

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
  2. Ensuring all questions are answered completely.
  3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
  4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
  5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
  6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.
- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
  - All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions [click here](#).

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

### **Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

**1A-2. Collaborative Applicant Name:** United Neighborhood Centers

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** United Neighborhood Centers

## 1B. Continuum of Care (CoC) Engagement

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No
Law Enforcement	No	No
Local Jail(s)	Yes	No
Hospital(s)	No	No
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Not Applicable	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	No
Other:(limit 50 characters)		

Legal service provider	Yes	Yes
County - Aging and Children & Youth Services	Yes	Yes
Veterans Administration Medical Center	Yes	Yes

**Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.**

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.  
(limit 1000 characters)**

The CoC solicits & considers a full range of opinions in meetings & subcommittees including 2 publicly advertised mtgs per year & a bi-monthly CoC meeting where providers including ESG and SHP (including VSP), SSVF, HUD-VASH, CoC staff, ESG Jur., PHAs, & more are able to share info. & knowledge. VA, SSVF, Office of Youth & Family Services (OYFS), outreach, & SHP providers case conference for households on the Chronic Homeless(CH) & Vets lists at monthly mtgs. to assist in entering housing. Input from providers at this mtg, informed the policy developed to improve ID & referral of Vets. OYFS & the homeless liaison attend Ed. & Youth Homeless Committee Mtgs. to discuss & inform policies & activities. Specifically, input from a youth & LGBT provider at a CoC public mtg was used, resulting in collaboration to improve outreach for the youth PIT. PIT/HIC & AHAR analysis, along with program entry input from providers were used to inform the board's decision on priorities for bonus funds.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.  
(limit 1000 characters)**

In order to solicit new members, the CoC places an advertisement in the local newspaper twice per year to invite any/all interested parties to the public CoC meetings. For the two public meetings, e-mails 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. Special outreach to homeless service providers occurs on a regular basis (at least 4 times per year) to solicit/encourage the participation of those experiencing homelessness and/or formerly homeless individuals in the CoC.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.  
(limit 1000 characters)**

In order to notify the public that the CoC was accepting & considering FY 2017 CoC Program proposals from organizations that hadn't previously received CoC Program funding, an ad was placed in the Scranton Times Tribune, which has general circulation throughout the county, on June 19, 2017. On that date, notice was also sent to CoC members via e-mail regarding the RFP. The application was made available on the publicly accessible United Neighborhood Center website. Notices included e-mail as the method of proposal submission. The CoC convened an evaluation committee comprised of 3 objective individuals who do not receive & had not applied for funding. These evaluators used a standardized scoring tool to come to consensus on the application scores. The applicant with the highest score would be included in the FY 2017 Competition process. In fact, a project from a new applicant, not previously funded in this CoC, has been accepted & ranked with this year's submissions.

## 1C. Continuum of Care (CoC) Coordination

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.**

**Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

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)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Housing & serv. prog. through Dept. of Vet Affairs	Yes

**1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)**

The CoC collaborates with the Scranton Con Plan Jurisdiction(Scranton), which encompasses over 85% of our projects/units, bi-monthly (at least 1 hour/month) at CoC meetings, where they receive HIC/PIT data, collect & disburse

information as needed. In addition, phone calls & e-mails are exchanged. The CoC ensures local info. is clearly communicated by sharing at meetings, making comment on the Con Plan & giving system-wide updates as requested. To determine funding allocation, the CoC board comes together to determine community need with HIC/PIT & other relevant HMIS data & works with Scranton to choose programs that best end homelessness. The CoC provides all HMIS data as requested by the city. For the state jurisdiction(PA), the CoC obtains cert. of consistency with PA's Con Plan & attends regularly scheduled state-wide meetings, where community needs & statewide initiatives are discussed. PA has access to the CoC's HIC/PIT data & we are open to further involvement.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.  
(limit 1000 characters)**

Survivors of DV may enter the homeless services system through the local Victim Service Provider (VSP), a CoC member, or via the Coordinated Entry (CE) System. Both VSP & non-VSP providers take individual circumstances & safety needs into account when conducting assessment/intake & making referrals, taking care to uphold client choice within the available safe options for housing & services, including client & provider coming up with additional options. Confidentiality is upheld by meeting in a private space & keeping all PII confidential unless a signed release is obtained. Safety planning is conducted via CoC &/or VSP provider staff. The CE gives clients the option to continue with CE provider or VSP. The CE prioritizes clients fleeing DV & refers to eligible CoC, ESG, DOJ & HHS funded programs. Clients are given the choice of referral to VPS via warm hand-off, or calling directly without intermediary. When presenting first at the VSP, the same referral options are available.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.  
(limit 1,000 characters)**

The CoC conducts annual training given by the local VSP for CoC, ESG & other community providers including Coordinated Entry (CE) staff on the dynamics of DV, including ID, risk assessment, security concerns, safety planning & confidentiality requirements. The CoC uses HMIS data & comparable database reports to create the AHAR report & data summary report for CE. These plus HIC/PIT (PIT – 29 or 15% reported DV survival) & aggregate data from the DV provider's data base (322 people/142 HH assisted over 12 mo.) were used with other special population data to assess DV & homelessness scope of needs. The safety planning protocols for the CoC include conducting assessment in more private setting, creating individualized safety plan with VSP or agency

client presents to as appropriate, keeping all DV-related information confidential unless information release is signed, & offering referral & connection directly to VSP if that is the client's choice. These processes are included in the CE.

**1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.**

**Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Carbondale Housing Authority	0.00%	No
Housing Authority of the County of Lackawanna	24.00%	Yes-Both
Scranton Housing Authority	7.00%	Yes-Both

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

**1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)**

One of the three PHA's within our jurisdiction does not have a homeless preference. In order to encourage them to adopt such a policy, the CoC invites the Housing Authority to CoC Public & General meetings. In addition, CoC member agencies have attended quarterly meetings with the Housing Authorities to discuss homeless issues, problem-solve around specific cases and to 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 three authorities. Specific action steps taken are attending quarterly meetings with HA representative, requesting that they adopt a homeless preference, having HA rep. participate in CoC meetings, sharing homeless data, and building and maintaining a working relationship by assisting with application process, eviction prevention, etc.

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of**

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**Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)**

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 general CoC and sub-committee meetings. Topics covered include proper terminology, homeless statistics for this population, the challenges and rights of this population and sensitivity to any specialized needs and/or circumstances. A free Equal Access and Gender Identity Rules training, with instructions on how to access same, was advertised via CoC meeting and e-mail to all CoC members, offering several dates/times. All CoC members were encouraged to attend. A link to this training was also e-mailed to providers so that it may be viewed when convenient. The CoC implemented a CoC-wide anti-discrimination policy addressing the rights of LGBT individuals and their families on September 12, 2017. Additional training on Equal Access is scheduled for October 2017.

**1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.**

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

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

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

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

**1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)**

N/A

**1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

Foster Care:	<input checked="checked" type="checkbox"/>
Health Care:	<input checked="checked" type="checkbox"/>

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

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

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.**

**Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

### 1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)  
(limit 1000 characters)**

The CoC considered the severity of needs & vulnerabilities of participants when determining project application priority using rates of project entries with high barriers as scoring criteria for renewal projects including: current/past substance abuse, MH diagnosis, physical disability, dev. disability, HIV/AIDS, chronic health condition, no income, survivor of domestic violence, & residence at entry, including homeless situation. For all of the above, the higher rates of entries with barriers or from homeless locations, the higher a project would score & rank. For new projects, the criteria included for scoring considered participation in Coordinated Entry, which considers & highly prioritizes those with greater severity of needs & LOT homeless, the target population served & the applicant's housing first & barrier responses on project applications. Discussion regarding final ranking further addressed programs' specialized target populations & their severity of need.

**1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.**

**Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.**

Public Posting	
CoC or other Website	<input checked="checked" type="checkbox"/>
Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

**1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.**

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

**Reallocation: Option 1**

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

**1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.** 08/01/2017

**Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.**

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 08/21/2017

**Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.**

## Reallocation Supporting Documentation

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Reallocation docu...	09/21/2017

## Attachment Details

**Document Description:** Reallocation document



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

### Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?** Yes

**Attachment Required:** If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

**2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** Page 1, MOU

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.** Yes

**2A-3. What is the name of the HMIS software vendor?** Eccovia Solutions (ClientTrack)

**2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.** Single CoC

**2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells**

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**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	49	5	44	100.00%
Safe Haven (SH) beds	4	0	4	100.00%
Transitional Housing (TH) beds	118	12	106	100.00%
Rapid Re-Housing (RRH) beds	76	31	45	100.00%
Permanent Supportive Housing (PSH) beds	220	0	165	75.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.**

**(limit 1000 characters)**

The only PSH beds not in HMIS are HUD-VASH beds. The CoC works closely with the VAMC to stay current on the Vets master list, exchanging data frequently. In the next 12 months, steps to increase include this bed coverage include the following: work with HUD Vets @ Home TA in order to gain insight on how other communities include these beds in HMIS, 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 Scranton/Lackawanna County CoC's HMIS and CSV import into SLCCoC's system. Additional action steps will depend on the solution, but may include working with HMIS vendor to learn/facilitate the data import process and providing HMIS training to HUD-VASH staff.

