PA-508 CoC and the additional housing first principles outlined in the Appendix.
    - A plan for outreach to the eligible population (see below).
    - That they meet HUD's match requirements. See Section #17, Sources of Match.
- Eligible localities:

- Projects must be located within Lackawanna County, PA.
- Eligible populations:
  - PSH:
    - All projects must dedicate 100% of units to chronically homeless individuals.
    - Project applicants must demonstrate that they will first serve the chronically homeless and then prioritize as outlined in *Scranton/Lackawanna County Policies and Procedures: Adoption of HUD Notice CPD 16-11* (See Appendix).
    - Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix)
  - RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations.
- Eligible applicants:
  - Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
  - Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

## New Project Application

### 2019 Scranton/Lackawanna County Continuum of Care

- Applications are due by close of business on August 23, 2019 and should be sent to: [jmarino@uncnepa.org](mailto:jmarino@uncnepa.org)
- Please contact [jmarino@uncnepa.org](mailto:jmarino@uncnepa.org) for questions about the form or process.
- Please save your document with the following naming convention:  
 <Agency name –Program name-NEW PA508-18>.  
**Example:** ABC Services-Home to Stay-NEW PA508-18.doc
- The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

**1. Project Applicant Information:**

- a. Name of Organization: \_\_\_\_\_
- b. Organization Type
  - Units of Local Government                       Non-profit 501(c)(3)                       PHA
  - State Government                       Other: Describe \_\_\_\_\_
- c. DUNS Number: \_\_\_\_\_

**2. Sub-Recipient Organization (if applicable):**

- a. Name of Organization: \_\_\_\_\_
- b. Organization Type
  - Units of Local Government                       Non-profit 501(c)(3)                       PHA
  - State Government                       Other: Describe \_\_\_\_\_
- c. DUNS Number: \_\_\_\_\_

**3. Contact person for this application:**

- a. Name: \_\_\_\_\_ Title: \_\_\_\_\_
- b. Phone: \_\_\_\_\_
- c. Email: \_\_\_\_\_

**4. Project Location (town(s)):** \_\_\_\_\_

**5. Type of Project:**     PSH             RRH

**6. Proposed Project Budget**

Activities	Total Assistance Requested
1. Leasing	
2. Rental Assistance	
Indicate Type of RA: <input type="checkbox"/> TBRA (required for RRH) <input type="checkbox"/> PBRA	
3. Supportive Services	
4. Operations	
5. Administrative costs (Up to 7% of amount requested)	
6. Sub-total Request (Add lines 1-5)	
7. Cash Match	
8. In-kind Match	

9. Total Match (Add lines 6&7) – must equal at least 25% of line #6 for RRH projects or 25% of (line #6 minus line #1 (Leasing)) for PSH projects	
10. Total Budget (Add lines 6 & 9)	

**7. Housing Type**

- a. Type:  Single Site                       Scatter Site
- b. Total Number of Units: \_\_\_\_\_
- c. Total Number of Beds: \_\_\_\_\_

**8. A. Population to be Served in the Project (Point-in-Time)**

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

**B. Population to be Served in the Project (Annually – over the course of a year)**  
*(Not applicable for PSH - Applies to RRH only)*

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

**9. Experience of Applicant/Sponsor**

<p>A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project. Be sure to provide concrete examples that illustrate 1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications 2) working with and addressing the target population’s identified housing and service needs. Specifically describe your experience with:</p> <ul style="list-style-type: none"><li>• the Housing First model</li><li>• delivering or securing Medicaid funded services for participants in the agency’s programs</li><li>• linking participants to mainstream resources, including benefits, health insurance, employments services, and mainstream affordable housing</li><li>• assessing stable participants’ interest in moving on to independent affordable housing and offering assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities (PSH ONLY)</li></ul>
<p>B. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve.</p>
<p>C. Describe the basic organization and management structure of the applicant and sub recipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant.</p>
<p>D. Describe the experience of the applicant and potential sub recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.</p>
<p>E. Describe the experience of the applicant and potential sub recipients (if any) in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds. If the applicant and sub recipient have no experience, indicate “No experience leveraging other Federal, State, local or private sector funds.”</p>

