Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

- 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
- 2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
- 3. All information provided to ensure it is correct and current.
- 4. Responses provided by project applicants in their Project Applications.5. The application to ensure all documentation, including attachment are provided.
- 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories		F	Participates in CoC Meetings	Votes, including selecting 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)		Yes		Yes
EMS/Crisis Response Team(s)		Yes		Yes
Mental Health Service Organizations		Yes		Yes
Substance Abuse Service Organizations		Yes		Yes
Affordable Housing Developer(s)		Yes		Yes
Disability Service Organizations		Yes		No
Disability Advocates		Yes		Yes
Public Housing Authorities		Yes		No
CoC Funded Youth Homeless Organizations		Not A	oplicable	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 A	oplicable	No
Domestic Violence Advocates		Yes		Yes
Street Outreach Team(s)		Yes		Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates		Yes		No
LGBT Service Organizations		Not A	oplicable	No
Agencies that serve survivors of human trafficking		Yes		Yes
Other homeless subpopulation advocates		Yes		No
Homeless or Formerly Homeless Persons		Yes		Yes
Mental Illness Advocates		Yes		Yes
Substance Abuse Advocates		Yes		Yes
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Other:(limit 50 characters)		
Local Workforce Investment Board	No	Yes
County - Aging and Children and Youth	Yes	Yes
Veterans Administration Medical Center	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

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

1B-2.Open Invitation for New Members. Applicants must describe:

(1) the invitation process;

- (2) how the CoC communicates the invitation process to solicit new members;
- (3) how often the CoC solicits new members; and
- (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC. (limit 2,000 characters)
- 1),2)&3)In order to solicit new members, the CoC places an advertisement in the local, most widely distributed newspaper at least once, and most often, twice yearly to invite any and all interested parties to the public meetings and to participate in the CoC. For the two public meetings, e-mail blasts are also sent to a larger subset of community members/providers to solicit a wide array of community input and to inform as many community members as possible about CoC activities, the CoC meetings and contact information as well as solicit a wide array of community input. The CoC Board has also recruited Board members from key community partners in order to better facilitate an efficient system of homeless services. 4) In terms of outreach to ensure persons with lived experience of homelessness join the CoC, service providers have personally invited clients to meetings, at times providing transportation, and invited clients to sit on the CoC Board. This outreach occurs at least twice

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yearly. Special training/CoC 101 has been offered to persons with lived experience of homelessness who wish to join the CoC Board.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 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 is the most widely distributed publication throughout the county, on July 13, 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 advised that e-mail would be the method of proposal submission. The CoC convened an evaluation committee comprised of 3 objective individuals who do not receive and had not applied for funding within this county. These evaluators used a standardized scoring tool to come to consensus on the application scores. The applicant(s) with the highest score would be included in the FY 2018 Competition process. The highest scoring new project this year is from a new provider, who has not previously received funding within this CoC. This project is being submitted within the current competition in hopes that it will be funded, and enhance our ability to provide RRH to youth.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

	and Operation of Projects
lousing Opportunities for Persons with AIDS (HOPWA)	Yes
emporary Assistance for Needy Families (TANF)	Yes
unaway and Homeless Youth (RHY)	Not Applicable
lead Start Program	Yes
unding Collaboratives	Not Applicable
rivate Foundations	Yes
lousing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and service Programs	Yes
lousing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and ervice Programs	Yes
lousing and service programs funded through other Federal resources	Yes
lousing and services programs funded through State Government	Yes
lousing and services programs funded through Local Government	Yes
lousing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
lousing & serv. prog. through VAMC	Yes

- 1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and
- (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients. (limit 2,000 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 and Housing Coalition meetings, where they receive HIC/PIT data, collect and disburse information as needed. In addition, phone

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Applicant: Scranton-Lackawanna County CoC Project: PA-508 CoC Registration FY2018

> calls and e-mails are exchanged. The CoC ensures local information is clearly communicated by sharing at meetings, making comment on the Con Plan and giving system-wide updates as requested. To determine funding allocation, the CoC board comes together to determine community need with HIC/PIT, AHAR and Coordinated Assessment data and works with Scranton to choose programs that best move the community towards the goal of ending homelessness. The CoC provides all HMIS data as requested by the city. For the state jurisdiction(PA), the CoC obtains certification of consistency with PA's Con Plan and attends quarterly state-wide meetings, lasting usually 1.5 hours each, where community needs, statewide and HUD initiatives, among other relevant topics are discussed. PA has access to the CoC's HIC/PIT data which is reported out during these meetings, and we are open to further involvement.

1C-2a. Providing PIT and HIC Data to Yes to both Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the **Consolidated Plan jurisdictions within its** geographic area?

1C-2b. Providing Other Data to Consolidated Yes Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?

- 1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
- (1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
- (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)
- 1) The CoC's protocols prioritizing safety and incorporating trauma-informed include: adoption of an emergency transfer plan that requires all providers to use consistent procedures allowing for victims to exit programs for reasons of safety. Victims of DV, dating violence, sexual assault, stalking and/or human trafficking who identify a threat of imminent harm from further violence by remaining in their current residence can request an ET to a new unit. The Emergency Transfer plan and CoC policies require safety, privacy, choice and access to trauma-informed, victim-centered services for all survivors. The CoC provided free training on trauma-informed care for all housing service providers including coordinated entry staff. Upon DV disclosure, HH is referred to a DV provider, which can provide lethality screening and connection to DV safe housing (shelter), taking care to provide private meeting space, maintaining confidentiality and keeping all PII confidential, sharing information only with a signed release. Safety planning is conducted via CoC and/or Victim Service Provider (VSP) staff. Survivors may enter the homeless services system via

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local Victim Services Provider, which is a CoC member, or via the Coordinated Entry (CE) System. 2)Both VSP and non-VSP providers take individual circumstances and safety needs into account when conducting assessments and making referrals, taking care to uphold client choice within the available safe options for housing and services, including client and provider coming up with additional options.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

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

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The CoC uses HMIS data & comparable database data as well as additional Victim Service Provider data to assess the scope of needs related to domestic violence, dating violence, sexual assault and stalking. The community also relies on data extrapolation methods in the AHAR do 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.

1C-4. DV Bonus Projects. Is your CoC Yes applying for DV Bonus Projects?

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry		
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RRH	X
Joint TH/RRH	

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
- (2) the data source the CoC used for the calculations; and

(3) how the CoC collected the data.

(limit 2,000 characters)

- 1)During fiscal year 2017-18, WRC served 1,533 survivors of domestic violence in Lackawanna County. Homeless service providers who enter data into HMIS, served 179 households with 248 children, totaling 427 people who responded "yes" to having experienced domestic violence. WRC's Emergency Safe Housing (ESH), or shelter program, served 129 females, 2 males, and 1 transgender adult for 792 nights. Additionally, 112 children received 1030 nights of ESH. Of the 132 families served, 29 survivors and 57 children benefited from WRC's HUD-funded RRH Project, an additional 11 survivors with 19 children received rental assistance from WRC's other funding sources, totaling 40 adults and 131 receiving.
- 2) The data sources for the calculations are threefold: WRC's HMIS-comparable database, where information is collected on CoC and ESG-funded programs so as to be able to report out on the progress of each project and program participant; the CoC's HMIS system, in which DV experience is a question asked of each person entering any of our homeless programs, including coordinated assessment and prevention programs; an additional database used by the victim service provider.
- 3)Data is collected at all non-VSP, CoC and ESG-funded housing provider sites during face to face interviews where data is directly input into the HMIS system in live time. All HMIS users are trained on confidentiality, data security and informed consent requirements prior to being allowed access to the system and adhere to same. WRC data is collected by an advocate via face to face interview or hotline call. All data is recorded on hard copy and then a data entry technician enters same into the appropriate database depending on client need. The VSP advocates and staff are also trained on confidentiality and data security requirements and adhere to same.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;
- (2) data source the CoC used for the calculations; and

(3) how the CoC collected the data.

(limit 2,000 characters)

During fiscal year 2017-18, Women's Resource Center (WRC), this CoC's victim service provider, served 1,533 survivors of domestic/sexual violence in Lackawanna County. A conservative estimate suggests that more than one-third (511 ppl) seeking services from WRC requested some form of housing assistance. Of the 132 families receiving WRC's ESH(shelter), a total of 92 adults and 36 children had no immediate access to rental assistance or

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permanent housing options upon departure. It should also be noted that the CoC's current Chronic Homeless BNL has 3 DV survivors out of 7 total adults awaiting PSH.

Research on incarcerated women reveals that upward of 90% of women in prison have experienced domestic and/or sexual violence. In the last 2 years, OUTREACH, the community agency providing prisoner re-entry services served 106 incarcerated women aged 18-24, of which sixty-four identified the need for permanent housing options.

St. Joseph's Center Mother-Infant Program and Walsh Manor shelter, community based programs serving pregnant and young mothers, have ongoing waiting lists for PH and TH that cannot be met. Their data indicates that the majority of young mothers requesting entry into their programs report that they are attempting to flee intimate partner violence.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
- (2) quantify the unmet need for housing and services for DV survivors;
- (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
- (4) describe how the CoC determined the unmet need for housing and services for DV survivors. (limit 3,000 characters)

Based on WRC's 2017-18 data, it is projected that a minimum of 92 adults and 36 children in WRC's ESH(shelter) will have access to TH or RRH. Moreover, WRC will expand the agency's overall Safe Housing Program by partnering with OUTREACH and St. Joseph's Center to prioritize the housing needs of survivors fleeing or attempting to flee domestic/sexual violence and are: young mothers (18-24) on the waiting list for SJC; or pregnant in Walsh Manor shelter; or are reintegrating back into the community after incarceration and have no options but to return to a violent partner. The joint TH and PH-RRH Project model will allow for flexibility to address the long term needs of marginalized, underserved survivors in ESH and create opportunity to move survivors from ESH to TH and on to PH-RRH after a case by case assessment A total maximum of 24 months assistance will be available to participants entering the project, increasing the continuum of housing options provides opportunity to better meet the complex needs of survivors in the community.

Furthermore, the Institute for Women's Policy and Research (IWPR) reported, in a study of residents in domestic violence shelters across the country, 84% reported that they needed help finding affordable housing. According to IWPR, one study estimates the cost of intimate partner violence (IPV) to U.S. society, including health costs and productivity losses, to be \$5.8 billion, including \$4.2 billion for physical violence, \$320 million for partner rape, and \$342 million for partner stalking, in 1995 dollars. Converted to 2017 dollars, the cost of IPV in the United States would be \$9.3 billion. IWPR also reports, among mothers with children experiencing homelessness, more than 80% had previously experienced domestic violence. As reported by the National Alliance for Safe Housing, studies show that as many as 57% of all homeless women report domestic violence as the immediate cause of their homelessness.

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1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The WRC is seeking to create a Community Collaborative to Transition and Rapidly Re-house Youth, Families and Incarcerated Survivors of Domestic and Sexual Violence. The collaborative partners for the project will be the OUTREACH and Saint Joseph's Center's Mother-Infant Program/Walsh Manor shelter (SJCMIP/Walsh Manor). Eight PH-RRH and four TH units will be made available. Under the PH-RRH, the project will provide tenant-based rental assistance for: two efficiency units; two one-bedroom units; three two-bedroom units; and one three-bedroom unit. Under the TH, the project will provide leased units for: one efficiency unit; one one-bedroom unit; one two-bedroom unit; and one three-bedroom unit. A maximum of 24 months assistance will be provided to program participants and all attempts will be made to permanently house participants. The WRC will have a scattered site model that takes into account neighborhood choice based on the survivor's safety risks and support systems. Annually it is projected that six (6) households with children; and twelve (12) households without children (singles) will be served. Rental assistance will be provided at FMR. Program participants will have opportunity to choose TH or RRH based on an assessment of need. The TH component of the project will be used to move program participants with complex needs out of ESH (shelter) as soon as possible. In turn, this will reduce the costs of ESH (hotels) and increase opportunity to permanently house marginalized, underserved populations in the community. Coordination of services and collaboration between WRC, OUTREACH and SJCWIP/Walsh Manor will greatly enhance the overall system response to homeless women and children and reduce service overlap. OUTREACH and SJCMIP/Walsh Manor will dedicate their expertise to providing intensive supportive services.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;
- (2) rate of housing retention of DV survivors;
- (3) improvements in safety of DV survivors; and
- (4) how the project applicant addresses multiple barriers faced by DV survivors.

(limit 4,000 characters)

The WRC has been a member of the Lackawanna County Continuum of Care (COC) since 1995. Currently, the WRC receives HUD funds for the WRC's Rapid Re-Housing (RRH) for Domestic and Sexual Violence Survivors Project. WRC established the WRC Economic Advocacy Project, with a Safe Housing Program component, seven years ago with the specific purpose of advancing the agencies economic justice work and developing a continuum of housing options for survivors fleeing. WRC was chosen as one of four pilot projects in the country to receive technical assistance from national experts (Center for Survivor Agency and Justice) that has informed the development of WRC's organizational economic justice work. As a result, WRC established the Community Council to Enhance Economic Justice for Women/Survivors; the mission being to develop strategies as a community to improve the economic well-being of women/survivors. Additionally, an Advisory Council made up of program participants formally in WRC's Safe Housing Program has also been

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established to provide input on program growth and changes. WRC subscribes to the concept that individuals must first have a safe, affordable place to call home before other services become relevant. It is also WRC's practice to assess for ways to "screen in" potential program participants versus "screening out" due to mental illness, drug addiction or other related issues. All WRC advocates have received professional training on trauma affects and response in order to provide trauma informed counseling and advocacy services.

WRC has historically strived to balance quality of service with providing assistance to as many survivors as possible within budget constraints. For example, in WRC's 2017 APR, one hundred (100) percent of survivors exiting the RRH program reported a positive housing destination; upward of 60 percent of survivors had an income increase upon exit; almost all received non-cash benefits; and, all were housed in under a year; The overall WRC Safe Housing Program demonstrates that upward of 75 percent of households receiving TH or RRH were able to escape the abuse and stay out of the abusive relationship over time.

Collaborative services WRC will provide include safety planning, emergency safe housing, 24-hour crisis response, rapid re-housing, relocation, individual and group empowerment counseling, court accompaniment, systems' advocacy and legal representation by the Barbara J Hart Justice Center (Justice Center), a civil legal project of WRC. Additionally, the WRC acknowledges the emerging Latina/Hispanic population in Scranton and has made efforts to provide language/culturally appropriate services. WRC employs five Spanish-speaking advocates, including two Economic and Housing Advocates and a Legal Advocate, and provides translated forms and handouts in Spanish. Lastly, the WRC is an identified grant partner with the Pennsylvania Utility Law Project (PULP). Survivors receiving WRC services have access to attorneys with an expertise in negotiating utility hook-ups and expunging arrearages. Lastly, WRC has established relationships with the local administrators of TANF, Medicaid, SLHDA, EARN and other entitlement programs. WRC is committed to addressing the needs of underserved, marginalized survivors and has long standing relationships with community organizations that provide mental health services, drug and alcohol treatment, free to low cost medical services, SOAR certified workers, ESL classes and other related services to address a spectrum of needs.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
 - (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions in and Housing Choice during FY 2017 who v homelessnes	Voucher Program vere experiencing	PHA has General Limited Homele: Preference	
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Carbondale Housing Authority	0.00%	No	No
Housing Authority of the County of Lackawanna	14.00%	Yes-Both	No
Scranton Housing Authority	10.00%	Yes-Both	No

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

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 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-5b. Move On Strategy with Affordable Yes
Housing Providers. Does the CoC have a
Move On strategy with affordable housing
providers in its jurisdiction (e.g., multifamily
assisted housing owners, PHAs, Low Income
Tax Credit (LIHTC) developments, or local
low-income housing programs)?

Move On strategy description. (limit 2,000 characters)

A local affordable housing provider has implemented a homeless preference which can be used as a move-on for any of our supportive housing programs including permanent supportive housing, as it takes referrals specifically from homeless service providers in this county. United Neighborhood Community Development Corporation has a homeless preference in the following projects: Stowe - 18 1,2&3 BR units, Cedar - 30 1,2&3 BR units, and Cabrini, a HUD 202 program for seniors - 16 units. The preference indicates that every other entry into the projects will be referred and certified as formerly homeless from one of the CoC providers. Therefore, the preference allows for entry to those wishing to leave permanent supportive housing programs. This preference has been approved by HUD and advertised at local Housing Coalition and Continuum of Care meetings.

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1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The CoC addresses LGBT needs by providing equal access in a sensitive and informed manner to homeless services, and has had a local LGBT organization. NEPA Rainbow Alliance, present and distribute materials regarding the LGBTQ needs and homelessness to local housing providers at CoC meetings. Topics covered include terminology, LGBT homeless statistics, challenges and rights of this population and sensitivity to any specialized needs and/or circumstances. A free Equal Access and Gender Identity Rules training, with instruction on how to access same, was advertised via CoC meeting and e-mail to all CoC members, offering several dates and times. All CoC members were encouraged to attend. Finally, the CoC provided a local Equal Access training, soliciting input on the most convenient date and time, which allowed the presenter to go more deeply into terminology and the unique vantage point of some who identify as LGBTQ. The training also covered scenarios which LGBT individuals may encounter in the homeless system and sensitive and inclusive ways to handle those situations in a way that is consistent with the Equal Access Rule.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	Х
Engaged/educated law enforcement:	Х
Engaged/educated local business leaders:	Х
Implemented communitywide plans:	

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Applicant: Scranton-Lackawanna County CoC PA-508 Project: PA-508 CoC Registration FY2018 COC_REG_2018_159863 No strategies have been implemented: Other:(limit 50 characters) 1C-8. Centralized or Coordinated Assessment System. Applicants must: (1) demonstrate the coordinated entry system covers the entire CoC geographic area; (2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and (4) attach CoC's standard assessment tool. (limit 2,000 characters) 1) The CoC's Coordinated Assessment System covers the entire CoC geographic area via community homeless outreach efforts from all service providers, but especially, CiC and CSS with their office locations in various parts of the county and ability to go to where people experiencing homelessness have been seen and/or reported. Agencies also provide transportation as necessary and when agreeable to persons experiencing homelessness to office locations where the assessment can be completed in HMIS. 2) A brochure has been developed and distributed among ESG, CoC, CDBG and legal service providers, early childhood programs, schools, the City of Scranton, behavioral health and physical healthcare providers, food distribution centers, etc. to inform all community members about the CA system and how to access it. Live presentations, including Q&A time, have accompanied brochures for many of the aforementioned providers. Depending on the service provider, translation services are available on site, or via phone for those needing that assistance. For others, needing special assistance, the system utilizes the victim service providers (CoC member and service provider), the Center for Independent living, and local behavioral healthcare providers for assisting those who have different risks, abilities and skill levels. This CoC uses the VI-SPDAT as part of the CA system. This, in combination with length of time homeless data and case conferencing as a means to present any information not captured by the VI-SPDAT, prioritizes people most in need of assistance, ensuring assistance is as timely as possible given the resources available.

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1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

(1) objective criteria;

(2) at least one factor related to achieving positive housing outcomes; (3) a specific method for evaluating projects submitted by victim services providers; and

(4) attach evidence that supports the process selected.

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. Applicants must describe:
- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process. (limit 2,000 characters)
- 1) The CoC considers the severity of needs and vulnerabilities of participants when determining project application priority using rates of project entries with high barriers as scoring criteria for renewal projects including: current/past substance abuse, MH diagnosis, physical disability, developmental disability, HIV/AIDS, chronic health condition, no income, survivor of domestic violence, & residence at entry, including homeless situation. 2) 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 the types of new projects accepted and final ranking further addressed programs' specialized target populations & their severity of need.

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1E-3. Public Postings. Applicants must indicate how the CoC made public:

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);
- (2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
- (3) attach documentation demonstrating the objective ranking, rating, 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, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process	Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	CoC or other Website	
Email	Email	
Mail	Mail	
Advertising in Local Newspaper(s)	Advertising in Local Newspaper(s)	
Advertising on Radio or Television	Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	Social Media (Twitter, Facebook, etc.)	

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Programfunded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)

The CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to new high performing projects in the following ways:

The CoC has developed an evaluation tool which incorporates performance data and benchmarks and ranks projects taking that performance data into account. The performance measures include increase in household income, maintaining housing, exits to permanent housing, and cost effectiveness, which is calculated using expenditure per household excluding leasing/rental assistance. Lower scoring projects are encouraged to look closely at improvement strategies, or reallocation as mentioned above. Even with some well-performing projects, the CoC has encouraged providers to look at their inventory and either add clients when budgets allow, change to more cost-

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effective interventions which are shown to yield better outcomes, or reduce from one project type in order to add to another, already existing project which is struggling to meet outcome standards because of capacity. In this way we look at right-sizing for both individual projects and for the whole system. To this end, the CoC has either reallocated or replaced TH projects with permanent housing options such as Rapid Re-Housing and Permanent Supportive Housing; and the system has taken excess money out of PSH for families where the need is lower, putting it into an expansion project for a struggling RRH project for families where there is a much greater need.

- 1E-5. Local CoC Competition. Applicants must indicate whether the CoC: (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;
- (2) rejected or reduced project application(s)—attachment required; and (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of esnaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC Yes and HMIS Lead. Does your 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? Attachment Required.

2A-1a. Applicants must:
(1) 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, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

Page 1, MOU

2A-2. HMIS Policy and Procedures Manual. Yes Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.