**2A-6. Annual Housing Assessment Report 12**  
**(AHAR) Submission: How many Annual**  
**Housing Assessment Report (AHAR) tables**  
**were accepted and used in the 2016 AHAR?**

**2A-7. Enter the date the CoC submitted the 04/12/2017**  
**2017 Housing Inventory Count (HIC) data into**  
**the Homelessness Data Exchange (HDX).**  
**(mm/dd/yyyy)**

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

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/25/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 04/12/2017

## 2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)**

N/A

**2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?** Yes

**2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.**

Beds Added:	32
Beds Removed:	16
Total:	16

**2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?** No

**2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from** No

**2016 to 2017?**

**CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

**2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)**

N/A

**2C-5. Did the CoC implement specific measures to identify youth in their PIT count?** Yes

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)**

The CoC took several new steps to identify homeless youth. Community stakeholders, including homeless service providers, new homeless youth non-profit & OYFS were part of a committee spearheading the efforts, meeting 3 months prior to the PIT date. Committee members reached out to youth as well as local schools to solicit input & participation. Homeless & other youth were engaged in planning efforts & implementation via focus group, one-on-one discussion & committee input on efforts such as method of evaluation, evaluation tool, & locations where homeless youth are most likely to be identified. The committee developed a youth survey, advertised broadly with flyers at local youth "hang-outs" & schools in addition to using social media, e-mail, and newspaper, & held a "Come and be Counted" event at a central location, convenient to downtown & bus lines. Food, beverages, free Wi-Fi, hygiene kits, info. & referral services, physical & BH counseling were all offered at the event.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)**

For the 2017 PIT count, in order to better count individuals and families experiencing chronic homelessness, families with children and Veterans, the CoC better utilized the resources of the area's two SSVF providers and the Veteran's Administration, by soliciting input in regards to the location of any unsheltered Veterans, chronic homeless and families with children. VA staff

also assisted in conducting the PIT surveys.

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

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.**

**(limit 1000 characters)**

The number of first-time homeless decreased by 23 people, from 547 to 514. To ID homeless risk factors, the Discharge Planning Committee conducted fact-finding with providers/institutions which have discharged to homelessness. The CoC also works closely with mainstream and general assistance providers to determine trends in the population they are seeing which lead to homelessness, such as job loss, increasing rental fees, evictions or foreclosures, spikes in substance abuse or serious mental illness, or reduction in BH service availability. The CoC's efforts to reduce the number of first time homeless include diversion efforts built into the CE system. The CE is conducted for literally homeless as well as those at imminent risk, identifying any other resources(i.e. ESG Prev., utility assistance, HAP Case Mngt & RA) or avenues of support a household might use, and assisting with referrals and connections to safely divert people from the homeless system. The CoC Director oversees.

**3A-2. Performance Measure: Length-of-Time Homeless.**

**CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.**

**(limit 1000 characters)**

The CoC saw a LOT homeless reduction in ES & SH of 121 days, down from 147 to 26 days. Adding TH, the reduction is 92 days, from 199 to 107. The CoC identifies those with the longest time homeless using an assessment tool in the Coordinated Entry (CE), prioritizing need using LOT. CE participants have staff follow-up until the HH is permanently housed or cannot be reached after 90

days, ensuring timely assistance is given. Actions implemented also include increasing PH options for households via ESG, CoC, SSVF & HUD-VASH funded PH, using reallocation, change of program components, & bonus projects, to make those changes. Landlord resources are shared among agencies to facilitate securing appropriate housing. Outreach efforts are also consistently employed especially with those resistant to housing interventions. All of these efforts are employed to ensure that all HH's experience of homelessness will be as brief as possible. CoC Director is responsible for overseeing this strategy.

### **3A-3. Performance Measures: Successful Permanent Housing Placement and Retention**

**Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)**

For ES, SH, TH & RRH, exits to PH increased from 162 to 477 - 3%(while the actual %increase of those exiting to PH, is 3, the # of persons increased by 315). For PSH, exits essentially remained the same at approx. 97% success(less than 1% reduction), with #of successes increasing. In addition to ongoing strategies of connection with mainstream resources, emp., life skills training, BH & physical health care, protocol has been developed & implemented to hasten connection of Vets to PH providers & to assess & refer clients in shelters to appropriate resource via CE, & has encouraged PSH providers to graduate clients who are ready, building on skills learned from a CoC-wide MI training. A Fall Housing First training is planned focusing on skills needed to keep those with highest level of need in PH. In addition, the CoC has improved relationships with HAs & created a CoC-wide landlord bank to increase availability of suitable housing. CoC Director oversees strategies.

### **3A-4. Performance Measure: Returns to Homelessness.**

**Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)**

The CoC reduced its overall rate of return to homelessness from 14% to 12%. Implemented strategies to identify and minimize returns to homelessness are 1) ensuring that persons exiting programs have stable income sources, 2) participation in budgeting/money management classes or connection with a rep. payee, 3) educating clients on landlord tenant relations, tenant rights & life skills in order to maintain a safe home, 4) connection with mainstream benefits and supportive community resources such as BH counseling &/or case management, childcare, etc. 5) follow-up with those exiting SHP for 6 months or more, and 6) offering case management and advocacy as needed after exit. Within the next year, additional provider trainings will be offered, and protocol



will be developed and implemented to flag returners in HMIS when presenting for CE and work with returners to re-tool housing plan. The positions responsible for oversight are the CoC Director and Chronic Homeless/CE Chair.

### **3A-5. Performance Measures: Job and Income Growth**

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.**  
(limit 1000 characters)

Strategies implemented to increase all income as stated above for homeless HH include: 1)SOARs training for all PSH providers, 2)linkage with mainstream benefits, childcare & emp. organizations, including assistance in completion of forms, collection of documents, transportation & follow-up, & 3)life skills training of soft skills needed. The primary mainstream employment orgs. with whom the CoC works are Careerlink, the EARN Program, EOC & Pathstone. They help clients with aptitude testing, school loan deferments, counseling on emp. options offering sustainable income, resume writing, interview training, providing updated lists of job availability, & career training. Projects have been assisted via trainings on criminal record expungement & mainstream resources, facilitating info. sharing opportunities & sharing additional provider education opportunities such as conferences, webinars & trainings on best practices via e-mail & meeting announcements. CoC Director is responsible.

**3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).** No

**3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?**  
(limit 1000 characters)

N/A

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.** 06/05/2017

**(mm/dd/yyyy)**

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

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	153	165	12

**3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated as Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless; provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.**

Total number of beds dedicated as Dedicated Plus	74
Total number of beds dedicated to individuals and families experiencing chronic homelessness	71
Total	145

**3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.** Yes

**3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.**

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.  
(limit 1000 characters)**

The CoC's plan to rapidly rehouse every HH with children that becomes homeless within 30 days of becoming homeless includes the use of the Coordinated Entry (CE) to identify and provide correct referrals. The CE uses a vulnerability index which prioritizes those appropriate for RRH or PSH. Additionally, the CoC prioritizes ESG and CoC funds for RRH based on HIC, PIT, AHAR and CE data. Current funding requests for ESG and CoC RRH funding is increased compared to previous years. TH family programs have been re-classified or reallocated to more effective RRH models, maximizing those resources in order to reach this goal. CE staff are assigned follow-up with participants until permanently housed or households can't be reached for 90 days, ensuring assistance at the time of need. The CoC will achieve the 30-day goal by 2020. Effectiveness is measured by the SPM report LOT and Returns to Homelessness measures tailored to family programs. CoC Director is responsible for oversight.

**3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.**

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	11	25	14

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.  
(limit 1000 characters)**

The CoC has an anti-discrimination clause in its By-Laws & in CoC Policies & Procedures. The CoC shares anti-discrimination regulations & policies at least once per year via presentation, discussion, written materials & via e-mail to ensure emergency shelters, TH, PSH & RRH providers within the CoC adhere

to them. These policies include not denying admission to, or separating any family members based on age, sex, gender, LGBT status, marital status or disability when entering shelter or housing. Information regarding current regulations is distributed with time for discussion & questions, offering providers an opportunity to request clarification or to share techniques on how to comply with regulations. The CoC has also sent webinar slides presented by HUD in regard to the new Equal Access Rule, with links to further resources. Follow up on Equal Access will take place at the October CoC Meeting.