<p>F. Have any of your agency's HUD funded programs (including ESG) received a HUD audit in the last 12 months?      yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, were there any findings from the audit?    yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If there were findings, please describe the findings and your agency's corrective actions to satisfy the findings and <u>attach a copy of the corrective action plan that you submitted to HUD.</u></p>
<p>G. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential sub recipients (if any)?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.</li> </ul>
<p>H. Have you returned any funds to HUD on any existing grants in the last two years?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• If yes, how much has been returned?</li> <li>• What is the reason that the funds have been returned?</li> <li>• What actions are you taking to ensure full spending?</li> </ul>
<p>I. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• If yes, how much is owed?</li> <li>• What is the reason for the obligation to HUD?</li> <li>• What is preventing establishing a payment schedule?</li> </ul>
<p>J. Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• What is the reason that the funds have not been drawn down?</li> <li>• What actions are you taking to ensure timely draw down?</li> </ul>
<p>K. Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years? <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• What is the reason that APRs were late?</li> <li>• What actions are you taking to ensure timely submission?</li> </ul>

**10. Project Description**



A. Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify the target population including the number of single adults and the number of families with children to be served when the project is at full capacity.

- Address and location of units
- Type and number of units – scatter site or single site, single or multi-family homes, etc.
- The specific services that will be provided and outreach methods to be used to serve the long-term homeless population
- Projected outcomes
- Coordination with partners
- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid and other mainstream services to participants

B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

C. Will the project receive referrals only through the local Coordinated Entry Network?

Yes

No

If No, please explain.

D. PSH Only: Describe recipient/sub recipient capacity for assessing need, prioritizing persons with the most severe needs and outreaching to identify chronically homeless people and the specific plan for how the project will first serve the chronically homeless according to the order of priority established in HUD Notice CPD 16-11 (*SEE APPENDIX*).

E. Describe recipient/sub recipient experience with and a description of the program design for implementing Housing First.

F. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?  Yes  No

Will more than 16 persons reside in a structure?  Yes  No

If yes, please answer the following questions

- Describe local market conditions that necessitate a project of this size.
  
- Describe how the project will be integrated into the neighborhood.

G. If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential sub recipients (if any) will have in developing, operating, and maintaining the property.

**11. Supportive Services for Participants**

A. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, as updated by the Every Student Succeeds Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

- Yes      No

B. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?

- Yes      No

C. Describe how participants will be assisted to obtain and remain in permanent housing. The description must be consistent with other parts of this application and identify:

- Plan to move eligible participants into the project
- Needs of tenants and plan for addressing those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services
- How units will be identified and rent reasonableness will be determined

D. Describe how participants will be assisted to increase employment and/or income and to maximize their ability to live independently. The description must be consistent with other parts of this application and identify:

- Needs of target population and services required
- How tenants will access these services
- Coordination with other providers and mainstream systems
- How tenants will access SSI/SSDI and other mainstream benefits
- Unique needs of youth (if applicable)

E. Describe how you will coordinate effort with and connect tenants to mainstream employment organizations. These are organizations that provide job readiness, job training, and/or employment opportunities for all individuals and not exclusively for homeless individuals (e.g. Labor Ready).

F. Please identify whether the project will include the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes No
- Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes No
- Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub recipient, or partner agency? Yes No
- Indicate the last SOAR training date for the staff person providing the technical assistance: \_\_\_\_\_

**12. Supportive Services Type and Frequency:**

A. For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services.**

*For Provider, indicate: “Applicant” if the applicant will provide the service directly; “Sub recipient” if a sub recipient will provide the service directly; “Partner” if an organization that is not a sub recipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, “Non-Partner” to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.*

Supportive Services	Provider	Frequency – select one per service type				
		Daily	Weekly	Bi-monthly	Monthly	N/A
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/ Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

B. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) to the proposed project?

