

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

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

**CoC Name and Number (From CoC Registration):** PA-510 - Lancaster City & County CoC

**CoC Lead Organization Name:** Lancaster County Mental Health/Mental Retardation/Early Intervention

## 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Lancaster County Coalition to End Homelessness Continuum of Care Planning Committee

**Indicate the frequency of group meetings:** Monthly or more

**If less than bi-monthly, please explain (limit 500 characters):**

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 61%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

The Lancaster County Coalition to End Homelessness (LCCEH) appointed the Continuum of Care Planning Committee to be the primary decision making body for the Lancaster CoC. Each of the 10 standing subcommittees of the LCCEH appoints a representative to serve on the committee. The committee further includes appointed representatives of the public sector, mainstream providers, and emergency and transitional housing providers. A minimum of 2 representatives from the participant population are appointed to the committee as well. The selection process ensures that all stakeholders have a voice in the decision making process and includes representation from both the private and public sector.

**\* Indicate the selection process of group leaders: (select all that apply):**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):**

Yes, the Lancaster County Coalition to End Homelessness (LCCEH) would designate the appropriate non profit organization to apply for HUD funding. This organization would be identified as having the capacity to serve as the grantee and to provide all direct oversight of contracted funding projects. The CoC has already identified potential organizations that have a willingness to serve as the designated organization in this capacity. The Community Homeless Advisor (co-chair of the LCCEH Continuum of Care Planning Committee) would work directly with the designated organization as the liaison between the funding organization and the LCCEH and would provide project monitoring on behalf of the LCCEH and the funding organization.

# 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

## Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Lancaster County Coalition to End Homelessness (LCCEH) Leadership Council	The Lancaster County Coalition to End Homelessness (LCCEH) was established in April 2009 to merge the work of the Lancaster Continuum of Care (formerly the Lancaster Interagency Council for the Homeless) and the work of the 10 Year Plan Process. The Leadership Council consists of a cross section of county-wide leaders including the business and private sectors, government entities and human service providers. The role of the LCCEH Leadership Council is for community leaders to monitor the achievement and coordination of the Continuum of Care Plan and the Heading Home Ten Year Plan. This group endorses new strategies recommended by the various bodies within the LCCEH and ratifies the decisions of the Continuum of Care Planning Committee.	Quarterly
Lancaster County Coalition to End Homelessness Continuum of Care Planning Committee	This committee's role is to implement a coordinated system identifying needs and gaps, set agendas for meetings, oversee monitoring of funded projects, take primary responsibility for completion of Exhibit 1, conduct the project review and selection, establish prioritization review panels, and provide the final approval for the CoC Exhibit 1 application.	Monthly or more
LCCEH 10 Year Plan Action Teams	The role of the action teams (Services to the Chronically Homeless, Transitional Housing, Permanent Housing, Employment, Housing First and Prevention) is to address and implement the CoC strategic objectives in each planning area of the Ten Year Plan to ensure accomplishment of the identified action steps. In addition, the Prevention Action Team oversees the CoC discharge planning, while the Transitional Housing and Services to the Chronically Homeless Action Teams coordinate the CoC point in time count. The action teams further identify the long range benchmarks and objectives for the Lancaster CoC plan and measure ongoing progress towards the CoC goals and objectives	Monthly or more
LCCEH Homeless Service Provider Network	This committee consists of front-line service providers, whose role includes sharing best practice approaches, identifying gaps in services, and identifying and recommending new strategies, programs and approaches to fill the gaps in the Continuum. This committee further works to ensure access to mainstream services through coordination of service delivery and dissemination of information. This committee takes the role of response to disaster as needed.	Bi-monthly

LCCEH HMIS Focus Subcommittee	This committee's role is to oversee the successful operation of HMIS, including improvement in data entry and collection by providers to identify gaps and unmet needs, and to identify and track the chronically homeless.	Bi-monthly
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**If any group meets less than quarterly, please explain (limit 750 characters):**