**3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.**

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

**3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.**

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

**3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)**

The strategies to increase housing and services for homeless youth include grant submissions to area foundations for youth housing programs, research on and plans to apply for RHY funding at the next possible opportunity, securing funding commitments of over \$160,000 from the Office of Youth and Family Services, and increased collaboration with regional youth service providers and schools, including sharing youth homeless data. In addition, the CoC is

submitting a youth RRH project as the bonus submission this year. The increased collaboration also entails youth providers participating in CoC meetings, including them on general CoC e-mails/announcements to share initiatives and best practices, and including them in regional youth-related housing planning. The CoC increased youth-specific PSH beds and its overall PH beds in order to provide additional PH options. Evidence that the strategies are effective can be seen in the Youth PIT count decrease from 27 in 2016 down to 18 in 2017. The CoC believes this is a good measure as it is the most comprehensive count conducted, including non-HMIS contributors and those residing in places not meant for human habitation. It was improved by increased efforts to reach youth this year.

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)**

The CoC's Education & Youth Committee collaborates with youth education providers as outlined above by 1) presenting at local school districts on homeless identification, Coordinated Entry & services available, plus the regulations regarding rights of homeless children; 2) organizing presentations on these topics for all County school districts & homeless providers; & 3) utilizing the local Education for the homeless liaison as a point of contact with school counselors, teachers, superintendents & early ed. programs. The CoC has a formal agreement with the local Head Start Provider for collaboration & prioritization of services. Policies & Procedures CoC & ESG Programs are required to follow are 1) all providers serving C&Y must have an educational liaison; 2) giving info. on educational rights to homeless families upon program entry; & 3) facilitating/coordinating educational access for the child/children at the school/site the family chooses & as is within their rights.

**3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
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	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).  
(limit 1000 characters)**

The CoC reached a functional end to Veteran homelessness earlier this year. Key strategies employed are Housing First; increasing PH options; improving referral & communication processes once a Veteran has been identified(ID'd); use of a by-name list & case conferencing; & increasing outreach to known & rumored homeless camps, the soup kitchen, & shelters. ID & engagement procedures have been added whereby any Vet ID'd at the year-round ES are referred to call the VA Homeless Hotline upon entry. Thus, verification of Vet status and a solid connection to a Vet provider are delivered more efficiently. Vets are ID'd via an intake question in HMIS upon program entry including Coordinated Entry for CoC, ESG, & other homeless programs. The CE assesses the level of appropriate intervention and staff refer to appropriate programs including HUD-VASH, SSVF, GPD, CoC and ESG supportive housing programs. The VA determines eligibility for VA services and makes internal referrals.

**3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?** Yes

**3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?** Yes

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?** Yes

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

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.**

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

### 4A-1a. Mainstream Benefits

**CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)**

Actions taken by CoC Program-funded projects to supplement funds with other resources include: 1)SOARs training for all PSH recipients, 2)routine connection of participants with mainstream benefits (including TANF, SSA, food stamps & BH programs), childcare resources & employment organizations, including assistance in completion of any forms, collection of necessary documents, transportation & follow-up, 3)use of committees to present & share current info. on mainstream resources, & 4)securing cash & in-kind match sources, including over \$50,000 from OYFS & \$27,000 from ODAP which can participants' application for mainstream benefits. Projects have been assisted in implementation through: 1)trainings on mainstream resources, 2)Convening info. sharing opportunities on topics stated above & 3)sharing additional provider education opportunities such as conferences, webinars & trainings on



best practices via email & meeting announcements. The position responsible is the CoC Director.

**4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?**

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	16.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	16.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

**4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	16.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	15.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	93.75%

**4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)**

CoC Outreach identifies & engages households living in environs unfit for human habitation by, at least weekly, scouting known & rumored locations where homeless converge throughout the county via word of mouth with the area's homeless & fluid communication & collaboration among housing, homeless & other providers, including local & state police. Homeless information & services are available via local hotline & internet; & outreach workers have access to a 24-7 phone translation service for non-English speakers. Additional outreach is provided by SSVF & 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, tech. access or any disability, outreach teams utilize resources mentioned above as well as going to the client, accessing cell phones for clients, working with BH or independent living providers to tailor outreach to the individual.

**4A-5. Affirmative Outreach  
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive**

**services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.**

**Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)**

The strategies the CoC has implemented that further fair housing as detailed in 24 CFR 578.93(c) are as follows: the CoC has clauses on serving people with limited English proficiency & non-discrimination in its Policies and Procedures, encouraging strategies for inclusion & prohibiting discrimination to populations listed in question; several providers publicize services via written materials in Spanish, the most commonly used other language; providers have staff & volunteers who speak other languages, including sign; phone service & the local University have additional language translation services used; assistance is provided by Lackawanna Blind Association & United Cerebral Palsy, including acquiring assistive devices & TTY machines, etc.; & publicizing agency & service information on the internet where translation services are available & via local hotline. Within the next year, the CoC will train on fair housing & facilitate further translation of publicized materials.

**4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.**

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	30	76	46

**4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statutes who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).** No

## 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
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Evidence of commu...	09/26/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Rating and Review...	09/26/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Evidence - Rating...	09/26/2017
05. CoCs Process for Reallocating	Yes	Process for Reall...	09/21/2017
06. CoC's Governance Charter	Yes	Governance - p2	09/12/2017
07. HMIS Policy and Procedures Manual	Yes	SLCCoC HMIS P&P	09/11/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Homeless Prio...	09/26/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC HMIS MOU	09/11/2017
11. CoC Written Standards for Order of Priority	No	pp2&4 - Written S...	09/26/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HUD hdx SPM report	08/14/2017
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:** Evidence of communication

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Rating and Review Procedure

## **Attachment Details**

**Document Description:** Evidence - Rating and Review Posting

## **Attachment Details**

**Document Description:** Process for Reallocating

## **Attachment Details**

**Document Description:** Governance - p2

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## **Attachment Details**

**Document Description:** SLCCoC HMIS P&P

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** PHA Homeless Priority

## **Attachment Details**

**Document Description:** CoC HMIS MOU

## **Attachment Details**

**Document Description:** pp2&4 - Written Standards

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** HUD hdx SPM report

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
1A. Identification	08/29/2017
1B. Engagement	09/26/2017
1C. Coordination	09/26/2017
1D. Discharge Planning	08/29/2017
1E. Project Review	09/21/2017
1F. Reallocation Supporting Documentation	09/19/2017
2A. HMIS Implementation	09/25/2017
2B. PIT Count	08/29/2017
2C. Sheltered Data - Methods	09/22/2017
3A. System Performance	09/26/2017
3B. Performance and Strategic Planning	09/25/2017

**4A. Mainstream Benefits and Additional Policies**

09/26/2017

**4B. Attachments**

Please Complete

**Submission Summary**

No Input Required



## Scranton/Lackawanna County CoC Reallocation Process FY2017

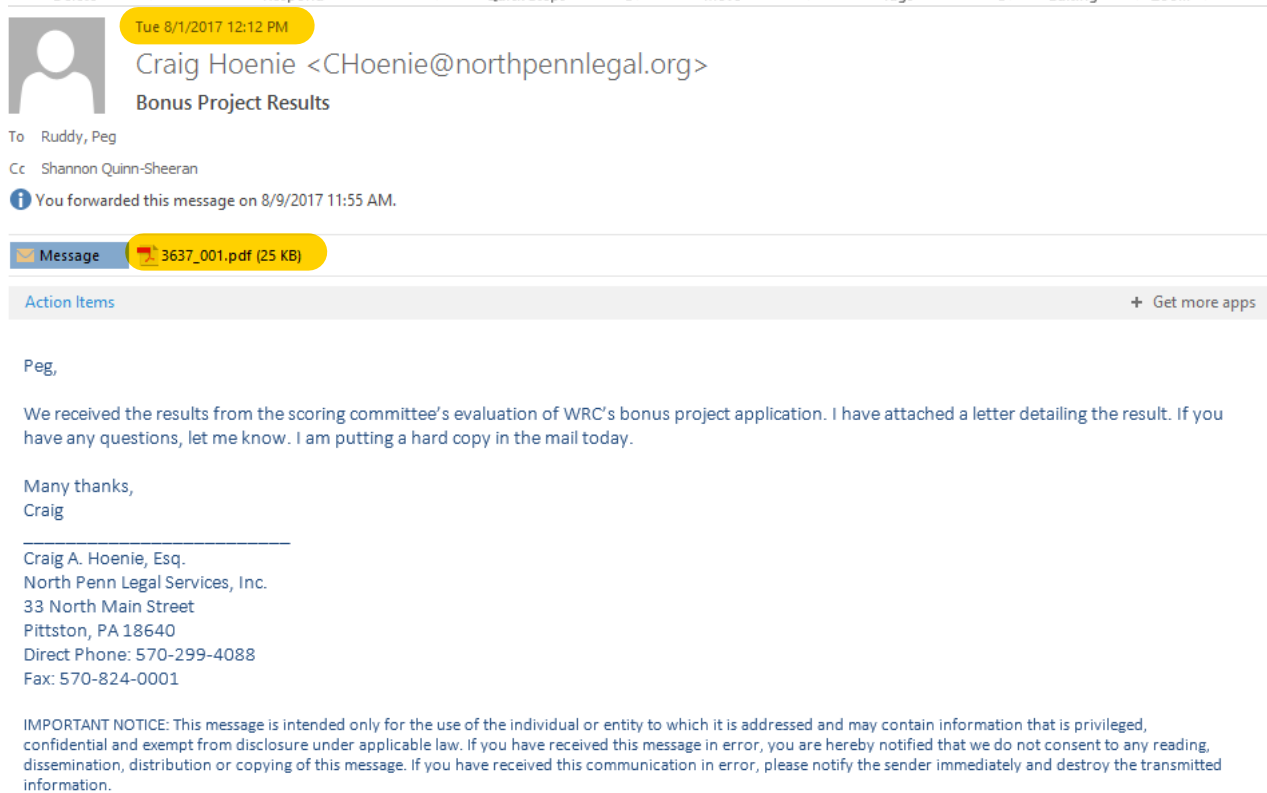
The CoC arrived at decisions regarding reallocation based on 1) data from the Point in Time and Housing Inventory Counts, Coordinated Entry since its inception in HMIS February 2016, the Annual Homeless Assessment Report (AHAR) and 2) the priorities and perspectives of HUD and the CoC and 3) anticipation of the reallocation of 2 grants to RRH for families through last year's competition, and 4) performance and financial information from potential renewal grants.