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

2A-4. HMIS Implementation Coverage Area. Single CoC Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:

(1) total number of beds in 2018 HIC;

(2) total beds dedicated for DV in the 2018 HIC;

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(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	95	6	71	79.78%
Safe Haven (SH) beds	11	0	11	100.00%
Transitional Housing (TH) beds	76	9	67	100.00%
Rapid Re-Housing (RRH) beds	93	40	53	100.00%
Permanent Supportive Housing (PSH) beds	219	0	164	74.89%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

With the winter weather being extremely cold during parts of this past season, 46 seasonal beds were added in our area. While 24 of the additional were tracked in HMIS (an increase from last year), the remaining 22 were not. In fact, these 22 spaces were not beds, but single adults were allowed to stay overnight in a day shelter - living room area, sleeping on chairs or floors or wherever there was space. These spaces were available for a short period of time during the coldest nights, and one of those nights happened to be the PIT night. As winter approaches this year, we will be in communication with this faith-based program to determine the feasibility of HMIS participation, including the offer of training and payment for HMIS licensing. This approach was successful with the other seasonal faith-based shelter, as we were able to capture their data this year after several years of trying without success.

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

2A-6. AHAR Shells Submission: How many 12 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?

2A-7. CoC Data Submission in HDX.
Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).

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(mm/dd/yyyy)

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter 01/31/2018 the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).

2B-2. HDX Submission Date. Applicants 04/10/2018 must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.

(limit 2,000 characters)

N/A

2C-2. Did your CoC change its provider Yes coverage in the 2018 sheltered count?

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	18
Beds Removed:	0
Total:	18

2C-3. Presidentially Declared Disaster No Changes to Sheltered PIT Count. 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 2018 sheltered PIT count?

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

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2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

2C-5. Identifying Youth Experiencing Yes
Homelessness in 2018 PIT Count. Did your
CoC implement specific measures to identify
youth experiencing homelessness in its 2018
PIT count?

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:

(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;

(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

- 1) Several community stakeholders serving youth experiencing homelessness were engaged in the youth PIT planning process, including youth after school programs, post-foster care and youth homeless service providers, a new homeless youth non-profit, and the office of youth and family services. This group participated in several planning meetings and activities such as advertising, organizing and leading youth focus groups, leading up to the PIT. 2)Committee members, including several youth service providers, reached out to youth as well as local schools to solicit input and participation. Homeless and other youth were engaged in planning efforts and implementation via focus group, one-on-one discussion and committee input on efforts such as method of information gathering, the survey tool, where and how to advertise, and locations where youth experiencing homelessness are most likely to be identified. 3)As referenced above, youth experiencing homelessness were involved through one-on-one contact, soliciting input regarding outreach and engagement methods and locations, and invitation to participte in focus groups.
- 2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
- (1) individuals and families experiencing chronic homelessness;
- (2) families with children experiencing homelessness; and
- (3) Veterans experiencing homelessness.

(limit 2,000 characters)

- 1) Meet and plan with the outreach provider/day shelter, day shelter which had agreed to extend their hours to overnight and had 18 ppl on the night of the count and provide survey team for the temporary, religiously affiliated, winter shelter.
- 2)collaborate with office of youth and family services as well as schools

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3)Collaborate with the VAMC as well as the Veteran Grant Per Diem provider

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.

544

3A-1a. Applicants must:

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

The number of first-time homeless reported in HDX was 544, decreasing by 5 people. To identify homeless risk factors, the Discharge Planning Committee conducted fact-finding with providers and institutions having 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 loss of employment, increasing rental fees, evictions or foreclosures, spikes in substance abuse or serious mental illness, or reduction in behavioral health service availability. The CoC's efforts to reduce the number of first-time homeless include diversion efforts built into the Coordinated Entry (CE) system. The CE is conducted for literally homeless as well as those at imminent risk, identifying any other resources (i.e. prevention, utility assistance, HAP case management and rental assistance) or avenues of support a household might use, and assisting with referrals and connections to safely divert people from the homeless system. The CoC Director oversees.

- 3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
- (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
- (2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
- (3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
- (4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time

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individuals and families remain homeless. (limit 2,000 characters)

1. The average length of time individuals and persons in families remained homeless was 148 days.

2. The CoC uses an assessment in the Coordinated Entry (CE) system to determine those households with the longest length of time homeless, using this as a factor in prioritizing those people for housing. CE participants have staff follow up intil the household is permanently housed or cannot be reached after 90 days, ensuring timely assistance is given. The CoC's strategy to reduce LOT homeless also includes increasing PH inventory using reallocation, bonus projects and philanthropic funds, and ensuring programs are housing first/low barrier. The CoC holds landlord forums and keeps an inventory list of landlords willing to take clients in supportive housing programs in order to have an inventory of apartments when needed. Outreach efforts are also consistently employed especially with those persons resistant to housing interventions. All of these efforts are employed to decrease all households' LOT homeless.

4. The CoC Director and CoC Board are responsible for overseeing this strategy.

4.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:

(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and

(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage	
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	399	%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	989	%

3A-3a. Applicants must:

- (1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
- (2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) The CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing include connection with mainstream resource, employment opportunities and training, life skills training, behavioral and physical health care as well as improved protocols to hasten connection of Veterans to PH providers and to assess and refer all shelter guests to appropriate, right-fitted, resources

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via the coordinated entry system. The CoC also participates in a larger Housing Coalition initiative to recruit and retain local landlords in the form of a local landlord forum. Certain low income housing providers in the area have implemented a homeless preference. This, in addition to the homeless preference of 2 local PHAs is an additional strategy to increase exits to PH.

2) In terms of households in permanent housing other than RRH, in order to retain and/or exit to PH, some of the same strategies as above are used such as linkages to mainstream resources, behavioral and physical health care, and using coordinated entry to ensure referrals are made to the appropriate intervention for the level of client need. In addition, The CoC connects those no longer in need of intensive supportive services to sustainable housing options in the way of low income and subsidized housing if that is needed. To this end, CoC staff has been meeting with local housing authorities to both increase homeless entries and establish a move-on program with supports in place to facilitate the transition out of PSH.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

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

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
- (2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness. (limit 2,000 characters)
- 1. The CoC identifies common factors of individuals and persons in families who return to homelessness by looking at trends in the data for those who are returning to homelessness and identifying interventions that CoC can either implement or strengthen in order to change those trends.
- 2. The CoC's strategy to reduce the rate of additional returns to homelessness includes increasing PH options such as Rapid Re-housing, which includes vital supports to create and maintain housing stability, increasing PH options in the way of homeless preferences with low income housing providers and PHAs, providing up-to-date trainings to staff on current best practices such as housing first, motivational interviewing and the like, as well as presentations on local resources such as employment and mainstream resources.
- United Neighborhood Centers as the CoC Lead Agency is responsible for overseeing these CoC strategies.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
- (2) describe how the CoC works with mainstream employment

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organizations to help individuals and families increase their cash income; and

(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment. (limit 2,000 characters)

- 1. The CoC's strategy to increase access to employment and non-employment cash sources include SOARS training for all PSH providers, linkage with mainstream benefits, childcare providers, employment agencies, including assistance with completing forms, collection of documents, transportation and follow-up, and life skills training and soft skills as needed. This strategy also involves the development and presentation of learning opportunities for CoC staff including web-based training, presentations by local providers at CoC meetings as well as more in-depth workshops on County Assistance benefits and Workforce Development opportunities.
- 2. The primary mainstream employment organizations with which the CoC works are Careerlink, the EARN program, EOC and Pathstone. They help clients with aptituted testing, school loan deferments, counseling on employment options offering sustainable incomes, resume writing interview training, providing updated lists of job opportunities and career training. Projects have been assisted via trainings on criminal record expungement and mainstream resources, facilitating information-sharing opportunities and sharing additional provider education opportunities such as conferences, webinars and trainings on best practices via e-mail and meeting announcements.
- 3. United Neighborhood Centers as the CoC Lead Agency is responsible for overseeing this strategy.

3A-6. System Performance Measures Data 05/31/2018 Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
- (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	67
Total number of beds dedicated to individuals and families experiencing chronic homelessness	76
Total	143

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written 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? Attachment Required.

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	x
Criminal History	x
Bad credit or rental history	x
Head of Household with Mental/Physical Disability	x

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3B-2.2. Applicants must:

(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;

- (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends: and
- (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 2,000 characters)

The CoC's strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless includes the use of the Coordinated Entry System to identify & provide correct referrals. The CES uses a vulnerability index prioritizing those appropriate for RRH or PSH & CE staff follow up with families until permanently housed or contact attempts are unsuccessful for 90 days. Additionally, the CoC prioritizes funds for RRH based on the HIC, PIT, AHAR & CE data. Current funding requests for ESG & CoC RRH funding is increased compared to previous years, including an additional RRH program for youth. TH family programs were re-classified or reallocated to more effective RRH models, & PSH family programs have been reduced to create new RRH, as a means of right-sizing the system in order to reach this goal. Additional strategy is working with low-income housing providers and PHAs to develop preferences as well as attending quarterly landlord forums to increase flow through our system and increase viable PH exit options for all experiencing homelessness.

2)Some of the ways the CoC addresses housing needs is outlined above with increased program & sustainable PH exit options. The CoC addresses service needs to ensure families successfully maintain their housing once assistance ends by conducting initial comprehensive service plans along with households in order to set and move forward in goals leading to housing stability. While these plans vary widely from family to family, they often involve many of the following: connection to all eligible mainstream benefits, childcare, schools, educational & job readiness programs, behavioral & physical health programs, peer support services, facilitation of family &/or social connections, transportation assistance, life skills and budgeting training, & application for SSI/DI as necessary via SOART-trained staff. Service plans are updated regularly.

3)UNC, CoC lead agency, is responsible.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.			
CoC conducts optional training for all CoC and ESG funded service providers on these topics.			
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.			
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.			
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Applicant: Scranton-Lackawanna County CoC	
Project: PA-508 CoC Registration FY2018	C

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CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.6. Applicants must describe the CoC's strategy to increase:

(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and

(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources. (limit 3,000 characters)

The CoC's strategies to increase 1) housing and services for all youth experiencing homelessness include successfully acquiring grants from local private foundations for a new RRH program for youth, which began earlier this year; securing over \$160,000 annually from the office of youth and family services for a youth TH program; and increased collaboration with regional youth service providers and schools. Specifically, within the past 2 years the CoC has collaborated with local Health and Human Services (HHS) office has implemented a Cross-Systems Transitions Conference which meets regularly to find solutions for any youth at risk of homelessness ages 15 through 18. Attendees of these meetings would include the most relevant providers for the specific case at hand which can and have been any of the following: mental health providers, substance abuse providers, housing providers, case

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management providers including intensive case management, independent living providers

In addition, the CoC is submitting a youth RRH project as a bonus along with this NOFA application as well as a new youth RRH project to the Home4Good grant opportunity in PA shortly thereafter.

2) For youth experiencing unsheltered homelessness, strategies to increase availability of housing and services include all of the items outlined above, giving youth options which are accessible and specifically targeted to their needs, partnering with providers which are experienced and knowledgeable in youth outreach and engagement strategies, housing services for homeless LGBTQ youth and the use of RRH with youth. In addition, the county HHS office assisted the CoC's outreach to and collaboration with the school districts throughout the county will serve to make referrals to appropriate prevention, shelter and supportive housing projects and services. All of the strategies/resources outlined in sections 1 and 2 of this response serve to offer alternatives to unsheltered homelessness as well as outreach to identify and bring youth into housing as quickly as possible.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
- (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
- (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies. (limit 3,000 characters)
- 1) The CoC uses evidence such as changes in youth PIT/AHAR/LSA data as well as rates of youth increase in income and returns to homelessness from the System Performance Measures to measure the strategies in question 3B-2.6. The community Housing Inventory Chart is also a measure of increasing the availability of youth-specific housing. Data from the Coordinated Assessment System is also used more as a measure of housing instability for youth, prompting the CoC to look at how prevention strategies are functioning. 2) To calculate effectiveness of the strategies, given that this is a relatively small CoC, any increase in sheltered and/or unsheltered youth within the PIT or the AHAR/LSA would be reason to change/develop a more effective strategy. Likewise for increase in youth coming to through the Coordinated Assessment system. If more volume is seen here, data will be evaluated to determine trends. i.e) have increased outreach efforts just brought forward those already experiencing housing insecurity, or is the scope of youth homelessness increasing? Income levels will help determine whether education and jobreadiness strategies are effective.
- 3) The measure is an appropriate way to determine the effectiveness of the strategies because it provides evidence of the results being achieved by the strategies indicated (i.e. are the numbers of homeless youth increasing or decreasing during the PIT in the AHAR/LSA? are there more or less unsheltered youth in the PIT/LSA? What are the exit to PH/housing stability rates for youth? Return to homelessness rates? increase in income rates?) The data will indicate whether strategies are on the right path or need changing.

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3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

(1) youth education providers;

(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);

(3) school districts; and

(4) the formal partnerships with (1) through (3) above.

(limit 2,000 characters)

The CoC collaborates with (1&3) youth education providers by presenting the regulations on the rights of homeless children and an overview of all CoC services available to all of the school districts' faculty and staff within the county as well as some early childhood education providers, including Head Start. Information presented focuses on the coordinated entry system, as well as prevention services, as most homelessness reported by local school districts includes families or individuals who are doubled-up or couch-surfing. During these presentations, teachers, staff and homeless liaisons are urged to refer all families in need of any assistance to our network of services, and especially all of those families meeting the educational definition of homelessness. These presentations were established with the assistance of the local Office of Youth and Family Services and the(2)Education for Children and Youth Experiencing Homelessness (ECYEH) Liaison, who is available to schools for additional advocacy and assistance in accessing education. The ECYEH Liaison attends CoC meetings as do some local district Homeless Liaisons. The ECYEH Liaison is also used as a point of contact with school counselors, teachers, superintendents and early education programs. These relationships are helping to provide the CoC with additional local data and systems knowledge which the CoC is using to find solutions such as increased prevention and diversion efforts, better youth count strategies and increase in youth supportive housing beds.

This year the CoC attended a regional information session along with local school districts and early childhood education providers on the relevant services available and regulations applicable to educational and homeless systems. (4)The CoC has a formal agreement with the local Head Start Provider for collaboration and prioritization for services.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

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

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No",

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from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

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

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

The CoC achieved a functional end to Veteran homelessness in the spring of 2017, as designated by USICH. Key strategies employed in this achievement are Housing First; increasing PH options; improving referral and communication processes once a Veteran has been identified; use of a by-name list and case conferencing; and increasing outreach to known and rumored homeless camps; the soup kitchen and shelters; identification and engagement protocols have been added whereby any Veteran identified at the year-round emergency shelter are referred to call the VA homeless hotline upon entry. Thus, verification of Veteran status and a solid connection to a Veteran provider are delivered more efficiently. Veterans are identified via an intake question in HMIS upon program entry, including Coordinated Entry for CoC, ESG and other homeless programs. The Coordinated Entry 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 for same. While the number of homeless veterans in this CoC has been reduced since 2011, this county houses a GPD program which pulls Veterans from 18 counties throughout the region. This program has 30 beds and works to keep its beds full in order to assist Veterans in need who choose this more intensive intervention, always offering PH options as well as GPD. The GPD program has worked to reduce length of stays and move people into PH as quickly as possible, with most participants staying 12 months or less. The program is still. however, considered TH and SH, making up the majority (26 of 34) of Veterans in the PIT. Another contributing factor to the PIT number is that our Emergency Shelter is the only one within several peripheral counties that does not have a residency requirement. In the past 6 years, the county has had no unsheltered

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Veterans during the PIT.

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

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

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

3B-5. Racial Disparity. Applicants must: You (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	X
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

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The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	
Other:	

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
- (1) assists persons experiencing homelessness with enrolling in health insurance; and
- (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

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

4A-1a. Mainstream Benefits. Applicants must:

- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits:
- (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)
- 1)The CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive benefits in the following ways: requiring SOARS training for all PSH providers, routine connection of participants with mainstream benefits (including TANF, SSA, food stamps, medical assistance and behavioral health programs), childcare and early childhood educational resources including assistance in completion of any forms, collection of necessary documents, transportation and follow-up, use of committees to present and share current information on mainstream resources, and securing cash and in-kind match sources, including over \$50,000 from Office of Youth and Family Services and \$27,000 from ODAP, which can increase participants' application for mainstream benefits. 2) The CoC systematically keeps program

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Applicant: Scranton-Lackawanna County CoC **Project:** PA-508 CoC Registration FY2018

staff up-to-date regarding mainstream resources by providing a bi-annual training in same given by local providers with information on how to access resources, requirements for same and how to access assistance when questions and/or problems arise and convening information sharing opportunities on topics stated above as well as sharing additional provider education opportunities such as conferences, webinars and trainings on best practices via e-mail, and meeting announcements. 3) The organization responsible for overseeing the CoC's strategy for mainstream benefits is United Neighborhood Centers, the CoC Lead Agency.

4A-2.Housing First: Applicants must report:

(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	18
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	18
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach:
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
- (3) describe how often the CoC conducts street outreach; and (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)
- 1) CoC outreach identifies and engages households living in environs unfit for human habitation by, at least weekly, scouting known and rumored locations where people experiencing homelessness converge throughout the county via word of mouth with the area's homeless and fluid communication and collaboration among housing, homeless and other providers, including local and state police.
- 2) CoC's Street Outreach covers 100 percent of the CoC's geographic area by making at-least weekly rounds to homeless camps and other known locations where the homeless sleep, as well as following up on calls from local citizens,
- 3) The CoC conducts street outreach at least weekly as described above
- 4) The CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance by

Homeless information and services are available via local hotline and internet

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4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC 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; and

(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)

The strategies the CoC has implemented that further fair housing as detailed in 23.CFR 578.93(c) are as follows: the CoC has clauses on serving people with limited English proficiency and non-discrimination in its Policies and Procedures, encouraging strategies for inclusion and prohibiting discrimination to populations listed in the question; several providers publicize services via written materials in Spanish, the most commonly used language in our county besides English; providers have staff and volunteers who speak other languages, including sign; phone services and the local University have additional language translation services used; assistance is also provided by Lackawanna Blind Association and United Cerebral Palsy, including acquiring assistive devices and TTY machines, etc.; and publicizing agency and service information on the internet where translation services are available and via local hotline. Within the next year, the C

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	99	93	-6

4A-6. Rehabilitation or New Construction No Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

4A-7. Homeless under Other Federal Statutes. No ls the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?

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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
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Preference an	09/06/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Coordinated Asses	09/12/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	New & Renewal Pro	09/12/2018
1E-3. Public Posting CoC- Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting RF	09/14/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation Proc	09/14/2018
1E-5. Notifications Outside e- snaps–Projects Accepted	Yes	Notification of P	09/12/2018
1E-5. Notifications Outside e- snaps—Projects Rejected or Reduced	Yes	New Projects Acce	09/12/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Public Posting Lo	09/12/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC HMIS MOU	09/06/2018
2A-2. HMIS-Policies and Procedures Manual	Yes	Scranton/Lackawan	09/06/2018
3A-6. HDX–2018 Competition Report	Yes	SPM 2018 Report	09/06/2018
3B-2. Order of Priority–Written Standards	No	CoC Policies, p.2	09/10/2018

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3B-5. Racial Disparities Summary	No	Race Disparities	09/14/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Preference and supporting documents

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated Assessment in HMIS

Attachment Details

Document Description: New & Renewal Project Eval & Ranking Tools

Attachment Details

Document Description:

Attachment Details

Document Description: Public Posting RFP, Rate, Rank Review, etc.

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Attachment Details

Document Description: Reallocation Process 2018

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: New Projects Accepted, ranked, reduced

Attachment Details

Document Description: Public Posting Local Competition Deadline

Attachment Details

Document Description: CoC HMIS MOU

Attachment Details

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Document Description: Scranton/Lackawanna HMIS P&P

Attachment Details

Document Description: SPM 2018 Report

Attachment Details

Document Description: CoC Policies, p.2(Article III) and

p.4(Coord.Asses.)

Attachment Details

Document Description: Race Disparities Report

Attachment Details

Document Description:

Attachment Details

Document Description:

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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	09/11/2018	
1B. Engagement	09/13/2018	
1C. Coordination	09/14/2018	
1D. Discharge Planning	09/11/2018	
1E. Project Review	09/14/2018	
2A. HMIS Implementation	09/14/2018	
2B. PIT Count	09/11/2018	
2C. Sheltered Data - Methods	09/11/2018	
3A. System Performance	09/14/2018	
3B. Performance and Strategic Planning	09/14/2018	
4A. Mainstream Benefits and Additional Policies	09/14/2018	
4B. Attachments	Please Complete	

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FY2018 CoC Application

Submission Summary

No Input Required

Housing Authority of the County of Lackawanna

Administrative Office: 2019 West Pine Street, Dunmore, Pennsylvania 18512 (570) 342-7629 FAX: (570) 342-5756 E-Mail: hacl5@comcast.net

November 16, 2015

Michael J. Hanley Chief Executive Officer United Neighborhood Centers 425 Alder Street Scranton, PA 18505

Dear Mike,

I am writing to confirm that Housing Authority of the County of Lackawanna has a general preference for individuals and families experiencing homelessness for the Public Housing.

Sincerely,

Jim Dartt

Executive Director

Housing Authority of the County of Lackawanna

2019 W. Pine Street

Dunmore, PA 18512



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HOUSING AUTHORITY OF THE COUNTY OF LACKAWANNA 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 on	ne 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.	l 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.	***********************************
11.	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
<u></u>	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 lnability to work.
8.	NONE OF THE ABOVE numbers 1 through 7.
County, excluding	priority for admission will be given to applicants who reside, work, or have been hired to work in Lackawanna g the City of Scranton and the City of Carbondale. Second Priority will be given to residents who reside, work, or o work in Scranton and/or Carbondale.
Please check <u>or</u>	ne of the following ONLY if it applies to you:
The head, spous	e, or sole member of my household has been hired for a job, (but has not started work yet) to work in:
	Lackawanna County, other than the Cities of Scranton or Carbondale
	the City of Scranton or the City of Carbondale

November 13, 2015

Shannon Quinn-Sheeran Director of Program Analysis and Data Quality United Neighborhood Centers 425 Alder Street Scranton, PA 18505

Dear Shannon,

I am writing to confirm that Scranton Housing Authority has a general preference for individuals and families experiencing homelessness for both the Public Housing and Housing Choice Voucher Programs.