## 1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Department of Community and Economic Development	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Lancaster County Assistance Office	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
City of Lancaster	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Lancaster County Board of Commissioners	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
Lancaster County Department of Veterans Affairs	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans
Lancaster County Office of Aging	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Lancaster County Children and Youth Agency	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Lancaster County Drug and Alcohol Commission	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Lancaster County Mental Health, Mental Retardat...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Serio...
Lancaster County Planning Commission	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Lancaster City Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Lancaster County Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Lancaster County Redevelopment Authority	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Lancaster Theological Seminary	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Millersville University	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	NONE
School District of Lancaster	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth
Lancaster City Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE

Lancaster County Adult Probation and Parole	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Lancaster County Office of Special Offenders	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Lancaster County Mental Health Court	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Lancaster County Drug Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Substance Abuse
Lancaster County Prison	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	NONE
Lancaster County Reentry Management Organization	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Lancaster County Workforce Investment Board	Public Sector	Local w...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lancaster County CareerLink	Public Sector	Local w...	Attend 10-year planning meetings during past 12 months, C...	NONE
AIDS Community Alliance	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
American Red Cross of the Susquehanna Valley	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
BIRD Ministries Prison Outreach	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Bridge of Hope	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Clare House	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Community Action Program of Lancaster	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Compass Mark	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Domestic Violence Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Community Homeless Outreach Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Community Services Group	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
East Chestnut Street Mennonite Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Guadenzia	Private Sector	Non-pro..	Primary Decision Making Group	Substance Abuse

Mental Health America	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
MidPenn Legal Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Neighborhood Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
The Lodge Inc. of PA	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Tabor Community Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Urban League of Lancaster County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
YWCA of Lancaster	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Columbia Community Life Network	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Lancaster County Council of Churches	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Love INC	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
No Longer Alone Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	HIV/AIDS
Ephrata Area Ministerium	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Milagro House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Water Street Ministries	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Spanish American Civic Association	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Glass House	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Substance Abuse
First Reformed Church of Lancaster	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Lancaster County Community Foundation	Private Sector	Funder...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE

United Way of Lancaster County	Private Sector	Funder ...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Lancaster Housing Opportunity Partnership	Private Sector	Funder ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Housing Development Corpotation	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Community Basics	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Lancaster General Health	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Southeast Lancaster Health Services	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Water Street Medical and Dental Center	Private Sector	Hospita..	Attend 10-year planning meetings during past 12 months, C...	NONE
Charter Homes	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
E.G. Stoltzfus Builders	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Nikolaus & Hohenadel Law Firm	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Brinjac Engineering	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Desmond Construction	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Prudential HomeSale Services Group	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Ironworks	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Aimee Urban	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Susquehanna Bank	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Tri-Star Employment Services	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE

Kelly Emmployment Services	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Lancaster County Convention Center	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Travel Time Agency	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Fulton Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Frontier Communications	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Building Industry Association	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Spencer Marketing & Advertising	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Issacs Restaurant	Private Sector	Businesses	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
ELA Group	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
James Street Improvement District	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
McKonly & Ashbury	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Wayne Geltz	Individual	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Gene Hanum	Individual	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Linda Castagna	Individual	Other	Committee/Sub-committee/Work Group	NONE
Patrick	Individual	For merl. ..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Anthony	Individual	For merl. ..	Committee/Sub-committee/Work Group	NONE
Bob	Individual	For merl. ..	Attend 10-year planning meetings during past 12 months, C...	NONE
Jay Brenneman	Individual	Other	Attend 10-year planning meetings during past 12 months, C...	NONE

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

## Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods:**  
**(select all that apply)** f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s):**  
**(select all that apply)** g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

**Voting/Decision-Making Method(s):**  
**(select all that apply)** a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** No

**If yes, briefly describe complaint and how it was resolved (limit 750 characters):**

## **1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available**

**For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.**

**Emergency Shelter:** Yes

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):**

The significant change in the CoC emergency shelter bed inventory is the significant addition of 82 seasonal winter beds as part of the CoC winter shelter and cold weather shelter program. Water Street Ministries opened up a room and set up 60 mats each night and the Winter Shelter Program added 15 additional beds to prepare for the anticipated increase in demand due to the economy. In one of our rural areas, the seasonal program added an additional 6 beds. In addition, Water Street Ministries added 4 more family units. This significant increase in the CoC seasonal and family beds has provided capacity to shelter all those requesting it during the cold weather months.