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. Further, those projects which scored below 75% on the renewal project evaluation as well as projects which returned funds were requested to either reallocate to a more effective project or to submit a plan for corrective action on strategies to be taken within the next year to improve project performance and/or spending.

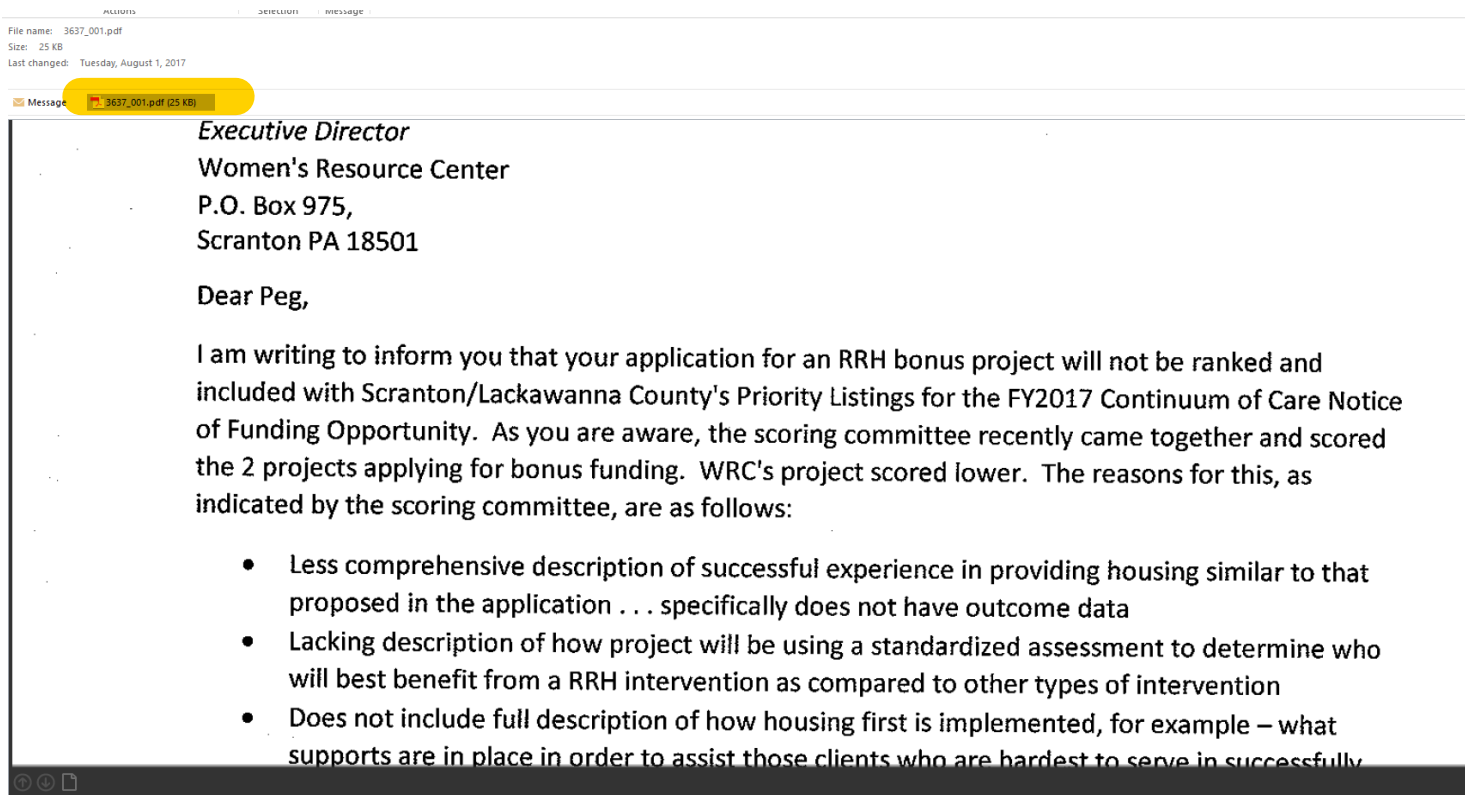
The CoC Board decided that households meeting the definition of homeless, but not chronic homeless, would be prioritized via the following process: The majority of households presenting for homeless services do not meet the chronic homeless definition, but are in need of some assistance to gain permanent housing. The CoC's 2 PSH for families projects often have trouble finding a family which meets the chronic homeless definition when they have openings, however, there is no dearth of families experiencing homelessness. National research shows that RRH is an effective and efficient way to house individuals and families experiencing a housing crisis and support them on their path to permanent housing. Based on the CoC Board's analysis, mindful of HUD priorities, relevant research and the needs identified in the community, one of the CoC's PSH for families projects voluntarily reallocated a portion of its beds to RRH.

One project was developed for submission through reallocation with this NOFA, bringing the CoC's total reallocated funds to \$467,145 since 2014, which is 19% of the ARD. The 2014 reallocated amount is indicated in the consolidated application as \$211,337, 2016 amount is \$195,214, and 2017 amount is \$60,594. This process of reallocation demonstrates the CoCs commitment to funding programs which are most effective in ending homelessness.

This is a screenshot of the e-mail notification, with page 2 as the attached letter giving details of application rejection and reasons for same.



The following contains the document name and a view of the beginning of the document, as evidence that the document attached above is the letter to the project applicant regarding the application rejection.



August 01, 2017

Peg Ruddy  
Executive Director  
Women's Resource Center  
P.O. Box 975,  
Scranton PA 18501

Dear Peg,

I am writing to inform you that your application for an RRH bonus project will not be ranked and included with Scranton/Lackawanna County's Priority Listings for the FY2017 Continuum of Care Notice of Funding Opportunity. As you are aware, the scoring committee recently came together and scored the 2 projects applying for bonus funding. WRC's project scored lower. The reasons for this, as indicated by the scoring committee, are as follows:

- Less comprehensive description of successful experience in providing housing similar to that proposed in the application . . . specifically does not have outcome data
- Lacking description of how project will be using a standardized assessment to determine who will best benefit from a RRH intervention as compared to other types of intervention
- Does not include full description of how housing first is implemented, for example – what supports are in place in order to assist those clients who are hardest to serve in successfully completing the program, how have these strategies/supports lead to success in the past, what results have been achieved with these strategies . . . #/% of exits to PH, #/% of exits with increased income and/or employment, etc.
- Application lacks mention of utilization of SOAR, and/or SOAR-trained professional(s) and lacks mention of school liaisons to assist support of school-aged children

Thank you for your application and for the good work Women's Resource Center does for Scranton/Lackawanna County and beyond.

Kind Regards,



Craig A. Hoenie  
Chair  
Scranton/Lackawanna County Continuum of Care

Verification of notification in writing to project applicants that their projects will be accepted and ranked, including handout of accepted project list

Scranton/Lackawanna County Continuum of Care

Board of Directors Meeting

August 21, 2017

Agenda

Appeals process for bonus project decision

Discussion – TH-RRH project type as bonus

Ranking of all renewal, reallocated and bonus project applications for submission with CoC Collaborative Application

Next Meeting – Tuesday, September 12, 2017

Projects to be accepted and ranked with Consolidated Application

Program Name	Score	Funding Amount	
CiC PSH1	96%	\$148,767.00	
CiC PSH2	90%	\$110,540.00	
CiC Safe Haven	89%	\$146,031.00	
UNC PSH1	84%	\$306,073.00	
McAuley PSH1	79%	\$141,947.00	
UNC PSH Families	79%	\$438,980.00	Will be approximately \$390,000
CSS PSH1	79%	\$119,603.00	
CSS PSH2	75%	\$86,764.00	
McAuley RRH	74%	\$109,720.00	
McAuley PSH2	68%	\$174,089.00	
CSS VA PSH	64%	\$88,738.00	
HMIS		\$59,556.00	
	Unscored		
McAuley RRH 2		\$30,000.00	
UNC RRH 2		\$45,000.00	Approximate
UNC RRH for Families		\$165,214.00	
WRC RRH		\$191,012.00	
CiC PSH3		\$193,772.00	
Bonus Project		\$150,648.00	

Total ARD = \$2,510,806

94% of ARD = Tier 1 = \$2,360,157.64

6% + bonus amount = Tier 2 = \$301,296.72

Best strategy to maximize points in tier 2 is to go from smallest to largest.