Sincerely,

Mary Ann Kochanski

Administrative Assistant of Operations

Scranton Housing Authority

400 Adams Avenue

Scranton, PA 18510

SCRANTON HOUSING Authority 400 ADAMS AVENUE SCRANTON, PA. 18510

QUESTIONNAIRE FOR PREFERENCE

PUBLIC HOUSING

DATE:	
NAME:	
ADDRESS:	
	
The Scranton Housing Authority will give priority in the selection of applicants frequency public housing waiting list in the following order. Please check the preference that applies to you have a selection of applicants frequency from the selection of applicants	om the our situation, Office Use Only <u>Wt</u>
Applicant who is involuntarily displaced from his/her home as a result of fire, disaster or government action	on. 8
Single or two parent household who resides in the City of Scranton where the head of household or spouse works or has been hired to work in the City of Scranton. Head of household or spouse must be employed minimum of 30 hours per week.	a . 7
Head of household or spouse or sole member who is 62 years of age or older, or who receives Social Secu SSI or any benefits resulting from an individual's inability to work will be counted as the equivalent to the second preference.	rity, 7
Head of household or spouse that has graduated from an education and/or training program that is designed prepare individuals for the job market	ed to 6
Applicant who is a victim of domestic violence,	, 5
Applicant who is homeless,	4
Applicant living in substandard housing.	3
Applicant paying more than 50% of income for rent.	2
No preference	' ' 1
All applicants will be selected by date and time of application according to the criteria he stated.	rein
Applicant must verify preference based on current status at initial lease up.	
DATE SIGNATURE	

Coordinated Assessment

Basic Client Information

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

	First Name:	*
	Last Name:	*
	Middle Name:	
	Suffix:	
	Name Quality:	* ☐ Full name reported
		\square Partial, street name, or code name reported
		☐ Client doesn't know
		☐ Client refused
		☐ Data not collected
	Social Security Nun	nber:
Basic Client Demogr	raphics	
Birth Date:		*
Client Age:		103
Date of Birth Quality	;	* Approximate or Partial DOB Reported Full DOB Reported Client doesn't know Client refused Data not collected
Ethnicity:		* ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Race:		* White
Gender:		* Male Female Trans Male (FTM or Female to Male) Trans Female (MTF or Male to Female) Gender Non-Conforming (i.e. not exclusively male or female) Client doesn't know Client refused Data not collected
Veteran Status:		* 🗌 Yes No Client doesn't know Client refused

	☐ Data Not Collected
Show Address and Contact Information:	
	to collect data about a client's family. The Family search field allows you to nily account. This is appropriate when adding a family member to an existing
Family:	
Relationship to Head of Household:	* ☐ Self ☐ Son ☐ Daughter ☐ Dependent Child ☐ Spouse ☐ Other Family Member ☐ Other Non-Family ☐ Partner ☐ Roommate
Hidden - FamilyAcct:	29949
Begin Date:	
End Date:	

Prescreen Assessment				
The purpose of this form is to collect initial information regarding the client.				
Assessment Date:	*			
Homeless / Will become homeless within the next 72 hours?	☐ Yes ☐ No ☐ Not Applicable			
Residing with / Trying to leave an intimate partner who threatens or makes the client fearful?	☐ Yes ☐ No ☐ Not Applicable			

Η	JD	Pro	gram	Enro	Ilmen	ıt
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Select the Project you are enrolling the client into. ClientTrack will display a list of clients in the client's family. Please select all the clients you are enrolling.

The Project Start Date is:

- for Street Outreach projects it is the date of first contact with the client.
- for Emergency Shelters it is the night the client first stayed in the shelter for the consecutive shelter period from entry to exit. Night by night shelters, which use a bed-night tracking method will have a project start date and will allow clients to re-enter as necessary without "exiting and restarting" for each stay for a specified period.
- for Safe Havens and Transitional Housing it is the date the client moves into the residential project (i.e. first night in residence).
- for all types of Permanent Housing, including Rapid Re-Housing it is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
- 1) Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify though all documentation may not yet have been gathered;
- 2) The client has indicated they want to be housed in this project;

Project:

3) The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time

*
CoC - Coordinated Assessment

• for all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Household - Excerpt from the HMIS Data Standards Manual "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."				
☐ Name	Gender Age	Project Start Date	Case Manager	Relationship to Head of Household*
				☐ Self
				☐ Parent
				☐ Son
				☐ Daughter
				☐ Dependent Child
				☐ Grandparent
Mayroo				☐ Guardian
☐ Mouse, Mickey	Male 103			🗆 Spouse
Wholey				☐ Other Family
				Member
				☐ Other Non-Family
				☐ Other Caretaker
				☐ Ex Spouse
				☐ Partner
				☐ Roommate

0

Name	Gender	Age	Project Start Date	Case Manager	Relationship to Head of Household*
 					□ Self
					☐ Parent
					□Son
					☐ Daughter
					☐ Dependent Child
					☐ Grandparent
					☐ Guardian
Dog, Pluto	Male	6			☐ Spouse
					☐ Other Family
					Member
					☐ Other Non-Family
					☐ Other Caretaker
					☐ Ex Spouse
					□ Partner
					□ Roommate
 0					

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The purpose of this form is to assist in determining the client's eligibility for diversion.						
Assessment Active						
Assessment Date: *						
Where client slept last night?	* Place not meant for habitation Emergency shelter, including hotel or motel paid for with emergency shelter voucher Safe Haven Interim Housing Foster care home or foster care group home Hospital or other residential non-psychiatric medical facility Jail, prison or juvenile detention facility Other Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox center Hotel or motel paid for without emergency shelter voucher Owned by client, no ongoing housing subsidy Permanent housing (other than RRH) for formerly homeless persons Rental by client, with off providence subsidy Rental by client, with GPD TIP subsidy Rental by client, with off GPD TIP subsidy Rental by client, with other housing subsidy (including RRH) Residential project or halfway house with no homeless criteria Staying or living in a family member's room, apartment or house Transitional housing for homeless persons (including homeless youth) Client doesn't know Client refused Data not collected					
Is it safe?	* □ Yes □ No □ Not Applicable					
Why did they leave?	* ☐ Lack of transportation ☐ Moved ☐ Childcare issues ☐ Work schedule conflict ☐ Incarcerated ☐ Program didn't meet expectations ☐ Not indicated ☐ Referred to other services ☐ Deceased ☐ Diverted ☐ Other					

Could client stay there again?	* ☐ Yes
	□ No
	☐ Not Applicable
Does client need help to stay there?	* ☐ Yes
	□ No
	☐ Not Applicable
Would it help to contact the person they	* □ Yes
stayed with?	□ No
	☐ Not Applicable

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Administration			
Interviewer Name:	Agency	☐ Volunteer	Staff
Date/Time: *	Intervie Locatio		
Basic Information			
Name:	Mouse, Mickey		
Nickname:			
In what language do you feel best able to express yourself?	□ English □ Spanish □ French □ German □ Italian □ Polish □ Portugese □ Russian □ Arabic □ Armenian □ Farsii □ Hebrew □ Turkish □ Cantonese □ Mandarin □ Mien □ Other Chinese Language □ Cambodian □ Hmong □ Lao □ Thai □ Vietnamese □ Tagalog □ Ilacano □ Japanese □ Korean □ Samoan □ American Sign Language	Soc Sec No:	
	Other Sign Language		

	☐ Other-	Non English			
Age at Assessment:	103	Birthdate:	02/10/1915	Has Consented to Participate?	□ No □ Yes
IF THE PERSON IS 60 YEARS (SCORE:	OF AGE OR C	DLDER, THEN	I SCORE 1.		
A. History of Housing & Homeles	ssness				
1. Where do you sleep most free (check one):		Shelter 🏻 T Other (specify			en 🗌 Outdoors
IF THE PERSON ANSWERS AN HAVEN", THEN SCORE 1. SCORE:	IYTHING OTH	IER THAN "S	HELTER", "TF	RANSITIONAL HOUS	ING",OR "SAFE
2. How long has it been since you in permanent stable housing? # Years:					
# of Months:		□ R	efused		
3. In the last three years, how m times have you been homeless?	•	□R	efused		
IF THE PERSON HAS EXPERIE AND/OR 4+ EPISODES OF HOI SCORE:				ARS OF HOMELESS	NESS,
B. Risks					
4. In the past six months, how m	ıany times hav	e you:			
a) Received health care at an er	nergency depa	artment/room	?		Refused
b) Taken an ambulance to the ho	ospital?				 ☐ Refused
c) Been hospitalized as an inpat	ient?				☐ Refused
d) Used a crisis service, includir violence, distress centers and se	g sexual assa uicide preventi	ult crisis, mer ion hotlines?	ital health cris	is, family/intimate	☐ Refused
e) Talked to police because you perpetrator of a crime or becaus	witnessed a c e the police to	rime, were the	e victim of a c ou must move	rime, or the alleged along?	Refused
f) Stayed one or more nights in a like the drunk tank, a longer stay	a holding cell, / for a more se	jail or prison, erious offence	whether that v , or anything i	was a short-term stay n between?	☐ Refused
IF THE TOTAL NUMBER OF INSERVICE USE. SCORE:	FERACTIONS	EQUALS 4 (OR MORE, TH	IEN SCORE 1 FOR E	MERGENCY
5. Have you been attacked or be	eaten 🗀	No ☐ Yes	☐ Refused	.	

up since becoming homeless?			
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	□ No	☐ Yes	☐ Refused
IF "YES" TO ANY OF THE ABOVE, THE SCORE:	N SCORE	1 FOR R	ISK OF HARM.
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	□ No	☐ Yes	☐ Refused
IF "YES," THEN SCORE 1 FOR LEGAL I SCORE:	SSUES.		
8. Does anybody force or trick you to do things that you do not want to do?	□ No	☐ Yes	☐ Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	□ No	☐ Yes	☐ Refused
IF "YES" TO ANY OF THE ABOVE, THEIR SCORE:	N SCORE	1 FOR R	ISK OF EXPLOITATION.
C. Socialization & Daily Functioning			
10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	□ No	☐ Yes	☐ Refused
amino jou one areal monej.			
11.Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ Yes	□ No	☐ Refused
11.Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?			☐ Refused HEN SCORE 1 FOR MONEY MANAGEMENT.
11.Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? IF "YES" TO QUESTION 10 OR "NO" TO	QUESTIC	ON 11, TH	
11.Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? IF "YES" TO QUESTION 10 OR "NO" TO SCORE: 12.Do you have planned activities, other than just surviving, that make you	QUESTIC	DN 11, TH □ No	HEN SCORE 1 FOR MONEY MANAGEMENT.

IF "NO," THEN SCORE 1 FOR SELF-CA SCORE:	RE.		
14.Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	□ No	☐ Yes	☐ Refused
IF "YES," THEN SCORE 1 FOR SOCIAL SCORE:	RELATIC	NSHIPS.	
D. Wellness			
15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	□ No	☐ Yes	☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	□ No	☐ Yes	☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ Yes	□ No	☐ Client refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	□ No	☐ Yes	☐ Refused
19. When you are sick or not feeling well, do you avoid getting help?	□ No	☐ Yes	☐ Refused
20.FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?	□ No	☐ Yes	☐ Refused
IF "YES" TO ANY OF THE ABOVE, THE SCORE:	N SCORE	E 1 FOR P	PHYSICAL HEALTH.
21.Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	□ No	☐ Yes	☐ Refused
22.Will drinking or drug use make it difficult for you to stay housed or afford your housing?	□ No	☐ Yes	☐ Refused
IF "YES" TO ANY OF THE ABOVE, THE SCORE:	N SCORE	E 1 FOR S	SUBSTANCE USE.
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:			

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a) A mental health issue or concern?	□ No	☐ Yes	☐ Refused
b) A past head injury?	□ No	☐ Yes	☐ Refused
c) A learning disability, developmental disability, or other impairment?	□ No	☐ Yes	☐ Refused
24.Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	□ No	☐ Yes	☐ Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE:	I SCORE	1 FOR M	IENTAL HEALTH.
IF THE RESPONENT SCORED 1 FOR PHEALTH, SCORE 1 FOR TRI-MORBIDITY SCORE:		. HEALTH	I AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL
25.Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	□ No	☐ Yes	☐ Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	□ No	☐ Yes	☐ Refused
IF "YES" TO ANY OF THE ABOVE, SCOF SCORE:	RE 1 FOF	R MEDICA	ATIONS.
27.YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	□ No	☐ Yes	☐ Refused
IF "YES", SCORE 1 FOR ABUSE AND TR SCORE:	RAUMA.		
Prescre Total:	en		1
PRE-SURVEY:			1
A. HISTORY:			0
B. RISK:			0
C. SOCIALIZATION & DAILY FUNCTIONS:			0
D. WELLNESS:			0
PRE-SCREEN TOTAL: SCORING SECTION SECTION SCORE Results PRE-SURVEY			1

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Score Recomendation A. HISTORY OF HOUSIN	IG & HOMELESSNESS
0-3 No housing intervention B. RISK	
4-7 An assessment for Rapid C. SOCIALIZATION & DA	
8+ An assessment for Perma D. WELLNESS	anent Supportive Housing/Housing First
Grand Total	
Follow-Up Questions	
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
When?	☐ Mornings ☐ Afternoon ☐ Evening ☐ Night
Is there a phone number and/or email where someone can get in touch with you or leave a message?	
Phone:	
Email:	
Photo Permission:	□ No □ Yes □ Refused

Cut 1 II and E CDDAT AND E CDD	thors of the VI-SPDAT and F-VI- SPDAT. ClientTrack Inc. is licensed to include these tools within ClientTrack. The terms must be trained on the use and implementation of the tool by OrgCode Consulting, Inc. or an approved and certified scoring of the VI-SPDAT or F-VI-SPDAT forms without permission and written consent from Community Solutions and/o
Туре:	☐ Single Adults ☐ Family
Interviewer's Name:	
Agency:	☐ Team ☐ Staff ☐ Volunteer
Survey Date/Time:	* Interview Location:
PARENT 1	
First Name:	MickeyLast Name: MouseLanguage: English
	☐ Other- Non English 02/10/1915Age: 103SSN: 123-45-6789Consent to participate ☐ No ☐ Yes
Birthdate:	
Gender:	Male
PARENT 2	
No second parent currently part of the household:	
Name:	Language: English Spanish French German Italian Polish Portugese Russian Arabic Armenian Farsii Hebrew Turkish Cantonese Mandarin Mien Other Chinese Language Cambodian Hmong Lao

					se I In Sign Language Ign Language						
	EITHER HEAD OF I	HOUSEHOLD IS 60	YEARS OF AGE O	R OLDER, THEN SC	ORE 1.						
Chi	ildren										
you	1?	under the age of 18			Refused						
with you	h		are not currently e they will be joining		Refused						
	F HOUSEHOLD IN family currently pro		E: Is any member of	□ No □ Yes	Refused						
4. P	Please provide a lis	t of children's names	s and ages:								
	esult found (+1). First Name*	Last Name*	Gender*	Birth Date*	Age SSN	Relationship to Head of Household*	Living With Head of Household	Race*	Ethnicity*	Disabling Condition	
	Pluto	Dog	☐ Male ☐ Female ☐ Trans Male (FTM or Female to Male) ☐ Trans Female (MTF or Male to Female) ☐ Gender Non- Conforming (i.e. not exclusively male or female) ☐ Client doesn't know ☐ Client refused ☐ Data not collected		6	Self Parent Son Daughter Dependent Child Grandparent Guardian Spouse Other Family Member Other Non-Family Other Caretaker Ex Spouse Partner Roommate			☐ Hispanic/Latino☐ Non-Hispanic/Latino☐ Client doesn't know☐ Client refused☐ Data not collected	☐ Client	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected
			☐ Male ☐ Female ☐ Trans Male (FTM or Female to Male) ☐ Trans Female (MTF or Male to Female) ☐ Gender Non- Conforming (i.e. not exclusively male or female) ☐ Client doesn't know ☐ Client refused ☐ Data not collected		N/A	Self Parent Son Daughter Dependent Child Grandparent Guardian Spouse Other Family Member Other Non-Family Caretaker Ex Spouse Partner Roommate			☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Client doesn't know ☐ Client refused ☐ Data not collected	☐ Client doesn't know ☐ Client refused ☐ Data Not	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected

History of Housing and Homelessness	
5. Where do you and your family sleep most frequently?	☐ Shelters ☐ Transitional House ☐ Safe Haven ☐ Outdoors ☐ Other (specify) ☐ Refused
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELT SCORE:	ER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.
6. How long has it been since you and your family lived in permanent stable housing? # Years:	# Months
7. In the last three years, how many times have you and your family been homeless?	Refused
F THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVECORE:	VE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.
B. Risks	
B. In the past six months, how many times have you or anyone in a) Received health care at an emergency department/room?	your family ☐ Refused
o) Taken an ambulance to the hospital?	☐ Refused
) Been hospitalized as an inpatient?	Refused
Used a crisis service, including sexual assault crisis, mental lealth crisis, family/intimate violence, distress centers and suicide prevention hotlines?	Refused
 a) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? 	Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	Refused
F THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MC SCORE:	DRE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.
9. Have you or anyone in your family been attacked or beaten up since they've become homeless?	□ No □ Yes □ Refused
Have you or anyone in your family threatened to or tried to arm themself or anyone else in the last year?	□ No □ Yes □ Refused
= "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK (CORE:	OF HARM.
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? F "YES," THEN SCORE 1 FOR LEGAL ISSUES. SCORE:	□ No □ Yes □ Refused
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?	□ No □ Yes □ Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?	□ No □ Yes □ Refused
F "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK (SCORE:	OF EXPLOITATION.
C Socialization & Daily Functioning	
C. Socialization & Daily Functioning 14. Is there any person, past landlord, business, bookle, Jealer, or government group like the IRS that thinks you or	□ No □ Yes □ Refused
anyone in your family owe them money? 15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the	☐ Yes ☐ No ☐ Refused
government, a pension, an inheritation, working under the table, a regular job, or anything like that? F "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN S SCORE:	

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. SCORE:	☐ Yes	□ No	Refused			
17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? IF "NO," THEN SCORE 1 FOR SELF-CARE. SCORE:	□ No	☐ Yes	☐ Refused			
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE:	□ No	☐ Yes	Refused			
D. Wellness						
19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	☐ Yes	□ No	☐ Refused			
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ Yes	□ No	☐ Refused			
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	☐ Yes	□ No	☐ Refused			
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?			☐ Refused	10,000		
- If any response is YES in questions 35 through 42, score 1 in the	e Substan	ice use c	OIUITITI.		A.V. 77	
does your family avoid getting medical help? IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSI SCORE: 24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program			☐ Refused			
where you were staying in the past? 25. Will drinking or drug use make it difficult for your family to	∏ Vas	□No	☐ Refused			
stay housed or afford your housing? IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBS' SCORE:						
26. Has your family ever had trouble maintaining your housing, or apartment, shelter program or other place you were staying, beca	been kick	ed out of	an			
a) A mental health issue or concern?		□ No	☐ Refused			
b) A past head injury?			Refused			
c) A learning disability, developmental disability, or other impairment?	☐ Yes	□ No	☐ Refused			
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENT. SCORE:			Refused			
28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? IF "YES", SCORE 1 FOR TRI-MORBIDITY. SCORE:	☐ Yes	□ No	☐ Refused			
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	☐ Yes	□ No	☐ Refused			
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	□ No	☐ Yes	Refused			

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. SCORE:					
31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. SCORE:	☐ Yes ☐ No ☐ Refused				
E. FAMILY UNIT					
32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ Yes ☐ No ☐ Refused				
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ Yes ☐ No ☐ Refused				
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEG SCORE:	GAL ISSUES.				
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ Yes ☐ No ☐ Refused				
35. Has any child in the family experienced abuse or trauma in the last 180 days?	☐ Yes ☐ No ☐ Refused				
36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?	☐ Yes ☐ No ☐ Refused				
IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUE SCORE:	ESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.				
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ Yes ☐ No ☐ Refused				
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR .FAMILY ST, SCORE:	☐ Yes ☐ No ☐ Refused TABILITY.				
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Yes ☐ No ☐ Refused				
40. After school, or on weekends or days when there isn't school is the total time children spend each day where there is no intera with you or another responsible adult					
a) 3 or more hours per day for children aged 13 or older?	☐ Yes ☐ No ☐ Refused ☐ Yes ☐ No ☐ Refused				
b) 2 or more hours per day for children aged 12 or younger? 41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like	□ No □ Yes □ Don't Know □ Refused				
getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS	S 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.				
SCORE:					
SCORING SECTION SECTION SCORE Results GENERAL INFORMATION					
Score Recommendation A. HISTORY					
0-3 No housing intervention B. RISK					
4-8 An assessment for Rapid Re-Housing C. SOCIALIZATION & DAILY FUNCTIONS					

9+ an assessment for Permanent Supportive Housing/Housing First

Printable Version

D. WELLNESS	
E. FAMILY UNIT	
PRE-SCREEN TOTAL	
Additional Questions	
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave a message?	
Ok, now I'd like to take your picture. May I do so?	□ No □ Yes □ Refused

Universal Data Assessme

Complete the information below related to the selected client's housing status and other relevant information.