- Yes, very accessible
- Somewhat accessible
- Not accessible

**13. Population Characteristics**

<b>Population Characteristics</b>	<b>Persons in HH's with At Least One Adult and One Child</b>	<b>Adult Persons in Households without Children</b>	<b>Persons in Households with Only Children</b>	<b>Total</b>
<b>Disabled Adults over age 24</b>				
<b>Non-disabled Adults over age 24</b>				
<b>Disabled Adults ages 18-24</b>				
<b>Non-disabled Adults ages 18-24</b>				
<b>Accompanied Disabled Children under age 18</b>				
<b>Accompanied Non-disabled Children under age 18</b>				
<b>Unaccompanied Disabled Children under age 18</b>				
<b>Unaccompanied Non-disabled Children under 18</b>				

**Totals from Above:**

<b>Total Number of Adults over age 24</b>				
<b>Total Number of Adults ages 18-24</b>				
<b>Total Number of Children under 18</b>				
<b>Total Persons</b>				

**14. Subpopulations** – For PSH, each person must be listed as chronically homeless and at least one adult in each household must be listed as disabled. DV is not considered a disability by HUD.

**Households with At Least One Adult and One Child**

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Dom. Violence	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 18									
Total Persons									

**Adult Households without Children**

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Total Persons									



### Households with Only Children

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Unaccompanied Disabled Children >18									
Unaccompanied Non-Disabled Children >18									
Accompanied Disabled Children >18									
Accompanied Non-Disabled Children >18									
Total Persons									

**15. Outreach for Participants**

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

- \_\_\_ Persons who came from the street or other locations not meant for human habitation
- \_\_\_ Persons who came from Emergency Shelters
- \_\_\_ Persons who came from safe havens
- \_\_\_ Persons eligible under category 4 – e.g., fleeing DV, stalking, violence (see appendix for definition)
- \_\_\_ Total of above percentages

B. Describe the outreach plan to bring eligible homeless participants into the project.

**16. HMIS Participation**

- a. Does your agency currently participate in HMIS?  Yes  No
- b. Will your agency enter data into the HMIS for this proposed project?  Yes  No

## 17. Budget detail

**Leased Unites Budget** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Link for 2019 FMRs:

[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/select_Geography.odn)

Unit Size	No. of Units	FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
<b>Totals</b>				

**Rental Assistance Budget** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Link for 2019 FMRs:

[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/select_Geography.odn) Indicate the Type of

Rental Assistance:  Project Based  Tenant Based

Unit Size	No. of Units	FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
<b>Totals</b>				

### Operating Costs

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Budget Request
Maintenance and repair		
Electricity, Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
<b>Total Operating Request</b>		

**Supportive Services:** Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

<b>Eligible Costs</b>	<b>Quantity Description (max 400 characters)</b>	<b>Annual Budget Request</b>
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Employment Services		
Food		
Housing Search/Counseling		
Legal Services		
Life Skills		
Outreach Services		
Transportation		
Utility Deposits (only if not included in lease agreement)		
<b>Total Annual Assistance Requested for Supportive Services</b>		

**Sources of Match – Please complete the match table below.**

Match is actual cash or in-kind resources contributed to the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Program, even if the recipient is not receiving CoC Program grant funds for that activity. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (with cash or in-kind resources). Match resources may be from public or private resources.

<b>Identify Type of Contribution: Cash or In kind</b>	<b>Name the Source of Contribution</b>	<b>Identify Source as: (G) Government or (P) Private</b>	<b>Date of Written Commitment</b>	<b>Value of Written Commitment</b>
<i>Example: Cash</i>	<b>DMHAS</b>	<b>G</b>	<b>7/15/19</b>	<b>\$10,000</b>
			<b>TOTAL:</b>	<b>\$</b>

## APPENDIX

### **PA-508 Adopted Definition of 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.

### **Housing First Principles**

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

#### Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
  - a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
  - b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of “housing readiness.”
  - c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
  - d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

#### Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.

- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

### **PA-508 Policy - Adoption of HUD Notice CPD 16-11**

This CoC will base prioritization for permanent supportive housing on the Notices CPD-14-012 and CPD-16-11. Households meeting the definition of chronic homelessness will be prioritized for all Permanent Supportive Housing vacancies upon turnover.

All CoC Program-funded PSH must take new participants from the single prioritized Chronic Homeless list for individuals or for families as appropriate, which is created using the Coordinated Entry process along with the criteria outlined below.

### **Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:**

All Scranton/Lackawanna County CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through the Chronic Homeless List maintained in HMIS and should be filtered for prioritization decisions.

This by-name lists use the order of priority established in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant guidance from the Notice appears below, and the full Notice is available at:

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.

### **Accepting Referrals through a Single Prioritized List for PSH**

All CoC-funded PSH projects are required to accept referrals ONLY from the *Chronic Homeless List* that is maintained in HMIS and monitored by the Chronic Homeless Committee, and should be filtered for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

### **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness (excerpt from PA-508 Policies and Procedures):**

I. The CoC hereby adopts the provisions and requirements set out in HUD Notice CPD-14-012 and updated Notice CPD-16-11 which are to be applicable to all CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness (which includes all PA-508 CoC Program-funded PSH):

**(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 (2) 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 (2) 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 (2) 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 (2) of the definition for chronically homeless, of the family as having severe service needs.

\*\*Please see full CoC Policies and Procedures for the full text of the prioritization policy:  
<http://www.uncnepa.org/scranton-lackawanna-county-continuum-of-care/>

## **DEFINITIONS OF KEY TERMS:**

**Category 4 – HUD Homeless Definition.** HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Chronically Homeless.** The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

**Chronically Homeless.** The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

1. **(a)** A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
  - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - ii. Has been homeless and living as described in paragraph (a) (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a) (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- (b)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (c)** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.



**Disabling Condition:**

Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

**2019 Scranton/Lackawanna County (PA-508) Continuum of Care  
Scoring Sheet for NEW Supportive Housing Bonus Project Applications**

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**Applicant Organization Name:** \_\_\_\_\_

**Proposed Project Name:** \_\_\_\_\_

**Project Location (town(s)):** \_\_\_\_\_

**Type of Project:**     PSH             RRH             TH-RRH

**Reviewer's Name (please print):** \_\_\_\_\_

**SECTION I: SCORES** *(Calculated only for applicants meeting threshold criteria as determined in Section II; enter scores below as indicated in Section III)*

**1. Applicant Experience:** \_\_\_\_\_ of 5

**2. Project Quality:**

**A. Prioritizing Highest Need (PSH Only)** \_\_\_\_\_ of 15

**B. Effective Outreach System (RRH or TH-RRH Only)** \_\_\_\_\_ of 15

**C. Housing First** \_\_\_\_\_ of 15

**D. Mainstream Services** \_\_\_\_\_ of 15

**FINAL TOTAL SCORE:** \_\_\_\_\_ of 50

**Bonus Points for meeting PA-508 Priority \*** \_\_\_\_\_ **10 Points**

\*PA-508 set this year's housing priority as Rapid ReHousing or Permanent Supportive Housing with at least 50% of funding/beds for individuals. DV Bonus can include TH-RRH.