Minutes  
Scranton/Lackawanna County Continuum of Care  
Board of Directors Meeting  
August 21, 2017

The Board of the Lackawanna/Scranton CoC met at Cedar Point on August 21, 2017. The following members were present: Shannon Quinn-Sheeran , Michael Hanley , Kim Cadugan, Zach Kenny, Joe Hollander, Craig Hoenie, Paul Kania , Peg Ruddy, Bridget Haggerty, and Sr. Susan Hadzima.

First order of business was discussion on an appeal process for the bonus project decision. Two organizations submitted applications for the bonus project and their original requests were evaluated by a three member independent committee. One of the organizations appealed the decision rendered by the committee. Being the CoC had no policy for an appeals process, the first step was to formulate a process. Two suggestions were made: one, to create an additional three person independent group; second, to use the Chair and Vice Chair of the Board. The decision was made with a motion from Mike Hanley, seconded by Joe Hollander to use the Chair and Vice Chair.

Next Peg Ruddy raised the issue of the prioritization for the bonus project done by the CoC Board at the June meeting. The Board had prioritized RRH with a minimum of 50% dedicated to individuals and the remainder to families. Since that time, greater clarity has come out from HUD regarding an additional area of prioritization, a new hybrid THP-RRH program. Peg explained that extensive national advocacy work had been done after HUD cut funding to THP programs. HUD appeared to be responding to the concerns in establishing the hybrid program. Peg's concerns were first, the timing of the CoC decision on prioritization suggesting the need to wait until the announcement of the NOFA was made; second, that consideration be given to reopening the discussion on the priority for the bonus project possibly allowing for a hybrid project. After extensive discussion on the issue, the Board decided to stay with the original decision made on prioritization of a RRH project. In the future it was decided not to open the RFP process for new/bonus applications prior to the NOFA coming out.

Next the Board reviewed the ranking of the projects based on the scoring that had been done. The total ARD was \$2,510,806 with 94% going into Tier 1 and 6% and the bonus project possibly going into Tier 2. The suggestion from our consultant had been to rank the unscored projects from smallest to largest. In looking at Tier 2, the Board approved with a motion by Mike Hanley, seconded by Craig Hoenie to move the bonus into Tier 2. Then with a motion by Bridget Haggerty, seconded by Sr. Susan, the Board approved the rankings of Tier one.

Finally the Board approved the selection of Joe Hollander to fill the vacancy of Vice-Chair of the Board.

The next Board meeting is scheduled for Sept. 12, 2017 at 10 a.m. With no further business, the meeting was adjourned.

Respectfully submitted,

Sr. Susan Hadzima, IHM  
Secretary



Reply Reply All Forward



Fri 8/25/2017 12:58 PM

Shannon Quinn-Sheeran

PH Bonus Application for PA-508

To Kathi Krablin

Hi Kathi,

I'm writing to inform you that your application for new Rapid Rehousing funding has been accepted and will be ranked along with the CoC's other projects for this year's CoC Program Competition. Please submit your Project Application in e-snaps by close of business Monday, August 28<sup>th</sup>. Thank you for your interest in providing housing to those experiencing homelessness in this community.

As we have discussed, you are familiar with e-snaps and how to submit a project application. However, should you have any questions or concerns, please feel free to contact me.

Best,

Shannon

Shannon Quinn-Sheeran  
Continuum of Care Director  
United Neighborhood Centers  
777 Keystone Industrial Park Rd.  
Throop, PA 18512  
(570)346-0759 ext. 108  
[Uncnepa.org](http://Uncnepa.org)

## FY2017 Scranton/Lackawanna Continuum of Care Rating and Ranking Process

The Scranton/Lackawanna County Continuum of Care (CoC) used the following process for ranking new and renewal projects under the FY2017 competition. The CoC will develop a Priority Listing of all new and renewal projects within the CoC based on the criteria established below.

### **Eligibility for Funding**

To be eligible for placement on the Priority Listing, a project must submit all final documentation and application information to the Scranton/Lackawanna County CoC by August 28, 2017, meet the CoC required submission dates set forth in “Attachment A”, meet the application deadlines established within the US Department of Housing and Urban Development (HUD) Notice of Funding Availability (NOFA), and meet all other eligibility criteria outlined in that NOFA and established by the CoC and its Governing Body. If a project is renewing an existing grant, the project must be in full compliance with all applicable laws and regulations established by the federal, state and local government.

The Priority Listing will be ranked according to the following **Policy Priorities**:

1. All Renewal PH and SH in order of scoring from the Renewal Project Rating Tool (Appendix A)
2. The HMIS Project
3. The reallocated PH Project and all projects which have been awarded but not implemented or are within their first year of operation will be ranked from smallest dollar amount to largest.
4. The approved (via the New Project Ranking Tool) Bonus PH Project (Appendix B)

The CoC developed in open committee of providers and other community stakeholders, and adopted the Renewal Project Ranking Tool and scoring rubric that scored renewal projects. This Ranking Tool utilized information gathered from an APR, run for a standardized year of operation (10/1/2015 – 9/30/2016) along with additional project information. The evaluation information included utilization rates, amount of funding returned to HUD, cost effectiveness, performance measures (discharging to or retention of permanent housing, maintaining or increasing income, and employment), serving people with high barriers including: history of domestic violence, HIV/AIDS, developmental disability, substance abuse, mental health diagnosis, chronic health diagnosis, and physical disability, and those coming from homeless locations, participation in CoC committee meetings and data quality.

Providers completed the Renewal Project Ranking Tools returning to the collaborative applicant to be assessed for accuracy and scored. Corrections were made as necessary and providers notified with time for questions/clarifications. The final scoring was completed and applicants notified of their scores.

The CoC Board adopted the PA-508 New Project Application and Scoring Tool for New Projects (Appendix B). The tool utilized information gathered regarding applicant experience in managing government grants of a similar nature, detailed project description, adoption of housing first, incorporation of Coordinated Entry, utilization of mainstream benefits, connection with community partners and budgetary information. New Projects were scored by 3 independent evaluators from non-CoC funded entities who came together on July 21, 2017 to review and score the 2 new applications through consensus.

One PSH for Families project voluntarily reallocated to create a new RRH project for families. This decision was made using PIT/HIC data, as well as AHAR and Coordinated Entry data. There are 2 PSH projects for families in this CoC which have experienced difficulty in finding families meeting the definition of chronic homeless. However, there is no lack of families in the County experiencing homelessness. The reallocated project was assessed for meeting eligibility criteria outlined in the NOFA



and CoC priorities such as Housing First and Coordinated Entry, and deemed as a priority in order to maintain the number of family units available instead of reducing that number.

## **Ranking**

The CoC Board convened on 8/21/2017 with scores available from the Renewal Project Ranking tool for renewal projects. The Board had determined on June 16, 2017 that homeless individuals needing rapid rehousing would be a priority area for new projects with information from the Housing Inventory Count, Point in Time Count, Coordinated Entry data and the Annual Homeless Assessment Report. At that time, all projects were encouraged to look at their performance critically and to determine whether the community would best be served with the project in its current model or if homelessness could be better mitigated by reallocating to a higher performing project. Specifically, all projects that returned funds to HUD for the most recent grant period were asked to either reallocate those funds or to present a corrective action plan for full spending in the future.

The committee first considered the Renewal projects and their scores. These projects were ranked from 1 to 11 as scored by the tool as all of these projects helped to meet the need in Lackawanna County. Specifically, the county is very close to reaching functional zero for chronic homelessness and the PSH projects are essential in attaining that goal. The Safe Haven Project has 4 beds for people who are seriously mentally ill. The rate of mental illness for people counted during the Point in Time accounted for 47% of all adults and has been at least as high since the CoC has collected that data. The program has also been shown to have good success with their population. Given that the program serves a population of high need and has shown good outcomes, the committee decided to keep the SH program in the midst of the PH renewals in the order that it scored.

Next the committee placed the HMIS Project as it is an essential support to conducting CoC activities. The committee then placed all remaining programs which included those which were still in their first year of operation, those who had been newly awarded, but not yet begun and the reallocated project in order from lowest amount of funding to highest, so as to serve the broadest diversity of populations in a manner most suited to those populations. All projects were PH. All PSH in this group have 100% dedicated beds. Lastly, the bonus project was ranked. Again the committee believes that a new youth-specific rapid rehousing for singles and families would be a great asset to our youth population, given their specialized characteristics and needs.