Note:

- Because 3.917 reflects real time data entry as described in the Data Dictionary, the Default Last Assessment button will not bring in any 3.917 data.
- Changing any project setup data with existing enrollments may affect or break the logic for 3.917.
- 3.917 may not always show as expected because of changed setup data or missing required data links

Master Asse	essment Active Change Assessment Date
Universal Data Assessme Information Date:	nt *
Age while in project:	103
Assessment Type:	☐ Annual ☐ Entry ☐ During Program Enrollment ☐ Exit ☐ Post Exit/Follow Up ☐ Other
Disabling Condition:	* ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected
Client Location - Select or enter the CoC co staying at the time of project entry.	ode assigned to the geographic area where the head of household is
Client Location :	* ☐ PA-508 - Scranton/Lackawanna County CoC
Living Situation - Identify the type of resider before) program admission.	nce and length of stay at that residence just prior to (i.e., the night
	Place not meant for habitation Emergency shelter, including hotel or motel paid for with emergency shelter voucher Safe Haven Interim Housing Foster care home or foster care group home Hospital or other residential non-psychiatric medical facility Jail, prison or juvenile detention facility Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox center Hotel or motel paid for without emergency shelter voucher Owned by client, no ongoing housing subsidy Owned by client, with ongoing housing subsidy

☐ Re ☐ Re ☐ Re ☐ Re ☐ Re ☐ Re ☐ Sta ☐ Sta ☐ Tra ☐ Cli	ental by clental by clental by clental by clental by clental by clesidential aying or li	ient, no ongoing housing sient, with VASH subsidy ient, with GPD TIP subsidy ient, with other housing suproject or halfway house wiving in a family member's fiving in a friend's room, aparthousing for homeless persin't know	/ bsidy (including RRH) vith no homeless criteria room, apartment or house
Length of stay in the prior living * situation:			
Health Insurance - Please indicate whether or n record health insurance sources for the client.	ot the clie	ent is covered by health ins	surance. If so, you will be able to
Covered by Health Insurance: *	☐ No ☐ Client ☐ Client ☐ Data	doesn't know refused Not Collected All Reason No	health ins. options are health ins. options are listed lene Other Coverage taking pages Some pages
☐ Type Combined Children's Health Insurance / Medicaid Program	☐ Yes		Some
Geisinger	□ Yes □ No	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type n/a for this client ☐ Client doesn't know ☐ Client refused ☐ Data not collected	

Domestic Violence Assessmen	nt	
If the client has been a victim of domes the experience occurred.	stic violence, select Yes for Domestic Violence	Experience, and select when
	Assessment Active	
Assessment Date:		
Domestic Violence Experience :	* ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected	
Interested in being Connected to DV Services:	* □ Yes □ No	

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Program Eligibility

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

All programs listed here including prevention

Usage/Capacity:

Only Display Programs with Eligibility

Criteria:

Program Name	Usage/Capacity	Eligibility Result	Additional Criteria	Organization
Emergency shelter				
CMC Emergency Shelter	3 / 16	Fail		Catherine McAuley Center
CSS Nativity Place Shelter	9 / 12	Fail	Referrals must be made by the Office of Youth and Family Services	Catholic Social Services
CSS St. Anthony's Shelter	141 / 26	Passed		Catholic Social Services
SJC Walsh Manor Shelter	2/4	Fail	Must be pregnant	St. Joseph's Cente
Homelessness Prevention				
CSS Fig St. HAP		Not enough data	Must meet income guidelines & prove able to afford apartment after all monthly expenses	Catholic Social Services
UNC ESG Prevention		Not enough data	Income below 30% AMI, being evicted by Magistrate, in Scranton at least 90 days	United Neighborhood Centers
PH - Permanent Supportive	e Housing (disabi	lity required t	or entry)	
OLO Damasas			•	Community

A CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF TH			
CIC Permanent Supportive Housing	8/8	Fail	Community Intervention Center
CIC Permanent Supportive Housing 2	6/6	Fail	Community Intervention Center
CIC Permanent Supportive Housing 3	12 / 12	Fail	
CMC Permanent Supportive Housing	8 / 8	Fail	Catherine McAuley Center
CMC Permanent Supportive Housing FAMS	25 / 28	Fail	Catherine McAuley Center
CSS Permanent Supportive Housing	7/8	Fail	Catholic Social Services
CSS Permanent Supportive Housing 2	5/5	Fail	Catholic Social Services

Program Name	Usage/Capacity	Eligibility Result	Additional Criteria	Organization
CSS Permanent Supportive Housing Veterans	8/8	Fail		Catholic Social Services
UNC Permanent Supportive Housing	17 / 16	Fail		United Neighborhood Centers
UNC Permanent Supportive Housing for Families	33 / 24	Fail		United Neighborhood Centers
UNC Permanent Supportive Housing for Families 2	30 / 26	Fail		United Neighborhood Centers
PH - Rapid Re-Housing				
CMC Rapid Re-Housing	19 / 25	Fail		Catherine McAuley Center
CMC Rapid Re-Housing 2	6/5	Fail		
UNC Rapid Re-Housing for Families	43 / 27	Fail		
Safe Haven				
CIC Safe Haven Apartments	4 / 4	Fail		Community Intervention Center
CSS VA Grant Per Diem Low Demand	1/7	Fail		
Transitional housing				
CMC Bridge Housing	13 / 12	Fail		Catherine McAuley Center
CSS Mental Health Homeless	6/6	Not enough data		Catholic Social Services
CSS St. James Manor Transitional Housing	0 / 16	Fail		Catholic Social Services
CSS Veteran Grant Per Diem	23 / 30	Fail		Catholic Social Services
CSS Veteran SRO	0/8	Fail		Catholic Social Services
SJC Mother Infant	8 / 10	Fail		St. Joseph's Center
UNC Intensive Family Reunification	0 / 24	Fail	Must have open case with OYFS, be involved with a TX court and be referred by OYFS.	United Neighborhood Centers
UNC Post Foster Care Support	12 / 8	Fail	Must have been in foster Care. All referrals come from Office of Youth and Family Services	United Neighborhood Centers

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Renewal Project Evaluation Tool

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)	
Continium 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	
Total Households at single point in time proposed to serve	
Total Stayers	

Renewal Project Eval. p.2

Question #	Section	Data Title	Answer
6	Data Quality	DoB # of Missing Data (Q06A)	
7	Data Quality	Residence Prior to Entry # of Missing Data (Q15)	
8	Data Quality	Substance Abuse (at Entry) # of Missing Data (Q13A)	
9	Data Quality	Domestic Violence (at Entry) # of Missing Data (Q14a)	
10	Data Quality	Destination # of Missing Data (Q6C)	
11	Housing First Principles	Average Number of Households Served (Q8b)	
12	Housing First Principles	Domestic Violence Experience (Adults) (Q14b)	
		Persons with Physical & Mental Health Number of Conditions at Start	
13	Housing First Principles	(Adults) (Q13a2)	
14	Housing First Principles		
15	Housing First Principles		
		Residence Prior to Entry - Homeless Situations (Number of Heads of	
16	Housing First Principles	Household) (Q15)	
	Adults who are connected with		
17	mains tream benefits		
	Adults who are connected with non-		
	cash benefits(excluding health		
18	insurance)	# of Non-Cash Benefit Sources - leavers & Stayers (1 + Sources) (Q20b)	
		Earned income measure (Actual # of persons who accomplished this	
19	Adults who increased earned income	measure) (Q19a3)	
	Adults who maintained or increased	Other (non-earned) income measure (Actual # of persons who	
20	other income	accomplished this measure) (Q19a3)	
	Clients who remained in program or	Housing stability measure - achieving sufficient enough safety level to	
21	exited the program to a HUD defined	discharge to PH (Actual # of persons who accomplished this measure)	
21	permanent destination	(Q23a + Q23b + Q05a) Amount of funds the project returned at end of most recent grant term	
22	Cost Effectiveness	(Q28))	
22	C 031 E Hectivelle33	Expenditure per Household (Total Project Funds minus Leasing)PSH for	
23	C ost E ffectiveness	Individuals only	
24	C ost E ffectiveness	Expenditure per Permanent Housing exit (not scored this year)	
25	Continuum of Care Participation	Continuum of Care Meetings Attended by Organization Personel	
26	Continuum of Care Participation	HMIS Subcommittee Meetings Attended by Organization Personel	
		Discharge Planning Subcommittee Meetings Attended by Organization	
27	Continuum of Care Participation	Personel	
28	Continuum of Care Participation	Education Subcommittee Meetings Attended by Organization Personel	
		Chronic Homeless Subcommittee Meetings Attended by Organization	
29	Continuum of Care Participation	P ers one l	
		Coordinated Assessment Subcommittee Meetings Attended by	
30	Continuum of Care Participation	Organization Personel	
		Coordinated entry records exceeds number of agency program	
31	Coordinated Entry Implementation	enrollments	
32	Coordinated Entry Implementation	All entries into the program were the highest priority(not scored this year)	
33	C lient S atis faction	Clients participating in survey	5 /4 0 /5
34		Date of Materials Submission	5/18/2018

Renewal Project Evaluation Tool, p.3

Question #	Section	Data Title	Calculation Explanation	Calculation	Points
1 & 6	Data Quality	DoB #	Q06a Missing Data / Total Clients	#DIV/0!	#DIV/0!
2 & 7	Data Quality	Residence Prior to Entry #	Q15 Missing Data / Total Clients	#DIV/0!	#DIV/0!
3 & 8	Data Quality	S ubstance Abuse (at Entry) #	Q13a2 Missing Data / Total Clients	#DIV/0!	#DIV/0!
4 & 9	Data Quality	Domestic Violence (at Entry) #	Q14a Missing Data/Total Clients	#DIV/0!	#DIV/0!
5 & 10	Data Quality	Destination # of Missing (Q06c)	Q06c Missing Data / Total Clients	#DIV/0!	#DIV/0!
11	Housing First Principles	Average households served during operating year	Q08b / Households Proposed to Serve	#DIV/0!	#DIV/0!
12, 13, & 14	Housing First Principles	Domestic Violence, Physical, Mental Health Conditions	(Q14b + Q13a2) / Total Adults	#DIV/0!	#DIV/0!
16	Housing First Principles	Residence Priort to Entry - Homeless Situations (Number of Adult Clients)	Q20a1 / Total Adults	#DIV/0!	#DIV/0!
17 & 18	Adults who are connected with non-cash benefits (excluding health insurance)	# of Non-Cash Benefit Sources - Leavers & Stayers (1 + Sources)	Q20b / Total Adults	#DIV/0!	#DIV/0!
19	Adults who increased earned income	Earned income measure (Actual # of persons who accomplished this measure) (Q19a3)	Q19a3 / Total Adults	#DIV/0!	#DIV/0!
20	Adults who maintained or increased other income	Other income measure (Actual # of persons who accomplished this measure) (Q19a3)	Q19a3 / Total Adults	#DIV/0!	#DIV/0!
21	C lients who remained in program or exited the program to a HUD defined permanent destination	Housing stability measure - achieved sufficient level of safety to exit to PH (Actual # of persons who accomplished this measure) (Q23a & Q23b)	Q23a+23b+S tayers /Total C lients	#DIV/0!	#DIV <i>/</i> 0!
	Leavers who exited to shelter, street or unknown	(Q23a & 23b)	Q23a+23b / Total Leavers		
22	C ost E ffectiveness	Amount of funds the project returned at end of grant term (Q28)	Q28(Total Award/Total Expenditures)	#DIV/0!	#DIV/0!
23	C ost E ffectiveness	Expenditure per Household (Total Project Funds)	Total award + cash match-Leasing/avg # HH served		
24	C ost 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 Summed / Total Meetings	#DIV/0!	#DIV/0!
32	C oordinated Entry/Chronic Homeless Adherence	All entries into the program were taken from Chronic Homeless List	Total # entries from CH list/Total # entries during operating year	#DIV/U!	# <i>D</i> 1070!
	Length of Stay (RRH Only)	Q22a1	Leavers under 12 months/Total Leavers	0%	0
33	C lient S atis faction	At least 50% of clients participate in survey	Clients participating in survey / Total Adults	#DIV/0!	#DIV/0!
34		Adherence to Project Ranking Deadline	S ubmission Date <= 04/25/2017	True	0

Total Ranking Score #DIV/0!

2018 Continuum of Care Program Evaluation Scoring Rubric

Data for this evaluation process will be acquired from program APRs either in SAGE or in HMIS, information from committee chairs, project applications and agency's solicited information. Scoring information will be used for rating and ranking Continuum of Care projects.

Data Quality

1 thru 5. This set of questions are Universal Data Elements or Program Specific Data Elements which are required across all pertinent programs in the Scranton / Lackawanna County Continuum of Care. All questions in this section are worth one point. Data elements are as follows: Date of Birth, Residence Prior to Entry, Substance Abuse at Entry, Domestic Violence at Entry, and Destination at Exit. 1 through 5.

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

Utilization of Beds and Units

6. Occupancy rate based on quarterly unit utilization

Percentage	Points
90% and above	5
75% - 89%	4
60% - 74%	3
50% - 59%	2
49% and below	0

Housing First

7. Number of Adults with Barriers or Adult Survivors of DV

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

8. Residence Prior to Project Entry -At Least 1 Adult from HUD-defined Literal Homelessness and/or Fleeing or attempting to flee DV/sexual assault

Percentage	Points
90% and above	10
85% - 89%	9
80% - 84%	8
75% - 79%	7
70% - 74%	6
65% - 69%	5
60% - 64	4
59% and below	0

Income and Employment

9. Adults who are connected with non-cash benefits excluding health insurance

Percentage	Points
95% and above	10
85% - 94%	8
70% - 84%	6
55% - 69%	4
40% - 54%	2
25% - 39%	1
24% and below	0

10. Adults who increased EARNED INCOME from entry to exit/follow-up (leavers & stayers) HUD has granted Safe Haven projects exempt from this metric on the Annual Performance Report and will therefore not have it included in the final calculated percentage of possible available points.

PSH Percentage	RRH Percentage	Points
25% and above	40% and above	10
20% - 24%	30% - 39%	8
15% - 19%	25% - 29%	6
10% - 14%	15% - 24%	4
5% - 9%	10% - 14%	2
4% and below	9% and below	0

11. Adults who maintained or increased OTHER INCOME (non-earned) from entry to exit/follow-up (leavers and stayers)

PSH & SH Percentage	RRH Percentage	Points
65% and above	35%	10
55% - 64%		8
45% - 54%	25%	7
35% - 44%		6
25% - 34%	15	5
15% - 24%		4
5% - 14%	10	2
Below 4%		0

Housing Stability

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

Percentage	Points
90% and above	10
75% - 89%	8
65% - 74%	6
60% - 64%	4
50% - 59%	2
49% and below	0

13. Leavers who exited to shelter/streets or unknown

Percentage	Points
10% or below	10
11% - 20%	8
21 – 30%	6
31% or above	0

Budget

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

Percentage	Points
0 – 2.5% return of funds	10
2.6 – 5% return of funds	8
6 – 7.5% return of funds	6
7.6 – 10 return of funds	4
11% and above	0

Cost Effectiveness

15. Expenditure per Household

This year the information will be gathered but not scored. Metrics may be put in place to score programs in a way that encourages programs to be cost effective, but not so much so that they are not able to provide effective supportive services for program participants.

Cost per Household	Points
	5
	4
	3
	2
	0

16. Expenditure per PH Exit

The data for this metric will be collected and calculated, but it will not be scored this year. It is a potential new metric for next year.

Cost per Household	Points
	5
	4
	3
	2
	0

CoC Participation

17. CoC Meeting & Subcommittee Attendance Total

This metric measures engagement between grant recipient organizations with the Scranton / Lackawanna County Continuum of Care.

Percentage	Points
Participate 91% - 100%	5
Participate 75% - 90%	2
Participate 50% - 74%	1
Participate 0 – 49%	0

Coordinated Entry

19. PSH programs only: Program Entrants were taken from the Chronic Homeless Program –

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

Length of Stay

20. RRH programs only: Length of Stay for participants is 12 months or less

Percent	Points
90% or above	5
75% - 89%	3
50% - 75%	1
49% and below	0

Client Satisfaction

20. Client Satisfaction Surveys Administered

Percent	Points
50-100%	5
1-49%	0

Penalties

21. Adherence to Deadline(s)

For this metric, if a deadline is missed, the 10 points are deducted from the total score.

INSTRUCTIONS

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

The following types of new projects will be considered:

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

New projects to be included in the PA-508 2018 CoC Application to HUD will be selected by an independent scoring committee. Priority will be given to those projects serving 50% or more individuals. Final decisions regarding awards will be made by HUD via the national competition.

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

All applications are due by August 10, 2018 and should be sent to: squinn-sheeran@uncnepa.org.

Project Requirement and Priorities:

- Eligible activities/projects for the Funds:
 - o All projects must be Permanent Supportive Housing or Rapid Re-Housing with TH-PH-RRH allowable for DV Bonus
 - o Projects can request funds for:
 - PSH: Leasing (tenant or project based only), operating funds, supportive services, admin
 - RRH: Rental assistance (tenant based only), supportive services, admin
 - TH-PH RRH for DV Bonus only
 - o Term 1 year
 - o Eligible Supportive Services Costs are limited to the categories included in <u>Section 17. Budget</u> Detail.
 - o Operating funds or project based rental assistance may be used for units owned by the applicant organization. These must be units newly designated to serve homeless people and ready for occupancy no later than 6 months after the award of funds. Awards are anticipated to occur in approximately January 2019. Projects must provide a deed demonstrating site control for a building or units where evidence of site control exceeds the requested grant term.
 - o 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.
 - o Projects applying for PSH should include at least \$5,000 per household annually for supportive services.
 - o Projects cannot request rental assistance and operating funding in the same project.
 - o Projects must agree to enter client data into the PA-508 HMIS (with the exception of Victims Services Providers as they are prohibited from doing so by law. VSPs must enter data into a comparable data base), participate in the annual homeless count, participate in and accept referrals only from the applicable **Coordinated Assessment** and comply with all other HUD requirements and PA-508 CoC Policies.
 - o Applications must demonstrate:
 - A plan for rapid implementation of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award (i.e., by no later than July 2019).
 - A connection to **mainstream service systems**, specifically:
 - 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:

o Projects must be located within Lackawanna County, PA.

• <u>Eligible populations:</u>

- o PSH:
 - All projects must dedicate 100% of units to chronically homeless individuals.
 - Project applicants must demonstrate that they will first serve the chronically homeless and then prioritize as outlined *in Scranton/Lackawanna County Policies and Procedures:*Adoption of HUD Notice CPD 16-11 (See Appendix).
 - Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix)
- o RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations.

• Eligible applicants:

- o 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.
- o 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 2018 Scranton/Lackawanna County Continuum of Care

- Applications are due by close of business on August 10, 2018 and should be sent to: <u>squinn-sheeran@uncnepa.org</u>
- Please contact 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 PA508-18>.

Example: ABC Services-Home to Stay-NEW PA508-18.doc

• The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

	110 110	be the short of the jeet negative the trial the trial to the s	icscribed above.	
1.	Proje	ect 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.	Cont	act person for this application:		
	a.	Name:Title:_		
	b.	Phone:		
	C.	Email:		
4.	Proje	ect Location (town(s)):		_
5.	Type	e of Project: □ PSH □ RRH		
6.	Prop	osed Project Budget		
	Activ	vities		Total Assistance Requested
		1. Leasing		
	2	2. Rental Assistance		
		Indicate Type of RA: TBRA (required for RRH)) □PBRA	
		3. Supportive Services		
		4. Operations	stod)	
		5. Administrative costs (Up to 7% of amount reque		
		5. Sub-total Request (Add lines 1-5)		
		7. Cash Match		
	∖ ≥	3. In-kind Match		

	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	Lau	cina	Tyma
1.	пou	BIIIC	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. <u>Population</u> to be Served in the Project (<u>Annually – over the course of a year</u>) (Not applicable for PSH - <u>Applies to RRH only</u>)

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

9. Experience of Applicant/Sponsor

- 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:
 - the Housing First model
 - delivering or securing Medicaid funded services for participants in the agency's programs
 - linking participants to mainstream resources, including benefits, health insurance, employments services, and mainstream affordable housing
 - 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)
 - B. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve.
 - 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.
 - 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.
 - 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."

F.	Have any of your agency's HUD funded programs (including ESG) received a HUD audit in the last 12 months? yes no
	If yes, were there any findings from the audit? yes no
	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>
G.	Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? \Box Yes \Box No
	• If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.
Н.	Have you returned any funds to HUD on any existing grants in the last two years? ☐ Yes ☐ No
•	If yes, how much has been returned?
•	What is the reason that the funds have been returned?
•	What actions are you taking to ensure full spending?
l.	Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon? □ Yes □ No
•	If yes, how much is owed?
•	What is the reason for the obligation to HUD?
•	What is preventing establishing a payment schedule?
J.	Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? \Box Yes \Box No
•	What is the reason that the funds have not been drawn down?
•	What actions are you taking to ensure timely draw down?
K.	grants in the last two years? Yes No
•	What is the reason that APRs were late?
•	What actions are you taking to ensure timely submission?

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. • Describe how the project will be integrated into the neighborhood.
G.	If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential 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?
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?
 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.