**Safe Haven:** No

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):**

Not Applicable, No Safe Haven in CoC

**Transitional Housing:** Yes

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):**

The CoC conducted a careful review of the HIC inventory and determined that projects included previously do not serve persons that fit the HUD homeless definition. Specifically, several projects are recovery programs or halfway houses, and other projects are part of the criminal justice system's re-entry program. After discussion with those providers, those beds (42 single and 5 family units) were removed from the CoC inventory since they are not serving homeless persons according to the HUD definition. There has been the addition of two new transitional housing projects in the CoC for the homeless population, Water Street Ministries Transitional Family Units (that can serve 2 parent families) and the Church at Timberline Single Units.

**Permanent Housing:** Yes

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):**

The Shelter Plus Care Program funded through the 2007 application began operating their program adding 12 additional permanent housing beds with 5 beds for singles and 3 family units. Two of the single beds are for the chronically homeless. Project North Star, also funded in the 2007 competition for 7 new beds with 2 for the chronically homeless, was listed on the 2008-e-HIC as under development. This classification was not correct, as this project was still waiting for their HUD contract in January 2009; therefore the project is not included on the 2009 e-HIC.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** Yes

# 1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

### Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	PA-510 e-HIC	11/05/2009

## Attachment Details

**Document Description:** PA-510 e-HIC

# 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

## Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

**Indicate the date on which the housing inventory count was completed:** 01/26/2009  
(mm/dd/yyyy)

**Indicate the type of data or methods used to complete the housing inventory count:** HMIS plus housing inventory survey  
(select all that apply)

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS  
(select all that apply)

## Must specify other:

**Indicate the type of data or method(s) used to determine unmet need:** Unsheltered count, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms  
(select all that apply)

## Specify "other" data types:

**If more than one method was selected, describe how these methods were used together (limit 750 characters):**

Local studies and non HMIS data were used and then supplemented with stakeholder discussion and provider (primarily emergency shelter provider) opinions to identify primary unmet need for emergency and specialized transitional beds. Unsheltered count was used to supplement analysis of unmet need for emergency beds for singles as well as additional specialized transitional and permanent housing beds. Current housing inventory identified the types of specialized housing that were available. Local studies were used primarily to identify specific needs such as number of households with children.

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

### Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select the HMIS implementation type:** Single CoC

**Select the CoC(s) covered by the HMIS:** PA-510 - Lancaster City & County CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** ServicePoint

**What is the name of the HMIS software company?** Bowman Internet Systems

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Indicate the date on which HMIS data entry started (or will start):** 07/01/2002  
(format mm/dd/yyyy)

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the challenges and barriers impacting the HMIS implementation:** Inadequate staffing, HMIS is unable to generate data for PIT counts for sheltered persons, Poor data quality, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers  
(select all the apply):

**If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**

**If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

The CoC has established the HMIS Focus Committee with membership of HUD and non-HUD funded users to address the issues identified. Steps taken include training interns to assist with inadequate staffing for data input, provider training to address engagement of non-HUD providers, training to address data quality issues including timely data entry, and established regular meetings with all users to continue engagement. The HMIS Lead Agency has engaged the Lancaster County Information Technology Department to provide one on one technical assistance and regular reporting to ensure effective and efficient implementation of the HMIS system. Additional resources allowed the purchase of an import tool in September 2009 to increase data quality as well as participation rates of non-HUD funded providers. The department is in the beginning process of setting up the import tool to transfer data from Provider's other computer systems into ServicePoint.