## Appendix A

### Renewal Project Scoring Rubric

#### Clients Served

The Clients Served section of the 2017 Ranking states the core numbers needed for calculating percentages elsewhere in the ranking. This section provides zero points.

#### 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.

1 through 5.

Percentage	Points
0 – 5% missing data	1
6% and more missing data	0

#### Utilization of Beds and Units

6. Average daily utilization rate during operating year.

Percentage	Points
91% - 100%	15 + 1 Bonus
81% - 90%	10
75% - 80%	5
74% 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. Adults with No Income at Entry

Percentage	Points
90% or above	5
76% – 89%	4
61% – 75%	3
46% - 60%	2
30% - 45%	1
29% or below	0
29% or below	0

9. Residence Prior to Project Entry - Homeless Situations

PH and SH Projects will be scored differently.

Percentage for PH Projects	Points
90% and above	10 + 1 Bonus
85% - 89%	6
80% - 84%	3
79% or Below	0

Percentage for SH Project	Points
75% and above	10 + 1 Bonus
50% - 74%	6
25% - 49%	3
24% or Below	0

### Income and Employment

#### 10. Adults who are connected with mainstream benefits

Percentage	Points
85% and above	5+1 Bonus
70% - 84%	4
55% - 69%	3
40% - 54%	2
25% - 39%	1
24% and below	0

#### 11. Adults who maintained or increased earned income

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.

This question will be scored differently for RRH and PSH programs.

PSH Percentage	Points
80% and above	5+1 Bonus
60% - 79%	4
40% - 59%	3
25%- 39%	2
24% and below	0

RRH Percentage	Points
85% and above	5+1 Bonus
70% - 84%	4
55% - 69%	3
40% - 54%	2
39% and below	0

#### 12. Adults who maintained or increased income from all sources

Percentage	Points
85% and above	10 + 1 Bonus
80% - 84%	8
60% - 79%	6
40% - 59%	4
20% - 39%	2
19% or below	0

### Housing Stability

#### 13. Clients who remained in a program or exited the program to a HUD defined permanent destination

Percentage	Points
85% and above	15
75% - 84%	13
65% - 74%	10

60% - 64%	5
50% - 59%	3
49% and below	0

#### Budget

14. Amount of funds the project returned at end of grant term

Percentage	Points
0 – 2.5% return of funds	5
2.6 – 5% return of funds	4
6 – 7.5% return of funds	3
7.6 – 10 return of funds	2
11% and above	0

#### Cost Effectiveness

15. Expenditure per Household

This is a new metric for evaluating PSH Projects for individuals in 2017. Last year the information was gathered but not scored. We will continue to collect (only collect) information on Projects other than those identified above. PSH for Families, RRH and SH will not be scored on this metric at this time.

Cost per Household	Points
Funding is within 1 standard deviation of the mean for all PSH for Individuals Project costs per bed night	5
Funding is outside of 1 standard deviation of the mean for all PSH for Individuals Project costs per bed night	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.

#### 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 90% - 100%	5
Participate 75% - 89%	2
Participate 50% - 74%	1
Participate 49% or below	0

#### Coordinated Entry

18. Coordinated Entry Enrollments exceed number of agency CoC Program Enrollments

This question will not apply to WRC as they do not enroll anyone in Coordinated Entry.

# of Agency CE Enrollments per fiscal year	Points
Higher than Agency CoC Program Enrollments	5
Lower than Agency CoC Program Enrollments	0

19. All Program Entrants were taken according to the Order of Prioritization Policy

This metric will be collected and not scored for this year, but will be scored next year.

Client Satisfaction

20. Client Satisfaction Surveys Administered

This metric will be collected

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.

Excel file - Tab 1 of Renewal Scoring Tool to be completed by provider

Question	Value
Organization	
Project Name	
Total number of Adults (Q7)	
Total number of Clients (Q7)	
Total number of Households Served (Q9)	
Persons Proposed to Serve (Grant Application)	
Total number of leavers (Q7)	
Total HUD Award	
Total Project Budget (including all cash match)	
Continuum of Care Meetings	
HMIS Subcommittee Meetings	
Discharge Planning Subcommittee Meetings	
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	

Tab 2 of Renewal Scoring Tool - completed by provider

Question #	Section	Data Title	Answer
6	Data Quality	SSN # of Missing Data (Q7B)	0
7	Data Quality	Residence Prior to Entry # of Missing Data (Q7B)	0
8	Data Quality	Substance Abuse (at Entry) # of Missing Data (Q7B)	0
9	Data Quality	Domestic Violence (at Entry) # of Missing Data (Q7B)	0
10	Data Quality	Destination # of Missing Data (Q7B)	0
11	Housing First Principles	Average Number of Persons Served Each Night (Q8)	
12	Housing First Principles	Domestic Violence Experience (Adults) (Q19)	
13	Housing First Principles	Physical & Mental Health Number of Conditions Leavers (Adults) (Q22a2)	
14	Housing First Principles	Physical & Mental Health Number of Conditions Stayers (Adults) (Q22b2)	
15	Housing First Principles	Adults with No Income at Entry (Q24a)	
16	Housing First Principles	Residence Prior to Entry - Homeless Situations (Number of Adult Clients) (Q20a1)	
17	Adults who are connected with mainstream benefits	# of Non-Cash Benefit Sources - Leavers (1 + Sources) (Q26a2)	
18	Adults who are connected with mainstream benefits	# of Non-Cash Benefit Sources - Stayers (1 + Sources) (Q26b2)	
19	Adults who maintained or increased earned income	Earned income measure (Actual # of persons who accomplished this measure) (Q36a.2b)	
20	Adults who maintained or increased income	Total income measure (Actual # of persons who accomplished this measure) (Q36a.2a)	
21	Clients who remained in program or exited the program to a HUD defined permanent destination	Housing stability measure (Actual # of persons who accomplished this measure) (Q36a.1)	
22	Cost Effectiveness	Amount of funds the project returned at end of most recent grant term (LOCCS Screenshot)	\$ -
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 (not scored this year)	
34		Date of Materials Submission	

Tab 3 of Renewal Scoring Tool - shows what and where data was acquired and calculates points for questions

Question #	Section	Data Title	Calculation Explanation	Calculation	Points
1 & 6	Data Quality	S S N #	Q7B Missing Data / Total C lients	#DIV/0!	#DIV/0!
2 & 7	Data Quality	Residence Prior to Entry #	Q7B Missing Data / Total C lients	#DIV/0!	#DIV/0!
3 & 8	Data Quality	S ubstance Abuse (at Entry) #	Q7B Missing Data / Total C lients	#DIV/0!	#DIV/0!
4 & 9	Data Quality	Domestic Violence (at Entry) #	Q7B Missing Data/ Total C lients	#DIV/0!	#DIV/0!
5 & 10	Data Quality	Destination # of Missing (Q7B)	Q7B Missing Data / Total C lients	#DIV/0!	#DIV/0!
11	Housing First Principles	Average daily utilization rate during operating year	Q8 / Persons Proposed to Serve	#DIV/0!	#DIV/0!
12, 13, & 14	Housing First Principles	Domestic Violence, Physical, Mental Health Conditions	(Q19 + Q22a2 + Q22b2) / Total Adults	#DIV/0!	#DIV/0!
15	Housing First Principles	Adults with No Income at Entry (Q24a)	Q24a / Total Adults	#DIV/0!	#DIV/0!
16	Housing First Principles	Residence Priort to Entry - Homeless Situations (Number of Adult C lients)	Q20a1 / Total Adults	#DIV/0!	#DIV/0!
17 & 18	Adults who are connected with mainstream benefits	# of Non-Cash Benefit Sources - Leavers & S tayers (1 + S ources)	(Q26a2 + (Q26b2) / Total Adults	#DIV/0!	#DIV/0!
19	Adults who maintained or increased earned income	Earned income measure (Actual # of persons who accomplished this measure) (Q36a.2b)	Q36a.2b / Total Adults	#DIV/0!	#DIV/0!
20	Adults who maintained or increased income	Total income measure (Actual # of persons who accomplished this measure) (Q36a.2a)	Q36a.2a / 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 (Actual # of persons who accomplished this measure) (Q36a.1)	Q36a.1 / Total C lients	#DIV/0!	#DIV/0!
22	Cost E ffectiveness	Amount of funds the project returned at end of grant term (LOCCS Screenshot)	(100%) - (Total HUD Award - R eturned Funds / Total Hud Award)	#DIV/0!	#DIV/0!
23	Cost E ffectiveness	Expenditure per Household (Total Project Funds)			0
24	Cost E ffectiveness	Expenditure per Permanent Housing exit			0
25, 26, 27, 28, 29, & 30	Continuum of Care Participation	Continuum of Care Meetings Total Participation	All Meetings S ummed / Total Meetings	#DIV/0!	#DIV/0!
31	Coordinated Entry Implementation	Coordinated entry records exceeds number of agency program enrollments		Lower than Agency CoC Program E nrollments	0
32	Coordinated Entry Implementation	All entries into the program were the highest priority			0
33	C lient S atisfaction	At least 50% of clients participate in survey	C lients participating in survey / Total Adults	#DIV/0!	#DIV/0!
34		Adherence to Project Ranking Deadline	Submission Date <= 04/25/2017	True	0

Total Ranking Score #DIV/0!