		Frequency – select one per service type				
Supportive Services	Provider	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						
					1	

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 III	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 III	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24				AIDS					
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 III	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 propos	sed project for each
of the following locations:		
Persons who came from the street or other locations not m	eant for huma	n 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		
		1
B. Describe the outreach plan to bring eligible homeless particip	ants into the p	oroject.
16. HMIS Participation		
a. Does your agency currently participate in HMIS?	☐ Yes	□ No
b. Will your agency enter data into the HMIS for this propo	sed project?	
	☐ Yes	\square No

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

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

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

Indicate the Type of Rental Assistance: ☐ Project Based ☐ Tenant Based

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

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		
Total Operating Request		

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)					
Total Annual Assistance Requested for Supportive Services					

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
Example: Cash	DMHAS	G	7/15/18	\$10,000
			TOTAL:	\$

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

Low barrier approach to entry:

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

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.

- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

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

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

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

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

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

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

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

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

Accepting Referrals through a Single Prioritized List for PSH

All CoC-funded PSH projects are required to accept referrals ONLY from the *Chronic Homeless List* that is maintained in HMIS and monitored by the Chronic Homeless Committee, and should be

filtered for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

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

- I. The CoC hereby adopts the provisions and requirements set out in HUD Notice CPD-14-012 and updated Notice CPD-16-11 which are to be applicable to all CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness (which includes all PA-508 CoC Program-funded PSH):
 - (a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs
 - **(b) Second Priority**–Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
 - ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs.
 - **(c)** Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an

emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs.
- (d) Fourth Priority—All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and
 - ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs.
 - **Please see full CoC Policies and Procedures for the full text of the prioritization policy: http://www.uncnepa.org/scranton-lackawanna-county-continuum-of-care/

DEFINITIONS OF KEY TERMS:

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

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

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

- 1. **(a)** A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a) (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a) (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the

individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

- **(b)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Disabling Condition:

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

2018 Scranton/Lackawanna County (PA-508) Continuum of Care Scoring Sheet for NEW Supportive Housing Bonus Project Applications

Applicant Organization Name:	
Proposed Project Name:	
Project Location (town(s)):	_
Type of Project: □ PSH □ RRH □ RRH	
Reviewer's Name (please print):	
<u>SECTION I: SCORES</u> (Calculated only for applicants meeting threshold crite enter scores below as indicated in Section III)	ria as determined in Section II;
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 or	Permanent Supportive Housing

^{*}PA-508 set this year's housing priority as Rapid ReHousing or Permanent Supportive Housing with at least 50% of funding/beds for individuals. DV Bonus can include TH-RRH.

SECTION II. Threshold Review:

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

Threshold Review Criteria	Meets			
Projects that do not meet all of the threshold review criteria outlined below will not be				
further reviewed by the CoC except as noted.	Yes or No			
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. The DV Bonus can include TH-RRH				
The population served must meet program eligibility requirements, including: • PSH:				
 All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD. 				
 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: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons. All projects must serve exclusively disabled individuals as defined by HUD 				
 All projects must serve exclusively disabled individuals as defined by HUD 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. Persons in transitional housing are not eligible for either project type, even if they met the criteria described above prior to entering the TH program. 				
Projects can request only these funds for a term of one year: PSH: Leasing, Rental assistance (tenant or project based only) or operating funds RRH: Rental assistance (tenant based only) Supportive services				
Projects cannot request rental assistance/operating funding in the same project, except in TH-RRH.				
Applicant must clearly describe a viable plan for rapid implementation 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				

Threshold Review Criteria	Meets
Projects that do not meet all of the threshold review criteria outlined below will not be	Criteria?
further reviewed by the CoC except as noted.	Yes or No
been agreed upon, or history of serving ineligible program participants, expending funds on	
ineligible costs, or failing to expend funds within statutorily established timeframes.	
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?	

,		
	'es	
	No	
Comme	nts:	

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:	

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:			

- 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:	

D. Mainstream Services (15 points). See "Supportive Services" for Participants in Application Extent to which the applicant:

- ✓ Clearly describes specific activities to identify and enroll all Medicaid-eligible program participants, regardless of whether the project applicant's state is participating in Medicaid expansion under the Affordable Care Act; (5 points) AND
- ✓ Clearly and specifically demonstrates that the project includes Medicaid-financed services, including care management, behavioral health services, or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through partnerships with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers). No points will be awarded for Medicaid-financed health services provided in a hospital setting **OR**
- ✓ Clearly and specifically demonstrates that there are barriers to including Medicaid-financed services in all or some of the project AND clearly demonstrates that the project leveraged non-Medicaid resources available in the CoC's geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention, Centers of Excellence or state behavioral health system funding, education, vocational training and job-readiness services, TANF, food stamps and mainstream parenting resources to the maximum extent appropriate. (10 Points)

Questions to consider:

 Does the specific plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, and employment programs for which they are eligible meet the needs of the program participants?

Score:	

Comments:			

(Under act P.L. 877 No 160. July 9,1976) The Scranton Times

Commonwealth of Pennsylvania, County of Lackawanna

UNITED NEIGHBORHOOD CENTERS 777 KEYSTONE INDUSTRIAL PARK R **THROOP PA 18512**

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LEGAL NOTICE SCRANTON/LAC

Ann Marie Fortese

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

07/13/2018

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

Sworn and subscribed to before me this 13th day of July A.D., 2018

(Notary Public)

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

Member, Pennsylvania Association of Notaries

LEGAL NOTICE

Scranton/Lackawanna CoC is currently soliciting applications for Rapid Re-Housing projects for homeless individuals AND families (priority will be given to projects serving at least 50% individuals) and Permanent Supportive Housing projects for chronically homeless individuals. Funding will come from the US Department of Housing and Urban Development, Office of Community Planning and Development. Information on the CoC Program can be found at https://www.hudex.change.info/program/coc/. Applications are available at http://www.uncnepa.org/scranton-lackawanna-county-continuum-of-care/ under PA-508 New Project Application 2018, and are due at close of business Friday, August 10th. See application for all requirements. For questions contact squinn-sheeran@uncnepa.org or 570-346-0759, ext. 108. Scranton/Lackawanna CoC is cur-

Deadline listed as August 10, 2018

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

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AUTHORIZATION

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

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LEGAL NOTICE

Scranton/Lackawanna CoC is currently soliciting applications for Rapid Re-Housing projects for homeless individuals AND families (priority will be given to projects serving at least 50% individuals) and Permanent Supportive Housing projects for chronically homeless individuals. Funding will come from the US Department of Housing and Urban Development, Office of Community Planning and Development. Information on the CoC Program can be found at https://www.hudex change.info/program/coc/. Applications are available at http://www.uncnepa.org/scranton-

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Renewal Project Evaluation Tool

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)	
Continium 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	
Total Households at single point in time proposed to serve	
Total Stayers	

Renewal Project Eval. p.2

Question #	Section	Data Title	Answer
6	Data Quality	DoB # of Missing Data (Q06A)	
7	Data Quality	Residence Prior to Entry # of Missing Data (Q15)	
8	Data Quality	Substance Abuse (at Entry) # of Missing Data (Q13A)	
9	Data Quality	Domestic Violence (at Entry) # of Missing Data (Q14a)	
10	Data Quality	Destination # of Missing Data (Q6C)	
11	Housing First Principles	Average Number of Households Served (Q8b)	
12	Housing First Principles	Domestic Violence Experience (Adults) (Q14b)	
		Persons with Physical & Mental Health Number of Conditions at Start	
13	Housing First Principles	(Adults) (Q13a2)	
14	Housing First Principles		
15	Housing First Principles		
		Residence Prior to Entry - Homeless Situations (Number of Heads of	
16	Housing First Principles	Household) (Q15)	
	Adults who are connected with		
17	mains tream benefits		
	Adults who are connected with non-		
	cash benefits(excluding health		
18	insurance)	# of Non-Cash Benefit Sources - leavers & Stayers (1 + Sources) (Q20b)	
		Earned income measure (Actual # of persons who accomplished this	
19	Adults who increased earned income	measure) (Q19a3)	
	Adults who maintained or increased	Other (non-earned) income measure (Actual # of persons who	
20	other income	accomplished this measure) (Q19a3)	
	Clients who remained in program or	Housing stability measure - achieving sufficient enough safety level to	
21	exited the program to a HUD defined	discharge to PH (Actual # of persons who accomplished this measure)	
21	permanent destination	(Q23a + Q23b + Q05a) Amount of funds the project returned at end of most recent grant term	
22	Cost Effectiveness	(Q28))	
22	C 031 E Hectivelle33	Expenditure per Household (Total Project Funds minus Leasing)PSH for	
23	C ost E ffectiveness	Individuals only	
24	C ost E ffectiveness	Expenditure per Permanent Housing exit (not scored this year)	
25	Continuum of Care Participation	Continuum of Care Meetings Attended by Organization Personel	
26	Continuum of Care Participation	HMIS Subcommittee Meetings Attended by Organization Personel	
		Discharge Planning Subcommittee Meetings Attended by Organization	
27	Continuum of Care Participation	Personel	
28	Continuum of Care Participation	Education Subcommittee Meetings Attended by Organization Personel	
		Chronic Homeless Subcommittee Meetings Attended by Organization	
29	Continuum of Care Participation	P ers one l	
		Coordinated Assessment Subcommittee Meetings Attended by	
30	Continuum of Care Participation	Organization Personel	
		Coordinated entry records exceeds number of agency program	
31	Coordinated Entry Implementation	enrollments	
32	Coordinated Entry Implementation	All entries into the program were the highest priority(not scored this year)	
33	C lient S atis faction	Clients participating in survey	5 /4 0 /5
34		Date of Materials Submission	5/18/2018

Renewal Project Evaluation Tool, p.3

Question #	Section	Data Title	Calculation Explanation	Calculation	Points
1 & 6	Data Quality	DoB #	Q06a Missing Data / Total Clients	#DIV/0!	#DIV/0!
2 & 7	Data Quality	Residence Prior to Entry #	Q15 Missing Data / Total Clients	#DIV/0!	#DIV/0!
3 & 8	Data Quality	S ubstance Abuse (at Entry) #	Q13a2 Missing Data / Total Clients	#DIV/0!	#DIV/0!
4 & 9	Data Quality	Domestic Violence (at Entry) #	Q14a Missing Data/Total Clients	#DIV/0!	#DIV/0!
5 & 10	Data Quality	Destination # of Missing (Q06c)	Q06c Missing Data / Total Clients	#DIV/0!	#DIV/0!
11	Housing First Principles	Average households served during operating year	Q08b / Households Proposed to Serve	#DIV/0!	#DIV/0!
12, 13, & 14	Housing First Principles	Domestic Violence, Physical, Mental Health Conditions	(Q14b + Q13a2) / Total Adults	#DIV/0!	#DIV/0!
16	Housing First Principles	Residence Priort to Entry - Homeless Situations (Number of Adult Clients)	Q20a1 / Total Adults	#DIV/0!	#DIV/0!
17 & 18	Adults who are connected with non-cash benefits (excluding health insurance)	# of Non-Cash Benefit Sources - Leavers & Stayers (1 + Sources)	Q20b / Total Adults	#DIV/0!	#DIV/0!
19	Adults who increased earned income	Earned income measure (Actual # of persons who accomplished this measure) (Q19a3)	Q19a3 / Total Adults	#DIV/0!	#DIV/0!
20	Adults who maintained or increased other income	Other income measure (Actual # of persons who accomplished this measure) (Q19a3)	Q19a3 / Total Adults	#DIV/0!	#DIV/0!
21	C lients who remained in program or exited the program to a HUD defined permanent destination	Housing stability measure - achieved sufficient level of safety to exit to PH (Actual # of persons who accomplished this measure) (Q23a & Q23b)	Q23a+23b+S tayers /Total C lients	#DIV/0!	#DIV <i>/</i> 0!
	Leavers who exited to shelter, street or unknown	(Q23a & 23b)	Q23a+23b / Total Leavers		
22	C ost E ffectiveness	Amount of funds the project returned at end of grant term (Q28)	Q28(Total Award/Total Expenditures)	#DIV/0!	#DIV/0!
23	C ost E ffectiveness	Expenditure per Household (Total Project Funds)	Total award + cash match-Leasing/avg # HH served		
24	C ost 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 Summed / Total Meetings	#DIV/0!	#DIV/0!
32	Coordinated Entry/Chronic Homeless Adherence	All entries into the program were taken from Chronic Homeless List	Total # entries from CH list/Total # entries during operating year	#DIV/U!	# <i>D</i> 1070!
	Length of Stay (RRH Only)	Q22a1	Leavers under 12 months/Total Leavers	0%	0
33	C lient S atis faction	At least 50% of clients participate in survey	Clients participating in survey / Total Adults	#DIV/0!	#DIV/0!
34		Adherence to Project Ranking Deadline	S ubmission Date <= 04/25/2017	True	0

Total Ranking Score #DIV/0!

2018 Continuum of Care Program Evaluation Scoring Rubric

Data for this evaluation process will be acquired from program APRs either in SAGE or in HMIS, information from committee chairs, project applications and agency's solicited information. Scoring information will be used for rating and ranking Continuum of Care projects.

Data Quality

1 thru 5. This set of questions are Universal Data Elements or Program Specific Data Elements which are required across all pertinent programs in the Scranton / Lackawanna County Continuum of Care. All questions in this section are worth one point. Data elements are as follows: Date of Birth, Residence Prior to Entry, Substance Abuse at Entry, Domestic Violence at Entry, and Destination at Exit. 1 through 5.

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

Utilization of Beds and Units

6. Occupancy rate based on quarterly unit utilization

Percentage	Points
90% and above	5
75% - 89%	4
60% - 74%	3
50% - 59%	2
49% and below	0

Housing First

7. Number of Adults with Barriers or Adult Survivors of DV

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

8. Residence Prior to Project Entry -At Least 1 Adult from HUD-defined Literal Homelessness and/or Fleeing or attempting to flee DV/sexual assault

Percentage	Points
90% and above	10
85% - 89%	9
80% - 84%	8
75% - 79%	7
70% - 74%	6
65% - 69%	5
60% - 64	4
59% and below	0

Income and Employment

9. Adults who are connected with non-cash benefits excluding health insurance

Percentage	Points
95% and above	10
85% - 94%	8
70% - 84%	6
55% - 69%	4
40% - 54%	2
25% - 39%	1
24% and below	0

10. Adults who increased EARNED INCOME from entry to exit/follow-up (leavers & stayers) HUD has granted Safe Haven projects exempt from this metric on the Annual Performance Report and will therefore not have it included in the final calculated percentage of possible available points.

PSH Percentage	RRH Percentage	Points
25% and above	40% and above	10
20% - 24%	30% - 39%	8
15% - 19%	25% - 29%	6
10% - 14%	15% - 24%	4
5% - 9%	10% - 14%	2
4% and below	9% and below	0

11. Adults who maintained or increased OTHER INCOME (non-earned) from entry to exit/follow-up (leavers and stayers)

PSH & SH Percentage	RRH Percentage	Points
65% and above	35%	10
55% - 64%		8
45% - 54%	25%	7
35% - 44%		6
25% - 34%	15	5
15% - 24%		4
5% - 14%	10	2
Below 4%		0

Housing Stability

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

Percentage	Points
90% and above	10
75% - 89%	8
65% - 74%	6
60% - 64%	4
50% - 59%	2
49% and below	0

13. Leavers who exited to shelter/streets or unknown

Percentage	Points
10% or below	10
11% - 20%	8
21 – 30%	6
31% or above	0

Budget

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

Percentage	Points
0 – 2.5% return of funds	10
2.6 – 5% return of funds	8
6 – 7.5% return of funds	6
7.6 – 10 return of funds	4
11% and above	0

Cost Effectiveness

15. Expenditure per Household

This year the information will be gathered but not scored. Metrics may be put in place to score programs in a way that encourages programs to be cost effective, but not so much so that they are not able to provide effective supportive services for program participants.

Cost per Household	Points
	5
	4
	3
	2
	0

16. Expenditure per PH Exit

The data for this metric will be collected and calculated, but it will not be scored this year. It is a potential new metric for next year.

Cost per Household	Points
	5
	4
	3
	2
	0

CoC Participation

17. CoC Meeting & Subcommittee Attendance Total

This metric measures engagement between grant recipient organizations with the Scranton / Lackawanna County Continuum of Care.

Percentage	Points
Participate 91% - 100%	5
Participate 75% - 90%	2
Participate 50% - 74%	1
Participate 0 – 49%	0

Coordinated Entry

19. PSH programs only: Program Entrants were taken from the Chronic Homeless Program –

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

Length of Stay

20. RRH programs only: Length of Stay for participants is 12 months or less

Percent	Points
90% or above	5
75% - 89%	3
50% - 75%	1
49% and below	0

Client Satisfaction

20. Client Satisfaction Surveys Administered

Percent	Points
50-100%	5
1-49%	0

Penalties

21. Adherence to Deadline(s)

For this metric, if a deadline is missed, the 10 points are deducted from the total score.

INSTRUCTIONS

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

The following types of new projects will be considered:

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

New projects to be included in the PA-508 2018 CoC Application to HUD will be selected by an independent scoring committee. Priority will be given to those projects serving 50% or more individuals. Final decisions regarding awards will be made by HUD via the national competition.

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

All applications are due by August 10, 2018 and should be sent to: squinn-sheeran@uncnepa.org.

Project Requirement and Priorities:

- Eligible activities/projects for the Funds:
 - o All projects must be Permanent Supportive Housing or Rapid Re-Housing with TH-PH-RRH allowable for DV Bonus
 - o Projects can request funds for:
 - PSH: Leasing (tenant or project based only), operating funds, supportive services, admin
 - RRH: Rental assistance (tenant based only), supportive services, admin
 - TH-PH RRH for DV Bonus only
 - o Term 1 year
 - o Eligible Supportive Services Costs are limited to the categories included in <u>Section 17. Budget</u> Detail.
 - o Operating funds or project based rental assistance may be used for units owned by the applicant organization. These must be units newly designated to serve homeless people and ready for occupancy no later than 6 months after the award of funds. Awards are anticipated to occur in approximately January 2019. Projects must provide a deed demonstrating site control for a building or units where evidence of site control exceeds the requested grant term.
 - o 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.
 - o Projects applying for PSH should include at least \$5,000 per household annually for supportive services.
 - o Projects cannot request rental assistance and operating funding in the same project.
 - o Projects must agree to enter client data into the PA-508 HMIS (with the exception of Victims Services Providers as they are prohibited from doing so by law. VSPs must enter data into a comparable data base), participate in the annual homeless count, participate in and accept referrals only from the applicable **Coordinated Assessment** and comply with all other HUD requirements and PA-508 CoC Policies.
 - o Applications must demonstrate:
 - A plan for rapid implementation of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award (i.e., by no later than July 2019).
 - A connection to **mainstream service systems**, specifically:
 - 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:

o Projects must be located within Lackawanna County, PA.

• <u>Eligible populations:</u>

- o PSH:
 - All projects must dedicate 100% of units to chronically homeless individuals.
 - Project applicants must demonstrate that they will first serve the chronically homeless and then prioritize as outlined *in Scranton/Lackawanna County Policies and Procedures:*Adoption of HUD Notice CPD 16-11 (See Appendix).
 - Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix)
- o RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations.

• Eligible applicants:

- o 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.
- o 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 2018 Scranton/Lackawanna County Continuum of Care

- Applications are due by close of business on August 10, 2018 and should be sent to: <u>squinn-sheeran@uncnepa.org</u>
- Please contact 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 PA508-18>.

Example: ABC Services-Home to Stay-NEW PA508-18.doc

• The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

	110 110	be the short of the jeet negative the trial the trial to the s	icscribed above.	
1.	Proje	ect 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.	Cont	act person for this application:		
	a.	Name:Title:_		
	b.	Phone:		
	C.	Email:		
4.	Proje	ect Location (town(s)):		_
5.	Type	e of Project: □ PSH □ RRH		
6.	Prop	osed Project Budget		
	Activ	vities		Total Assistance Requested
		1. Leasing		
	2	2. Rental Assistance		
		Indicate Type of RA: TBRA (required for RRH)) □PBRA	
		3. Supportive Services		
		4. Operations	stod)	
		5. Administrative costs (Up to 7% of amount reque		
		5. Sub-total Request (Add lines 1-5)		
		7. Cash Match		
	∖ ≥	3. In-kind Match		

	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	Lau	cina	Tyma
1.	пou	BIIIC	Type

a.	Type: ☐ Single Site	☐Scatter Site
b.	Total Number of Units:	
c.	Total Number of Beds:	

8. A. <u>Population</u> to be Served in the Project (<u>Point-in-Time</u>)

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

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

9. Experience of Applicant/Sponsor

- 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:
 - the Housing First model
 - delivering or securing Medicaid funded services for participants in the agency's programs
 - linking participants to mainstream resources, including benefits, health insurance, employments services, and mainstream affordable housing
 - 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)
 - B. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve.
 - 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.
 - 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.
 - 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."

F.	Have any of your agency's HUD funded programs (including ESG) received a HUD audit in the last 12 months? yes no
	If yes, were there any findings from the audit? yes no
	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>
G.	Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? \Box Yes \Box No
	• If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.
Н.	Have you returned any funds to HUD on any existing grants in the last two years? ☐ Yes ☐ No
•	If yes, how much has been returned?
•	What is the reason that the funds have been returned?
•	What actions are you taking to ensure full spending?
l.	Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon? □ Yes □ No
•	If yes, how much is owed?
•	What is the reason for the obligation to HUD?
•	What is preventing establishing a payment schedule?
J.	Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? \Box Yes \Box No
•	What is the reason that the funds have not been drawn down?
•	What actions are you taking to ensure timely draw down?
K.	grants in the last two years? Yes No
•	What is the reason that APRs were late?
•	What actions are you taking to ensure timely submission?

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. • Describe how the project will be integrated into the neighborhood.
G.	If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential 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 younge 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?							
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?							
 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.