**SECTION II. Threshold Review:**

*Purpose: to determine whether applicant meets basic eligibility requirements for funding.*

<p><b>Threshold Review Criteria</b>  <i>Projects that do not meet all of the threshold review criteria outlined below will not be further reviewed by the CoC except as noted.</i></p>	<p><b>Meets Criteria? Yes or No</b></p>
<p>All projects must operate in the CoCs covered geography. This includes all the cities and towns in Lackawanna County.</p>	
<p>All projects must provide either Permanent Supportive Housing or Rapid Re-housing. The DV Bonus can include TH-RRH</p>	
<p>The population served must meet program eligibility requirements, including:</p> <ul style="list-style-type: none"> <li>• PSH: <ul style="list-style-type: none"> <li>○ All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD.</li> <li>○ Project applicants must demonstrate that they will first serve the chronically homeless according to the order of priority established in PA-508 policy per HUD Notice CPD-16-11: <i>Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons.</i></li> <li>○ All projects must serve exclusively disabled individuals as defined by HUD</li> </ul> </li> <li>• RRH: All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or fleeing violence/stalking. <ul style="list-style-type: none"> <li>○ Persons in transitional housing <b>are not eligible</b> for either project type, even if they met the criteria described above prior to entering the TH program.</li> </ul> </li> </ul>	
<p>Projects can request only these funds for a term of one year:</p> <ul style="list-style-type: none"> <li>▪ PSH: Leasing, Rental assistance (tenant or project based only) or operating funds</li> <li>▪ RRH: Rental assistance (tenant based only)</li> <li>▪ Supportive services</li> </ul>	
<p>Projects cannot request rental assistance/operating funding in the same project, except in TH-RRH.</p>	
<p>Applicant must clearly describe a viable plan for <b>rapid implementation</b> of the program documenting how the project will be ready to begin housing the first program participant within 6 months of the award.</p>	
<p>Project applicants must meet eligibility requirements as described in the CoC program interim rule (i.e., only nonprofit organizations, States, local governments, and instrumentalities of State or local governments are eligible to apply) and be able to provide evidence of eligibility (e.g., nonprofit documentation).</p>	
<p>Project applicants must demonstrate the financial and management capacity and experience to carry out the project and administer federal funds (e.g., by demonstrating experience with similar projects and with successful administration of other federal funds.)</p>	
<p>Project applicants must be in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds-outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.</p>	

<b>Threshold Review Criteria</b> <i>Projects that do not meet all of the threshold review criteria outlined below will not be further reviewed by the CoC except as noted.</i>	<b>Meets Criteria? Yes or No</b>
Projects must administer their programs in the most integrated setting appropriate to the needs of qualified homeless people with disabilities (i.e., enabling participants to interact with others without disabilities to the fullest extent possible).	
Amenities (e.g., grocery stores, pharmacies, etc.) must be accessible in the community.	
Applications must meet HUD's cash match requirements as defined in the CoC Program Interim Rule (i.e., the recipient or subrecipient must match all grant funds with no less than 25% of funds or in-kind contributions from other sources. For PSH projects, the requirement is 25% of the total amount of the grant minus Leasing).	
Projects must agree to participate in HMIS (unless a DV program), the annual Homeless PIT count, the relevant Coordinated Entry process and comply with all CoC P+P.	

Other threshold criteria that the CoC will review prior to submission to HUD:

- Projects must be cost effective (i.e., not deviating substantially from the norm in that locale for the type of structure or kind of activity).

Project meets threshold eligibility criteria?

- Yes
- No

**Comments:**

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**SECTION III: SCORED SECTIONS**

**Applicant/Sponsor History and Subrecipient Experience (5 Points) – See “Experience of Applicant/Sponsor” Section in Application**

- Applicant and subrecipient(s)’ prior experience in serving homeless people and in providing housing similar to that proposed in the application. **(2.5 points)**
- Satisfactory experience with prior HUD grants and other public contracts, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of APRs on existing grants. **(2.5 points)**

**Score:** \_\_\_\_\_

**Comments:**

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**Assessment of Project Quality - See “Project Description” Section in Application**

**A. PSH: Prioritizing Highest Need (15 points)**

**Extent to which the applicant:**

- ✓ Demonstrates that they will first serve the chronically homeless according to the order of priority established in *Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons*. **(9 points)**
- ✓ Clearly describes the system it currently uses to determine severity of need for the chronically homeless. **(2 points)**
- ✓ Clearly describes its process for prioritizing persons with the most severe needs. **(2 points)**
- ✓ Clearly describes the outreach process used to engage chronically homeless persons living on the streets and in shelter. **(2 points)**