Scranton/Lackawanna County Continuum of Care 2017  
Application for New Housing Projects (PSH & RRH)

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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 including youth/young adults 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 2017 CoC Application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition.

Please note that this application is based on the best information that is currently available and PA-508 may need to revise the requirements described below and/or request additional information after the 2017 HUD CoC NOFA is released.

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 **June 30, 2017** and should be sent to: [squinn-sheeran@uncnepa.org](mailto:squinn-sheeran@uncnepa.org).

## Project Requirement and Priorities:

- Eligible activities/projects for the Funds:

- All projects must be Permanent Supportive Housing or Rapid Re-Housing
- 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
- 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 December 2017. 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, participate in the annual homeless count, participate in and accept referrals only from the applicable **Coordinated Access Network(s)** 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 June 2018).
  - 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 and/or families, as defined by HUD (See Appendix).
    - 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. Persons in transitional housing **are not eligible** for either project type, even if they met the criteria described above prior to entering the transitional housing program.
- 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 2017 Scranton/Lackawanna County Continuum of Care

- Applications are due by COB on **June 30, 2017** and should be sent to: [squinn-sheeran@uncnepa.org](mailto:squinn-sheeran@uncnepa.org)
- Please contact [squinn-sheeran@uncnepa.org](mailto:squinn-sheeran@uncnepa.org) for questions about the form or process.
- Please save your document with the following naming convention:  
     <Agency name –Program name-NEW PA508-17>.  
     Example: ABC Services-Home to Stay-NEW PA508-17.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 subrecipients (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 subrecipients (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 subrecipients (if any) in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds. If the applicant and subrecipient 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 subrecipients (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/subrecipient 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/subrecipient 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.

G. If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (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 subrecipient, 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; "Subrecipient" if a subrecipient will provide the service directly; "Partner" if an organization that is not a subrecipient 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

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

Totals from Above:

Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under 18				
Total Persons				

**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. Violenc e	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	Chroni c Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Unaccom- panied Disabled Children >18									
Unaccom- panied Non- Disabled Children >18									
Accom- panied Disabled Children >18									
Accom- panied 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 2017 FMRs:

[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_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 2017 FMRs:

[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_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.

Eligible Costs	Quantity Description (max 400 characters)	Annual Budget Request
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.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Cash</i>	DMHAS	G	6/15/17	\$10,000
			<b>TOTAL:</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 CT BOS 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 Individuals List maintained in HMIS or the Chronic Homeless Families list maintained and monitored by the Chronic Homeless Committee 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).



2017 Scranton/Lackawanna County (PA-508) Continuum of Care  
Scoring Sheet for NEW Permanent Housing Bonus Project Applications

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Applicant Organization Name: \_\_\_\_\_

Proposed Project Name: \_\_\_\_\_

Project Location (town(s)): \_\_\_\_\_

Type of Project:     ☐ PSH     ☐ 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 Need \_\_\_\_\_ of 15

b. Housing First \_\_\_\_\_ of 15

c. 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 with at least 50% of funding/beds for individuals

**SECTION II. Threshold Review:**

*Purpose: to determine whether applicant meets basic eligibility requirements for funding.*

<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?</b> <b>Yes or No</b>
All projects must operate in the CoCs covered geography. This includes all the cities and towns in Lackawanna County.	
All projects must provide either Permanent Supportive Housing or Rapid Re-housing.	
<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>	
Projects cannot request rental assistance/operating funding in the same project.	
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.	
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).	
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.)	
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.	

<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?</b> <b>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: \_\_\_\_\_

**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:

**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: 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 and, if a PSH program, consistent with Notice CPD=16-011?
- 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 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: \_\_\_\_\_


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Comments:

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## Verification of Rating and Review Process Posting

www.uncnepa.org/scranton-lackawanna-county-continuum-of-care/



### Scranton/Lackawanna County Continuum of Care

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, Shannon Quinn-Sheeran, at 570-346-0759, ext. 108.

#### Member Agencies

- United Neighborhood Centers of Northeastern Pennsylvania
- Catherine McAuley Center
- Catholic Social Services
- Community Intervention Center
- Saint Joseph's Center
- Women's Resource Center

#### Continuum of Care Competition Application Materials

##### FY 2017 Continuum of Care Competition Materials

- Project Priority List FY2017
- PA-508 New Project Application 2017
- 2017 Rating & Ranking Process
- Reallocation Process 2017
- CoC Board Notes June 16, 2017
- CoC Board Notes July 11, 2017
- CoC Board Notes Aug. 21, 2017
- CoC Board Notes Sept. 12, 2017

Tuesday, September 26, 2017 2:15 PM 9/26/2017



### FY2017 Scranton/Lackawanna Continuum of Care Rating and Ranking Process

The Scranton/Lackawanna County Continuum of Care (CoC) used the following process for ranking new and renewal projects under the FY2017 competition. The CoC will develop a Priority Listing of all new and renewal projects within the CoC based on the criteria established below.

#### Eligibility for Funding

To be eligible for placement on the Priority Listing, a project must submit all final documentation and application information to the Scranton/Lackawanna County CoC by August 28, 2017, meet the CoC required submission dates set forth in "Attachment A", meet the application deadlines established within the US Department of Housing and Urban Development (HUD) Notice of Funding Availability (NOFA), and meet all other eligibility criteria outlined in that NOFA and established by the CoC and its Governing Body. If a project is renewing an existing grant, the project must be in full compliance with all applicable laws and regulations established by the federal, state and local government.

The Priority Listing will be ranked according to the following **Policy Priorities**:

1. All Renewal PH and SH in order of scoring from the Renewal Project Rating Tool (Appendix A)
2. The HMIS Project
3. The reallocated PH Project and all projects which have been awarded but not implemented or are within their first year of operation will be ranked from smallest dollar amount to largest.
4. The approved (via the New Project Ranking Tool) Bonus PH Project (Appendix B)

The CoC developed in open committee of providers and other community stakeholders, and adopted the Renewal Project Ranking Tool and scoring rubric that scored renewal projects. This Ranking Tool utilized information gathered from an APR, run for a standardized year of operation (10/1/2015 – 9/30/2016) along with additional project information. The evaluation information included utilization rates, amount of funding returned to HUD, cost effectiveness, performance measures (discharging to or retention of permanent housing, maintaining or increasing income, and employment), serving people with high barriers including: history of domestic violence, HIV/AIDS, developmental disability, substance abuse, mental health diagnosis, chronic health diagnosis, and physical disability, and those coming from homeless locations, participation in CoC committee meetings and data quality.

Providers completed the Renewal Project Ranking Tools returning to the collaborative applicant to be assessed for accuracy and scored. Corrections were made as necessary and providers notified with time for questions/clarifications. The final scoring was completed and applicants notified of their scores.

The CoC Board adopted the PA-508 New Project Application and Scoring Tool for New Projects (Appendix C). The tool utilized information gathered regarding applicant experience in managing government grants of a similar nature, detailed project description, adoption of housing first

## Scranton/Lackawanna County CoC Reallocation Process FY2017

The CoC arrived at decisions regarding reallocation based on 1) data from the Point in Time and Housing Inventory Counts, Coordinated Entry since its inception in HMIS February 2016, the Annual Homeless Assessment Report (AHAR) and 2) the priorities and perspectives of HUD and the CoC and 3) anticipation of the reallocation of 2 grants to RRH for families through last year's competition, and 4) performance and financial information from potential renewal grants.

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. Further, those projects which scored below 75% on the renewal project evaluation as well as projects which returned funds were requested to either reallocate to a more effective project or to submit a plan for corrective action on strategies to be taken within the next year to improve project performance and/or spending.

The CoC Board decided that households meeting the definition of homeless, but not chronic homeless, would be prioritized via the following process: The majority of households presenting for homeless services do not meet the chronic homeless definition, but are in need of some assistance to gain permanent housing. The CoC's 2 PSH for families projects often have trouble finding a family which meets the chronic homeless definition when they have openings, however, there is no dearth of families experiencing homelessness. National research shows that RRH is an effective and efficient way to house individuals and families experiencing a housing crisis and support them on their path to permanent housing. Based on the CoC Board's analysis, mindful of HUD priorities, relevant research and the needs identified in the community, one of the CoC's PSH for families projects voluntarily reallocated a portion of its beds to RRH.

One project was developed for submission through reallocation with this NOFA, bringing the CoC's total reallocated funds to \$467,145 since 2014, which is 19% of the ARD. The 2014 reallocated amount is indicated in the consolidated application as \$211,337, 2016 amount is \$195,214, and 2017 amount is \$60,594. This process of reallocation demonstrates the CoCs commitment to funding programs which are most effective in ending homelessness.