		Fred	quency – se	elect one pe	r service typ	ре
Supportive Services	Provider	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						
					1	

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 III	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 III	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24				AIDS					
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 III	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 propos	sed project for each
of the following locations:		
Persons who came from the street or other locations not m	eant for huma	n 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		
		1
B. Describe the outreach plan to bring eligible homeless particip	ants into the p	oroject.
16. HMIS Participation		
a. Does your agency currently participate in HMIS?	☐ Yes	□ No
b. Will your agency enter data into the HMIS for this propo	sed project?	
	☐ Yes	\square No

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

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

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

Indicate the Type of Rental Assistance: ☐ Project Based ☐ Tenant Based

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

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		
Total Operating Request		

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)			
Total Annual Assistance Requested for Supportive Services			

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
Example: Cash	DMHAS	G	7/15/18	\$10,000
			TOTAL:	\$

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

Low barrier approach to entry:

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

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.

- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

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

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

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

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

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

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

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

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

Accepting Referrals through a Single Prioritized List for PSH

All CoC-funded PSH projects are required to accept referrals ONLY from the *Chronic Homeless List* that is maintained in HMIS and monitored by the Chronic Homeless Committee, and should be

filtered for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

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

- I. The CoC hereby adopts the provisions and requirements set out in HUD Notice CPD-14-012 and updated Notice CPD-16-11 which are to be applicable to all CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness (which includes all PA-508 CoC Program-funded PSH):
 - (a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs
 - **(b) Second Priority**–Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
 - ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs.
 - **(c)** Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an

emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs.
- (d) Fourth Priority—All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and
 - ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs.
 - **Please see full CoC Policies and Procedures for the full text of the prioritization policy: http://www.uncnepa.org/scranton-lackawanna-county-continuum-of-care/

DEFINITIONS OF KEY TERMS:

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

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

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

- 1. **(a)** A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a) (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a) (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the

individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

- **(b)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Disabling Condition:

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

2018 Scranton/Lackawanna County (PA-508) Continuum of Care Scoring Sheet for NEW Supportive Housing Bonus Project Applications

Applicant Organization Name:	
Proposed Project Name:	
Project Location (town(s)):	_
Type of Project: □ PSH □ RRH □ RRH	
Reviewer's Name (please print):	
<u>SECTION I: SCORES</u> (Calculated only for applicants meeting threshold crite enter scores below as indicated in Section III)	ria as determined in Section II;
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 or	Permanent Supportive Housing

^{*}PA-508 set this year's housing priority as Rapid ReHousing or Permanent Supportive Housing with at least 50% of funding/beds for individuals. DV Bonus can include TH-RRH.

SECTION II. Threshold Review:

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

Threshold Review Criteria	Meets
Projects that do not meet all of the threshold review criteria outlined below will not be	Criteria?
further reviewed by the CoC except as noted.	Yes or No
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. The DV Bonus can include TH-RRH	
The population served must meet program eligibility requirements, including: • PSH:	
 All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD. 	
 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: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons. All projects must serve exclusively disabled individuals as defined by HUD 	
 All projects must serve exclusively disabled individuals as defined by HUD 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. Persons in transitional housing are not eligible for either project type, even if they met the criteria described above prior to entering the TH program. 	
Projects can request only these funds for a term of one year: PSH: Leasing, Rental assistance (tenant or project based only) or operating funds RRH: Rental assistance (tenant based only) Supportive services	
Projects cannot request rental assistance/operating funding in the same project, except in TH-RRH.	
Applicant must clearly describe a viable plan for rapid implementation 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	

Threshold Review Criteria	Meets
Projects that do not meet all of the threshold review criteria outlined below will not be	Criteria?
further reviewed by the CoC except as noted.	Yes or No
been agreed upon, or history of serving ineligible program participants, expending funds on	
ineligible costs, or failing to expend funds within statutorily established timeframes.	
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	ocale 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:	

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:			

- 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:	

D. Mainstream Services (15 points). See "Supportive Services" for Participants in Application Extent to which the applicant:

- ✓ Clearly describes specific activities to identify and enroll all Medicaid-eligible program participants, regardless of whether the project applicant's state is participating in Medicaid expansion under the Affordable Care Act; (5 points) AND
- ✓ Clearly and specifically demonstrates that the project includes Medicaid-financed services, including care management, behavioral health services, or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through partnerships with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers). No points will be awarded for Medicaid-financed health services provided in a hospital setting **OR**
- ✓ Clearly and specifically demonstrates that there are barriers to including Medicaid-financed services in all or some of the project AND clearly demonstrates that the project leveraged non-Medicaid resources available in the CoC's geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention, Centers of Excellence or state behavioral health system funding, education, vocational training and job-readiness services, TANF, food stamps and mainstream parenting resources to the maximum extent appropriate. (10 Points)

Questions to consider:

 Does the specific plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, and employment programs for which they are eligible meet the needs of the program participants?

Score:	

Comments:			

Scranton/Lackawanna County CoC Reallocation Process FY2018

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), the Chronic Homeless by-name-list and 2) the priorities and perspectives of HUD and the CoC and 3) capacity, performance and financial information from potential new and renewal grants. All of the above help the CoC Board to determine areas where performance is strong and community needs are being met, versus areas where more resources or increased capacity is needed in order to improve outcomes and end homelessness for the various populations experiencing it.

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. Project budgets were evaluated to determine if supportive services budgets were in line with the majority of CoC projects and what is considered adequate funding nation-wide, or if that budget line item may be reduced and reallocated to better serve existing projects in need of additional funds to increase capacity or to provide additional beds/units increasing system-wide capacity. Projects with supportive services budgets greater than the normal range were approached and encouraged to consider reallocation with technical assistance available. 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. Two providers are considering reallocating from 3 projects during the next CoC competition.

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.





Tue 8/28/2018 1:55 PM Shannon Quinn-Sheeran

Renewal CoC Projects Accepted and Ranked

To Nodlla, Stephen; tmarques@catherinemcauleycenter.org; Sr. Susan Hadzima (hadzis@SistersofIHM.org); Kim Cadugan (cadugank2@gmail.com); Michael Hanley; Peg Ruddy (pegr@wrcnepa.org)

Cc Shannon Quinn-Sheeran

Bing Maps

Greetings All,

Peg Ruddy

Executive Director

This e-mail will serve as notice to the agencies listed under "Applicant Name" of acceptance and ranking of your project(s) through the following directors:

Stephen Nocilla Diocesan Director of Housing Catholic Social Services of the Diocese of Scranton, Inc. Michael Hanley
Sr. Therese Marques
Chief Executive Officer
United Neighborhood Centers of Northeastern PA
Executive Director
Catherine McAuley Center

Kimberly Cadugan
Executive Director

Women's Resource Center Community Intervention Center

On Tuesday, August 21st, the CoC Board approved the following projects and amounts to be accepted and ranked in this year's CoC Competition.

New/Rene Applicant Name		Project Name	Grant Cor	Tot	al ARA
Renewal	United Neighborhood Centers of Northeastern Pennsylvania	Permanent Supportive Housing for Families #1	PH	\$	410,743.00
Renewal	The Community Intervention Center of Lackawanna County	CIC Permanent Supportive Housing #1	PH	S	159,046.00
Renewal	Women's Resource Center	WRC Rapid Re-housing for Domestic & Sexual Violence Su	PH	\$	201,896.00
Renewal	Catholic Social Services of the Diocese of Scranton, Inc.	Permanent Supportive Housing 2	PH	S	95,379.00
Renewal	Catherine McAuley Center	Permanent Supportive Housing #2	PH	\$	184,512.00
Renewal	United Neighborhood Centers of Northeastern Pennsylvania	UNC Permanent Supportive Housing #1	PH	\$	329,706.00
Renewal	Catherine McAuley Center	Permanent Supportive Housing	PH	\$	150,135.00
Renewal	Catholic Social Services of the Diocese of Scranton, Inc.	CSS PSHP #1	PH	\$	127,567.00
Renewal	The Community Intervention Center of Lackawanna County	Shelter Me Safe Haven	SH	\$	146,031.00
Renewal	The Community Intervention Center of Lackawanna County	CIC Permanent Supportive Housing #2	PH	S	118,705.00
Renewal	Catherine McAuley Center	Rapid ReHousing	PH	\$	118,420.00
Renewal	The Community Intervention Center of Lackawanna County	CIC Permanent Supportive Housing #3	PH	S	209,380.00
Renewal	Catholic Social Services of the Diocese of Scranton, Inc.	VA-PSHP Lackawanna	PH	S	96,948.00
Renewal	United Neighborhood Centers of Northeastern Pennsylvania	Homeless Management Information Systems (HMIS)	HMIS	\$	59,556.00
Renewal	Catherine McAuley Center	Rapid Rehousing #2	PH	\$	32,676.00
Renewal	United Neighborhood Centers of Northeastern Pennsylvania	UNC Rapid Rehousing #2	PH	S	64,806.00
Renewal	United Neighborhood Centers of Northeastern Pennsylvania	UNC Rapid Re-Housing for Families	PH	\$	178,246.00

Please contact me with any questions.

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

wed 8/29/2018 8:50 AM -Sent August 29, 2018. Project accepted and ranked, not reduced.

Shannon Quinn-Sheeran

CoC DV Bonus Application acceptance - Scranton/Lackawanna County CoC

- To Peg Ruddy (pegr@wrcnepa.org)
- Cc Nancy Perri; Carol Shoener (carols@wrcnepa.org)

Dear Peg,

The CoC Board voted to accept and rank Women's Resource Center's DV Bonus Project, Community Collaborative to Transitionally and Rapidly Re-house Youth, Families and Incarcerated Survivors of Domestic and Sexual Violence as submitted for \$175,523.

Thank you for Women's Resource Center's continued work to end homelessness for those fleeing/attempting to flee domestic and sexual violence in Lackawanna County.

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











Thursday, August 30, 2018

































Tue 8/28/2018 2:08 PM -sent August 28, 2018

Shannon Quinn-Sheeran

Acceptance and Ranking of New Project for Scranton/Lackawanna County CoC

To Kathi Krablin

Cc Marcie Walker PhD (mwalker@valleyyouthhouse.org)

Hi Kathi,

Hope all is well. The Scranton/Lackawanna County Continuum of Care is happy to share the information with Valley Youth House Committee, Inc., through you, that your project application for RRH for Lackawanna County Young Adults has been accepted and ranked for the 2018 Continuum of Care Competition. Due to the amount of funding available and in order to increase the CoC's chances of receiving additional bonus funding given HUD's scoring formula, your total project amount was reduced to \$80,501. We are pleased to have VYH join our system of homeless services and look forward to working more closely in the future.

Please contact me with any questions.

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

































Thursday, August 30, 2018



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Tue 8/28/2018 2:16 PM -sent August 28, 2018

Shannon Quinn-Sheeran

Scranton/Lackawanna County CoC Acceptance and Ranking Notice

To Nocilla, Stephen

Cc Michael Kendra (mkendra@csswb.org)

Hi Steve.

Please accept this as notice that Catholic Social Services of the Diocese of Scranton, Inc.'s project, St. Anthony's Haven PSHP has been accepted and will be ranked among all projects submitted to HUD as a part of the 2018 Continuum of Care Competition. Due to the amount of funding available and in order to increase the CoC's chances of receiving additional bonus funding given HUD's scoring formula, your total project amount was reduced to \$80,501.

Thank you for your continued service to those experiencing homelessness in Lackawanna County. Please contact me with any questions.

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

Thursday, August 30, 2018





























wed 8/29/2018 8:50 AM -Sent August 29, 2018. Project accepted and ranked, not reduced.

Shannon Quinn-Sheeran

CoC DV Bonus Application acceptance - Scranton/Lackawanna County CoC

- To Peg Ruddy (pegr@wrcnepa.org)
- Cc Nancy Perri; Carol Shoener (carols@wrcnepa.org)

Dear Peg,

The CoC Board voted to accept and rank Women's Resource Center's DV Bonus Project, Community Collaborative to Transitionally and Rapidly Re-house Youth, Families and Incarcerated Survivors of Domestic and Sexual Violence as submitted for \$175,523.

Thank you for Women's Resource Center's continued work to end homelessness for those fleeing/attempting to flee domestic and sexual violence in Lackawanna County.

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











Thursday, August 30, 2018































(Under act P.L. 877 No 160. July 9,1976) The Scranton Times

Commonwealth of Pennsylvania, County of Lackawanna

UNITED NEIGHBORHOOD CENTERS 777 KEYSTONE INDUSTRIAL PARK R **THROOP PA 18512**

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LEGAL NOTICE SCRANTON/LAC

Ann Marie Fortese

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

07/13/2018

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

Sworn and subscribed to before me this 13th day of July A.D., 2018

(Notary Public)

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

Member, Pennsylvania Association of Notaries

LEGAL NOTICE

Scranton/Lackawanna CoC is currently soliciting applications for Rapid Re-Housing projects for homeless individuals AND families (priority will be given to projects serving at least 50% individuals) and Permanent Supportive Housing projects for chronically homeless individuals. Funding will come from the US Department of Housing and Urban Development, Office of Community Planning and Development. Information on the CoC Program can be found at https://www.hudex.change.info/program/coc/. Applications are available at http://www.uncnepa.org/scranton-lackawanna-county-continuum-of-care/ under PA-508 New Project Application 2018, and are due at close of business Friday, August 10th. See application for all requirements. For questions contact squinn-sheeran@uncnepa.org or 570-346-0759, ext. 108. Scranton/Lackawanna CoC is cur-

Deadline listed as August 10, 2018

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

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AUTHORIZATION

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

Name (print or type)

Name (signature)

LEGAL NOTICE

Scranton/Lackawanna CoC is currently soliciting applications for Rapid Re-Housing projects for homeless individuals AND families (priority will be given to projects serving at least 50% individuals) and Permanent Supportive Housing projects for chronically homeless individuals. Funding will come from the US Department of Housing and Urban Development, Office of Community Planning and Development. Information on the CoC Program can be found at https://www.hudex change.info/program/coc/. Applications are available at http://www.uncnepa.org/scranton-

tions are available at http://www.uncnepa.org/scranton-lackawanna-county-continuum-of-care/ under PA-508 New Project Application 2018, and are due at close of business Friday, August 10th, See application for all requirements. For questions contact squinn-sheeran@ uncnepa.org or 570-346-0759, ext.

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 _//- 16-18
Print Name Mondel Hamles
CoC Chair
CoC Chair Signature Ausan Hadrin Date 11/16/15
Print Name and Title SR. Susan Hadzima Dir. of Programs
Name of Agency Catherine M. Auley Center
Mailing Address 430 Bittston Ave., Scranton PA 18505
Email hadzis@ sistersofihm.org
HMIS System Administrator
Signature Monnoy Jun Jun Date 11/16/15
Print Name Shannon Quinnt Sheeraw

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

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 Continua of Care to systematically collect and report data for projects funded under Title IV of the McKinney-Vento Homeless Assistance Act. The current Standards were published in the July 30, 2004 Federal Register, Vol. 69, No. 146, pp. 45888 through 45934, with revisions released by HUD in March 2010. These standards fall into three categories: a) data elements required to be collected by HMIS users including "universal" and "program specific" data elements; b) Privacy and Security Standards for data confidentiality; and c) Technical Standards for the creation of HMIS data systems. Whenever the Standards are revised, this definition will reflect the most recently adopted revisions, and a change to the SLCCOC HMIS policies is not required.

Identifying Information: Information that is unique to an individual and that may be used to identify a specific person. Examples of identifying information are name and social security number.

SLCCoC HMIS: The software system as well as the information input, generated or acquired in print or machine readable format.

Provider: ANY organization providing outreach, shelter, housing, employment and/or social services.

SLCCoC HMIS Lead Agency: Manages the SLCCoC HMIS for the Continuum of Care

Server: A computer on a network that manages resources for use by other computers in the network. For example, a file server stores files that other computers (with appropriate permissions) can access. One file server can "serve" many files to many client computers. A database server stores a data file and performs database queries for client computers.

ClientTrack: A web-based software package developed by Eccovia Solutions which tracks data about people in housing crisis in order to determine individual needs and provide aggregate data for reporting and planning.

HMIS Lead: The job title of the person who is responsible for the coordination and administration of SLCCoC HMIS. This person has the highest level of user access in *ClientTrack* and has full access to all user and administrative functions across the County. This person provides technical support and training to Users.

User: An individual who uses a particular software package; in the case of the SLCCOC HMIS, the *ClientTrack* software.

User License: An agreement with a software company that allows an individual to use the product. In the case of *ClientTrack*, user licenses are agreements between the Fiscal Agency and Eccovia Solutions that govern the distribution of regional licenses for individual connections to SLCCoC HMIS. User licenses cannot be shared.

Policy 1.0 Organization and Management of the SLCCoC HMIS System

Responsible: SLCCoC Board Effective Date: January 19, 2017
Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes requirements for the SLCCoC Board regarding access and usage of SLCCoC HMIS as well as the responsibilities for stewardship of SLCCoC HMIS.

Policy Statement

The SLCCoC Board is comprised of HMIS participating agencies and other homeless stakeholders in the Scranton/Lackawanna County Continuum of Care that are under contract with the U.S Department of Housing and Urban Development (HUD) and shall establish guidelines and operating policies for the SLCCoC HMIS to comply with federal regulation and guidance provided through the Department of Housing and Urban Development. These Policies and Standard Operating Procedures will be made available to all participating agencies, and a system of review will be established to ensure ongoing viability and responsiveness of policies to the project's environment.

Policy 1.1 SLCCoC Board

Responsible: SLCCoC Board Effective Date: January 19, 2017 Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes requirements for the SLCCoC Board regarding access and usage of SLCCoC HMIS as well as the responsibilities for stewardship of SLCCoC HMIS.

Policy Statement

The SLCCoC Board is the governing body in control of the county-wide HMIS system and has sole responsibility for the following programmatic areas: ensuring active membership in the HMIS Committee; monitoring the Lead Agency and Participating Agencies for compliance; and quality assurance/accountability. The Board meets at least quarterly. The Board is the final decision making authority of SLCCoC HMIS.

Membership of the SLCCoC Board will be established according to the guidelines outlined in the SLCCoC By-Laws. Roles and responsibilities of the Board include, but are not limited to:

- Determining the guiding principles that should underlie the implementation activities of SLCCoC HMIS, participating organizations and service programs;
- Adopting the Data Quality Plan for ensuring participation compliance;
- Defining criteria, standards, and parameters for the release of aggregate data;
- Ensuring adequate privacy protection provisions in project implementation; and
- Selecting and contracting with an HMIS software vendor

Policy 1.2 Fiscal Management

Responsible: United Neighborhood Centers Effective Date: January 19, 2017
Authorized: United Neighborhood Centers Last Revision: January 19, 2017

Scope

This policy establishes requirements for the United Neighborhood Centers regarding financial management of the corporation.

Policy Statement

United Neighborhood Centers has fiduciary responsibility for the HMIS grant. All financial activities will be documented through General Accounting Principles and comply with financial

regulatory requirements as applicable. In relation to fiscal management, United Neighborhood Centers is the final decision making authority of the HMIS grant.

United Neighborhood Centers shall adopt a budget; continuously review the operation of that budget and recommend appropriate changes therein during the fiscal year; and supervise the financial operations of the grant.

United Neighborhood Centers has the authority to contract with a fiscal agency to perform the day to day financial activities of the corporation. The Fiscal Agency will be required to follow the equivalent financial guidelines as the corporation and must be audited annually by an independent public accountant.

Policy 1.3 HMIS Lead

Responsible: United Neighborhood Centers 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 Effective Date: January 19, 2017 Authorized: SLCCoC Board 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 Effective Date: January 19, 2017 Authorized: SLCCoC Board 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 undisrupted 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 email no less than forty-eight hours prior to the disruption.

Policy 1.8 Ethical Data Usage

Responsible: Participating Agency Effective Date: January 19, 2017
Authorized: SLCCoC Board 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 Effective Date: January 19, 2017
Authorized: SLCCoC Board 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 Effective Date: January 19, 2017 Authorized: SLCCoC Board 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 online 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 Effective Date: January 19, 2017 Authorized: SLCCoC Board 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 Effective Date: January 19, 2017 Authorized: SLCCoC Board 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 Effective Date: Authorized: SLCCoC Board 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 Effective Date: Authorized: SLCCoC Board 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-.

Policy 2.4 User Activation

Responsible: HMIS Lead Effective Date: January 19, 2017
Authorized: SLCCoC Board 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 Effective Date: January 19, 2017
Authorized: SLCCoC Board 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 Effective Date: January 19, 2017
Authorized: SLCCoC Board 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

- <u>56K Modem</u> 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.
- <u>SDSL</u> 512Kbps/62.5KB/s. Allows eight users to concurrently browse SLCCoC HMIS or use the Internet.
- <u>ADSL</u> 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.
- <u>Cable</u> 1Mbps/122.1KB/s. Allows 15 users to concurrently use SLCCoC HMIS or the Internet.
- <u>T1</u> 1.544Mbps/188.5KB/s. Allows 23 users to concurrently use SLCCoC HMIS or the Internet.
- <u>T3</u> 44.763Mbs/5.461MB/s. Allows 682 users to concurrently use SLCCoC HMIS or the Internet.

Other System Requirements:

- Use with a modern browser such as Microsoft Internet Explorer 7+, Google Chrome, and Firefox 9.0+.
- Set video display to 1024 x 768 or higher.

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

Authorized: SLCCoC Board Last Revision: 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

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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 Effective Date: January 19, 2017 Authorized: SLCCoC Board 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 Effective Date: January 19, 2017
Authorized: SLCCoC Board 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 Effective Date: January 19, 2017 Authorized: SLCCoC Board 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 Effective Date: January 19, 2017
Authorized: SLCCoC Board 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 Effective Date: January 19, 2017
Authorized: SLCCoC Board 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.