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** Lancaster County Redevelopment Authority  
**Street Address 1** 202 North Prince Street  
**Street Address 2**  
**City** Lancaster  
**State** Pennsylvania  
**Zip Code** 17603  
**Format:** xxxxx or xxxxx-xxxx  
**Organization Type** State or Local Government  
**If "Other" please specify**  
**Is this organization the HMIS Lead Agency in more than one CoC?** No

## **2C. Homeless Management Information System (HMIS) Contact Person**

**Enter the name and contact information for the primary contact person at the HMIS Lead Agency.**

**Prefix:** Ms.  
**First Name** Aimee  
**Middle Name/Initial**  
**Last Name** Tyson  
**Suffix**  
**Telephone Number:** 717-394-0793  
**(Format: 123-456-7890)**  
**Extension** 211  
**Fax Number:** 717-394-7635  
**(Format: 123-456-7890)**  
**E-mail Address:** atyson@lchra.com  
**Confirm E-mail Address:** atyson@lchra.com

## 2D. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	76-85%

**How often does the CoC review or assess its HMIS bed coverage?** Quarterly

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

## 2E. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	7%
* Date of Birth	1%	0%
* Ethnicity	2%	0%
* Race	2%	0%
* Gender	1%	0%
* Veteran Status	1%	2%
* Disabling Condition	2%	21%
* Residence Prior to Program Entry	2%	2%
* Zip Code of Last Permanent Address	2%	7%
* Name	0%	0%

**Instructions:**

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

**Did the CoC or subset of CoC participate in AHAR 4?** No

**Did the CoC or subset of CoC participate in AHAR 5?** Yes

**How frequently does the CoC review the quality of client level data?** Monthly

**How frequently does the CoC review the quality of program level data?** Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

The CoC HMIS Focus Committee meets monthly to identify data quality issues and develop quality improvement tools. Beginning in 2009 a monthly report is sent to each provider showing all required data elements and null values for that agency's participants. Agencies are required to correct the data within 1 week. One on one technical assistance is available to all users along with group training sessions. The Committee reviews the number of clients by program to determine whether it matches the stated bed/service capacity to ensure that all clients are entered and exited. If a discrepancy arises, the participating agency is contacted to determine the reason. Clarity on definitions has been added in user training to improve data.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

The HMIS Policies and Procedures Manual require that all client data be entered within 10 days of program entry and exit. In order to identify projects that are not properly exiting clients, beginning in 2009, the HMIS administering agency prepares monthly Null Report pulled for each user organization. All client data must have less than 10% null values- optimally 0% null values. The monthly report lists the total number of clients entered into the program and the length of service by client so that it can be determined if a client is exceeding the average length of service which is usually an indication that the client was not properly exited from the system.

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

**Indicate the frequency in which each of the following activities is completed:**

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Monthly
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Semi-annually
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Annually
<b>Use of HMIS for performance assessment:</b>	Monthly
<b>Use of HMIS for program management:</b>	Quarterly
<b>Integration of HMIS data with mainstream system:</b>	Never

## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

**Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:**

* Unique user name and password	Quarterly
* Secure location for equipment	Monthly
* Locking screen savers	Quarterly
* Virus protection with auto update	Monthly
* Individual or network firewalls	Monthly
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Monthly

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Monthly

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 08/13/2009

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

## 2H. Homeless Management Information System (HMIS) Training

**Instructions:**

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

**Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:**

Privacy/Ethics training	Quarterly
Data Security training	Annually
Data Quality training	Monthly
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Never
HMIS software training	Quarterly

## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

**Instructions:**

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

**Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2009

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

		Households with Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
<b>Number of Households</b>	25	78			1	104
<b>Number of Persons (adults and children)</b>	69	214			3	286
		Households without Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
<b>Number of Households</b>	148	218			14	380
<b>Number of Persons (adults and unaccompanied youth)</b>	148	218			14	380
		All Households/ All Persons				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
<b>Total Households</b>	173	296			15	484
<b>Total Persons</b>	217	432			17	666

## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

**Instructions:**

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	44	1	45
* Severely Mentally Ill	97	1	98
* Chronic Substance Abuse	152	2	154
* Veterans	54	0	54
* Persons with HIV/AIDS	23	0	23
* Victims of Domestic Violence	63	0	63
* Unaccompanied Youth (under 18)	0		0

## 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

**How frequently does the CoC conduct a point-in-time count?**      Annually

**Enter the date in which the CoC plans to conduct its next point-in-time count:**      01/26/2010  
(mm/dd/yyyy)

**Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.**

**Emergency shelter providers:**      100%

**Transitional housing providers:**      100%

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

### Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):