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

Effective Date  
January 19, 2017

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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  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
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  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
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  
Authorized: United Neighborhood Centers

Effective Date: January 19, 2017  
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

Effective Date: January 19, 2017

Authorized: SLCCoC Board

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

Effective Date: January 19, 2017

Authorized: SLCCOC HMIS Board

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

Effective Date: January 19, 2017

Authorized: SLCCoC Board

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 – 44.763Mbps/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.

#### **Policy 2.7 Training**

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.

#### **Policy 2.8 Contract Termination**

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

Effective Date: January 19, 2017

Authorized: SLCCoC Board

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

Effective Date: January 19, 2017

Authorized: SLCCoC Board

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

Authorized: SLCCoC Board

Last Revision: 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

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**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.

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**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

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**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.

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**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  
Authorized: SLCCoC Board

Effective Date: January 19, 2017  
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  
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 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.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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

Effective Date: January 19, 2017

Authorized: SLCCoC Board

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

Effective Date: January 19, 2017

Authorized: SLCCoC HMIS

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

Effective Date: January 19, 2017

Authorized: SLCCoC HMIS

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

Sr. Therese Marques, RSM  
Executive Director  
Catherine McAuley Center  
430 Pittston Avenue  
Scranton, PA 18505  
570-342-1342  
Tara Finnerty  
Executive Director  
Community Intervention Center  
445 N. 6<sup>th</sup> Avenue  
Scranton, PA 18503  
570-342-4298  
Tricia Thomas  
Executive Director  
Boys and Girls Club of NEPA  
609 Ash Street  
Scranton, PA 18509  
570-342-8709

Ruma Marshall  
Family and Maternity Director  
St. Joseph's Center  
320 S. Blakely Street  
Dunmore, PA 18512  
570-496-4200  
Crystal Arcarese  
Housing for the Homeless Veteran Coordinator  
Veteran's Administration Medical Center  
1111 East End Blvd.  
Wilkes Barre, PA 18711  
570-824-3521 x 7742

Mr. Stephen Nocilla  
Diocesan Director of Housing  
Catholic Social Services  
504 Penn Avenue  
Scranton, PA 18509  
570-955-5517  
Craig Hoenie  
Staff Attorney  
North Penn Legal Services  
33 North Main Street  
Pittston, PA 18640  
570-299-4100  
Joseph Hollander  
Executive Director  
Scranton Primary Health Care Center  
959 Wyoming Avenue  
Scranton, PA 18509  
570-344-9684

Michael Hanley  
Chief Executive Officer  
United Neighborhood Centers  
777 Keystone Industrial Park Rd.  
Scranton, PA 18509  
570-346-0759  
Peg Ruddy  
Executive Director  
Women's Resource Center  
P.O. Box 975  
Scranton, PA 18501  
570-346-4460

# **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%	2%		0%	2%		0%	2%		0%	1%	
3.Date of Birth	0%	1%		0%	0%		0%	0%		0%	1%		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%	1%		0%	1%		0%	1%		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%	1%		0%	1%		0%	2%		0%	1%		0%	1%	
8.Disabling Condition	0%	2%		0%	2%		0%	0%		0%	2%		0%	2%		0%	2%		0%	2%	
9.Residence Prior to Program Entrance	0%	3%		0%	1%		0%	1%		0%	1%		0%	3%		0%	1%		0%	1%	
10.Zip Code of Last Permanent Residence	0%	3%		0%	3%		0%	3%		0%	3%		0%	3%		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%	



**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: hac15@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

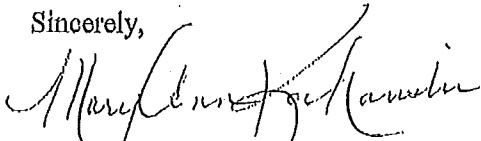
November 13, 2015

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,

A handwritten signature in cursive script, appearing to read "Mary Ann Kochanski".

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

Wt

- |   |   |
|---|---|
| <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

**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

## 2017 HDX Competition Report

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

#### Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	242	197
Emergency Shelter Total	80	56
Safe Haven Total	4	4
Transitional Housing Total	147	123
Total Sheltered Count	231	183
Total Unsheltered Count	11	14

#### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	13	13
Sheltered Count of Chronically Homeless Persons	8	7
Unsheltered Count of Chronically Homeless Persons	5	6

#### Homeless Households with Children PIT Counts

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

#### Homeless Veteran PIT Counts

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

## 2017 HDX Competition Report

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

#### HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	49	5	44	100.00%
Safe Haven (SH) Beds	4	0	4	100.00%
Transitional Housing (TH) Beds	118	12	106	100.00%
Rapid Re-Housing (RRH) Beds	76	31	45	100.00%
Permanent Supportive Housing (PSH) Beds	220	0	165	75.00%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	467	48	364	86.87%

#### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 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

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

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

## 2017 HDX Competition Report

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

#### Rapid Rehousing Beds Dedicated to All Persons

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

# 2017 HDX Competition Report

## FY2016 - 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)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	563	574	147	26	-121	104	11	-93
1.2 Persons in ES, SH, and TH	783	793	199	107	-92	164	30	-134

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer 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.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	574	-	41	-	-	19	-
1.2 Persons in ES, SH, and TH	-	793	-	131	-	-	40	-

# 2017 HDX Competition Report

## FY2016 - 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.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	54	2	4%	0	0%	6	11%	8	15%
Exit was from TH	132	1	1%	4	3%	8	6%	13	10%
Exit was from SH	4	0	0%	1	25%	0	0%	1	25%
Exit was from PH	59	4	7%	1	2%	3	5%	8	14%
TOTAL Returns to Homelessness	249	7	3%	6	2%	17	7%	30	12%



# 2017 HDX Competition Report

## FY2016 - Performance Measurement Module (Sys PM)

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

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

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	233	242	9
Emergency Shelter Total	68	80	12
Safe Haven Total	4	4	0
Transitional Housing Total	151	147	-4
Total Sheltered Count	223	231	8
Unsheltered Count	10	11	1

#### Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	784	796	12
Emergency Shelter Total	561	572	11
Safe Haven Total	9	9	0
Transitional Housing Total	283	254	-29

### 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

## 2017 HDX Competition Report

### FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	62	79	17
Number of adults with increased earned income	10	17	7
Percentage of adults who increased earned income	16%	22%	5%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	62	79	17
Number of adults with increased non-employment cash income	18	30	12
Percentage of adults who increased non-employment cash income	29%	38%	9%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	62	79	17
Number of adults with increased total income	27	42	15
Percentage of adults who increased total income	44%	53%	10%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	68	109	41
Number of adults who exited with increased earned income	19	24	5
Percentage of adults who increased earned income	28%	22%	-6%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	68	109	41
Number of adults who exited with increased non-employment cash income	18	28	10
Percentage of adults who increased non-employment cash income	26%	26%	-1%

## 2017 HDX Competition Report

### FY2016 - Performance Measurement Module (Sys PM)

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	68	109	41
Number of adults who exited with increased total income	34	48	14
Percentage of adults who increased total income	50%	44%	-6%

#### 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 2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	669	687	18
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.	132	173	41
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)	537	514	-23

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

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	720	732	12
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.	156	183	27
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.)	564	549	-15

## 2017 HDX Competition Report

### **FY2016 - 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 2016.

## 2017 HDX Competition Report

### FY2016 - Performance Measurement Module (Sys PM)

#### 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 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	20	16	-4
Of persons above, those who exited to temporary & some institutional destinations	1	12	11
Of the persons above, those who exited to permanent housing destinations	17	4	-13
% Successful exits	90%	100%	10%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	237	672	435
Of the persons above, those who exited to permanent housing destinations	162	477	315
% Successful exits	68%	71%	3%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	169	184	15
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	165	178	13
% Successful exits/retention	98%	97%	-1%

## 2017 HDX Competition Report

### **FY2016 - 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.

## 2017 HDX Competition Report

### FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	48	48	46	54	169	169	148	125	83	83	125	226		5		29				
2. Number of HMIS Beds	48	48	46	54	169	169	148	125	75	83	125	153		5		29				
3. HMIS Participation Rate from HIC ( % )	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	90.36	100.00	100.00	67.70		100.00		100.00				
4. Unduplicated Persons Served (HMIS)	551	525	567	579	276	265	242	254	108	130	136	187	17	31	68	88	32	29	18	6
5. Total Leavers (HMIS)	524	500	404	502	162	164	124	144	19	17	15	42	14	31	32	66	1	11	17	3
6. Destination of Don't Know, Refused, or Missing (HMIS)	371	359	166	24	2	10	27	4	1	5	0	0	0	0	7	0	0	10	0	2
7. Destination Error Rate (%)	70.80	71.80	41.09	4.78	1.23	6.10	21.77	2.78	5.26	29.41	0.00	0.00	0.00	0.00	21.88	0.00	0.00	90.91	0.00	66.67

## 2017 HDX Competition Report

### Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/25/2017	

### Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/12/2017	Yes
2017 HIC Count Submittal Date	4/12/2017	Yes
2016 System PM Submittal Date	6/5/2017	Yes