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.

Policy 4.1 Appropriate Data Collection

Responsible: Participating Agency Effective Date: January 19, 2017
Authorized: SLCCOC HMIS Board Last Revision: January 19, 2017

Scope

This policy establishes Participating Agency requirements for inputting data into the SLCCoC System.

Policy Statement

The purpose of the SLCCoC is to support the delivery of homeless and housing services in Scranton/Lackawanna County. The database should only be used to collect or track information related to meeting the client's needs, the delivery of services and for policy development and planning purposes.

SLCCoC users will only collect client data that is

- · relevant to the delivery of services,
- required by funders, or
- mandated by law.

Procedure

Agency Administrator will ask the HMIS Lead for any necessary clarification of appropriate data collection. The HMIS Lead, in consultation with the HMIS Committee and the CoC Board of Directors, will make decisions about the appropriateness of data being entered into the database. SLCCoC HMIS will periodically audit data quality to ensure the database is being used appropriately. This concern targets data elements that can be consistently tracked and reported, and does not specifically target the contents of case management notes or other fields not to be aggregated.

Policy 4.2 Client Grievances

Responsible: Participating Agency Effective Date: January 19, 2017
Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes Participating Agency requirements for managing client grievances related to the SLCCoC HMIS.

Policy Statement

Clients shall have the right to an independent, impartial review of any complaints they may have regarding SLCCoC data collection, explanations offered for that collection, and policies surrounding the collection. They also have a right to know about this opportunity.

Agencies must make every good faith effort to assure that homeless clients are apprised of our obligation and their right. To that end each agency must adhere to the process for filing a formal grievance with the HMIS Lead should a client determine his or her SLCCoC HMIS data privacy rights have been compromised by the Participating Agency.

Procedure

Each Agency shall inform their clients of their SLCCoC HMIS data privacy rights by prominently displaying the SLCCoC HMIS Public Notice of Privacy wherever SLCCoC HMIS data is

collected, as well as making the SLCCoC HMIS Privacy Notice available. In the event a client believes his or her SLCCoC HMIS data privacy rights have been compromised by the Participating Agency, (s)he should file a formal complaint by submitting a completed SLCCoC HMIS Grievance Form with the HMIS Lead. It is the responsibility of the Agency to ensure that the grievance form is readily accessible to clients. The HMIS Lead will research the written grievance and determine if there was a violation of SLCCoC HMIS data privacy rights. Should the HMIS Lead conclude that a breach has been made, she shall provide the Participating Agency with a timely plan of action for any correction that is necessary and addressing the issue with the staff involved. This may involve termination of user licenses and/or additional training.

Policy 4.3 Required Data Collection

Responsible: Participating Agency Effective Date: January 19, 2017
Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes Participating Agency data collection requirements to be entered into the SLCCoC System.

Policy Statement

Providers funded by HUD are required to participate in the SLCCoC HMIS system to meet the HUD HMIS Data and Technical Standards. Other providers may choose to participate in the SLCCoC HMIS. All Authorized Agencies that participate in the SLCCoC HMIS are required to comply with HUD's HMIS Data and Technical Standards unless those standards are in conflict with local laws. This includes the collection of required data elements.

If client refuses or is unable to provide basic information, providers shall, at a minimum, enter each client as an Anonymous entry into the SLCCoC HMIS. Authorized Agencies may choose to collect more client information for their own case management and planning purposes.

Timeliness of Data Entry: Quality assurance of timeliness is described in the SLCCoC Data Quality Plan, Appendix B. All HMIS Participating programs will ensure entry/exits, services, and Universal Data Elements are completed within 5** business days of program entry/exits, with exceptions for emergency shelters, outreach programs, and legacy data. SLCCoC HMIS timeliness of data entry policy will not supersede more stringent CoC timeliness of data entry policies. Exceptions to these data collection policies are in place for organizations serving persons fleeing domestic violence; these organizations should request additional instruction from the HMIS Lead.

In order for the data contained within the SLCCoC HMIS to be useful for data analysis and reporting to funders, certain minimum data must be consistently collected throughout the system. In addition to the HUD required Data Elements, client level data is expected as well.

Procedure

All parties are subject to the SLCCoC HMIS Data Quality Plan, Appendix B, for determining procedural applications of the data collection policies and monitoring practices.

Policy 4.4 Client Informed Consent

Responsible: Participating Agency Effective Date: January 19, 2017
Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes Participating Agency requirement to obtain client informed consent prior to inputting data into the SLCCoC HMIS.

Policy Statement

Each agency must post a sign at each intake or comparable location and on its web site (if applicable) explaining the reasons for data collection for those seeking services. Consent for entering of data into SLCCoC HMIS may be inferred when the proper privacy notice is posted and if the client accepts the services offered. The client has the option to opt out of allowing his or her identifying information to be added to the database. In that case, the client's data should be added to SLCCoC HMIS without identifiers as described above, although the record should be tracked internally by the agency to minimize the number of duplicate records for one client. Electronic client data will be shared between agencies in accordance to the policies adopted by the SLCCoC Board of Directors. Client data may be shared through other means with written client consent or according to the privacy policy developed by the agency.

Privacy Policies should be in effect for each agency to both inform clients about the uses and disclosures of their personal data and to protect the agency by establishing standard practices for the use and disclosure of data. Each client must give permission for the disclosure and/or use of any client data outside of the privacy policy developed and posted by the agency. Client consent notices must contain enough detail so that the client may make an informed decision. Clients may withdraw permission to have their personal protected information shared in the SLCCoC HMIS, or may make a request to see copies of his or her client record.

Procedure

The HMIS Lead shall assume responsibility for monitoring Participating Agencies' compliance. The results and the means of determining them will be shared with the HMIS Committee.

Policy 4.5 Client Release of Information to Share Data

Responsible: Participating Agency Effective Date: January 19, 2017
Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes Participating Agency requirement to obtain client informed consent 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 Effective Date: January 19, 2017
Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes the requirement and responsibilities connected to data ownership of data within the SLCCoC HMIS.

Policy Statement

The SLCCoC HMIS, and any and all data stored in the system, is the property of the HMIS Lead Agency. The HMIS Lead Agency has authority over the creation, maintenance, and security of the SLCCoC HMIS. Violations of the SLCCoC HMIS Agency Agreement, the SLCCoC HMIS

Policies and Standard Operating Procedures, the Privacy Policies, or other applicable laws may subject the Authorized Agency to discipline and/or termination of access to the SLCCoC HMIS.

In order to ensure the integrity and security of sensitive client confidential information and other data maintained in the database, the HMIS Lead Agency will be responsible for data ownership.

Policy 4.7 Data Entry Shared Information

Responsible: Participating Agency Effective Date: January 19, 2017
Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes the requirement and responsibilities connected to sharing client profile information within the SLCCoC HMIS.

Policy Statement

From CoC to CoC, there are different policies about sharing information maintained in client records. The SLCCoC HMIS has a policy to allow First Name, Last Name, Race, Gender and Date of Birth fields to be shared across providers. A Client Consent - Release of Information form, signed by the client, must be kept on file.

In order to continue building our SLCCoC HMIS and the collaboration between Participating Agencies, the Board is open to the differing needs and sensitivities of each Agency; however, we are supporting an OPEN system.

Policy 4.8 Data Integrity

Responsible: Participating Agency Effective Date: January 19, 2017
Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes the requirement to ensure data integrity of SLCCoC HMIS.

Policy Statement

SLCCoC HMIS users will be responsible for the accuracy of their data entry. Authorized Agency leadership will be responsible for ensuring that data entry by users is being conducted in a timely manner and will also develop procedures to evaluate and increase the accuracy of the data entered.

The quality of SLCCoC data is dependent on individual users to take responsibility for the accuracy and quality of their own data entry. The HMIS Lead shall work with Agency Executive Directors and/or Agency Administrators in assuming responsibility for and in the monitoring of data quality for their own agency. It is in the interest of agencies and the CoC that all data collected have integrity since that data may be used for evaluation, reporting, monitoring, or funding purposes. In particular the data will impact funding opportunities during competitive SHP process. SLCCoC HMIS emphasizes, analyzes, and reports on data quality as a service to member agencies. All parties are subject to standards as determined in the SLCCoC HMIS Data Quality Plan, Appendix B.

Procedure

In order to test the integrity of the data contained in SLCCoC HMIS, the HMIS Lead will devise regular data integrity checks for the SLCCoC.

Policy 4.9 Monitoring and Evaluation

Responsible: SLCCoC HMIS Lead Effective Date: January 19, 2017 Authorized: SLCCoC Board Last Revision: January 19, 2017

Scope

This policy establishes the requirement for monitoring and evaluating the SLCCoC HMIS.

Policy Statement

Accurate and consistent data entry is essential to ensuring the usefulness of the SLCCoC HMIS. Agencies will provide acceptable levels of timeliness and accuracy. Agencies without acceptable levels of data quality or timeliness may incur any sanctions negotiated by the Board until problems are addressed.

Data quality is an important aspect of SLCCoC HMIS, and must be maintained at the agency level and by users of the system. The HMIS Lead will monitor data quality as part of management functions.

Procedure

The HMIS Lead will develop and perform regular data integrity checks and will report on a regular basis.

Policy 4.10 On-Site Review

Responsible: HMIS Lead 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 deidentified 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. 6th 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

Appendix B

Scranton/Lackawanna County Continuum of Care Data Quality Plan

December 1, 2016

Developed by: SLCCoC HMIS Committee

The Scranton/Lackawanna County Continuum of Care has developed a written policy and procedure for entering data into the local Homeless Management Information System. The purpose of this plan is to ensure accurate and complete information to report on the homeless population being served by the PA-508 Continuum. All SLCCoC participating agencies will adhere to the protocol described to meet data quality requirements. This plan describes the timeliness, completeness, accuracy, monitoring, incentives and enforcement policies to be followed.

1. Timeliness: The timeliness component of the data quality plan is documented to ensure that data is accessible when needed and also to avoid any incorrect data due to postponement of entering universal and program specific elements.

CoC Programs:

Transitional and Rapid Re-Housing Programs

- * Entering Data: All Universal and Program Specific Data Elements will be entered into HMIS within one week of intake
- * Exiting Data: Clients will be exited from HMIS within three working days after the client(s) exited the program.
- * All HUD Assessments will be updated annually within 30 days of the anniversary date for program entry.

Permanent Supportive Housing Programs

- * Entering Data: All Universal and Program Specific Data Elements will be entered into HMIS within one week of intake.
- * Exiting Data: Clients will be exited from HMIS within three working days after the client(s) exited the program.
- * All HUD Assessments will be updated annually within 30 days of the anniversary date for program entry.

ESG Programs:

Emergency Shelters - Including Night-by-Night's (NBN's):

- * Entering Data: All Universal and Program Specific Data Elements, including Universal Data, Barriers and Domestic Violence Assessments as well as "Contact" & "Date of Engagement" information, will be entered into HMIS within two days of intake.
- * Exiting Data: NBN's leaving without an exit interview will record "Exit Destination" as "No exit interview completed". All other shelters will exit clients within three working days after the client has exited the program.
- * An annual assessment will be conducted for all persons in a project for one year or more.

Prevention:

* Entering Data: All Universal and Program Specific Data Elements, Including "Housing Assessment at Exit" will be entered within 24 hours of receiving assistance.

Re-evaluations/updates will be performed on prevention clients once every three months.

Rapid Re-housing:

- * Entering Data: All Universal and Program Specific Data, including "Residential Move-In Date" will be entered at project entry.
- * Exiting Data: Client will be exited from HMIS within three working days after exiting the program.
- * All assessments will be updated annually.

Outreach:

- * Entering Data: Outreach projects will record every contact made with client in HMIS. All Universal and Program Specific Data, including "Contact" & "Date of Engagement" will be entered into HMIS at the point when the client has been engaged by the outreach worker.
- * Exiting Data: Client will be exited from HMIS after three months of no contact. Support Services Only
- * Entering Data: All Universal and Program Specific Data Elements will be entered into HMIS within one week of intake
- * Exiting Data: Client(s) will be exited from HMIS quarterly.

2. Completeness:

The Continuum's goal is to collect 100% accurate data. Comprehensive data supplies the CoC with a clear picture of the clientele they are serving, fulfills funding/compliance requirements and plays a vital role with future planning. However, the CoC understands that collecting 100% of all data elements may not be possible in all cases and scenarios. The CoC has established an acceptable range of unknown/don't know/refused responses between 1 and 5% for each data element. The CoC has agreed to establish a 0% allowable null/missing data for universal elements because all elements are a requirement in HMIS. (Please refer to data quality monitoring tool for details on specific elements)

All data is completely and accurately entered into HMIS. The HMIS staff administrator runs monthly data quality reports which are reviewed monthly. If corrections need to be made, staff and agencies will have 10 working days to complete. If compliance has been achieved no changes should be necessary.

Example: If the data element for veteran status is unknown for emergency shelters is 1% or less, the data is complete and no changes need to be made. If veteran status is unknown for emergency shelters is greater than 1%, the data is incomplete and needs to be corrected.

- 2.1 Completeness: All Clients Served The PA-508 CoC must ensure that all clients being served are entered into HMIS. If a program only enters some clients and not all clients, the data is not representing our homeless population accurately. Therefore, 100% of all homeless residential clients are to be entered into HMIS detailing the clients' specific situations. 100% of all homeless program participants will have the services data entered into HMIS.
- 2.2 Completeness: Bed Utilization Rates- Staff enters a client into HMIS and they are assigned to a program until they are exited. Once a client is exited, the bed or unit becomes free. The bed utilization rate is the # of beds occupied divided by the # of total beds. If a program has a low rate it could mean that the facility was not full or it could mean that the clients were not entered properly. High rates could mean that a program was over capacity on a given night or it could mean that clients are not being exited. Programs are assigned a maximum bed/unit capacity and should abide by those rules unless there are unusual circumstances that can be explained. Staff must ensure that the number of clients they are serving in any given program, matches the number of clients for that program in HMIS.
- 3. Accuracy Information entered into HMIS needs to accurately reflect any/ all of the people that enter any of the homeless programs. Inaccurate or false data/information is worse than having missing data. Agencies and staff should understand that it is better to enter nothing (or preferable don't know or refused) than to enter false information. To ensure correctness, data entry errors/mistakes should be edited on a monthly basis. Data in HMIS must also match the

client file. Example: The date a client physically left the program should be the same in HMIS and on client paperwork.

- 4. Consistency- All data should be collected and entered on a consistent basis across all programs. If data is not collected and entered on a consistent basis, information may be lost or inaccurate. All intake and data entry workers will complete an initial training before entering any information into the live database. Definitions of specific data elements will also be available so as to ensure staff is collecting the exact information that funders are looking for. New agencies that join the CoC as well as new staff will review this document as part of the HMIS Agency Agreement.
- 5. Monitoring-Monitoring will be conducted to ensure that HMIS data quality is valid. All HMIS agencies are expected to meet the data quality benchmarks described on the monitoring tool. HMIS data will be monitored on a monthly basis to quickly identify any issues. To ensure that users understand the process of the data quality plan, the following protocol will be used from month to month.
 - a. HMIS end users should have all data entered into the system within one week of the intake.
 - b. Data quality reports will be run by the 2nd Thursday of every month by the HMIS staff.
 - c. Data quality reports will be reviewed by the HMIS sub-committee on a monthly basis, either at an HMIS meeting or via e-mail.
 - d. Providers will have 10 working days from the time the sub-committee's Data Quality Report is distributed to correct the data.
 - e. Brief overview of the progress of the data quality will be discussed at the following CoC meeting after corrections have been made.
 - f. If agencies fail to meet the data quality benchmarks even after the corrective period, agencies will have to explain why they have not met these requirements and the CoC shall take necessary actions as the members see fit.
 - 6. Incentives and Enforcement-
 - * Incentives: The Continuum of Care proposed that some incentives for timeliness, completeness, accuracy, consistency of data are as follows:
 - o Agencies will have recognition at CoC Meetings
 - o Data Quality may be used as a program performance metric
 - o Each Agency within the Continuum of Care is encouraged to come up with their own incentives for their respective agencies.
 - Enforcements: The Continuum of Care proposed that if agencies do not comply with this data quality plan, the future funding of projects operated by that agency will be in jeopardy, or, if agency participation is optional, agency may be prohibited from using HMIS.

Domestic Violence Provider

Data Quality Plan

- * The Lackawanna County Continuum of Care's Domestic Violence provider, in accordance with the protocol and procedures set in place by the Lackawanna County CoC will adhere to the following components of the Data Quality Plan:
- o Timeliness -
 - * Emergency Shelter Programs: The DV provider will enter data into an HMIS comparable database within 24 hours of intake
 - * Transitional Housing Programs: The DV provider will enter data into an HMIS comparable database within one week of intake
 - o Completeness -

- * The DV provider will collect 100% of data elements unless an individual being served reports an unknown, don't know or refusal element. In that instance, the DV provider will stay within the 1 and 5% compliance.
- * 100% of all homeless participants served through the DV provider will be entered into the HMIS comparable database.
- * The DV Provider will ensure that the number of participants they are serving in a program match the number of participants for that specific program in Housing Index as reported to the CoC.

o Accuracy -

* Information entered into the DV providers HMIS comparable database will reflect any/all of the individuals that enter any of the homeless programs. Data in the HMIS comparable database will be the same as the data in the participants file.

o Consistency -

* The DV provider will collect and enter all data on a consistent basis across all programs. The provider will ensure that all data entry workers complete training on the HMIS comparable database prior to entering any information into the database. A document that outlines basic information needed for the accurate collection of information will match intake forms.

o Monitoring -

* The DV provider will strive to meet the data quality benchmarks as described on the monitoring tool and will follow the protocol as outlined in the Data Quality Plan. The DV provider will monitor their own data quality at least quarterly and correct any missing or don't know/don't have data values that are above the benchmarks for said values.

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	Rpd Re-hsg	Unkn/ Dn't Kw/ Ref	%0	1%	%0	%0	1%	%0	1%	2%	1%	3%	%0	%0	%0	%0	%0
	R bd R	Null/ Miss	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0
	Prevention	Unkn/ Dn't Kw/ Ref	%0	2%	%0	%0	1%	%0	1%	2%	1%	3%	%0	%0	%0	%0	%0
	Preve	Null/ Miss	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0
	Outreach	Unkn/ Dn't Kw/ Ref	%0	2%	2%	%0	1%	%0	2%	2%	3%	3%	%0	%0	%0	%0	%0
han)	Outr	Null/ Miss	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0
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dard (percenta	35	Null/ Miss	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0
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	_	Null/ Miss	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0
	TH	Unkn/ Dn't Kw/ Ref	%0	1%	%0	%0	1%	%0	1%	2%	1%	3%	%0	%0	%0	%0	%0
	_	Null/ Miss	%0	%0	%0	%ф	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0
	ES	Null/ Miss Unkn/ Dn't Kw/ Ref	%0	2%	1%	%0	1%	%0	1%	2%	3%	3%	%0	%0	%0	%0	%0
		Null/ Miss	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0
	Universal Data Element		1.Name	2,Social Security Number (SSN)	3.Date of Birth	4.Race	5.Ethnicity	6.Gender	7.Veteran Status	8.Disabling Condition	9.Residence Prior to Program Entrance	10.Zip Code of Last Permanent Residence	11.Homeless Status	12.Program Entry Date	13.Program Exit Date	14.Personal Identifier (Unique ID)	15.Household Identifier
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PIT Count Data for PA-508 - Scranton/Lackawanna County CoC

Total Population PIT Count Data

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

Chronically Homeless PIT Counts

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

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

Homeless Households with Children PIT Counts

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

Homeless Veteran PIT Counts

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

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

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	56	6	50	100.00%
Safe Haven (SH) Beds	11	0	11	100.00%
Transitional Housing (TH) Beds	76	9	67	100.00%
Rapid Re-Housing (RRH) Beds	93	40	53	100.00%
Permanent Supportive Housing (PSH) Beds	219	0	164	74.89%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	455	55	345	86.25%

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

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

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

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

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

Rapid Rehousing Beds Dedicated to All Persons

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

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for PA-508 - Scranton/Lackawanna County CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	574	605	26	27	1	11	12	1
1.2 Persons in ES, SH, and TH	793	803	107	101	-6	30	23	-7

b. This measure is based on data element 3.17.

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

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

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	574	626	41	72	31	19	19	0
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	793	824	131	148	17	40	31	-9

FY2017 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing	Homelessr	rns to ness in Less Months	Homelessr	rns to ness from 6 Months	Homeless	rns to sness from 1 Months		of Returns Years
	Destination (2 Years Prior)	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	16	2	13%	2	13%	3	19%	7	44%
Exit was from ES	115	3	3%	2	2%	9	8%	14	12%
Exit was from TH	91	11	12%	2	2%	1	1%	14	15%
Exit was from SH	5	0	0%	1	20%	1	20%	2	40%
Exit was from PH	18	2	11%	3	17%	1	6%	6	33%
TOTAL Returns to Homelessness	245	18	7%	10	4%	15	6%	43	18%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	242	197	-45
Emergency Shelter Total	80	56	-24
Safe Haven Total	4	4	0
Transitional Housing Total	147	123	-24
Total Sheltered Count	231	183	-48
Unsheltered Count	11	14	3

Metric 3.2 - Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	796	803	7
Emergency Shelter Total	572	613	41
Safe Haven Total	9	7	-2
Transitional Housing Total	254	200	-54

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	79	86	7
Number of adults with increased earned income	17	19	2
Percentage of adults who increased earned income	22%	22%	0%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	79	86	7
Number of adults with increased non-employment cash income	30	26	-4
Percentage of adults who increased non-employment cash income	38%	30%	-8%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	79	86	7
Number of adults with increased total income	42	39	-3
Percentage of adults who increased total income	53%	45%	-8%

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	109	34	-75
Number of adults who exited with increased earned income	24	10	-14
Percentage of adults who increased earned income	22%	29%	7%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	109	34	-75
Number of adults who exited with increased non-employment cash income	28	9	-19
Percentage of adults who increased non-employment cash income	26%	26%	0%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	109	34	-75
Number of adults who exited with increased total income	48	16	-32
Percentage of adults who increased total income	44%	47%	3%

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	687	635	-52
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.	173	121	-52
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	514	514	0

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	732	685	-47
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.	183	141	-42
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.)	549	544	-5

FY2017 - 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 FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	16	42	26
Of persons above, those who exited to temporary & some institutional destinations	12	1	-11
Of the persons above, those who exited to permanent housing destinations	4	19	15
% Successful exits	100%	48%	-52%

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

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	672	668	-4
Of the persons above, those who exited to permanent housing destinations	477	262	-215
% Successful exits	71%	39%	-32%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	184	178	-6
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	178	174	-4
% Successful exits/retention	97%	98%	1%

FY2017 - 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.