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

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

An electronic survey was sent to each shelter provider that included a step by step training guide with a detailed set of instructions that included contact information for clarification. Follow-up contact was made with each provider to ensure data quality and 100% participation. All of the providers involved this year have completed the count each year and have experienced staff to ensure that data is correct. The CoC reviews all returned results comparing them to the previous year's data for each provider kept in a spread sheet to identify any potential discrepancies. If an apparent discrepancy is identified, individual contact is made with the providers to validate the information. The final reviewed results are also compared to HMIS data.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The emergency bed count was higher this year, while the street count was lower. This is the result of an increase in the number of beds provided by the seasonal Winter Shelter Program as well as additional beds provided by the Water Street Mission's Cold Weather Shelter. This change then increased the number of persons in emergency shelters. There was also a decrease in the transitional housing count as a result of the CoC identifying that some providers that were previously included in the count were not serving homeless persons as defined by HUD, but were instead recovery or criminal justice re-entry programs (as noted in the narrative regarding the change in the Housing Inventory Chart). These changes reduced the overall number from last year; however, this count was more comparable to the previous counts in 2006 and 2007 which did not include those providers that were inadvertently included in 2008 but not included this year after careful review of HUD guidelines.

## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

### Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](http://www.hudhre.info/documents/counting_sheltered.pdf).

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

<b>HMIS</b>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation:</b>	
<b>Sample strategy:</b>	
<b>Provider expertise:</b>	X
<b>Non-HMIS client level information:</b>	X
<b>None:</b>	
<b>Other:</b>	

**If Other, specify:**

**Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):**

Each shelter and transitional housing provider was requested to indicate the number of individuals that met each subcategory. This was based on the individuals who were in shelter on the specific night of the count. This information is then reviewed with the HMIS data to ensure that all subpopulations are appropriately recorded.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):**

Most of the subpopulations have remained stable but the CoC has noted a significant increase (69%) in the severely mentally ill. This is a result of the ability to better identify those with serious mental illness as a result of the opening of the Community Homeless Outreach Center in November 2007, where mental health outreach staff are located to assist those using the center. This service provides the opportunity for the CoC to identify those with mental illness and assist the transient homeless persons in this community to connect with the necessary mental health services allowing them to move towards self sufficiency and permanent housing. The other identified increase in the past year is victims of domestic violence (21%), following a trend that in difficult economics and stressful time, instances of domestic violence increase. There was a 14% decrease in chronic substance abuse, purely a result of 2 recovery houses that were included mistakenly in last years homeless count, but were not included this year since they are not a homeless service provider.

## 2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:  
 (select all that apply)**

<b>Instructions:</b>	<input checked="" type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):**

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

**Instructions:**

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see  
 ¿A Guide to Counting Unsheltered Homeless People¿ at:  
[http://www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

**Indicate the method(s) used to count unsheltered homeless persons:  
 (select all that apply)**

<b>Public places count:</b>	X
<b>Public places count with interviews:</b>	X
<b>Service-based count:</b>	
<b>HMIS:</b>	
<b>Other:</b>	X

**If Other, specify:**

Lancaster County opened the Community Homeless Outreach Center in November 2007 that was developed specifically to reach the unsheltered homeless. It operates only as a day time drop in center providing showers and laundry for unsheltered persons in the community. Interviews were conducted in this location with all individuals attending on the date of the one day count who indicated that they were unsheltered and on the streets. Steps were taken to ensure that those person where not part of an emergency or cold weather shelter count and in fact were on the streets by comparing the sign in sheets for the center with the emergency shelter data.

## **2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage**

### **Instructions:**

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

**Indicate the level of coverage of unsheltered homeless persons in the point-in-time count:**      Known Locations

**If Other, specify:**

## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

**Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)**

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):**

Interviewers collected a unique individual identifier by asking each person interviewed to provide his/her initials and the first three numbers of his/her social security number. These unique identifiers on each form were reviewed by the CoC and allowed the elimination of forms with the same identifier to avoid and reduce potential duplication.

**Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):**

The CoC opened the Community Outreach Center in November 2007 to provide outreach and a point of entry for all unsheltered homeless persons, including families, to access services. In addition, throughout the rural communities in the county, the local Community Action Program has 7 established rural outreach offices that have served the rural communities for over 20 years as points of entry/outreach for rural families, providing prevention assistance and intervention for those families. Building on these efforts to reduce the number of unsheltered families, in May 2009, the CoC established a single point for our family emergency shelter system to provide a more user friendly system for all unsheltered families. Families are assessed at a single point of intake location to access the provider and services most appropriate to that family's needs. This has reduced the amount of contacts a family needs to make in order to access shelter and services.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

In November 2007, the CoC opened the Community Homeless Outreach Center. The center is a daytime drop in center that is open Monday-Friday, 9:30 AM to 4:00 PM. Anyone who comes into contact with an unsheltered homeless person can direct them to the center to connect to needed services including and shelter and housing options. Services provided through the center include case management services for individuals with mental health issues or drug and alcohol addiction, case management for veterans, health care referrals to two local clinics, and housing locator services of a housing first provider. The center provides a mailing address, showers and laundry facilities for unsheltered persons. The site is located in the same facility as the Water Street Mission's Community Emergency Overflow Shelter, allowing the unsheltered to quickly connect with a place to stay. Outreach is provided by the center staff and staff of the WSM who do weekly sweeps of known areas for the unsheltered, meeting with them and helping them access the drop in center or overflow beds.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):**

The street count was significantly lower (57%) this year, while the emergency bed count was higher. This is the result of an increase in the number of beds provided by the seasonal Winter Shelter Program as well as additional beds provided by the Water Street Mission's Cold Weather Shelter. Over the past year, the CoC also engaged persons in key rural locations throughout the county who had indicated that in the past years, there was an increase in the number of unsheltered homeless. The CoC worked with those communities to connect persons to the Community Action Outreach Programs, and in fact, there were fewer numbers on the one day count than previous estimates. Overall, the success of the concerted efforts of the CoC with the addition of the drop in center, increased cold weather beds, the single point of intake for families and the active engagement of the rural outreach centers has resulted in reductions in unsheltered persons in the CoC.

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

#### Objective 1: Create new permanent housing beds for chronically homeless individuals.

##### Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### **In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?**

CoC planning initiatives for the next 12 months to create permanent chronically homeless beds include 2 additional S+C units for chronically homeless persons through LCHRA 2008 submission, maintaining 20% of all Section 8 vouchers as homeless preference vouchers with 25% of these set aside for the chronically homeless and a local developer, Community Basics Inc. currently seeking local funding for a 15 unit property that if developed will set aside 2 units for the chronically homeless. The two new projects included in this submission include a total of 10 beds for the chronically homeless. These goals will be coordinated with these providers being part of the monthly CoC Planning Committee meetings where they will report their progress towards the goals. The contingency plan if the projects are not funded include working with the current supportive housing providers to utilize as many of the current permanent housing units for the homeless as set asides for the chronically homeless.

##### **Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?**

Long term planning for permanent housing for the chronically homeless includes the work of the Chronically Homeless and the Permanent Housing Action Teams. The CoC 10 Year Planning includes Permanent Housing for the Homeless Strategy 1: Prioritize affordable housing as a key goal of Lancaster County, and Strategy 2: Increase the supply of permanent housing for the homeless with 40% set aside for the chronically homeless. The plan also includes the Services to the Chronically Homeless Strategy 1: Create and maintain a system to engage and connect the chronically homeless to services as a means to move them to permanent housing and Strategy 2: Target a set amount of all services provided to the homeless population for the chronically homeless including permanent housing units with the supportive services to maintain their housing. The plan includes developing a total of 100 permanent housing units for the homeless with 40% or 40 units set aside for the chronically homeless by year 10.