**Questions to consider:**

- Does the applicant demonstrate a clear understanding of the order of priority established in *Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons*?
- Does the applicant describe a specific plan for how the project will participate in the CoC’s coordinated assessment system?
- Does the applicant describe a plan for an outreach process to engage those persons that is adequate and consistent with the Notice?
- Does the applicant identify specific and appropriate programs (street outreach, shelters, and safe havens) from which it obtains referrals of potential eligible program participants that will ensure the project operates at full capacity and that eligible persons are with the most severe needs are served?

**PSH Score:** \_\_\_\_\_

**Comments:**

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**B. RRH or TH-RRH: Effective outreach system (15 points) - See “Project Description” & “Outreach for Participants” in Application**

**Extent to which the applicant:**

- ✓ Clearly describes a specific plan for how the project will participate in the CoC’s coordinated assessment system **(5 points)**
- ✓ Clearly describes the outreach process used to engage homeless persons living on the streets, in shelter, and fleeing or attempting to flee domestic violence. **(5 points)**
- ✓ Clearly describes a plan for obtaining referrals that will ensure the project operates at full capacity and serves only eligible people **(5 points)**

**Questions to consider:**

- Does the applicant describe a specific and viable plan for how the project will participate in the CoC’s coordinated assessment system?
- Does the applicant describe a plan for an outreach process to engage eligible persons that is adequate?
- Does the applicant identify specific and appropriate programs (street outreach, shelters) from which it obtains referrals of potential eligible program participants that will ensure the project operates at full capacity and that only eligible persons are served?

**RRH/TH-RRH Score:** \_\_\_\_\_

**Comments:**

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**C. Housing First (15 points). See “Project Experience” & “Project Description” in Application**

**Extent to which the applicant:**

- ✓ Demonstrates significant and long-standing experience in operating a housing first program. **(3 points)**
- ✓ Demonstrates success of the existing housing first program(s) it operates. **(3 points)**
- ✓ Clearly describe a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals) **(9 points)**

**Questions to consider:**

- Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, income requirements and service participation?
- Does the applicant clearly demonstrate a model in which continuation of housing is not contingent on service participation requirements or compliance?
- Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project?
- Does the applicant clearly describe a project design that is adequate to accomplish those goals?

- Does the applicant clearly demonstrate a model in which participants are expected to comply with a lease agreement and are provided with services and supports to help maintain housing and prevent eviction?
- Does the type, scale, and location of the housing fit the needs of the participants?
- Does the type, scale, and location of the supportive services and mode of transportation to those services fit the needs of the program participants?
- Does the application indicate that program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs?

**Housing First Score:** \_\_\_\_\_

**Comments:**

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**D. Mainstream Services (15 points). See “Supportive Services” for Participants in Application**

**Extent to which the applicant:**

- ✓ Clearly describes specific activities to identify and enroll all Medicaid-eligible program participants, regardless of whether the project applicant’s state is participating in Medicaid expansion under the Affordable Care Act; **(5 points) AND**
- ✓ Clearly and specifically demonstrates that the project includes Medicaid-financed services, including care management, behavioral health services, or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through partnerships with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers). No points will be awarded for Medicaid-financed health services provided in a hospital setting **OR**
- ✓ Clearly and specifically demonstrates that there are barriers to including Medicaid-financed services in all or some of the project AND clearly demonstrates that the project leveraged non-Medicaid resources available in the CoC’s geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention, Centers of Excellence or state behavioral health system funding, education, vocational training and job-readiness services, TANF, food stamps and mainstream parenting resources to the maximum extent appropriate. **(10 Points)**

**Questions to consider:**

- Does the specific plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, and employment programs for which they are eligible meet the needs of the program participants?

**Score:** \_\_\_\_\_

**Comments:**

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