FY2017 - SysPM Data Quality

	All ES, SH			All TH			All PSH, OPH			All RRH				All Street Outreach						
	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2013- 2014	2014- 2015	2015- 2016	2016- 2017
1. Number of non- DV Beds on HIC	48	46	54	48	169	148	125	106	83	125	226	220	5		29	45				
2. Number of HMIS Beds	48	46	54	48	169	148	125	106	83	125	153	165	5		29	45				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	67.70	75.00	100.00		100.00	100.00				
4. Unduplicated Persons Served (HMIS)	525	567	579	621	265	242	254	201	130	136	187	182	31	68	88	55	29	18	6	42
5. Total Leavers (HMIS)	500	404	502	575	164	124	144	119	17	15	42	18	31	32	66	28	11	17	3	35
6. Destination of Don't Know, Refused, or Missing (HMIS)	359	166	24	330	10	27	4	1	5	0	0	0	0	7	0	0	10	0	2	17
7. Destination Error Rate (%)	71.80	41.09	4.78	57.39	6.10	21.77	2.78	0.84	29.41	0.00	0.00	0.00	0.00	21.88	0.00	0.00	90.91	0.00	66.67	48.57

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

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/31/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/10/2018	Yes
2018 HIC Count Submittal Date	4/11/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

Scranton/Lackawanna County Continuum of Care Policies and Procedures

In accordance with HUD regulations (24CFR Part 578), representatives from relevant organizations that serve homeless and formerly homeless individuals and other interested, relevant organizations within the following geographic areas, Scranton and Lackawanna County have established a Continuum of Care to carry out the duties assigned in the aforementioned regulations. That Continuum of Care is named the Scranton/Lackawanna County Continuum of Care (SLCCoC) and has established a Board, in accordance with the process described in the bylaws.

SLCCoC is a united coalition of community systems that assist homeless and near homeless residents in the area to obtain housing, economic stability, and an enhanced quality of life through comprehensive services. SLCCoC addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved though the work of the CoC Board and sub-committees that help comprise the SLCCoC.

The SLCCoC Board has adopted the policies contained herein to ensure compliance with HUD regulations and to support efforts to assist homeless and near homeless residents in the region to obtain housing, economic stability and enhanced quality of life. These policies were developed over time by the SLCCoC Board. The policies were adopted in full by the SLCCoC Board in November 2015 and may be amended by a majority vote at any meeting of the Steering Committee, with a quorum present. Amendments made by the Steering Committee subsequent to November 2015 have been incorporated accordingly.

ARTICLE I: PROCESS FOR MONITORING OUTCOMES OF ESG RECIPIENTS

ESG Recipients will notify the CoC of all ESG sub recipients at the same time the sub recipients are notified that their contracts will be awarded in order to maintain an accurate inventory of assistance available for the Coordinated Assessment System and set up of ESG program and reporting tools in the HMIS system.

The HMIS Lead will cooperate with ESG Recipients in providing needed performance or client HMIS information. The CoC Collaborative Applicant will conduct at least a bimonthly monitoring of ESG sub-recipients via HMIS to ensure data quality and quarterly monitoring to evaluate program outcomes. This quarterly monitoring will be shared with the ESG recipient.

The CoC Collaborative applicant will provide ESG Recipients with required Consolidated Action Plan and CAPER data.

ARTICI F II: RATING AND RANKING CRITERIA

The CoC has developed a *Rating and Ranking Policy*. Please refer to this document for the process whereby projects are evaluated and ranked for the annual NOFA process.

ARTICLE III: Prioritization Policy for Permanent Supportive Housing

This CoC will base prioritization for permanent supportive housing on Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. 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 in the above referenced notice.

ARTICLE IV: WRITTEN STANDARDS FOR ADMINISTERING ASSISTANCE

CoC Program Rapid Rehousing Rental Assistance

Rapid Rehousing Permanent Housing Projects are designed to provide flexible programming that will expedite a household's ability to become self-sufficient through time-limited rental subsidy programs. Per 24 CFR part 578.37(a)(1)(ii), the CoC will establish annually priority populations to receive Rapid Rehousing assistance consistent with HUD Continuum of Care Program NOFA requirements and in response to analysis of point in time count and housing inventory and unmet needs reports.

RRH Participant Eligibility

- To be eligible RRH assistance, at initial evaluation households must:
- 1) Demonstrate literal homelessness (i.e., HUD Category One) or that household is fleeing/attempting to flee DV (HUD Category Four); and
- 2) Have completed a VI-SPDAT during their current episode of homelessness; or
- 3) Have been deemed appropriate for RRH via DV provider staff evaluation.
 - There is no income requirement for RRH assistance.
 - In order to be eligible for RRH assistance, households must be referred to the RRH program through the Coordinated Entry system, or been evaluated by DV provider staff and deemed appropriate for RRH.
 - Households are not required to enter shelter to be eligible for RRH assistance.
 - As indicated by HUD, households who are eligible for Permanent Supportive Housing (PSH) and awaiting PSH placement are also eligible to receive RRH assistance and will retain their homeless status and, if applicable, chronically homeless status.

Determining the type of assistance & amount or percentage of rent each program participant must pay

- RRH programs are required to use a housing first model for the provision of assistance, i.e. providing permanent housing assistance to homeless households without clinical prerequisites, such the completion of a treatment program, evidence of sobriety, or other programmatic pre-requisites outside of the standards set forth in this document.
- RRH participants may receive eligible supportive services alone or a combination of eligible supportive services and rental assistance. At a minimum, all participants must attend monthly case management meetings in accordance with HUD regulations 24 CFR Part 578
- Tenant rent contribution may be adjusted at any time. There is no minimum dollar amount rent requirement; tenant rent contribution may be zero for households with no income.
- In addition to rental assistance, eligible program costs are defined in 24 CFR Part 578 and include:
- **Financial assistance** (eligible under rental assistance): security deposits, first and last month's rent, property damage; CoC RRH assistance <u>may not</u> be used for payment of rent in arrears. Total property damage payments during a single enrollment in the RRH program may not exceed an amount equal to one month of the participant household's rent.
- **Supportive services:** Case management, child care, education services, employment assistance and job training, food, housing search and counseling services, including mediation, credit repair, and payment of rental application fee, legal services, life skills training, mental health services, moving costs, outpatient health services, outreach services, substance abuse treatment services, transportation, utility deposits

Limitations on amount, frequency and duration of assistance

- In accordance with HUD regulations 24 CFR Part 578, participants may receive eligible supportive services for no longer than 6 months after rental assistance stops.
- Participants may also receive eligible supportive services and/or short-term (up to 3 months) and/or medium-term (for 4 to 24 months) tenant-based rental assistance.
- Participants must be re-evaluated at least every 90 days to determine the need for continued assistance. This requirement applies to both supportive services and rental assistance. Through each re-evaluation the recipient or sub recipient must determine that the continuation of assistance is necessary to avoid literal homelessness.
- Under no circumstances may assistance be provided for more than the maximum period or dollar amount authorized by HUD regulations 24 CFR Part 578. Accordingly, rental assistance shall be calculated using current Fair Market Rent amounts for Scranton/Lackawanna County.
- Participants may be eligible for rapid re-housing assistance for multiple episodes of literal
 homelessness based on their need. If participants present for RRH assistance after initial
 assistance has been provided, Coordinated Entry or other designated entity will facilitate
 a case review to determine how to best assist the participant household to establish
 housing stability and will consider other methods and resources to stabilize in housing.

Vacancies

If a unit assisted under this section is vacated before the expiration of the lease, the assistance for the unit may continue for a maximum of 30 days from the end of the month in which the unit was vacated, unless occupied by another eligible person. No additional assistance will be paid until the unit is occupied by another eligible person. Brief periods of stays in institutions, not to exceed 90 days for each occurrence, are not considered vacancies.

According to the Interim Rule: The recipient or sub recipient must provide leasing assistance funds as set forth in §578.49. Occupancy agreements and subleases are required as specified in § 578.77(a).

Coordinated Assessment

The CoC has chosen to use the No Wrong Door Approach in regards to the Coordinated Assessment System whereby a client could come to any of the CoC's six participating agencies and receive the same needs assessment for the purpose of identifying potential diversion resources and/or the level of housing need for the individual or family. This system eliminates the need for households to go from agency to agency telling the same story, and will lead to the appropriate referral for services or housing program. Please see the CoC document, *Coordinated Assessment Policy and Procedures* for more detail.

The CoC shall adopt the provisions and requirements set out in HUD Notice CPD–164-11 for Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting C hronic Homeless status as the baseline written standards for operations of the CoC Coordinated Assessment System. The CoC shall use the VI-SPDAT and the SPDAT as the standardized assessment tool to verify severity of service needs.

Housing First

Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

Notice CPD 14-012 states that Projects that claimed to be Housing First in the 2013 NOFA must practice Housing First for both the FY 2013 and FY 2014 operating years. As follows, if a project has identified as practicing housing first for the FY 2015 operating year, it must practice that policy for the FY 2015 operating year and so on.

Article V: Miscellaneous Policies and Procedures

Educational Services for Children

Background

Federal law ensures educational rights and protections for children and young adults 18 - 24 experiencing homelessness. Protections apply to children and youth who are living with a parent or guardian and those who are not. Every school district and public charter school in PA is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations using a child centered, best interest framework for decision-making. In addition, HUD establishes requirements for CoCs and project applicants through the annual CoC competition, and the Scranton/Lackawanna County Continuum of Care (SLCCoC) has established related requirements. This document summarizes basic information about the responsibilities of CoCs and recipients of CoC and ESG funds. For more information or to find contact information for the regional and local homeless liaisons please visit: http://www.liu18.org/index.php/ecyeh

Information is also available at the National Center for Homeless Education: http://center.serve.org/nche/briefs.php

Responsibility of CoC

SLCCoC is responsible for coordinating with local school districts, charter schools, and Early Education providers in the following ways:

- Helping to identify children and young adults who are eligible for educational services. If a child or young adult does not have a fixed, regular, and adequate place to sleep at night, he or she is eligible. This includes those living in places not meant for human habitation, emergency shelters, transitional housing, motels/hotels, campgrounds, in doubled-up situations, or in housing that lacks utilities, is infested or has other dangerous conditions.
- Helping to ensure that all families with children and young adults who qualify are informed about their educational rights and their eligibility for educational services and they receive those services.
- Attending relevant meetings and planning events held by local school districts.
- Ensuring that the local school districts' homeless liaisons are aware of the Coordinated Entry process for connecting homeless families and young adults to ESG & CoC resources and helping to resolve any issues that might arise in linking eligible households to those resources.
- Helping to ensure that when placing families in emergency, transitional or permanent housing, consideration is given to the educational needs of children, including placing children as close as possible to schools of origin and early childhood education programs.

Responsibilities of Recipients/Sub-Recipients and Sample Policy

Recipients and sub-recipients of CoC and ESG funds serving families with children and/or young adults 18-24 are responsible for the things outlined in the sample policy below, which is intended to help providers comply with requirements established under federal law, by HUD through the annual CoC project application, and by SLCCoC. All projects receiving CoC funds that are serving families with children and/or young adults 18-24 are required to have similar policies. Projects may opt to adapt this sample policy or to adopt a different policy that fulfills the requirements.

Purpose: To ensure that participants in Scranton/Lackawanna County Continuum of Care are assisted in understanding their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act; To ensure that children and young adults are immediately enrolled in school, as required by federal and State law, & to ensure that they are connected to transportation and educational services to help them succeed in school.

Policy:

- 1. All housing, whether temporary or permanent, provided by the CoC project shall be located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
- 2. The Program Director and/or his/her designee is responsible for: a. Ensuring that all families with children and young adults participating in this project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter. b. Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and young adults participating in the project are enrolled in school immediately, even if they lack the paperwork normally required (e.g., school records, records of immunization, and other required health records, proof of residency, guardianship, and other documents), are unable to pay fines or fees, or have missed application or enrollment deadlines. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment shall occur as quickly as possible and within no more than 48 hours of project entry. Children and young adults who are not required by State law to enroll in school shall be encouraged and assisted but not required to enroll. Families shall be encouraged and assisted to enroll children in early childhood education programs. Enrollment includes attending classes and participating fully in school activities and applies to youth without a parent or guardian.
- 3. Assist unaccompanied youth to choose and enroll in a school, giving priority to his/her wishes and assisting to exercise his/her right to appeal.
- 4. Advocating as necessary to ensure that homeless students are able to continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled) the entire time they are homeless and until the end of the academic year during which they find permanent housing. This includes pre-schools and the designated receiving school at the next grade level when a student completes the final grade level served by the school of origin. Remaining in the school of origin should be presumed to be in the best

interest of the student unless contrary to the request of the parent, guardian or unaccompanied youth.

- 5. Assisting, as necessary, to ensure that the parent, guardian, or unaccompanied youth is provided with the required written explanation of decisions made by school districts/charter schools and how to appeal them and that they are referred to the local school district's homeless liaison who must carry out the dispute resolution process as expeditiously as possible. f. Assisting, as necessary, to appeal any decision by the local school district or charter school that it is not in the student's best interest to attend the school of origin or the school where they currently live if requested by the parent, guardian or unaccompanied youth.
- 6. Advocating, as necessary, to ensure that if a dispute arises over eligibility, school selection, or enrollment, the student is immediately enrolled in the school in which enrollment is sought, pending resolution of all available appeals.
- 7. Advocating, as necessary, to secure the transportation services to which students are entitled (i.e., to and from the school or preschool of origin, including until the end of the year when the student obtains permanent housing).
- 8. Assisting, as necessary, to secure temporary transportation services through other means, if possible, when school districts/charter schools are unable to immediately provide such required services.
- 9. Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible according to their needs and comparable to those provided to other students, including assistance from the local school district's homeless liaison, Early Intervention Program for Infants and Toddlers with Disabilities, Head Start, other preschool programs, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, career and technical education, summer learning, online learning, and referrals to health, mental health, dental and other services.
- 10. Advocating as necessary to ensure that homeless students who meet the relevant eligibility criteria do not face barriers to accessing academic and extracurricular activities, including magnet and charter schools, summer school, career and technical education, advanced placement, online learning, and athletic programs.
- 11. Advocating, as necessary, to ensure that students receive appropriate full or partial credit for coursework, including consulting with the prior school about partial coursework completed, evaluating students' mastery of partly completed courses, and offering credit recovery.
- 12. Advocating as necessary to ensure that all homeless youth receive information and individualized counseling regarding college readiness, college selection, the application process, financial aid, and the availability of on-campus supports; and that unaccompanied homeless youths are informed of their status as independent students for the purposes of Federal financial aid for postsecondary education and assisted in receiving verification of such status.

- 13. Advocating as necessary to ensure that records, including information about a student's living situation, are kept private.
- 14. Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.
- 15. Developing relationships with colleges to access higher education services specifically for homeless young adults.
- 16. Designating a staff person who is responsible for:
 - § Helping participants to understand their educational rights
 - § Ensuring that children and young adults are enrolled in school and early childhood education
 - § Ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible
 - § Ensuring that children and young adults receive the transportation services to which they are entitled

These need not be the only responsibilities of the designated staff person.

- 16. Ensuring that the designated staff person is involved in the development of participants' service plans where there are extensive or significant unmet educational needs.
- 17. Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.

Non-Discrimination Policy

CoC programs do not discriminate based on race, color, religion, national origin, ancestry or place of birth, sex, gender identity, sexual orientation, disability, marital status or age. CoC and ESG programs will grant equal access to programs or facilities consistent with gender identity, and provide families with equal access.

Preventing Family Separation

Families experiencing homelessness should not be separated when receiving services unless the health and well-being of children are at immediate risk. The age and gender of a child under the age of 18 shall not be used as a basis for denying a family's admission to any housing services. In addition, a broad definition of family must be used that allows for single parent households of any gender identity, two parent households including same sex parents and LGBT parents, and extended families to be served together with their children.

Persons with Limited English Proficiency

The CoC and partner agencies will take reasonable steps to ensure meaningful access to their programs and activities for persons who are limited in their English proficiency, regardless of national origin. Such steps may include translating marketing materials and documents essential to providing services into languages prevalent in the community, as well as providing language assistance while providing services, including oral and written translation where appropriate.

				Area Census Demo	ographics				
						Native Hawaiian and			
			Black or African American	American Indian and Alaska		Other Pacific Islander			White alone (non-
Area	Total	White %	alone %	Native alone %	Asain alone %	alone %	Two or More Races %	Hispanic or Latino %	hispanic) %
Scranton	77,605	85%	6.80%	0.20%	4.30%	0%	2.70%	12.60%	75.10%
Lackawanna County	210,761	91.30%	3.60%	0.30%	3.00%	0.10%	1.70%	7.50%	85.30%
			All	Time All Enrollments	Demographic	:S			
						Native Hawaiian and			
				American Indian and Alaska		Other Pacific Islander			White alone (non-
Exit vs %	Total Population	White	alone%	Native alone	Asain alone	alone	Two or More Races	Hispanic or Latino	hispanic)
All Enrollments All Time	7069	5022	1654	13	21	24	335	1095	4120
% All Enrollments All Time	-	71.04%	23.40%	0.18%	0.30%	0.34%	4.74%	15.49%	58.28%
				All Time Exit Demo	ographics				
						Native Hawaiian and			
			Black or African American	American Indian and Alaska		Other Pacific Islander			White alone (non-
Exit vs %	Total	White	alone%	Native alone	Asain alone	alone	Two or More Races	Hispanic or Latino	hispanic)
Exits All Time	12,681	9447	2626	24	71	38	475	1834	7900
% of Exits All Time	-	74.50%	20.71%	0.19%	0.56%	0.30%	3.75%	14.46%	62.30%
Exits to Permanent Housing Demographics									
			Black or African American	American Indian and Alaska		Other Pacific Islander			
							Two or More Races	Hispanic or Latino	
Exits to Permanent Housing	5889	4185	1377	10	16	15	286	906	3433
% Exits to Permanent Housing	-	71.06%	23.38%	0.17%	0.27%	0.25%	4.86%	15.38%	58.30%
			Ex	cits to Homelessness I	Demographics				
						Native Hawaiian and			
			Black or African American	American Indian and Alaska		Other Pacific Islander			White alone (non-
Exit vs %	Total	White	alone%	Native alone	Asain alone	alone	Two or More Races	Hispanic or Latino	hispanic)
Exits to Homelessness	317	242	64	2	1	1	7	23	223
% Exits to Homelessness	-	76.34%	20.19%	0.63%	0.32%	0.32%	2.21%	7.26%	70.35%
			Exits	to Temporary Situatio	ons Demograp	hics			
						Native Hawaiian and			
			Black or African American	American Indian and Alaska		Other Pacific Islander			White alone (non-
Exit vs %	Total	White	alone%	Native alone	Asain alone	alone	Two or More Races	Hispanic or Latino	hispanic)
Temporary Situations	1456	1053	288	2	1	2	110	158	938
% Exits to Temporary Situations	s -	72.32%	19.78%	0.14%	0.07%	0.14%	7.55%	10.85%	64.42%

	Racial Equity Analysis Grouping Exit Destination					
Exit Outcome	HMIS Exit Destination					
Actively Enrolled	(NULL)					
,	Client doesn't know					
	Client refused					
Bad Data	Data not collected					
	No exit interview completed					
	Other					
	Other Early Childhood Program					
Negative	Emergency Shelter, including hotel or motel paid for with shelter voucher					
	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)					
	Long-term care facility or nursing home					
	Owned by client, no ongoing housing subsidy					
	Owned by client, with ongoing housing subsidy					
	Permanent housing (other than RRH) for formerly homeless persons					
	Rental by client with RRH or equivalent subsidy					
	Rental by client, no ongoing housing subsidy					
Positive	Rental by client, other (non-VASH) ongoing housing subsidy					
	Rental by client, VASH Subsidy					
	Rental by client, with GPD TIP housing subsidy					
	Residential project or halfway house with no homeless criteria					
	Staying or living with family, permanent tenure					
	Staying or living with friends, permanent tenure					
	Foster Care Home or Foster Care Group Home					
	Hospital or other residential non-psychiatric medical facility					
	Hotel or Motel paid for without Emergency Shelter Voucher					
	Jail, Prison, Juvenile Detention Facility					
Temporary	Psychiatric Hospital or Other Psychiatric Facility					
remporary	Safe Haven					
	Staying or living with family, temporary tenure (e.g., room, apartment or house)					
	Staying or living with friends, temporary tenure (e.g., room, apartment or house)					
	Substance Abuse Treatment or Detox Center					
	Transitional Housing for homeless persons (including homeless youth)					