##### **How many permanent housing beds do you currently have in place for chronically homeless persons? 19**

**How many permanent housing beds do you plan to create in the next 12-months?** 2

**How many permanent housing beds do you plan to create in the next 5-years?** 20

**How many permanent housing beds do you plan to create in the next 10-years?** 40

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

**Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.**

**Instructions:**

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

The CoC planning initiatives include maintaining/exceeding the goal of 77% for the next twelve months by implementing the CoC best practice standards for all permanent housing projects in the continuum which include the utilization of an individual supportive service plans for each resident, implementation of community building activities among residents in the projects, and providing supportive service coordination and case management for residents to address barriers to maintaining housing. The success of adopting these standards is evident in the CoC meeting/exceeding the HUD goal. All providers of permanent supportive housing projects are members of the CoC Planning Committee. These these goals will be coordinated and reviewed as part of regular CoC Planning Committee meetings. If the goals are not met by a specific provider, the committee will meet individually with that provider to offer support and technical assistance to reach the goal.

**Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The CoC long term planning to maintain/exceed the goal of 77% of homeless persons maintaining permanent housing includes continuing to implement the best practice CoC Wide standards listed above and revise/add new measures as indicated. With a Housing First Strategy as part of the CoC 10 year plan, the Housing First Action Team is developing system wide outcomes and indicators for the Housing First Approach which include meeting the HUD defined goal for percent of homeless persons placed in permanent housing maintaining that housing for 6 months or longer. Also, the Permanent Housing Action Team has identified as one of their strategies to "Increase the percentage of homeless individuals staying in permanent housing over six months with the benchmark of meeting the HUD established goal". With the HUD goals incorporated as part of the CoC 10 year plan, providers will utilize the best practice standards and be evaluated on meeting the system wide benchmark over the next 10 years.

**What percentage of homeless persons in permanent housing have remained for at least six months?** 79

**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 79

**In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 80

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 80

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

**Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

**Instructions:**

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

CoC planning initiatives include exceeding the goal of moving 65% of persons in funded transitional housing projects to permanent housing. The CoC Transitional Housing Action Team established a system wide benchmark "that 70% of families and individuals will move into permanent housing in an average of six months or less" for all transitional housing programs, including non-HUD funded projects. To meet this benchmark, plans for the next 12 months include this CoC Action Team measuring base line data for each transitional provider, developing a system wide standard model of an "Individualized Permanent Housing Plan" for all providers to complete with residents in the first 15 days of residency and providing system wide training offered to all CoC transitional housing providers on how to identify and access affordable housing including tools to develop a landlord base. The contingency plan is to provide technical support and training to providers not meeting the benchmark.

**Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The CoC's 10 Year Plan includes the objective "Defining the role of Transitional Housing." System wide strategies include Strategy 1 "Reduce the length of stay individuals and families spend in transitional housing until they are moved into permanent housing", Strategy 2 "Implement a common measurement framework to achieve the goal of moving residents to permanent housing as defined by HUD", Strategy 3 "Provide transitional housing units for targeted segments of the homeless population most needing transitional housing" and Strategy 4 "Coordinate the efforts of all transitional housing providers in Lancaster County". With the system wide benchmark established in 2009 as stated above, the CoC Transitional Housing Action Team will be working on specific actions steps over the next 10 years, building on the baseline data that will identify those providers not meeting the benchmark, and develop specific action steps for those providers to reach the benchmark.

**What percentage of homeless persons in transitional housing have moved to permanent housing?** 80

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 70

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 75

**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 75

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

**Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.**

**Instructions:**

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

The CoC planning initiatives include maintaining/exceeding the goal of persons employed at program exit to at least 20 percent by utilization of basic employment readiness checklist used by case managers to prepare individuals for employment, establishing a cooperative relationship with 2 staffing agencies to expedite the process of immediate employment where appropriate and to review the Workforce Investment Board Job Readiness Program to make employment opportunities more accessible for the homeless. The CoC Employment Action Team reviews these goals and coordinates with the providers to ensure employment opportunities are utilized by the providers. With the continued recent rise in the unemployment rate in Lancaster County (while other communities have stabilized), the CoC faces challenges in our history of meeting/exceeding this goal. The contingency plan is to work closely with those projects that do not meeting the goal and provide additional training and support as indicated.

**Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The CoC long term plan to maintain/exceed the goal of persons employed at program exit to at least 20 percent is incorporated into the CoC 10 Year Plan with the Employment Action Team responsible to implement the strategy to "Increase employment opportunities for those homeless individuals who are ready for permanent employment". The steps include the system wide use of the employment readiness checklist, identification of the barriers to employment with solutions to the barriers, establishment of cooperative relationships with 2 staffing agencies each year, and partnering with employers to provide entry level employment with opportunities for advancement for the homeless population (3 new partners/year). CoC will also assist homeless providers to access existing social service employment programs in the county. Finally, the CoC plans to establish Homeless Liaison positions in the CareerLink Office to maximize access to employment opportunities and ensure stable income.

- What percentage of persons are employed at program exit?** 39
- In 12-months, what percentage of persons will be employed at program exit?** 20
- In 5-years, what percentage of persons will be employed at program exit?** 25
- In 10-years, what percentage of persons will be employed at program exit?** 25

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

**Objective 5: Decrease the number of homeless households with children.**

**Instructions:**

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?**

With unemployment rising and more families facing homelessness in our local economy, the CoC faces challenges in decreasing the number of homeless households with children. The strategies to keep the increase to a minimum include implementation of the 2008 Rapid Rehousing Pilot Project, establishment of a centralized homeless prevention assessment center as part of HPRP, strategic use of HPRP for households most likely to become homeless and rapidly rehouse those already homeless, centralizing shelter intake for families, and adopting a housing first approach for all families. The CoC co-chair is a member of the weekly implementation meetings with HPRP contractors and involved in the performance assessment and program management reviews for the HPRP program. The Housing First and Prevention Action Teams will review achievement of goals with the providers. The contingency plan is to revise the assessment tool and reallocate prevention dollars if necessary.

**Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?**

The CoC long term plan to decrease the number of homeless families includes the continued successful implementation and evaluation of the current housing first and rapid rehousing programs. The CoC 10 year plan includes the objective of reducing the number of families entering the homeless system with the strategy of identifying local risk factors of family homelessness and the development of interventions specific to those risk factors. The CoC Prevention Action Team is responsible for development of best practice standards for prevention programs system wide. The "risk indicators for family homelessness" is being developed and a plan for targeting all prevention services for those most at risk is under development. The centralized intake assessment system will continue to identify those most at risk. Prevention programs providing financial prevention assistance to families must begin utilizing the central prevention intake assessment system by 2011.

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 108

**In 12-months, what will be the total number of homeless households with children?** 108

**In 5-years, what will be the total number of  
homeless households with children?** 80

**In 10-years, what will be the total number of  
homeless households with children?** 52

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

**For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).**

#### Foster Care:

The CoC has actively worked with the Lancaster County Children and Youth Agency to implement protocol to prohibit discharge from foster care into homelessness. The CoC Prevention Action Team has established a "Discharge Task Force" to ensure implementation of established protocol. The task force is developing base line data of discharge to measure the effectiveness of the protocol and make improvements as indicated. The protocol developed by Lancaster County Children and Youth Services mandates that housing is addressed during the reunification process for all children in the foster care system. Housing stability must be addressed before reunification occurs for all minor children. All youth aging out of foster care beginning at age 16 are eligible for Independent Living Services through age 21. Services include preparation, life skills training & case management. Youth exiting care at age 18 and enrolled in higher education or training may remain in care until age 21 or completion of their program. Services provided to youth aging out of care include assistance locating and maintaining housing, and job search assistance. The Independent Living Coordinator of CYA locates housing through a number of strategies including identifying resources the youth already have, local affordable housing projects (HDC and Community Basics) and specialized relationships with identified landlords and realtors.

#### Health Care:

Hospitals in Pennsylvania must have written discharge policies for "appropriate referral and transfer plans" that comply with requirements of the Federal Conditions for Participation in Medicare and Medicaid Services and the Pennsylvania Code (028 Section 105.21 to 105.25). The CoC has established a "Healthcare and Homeless Initiative", a group of health care and homeless providers, to work with the local hospitals to implement this protocol to prohibit discharge into homelessness as well as to decrease the number of emergency room visits by the homeless population through collaboration and prevention. In addition, the CoC Prevention Action Team has established a "Discharge Task Force" to ensure implementation of established protocol. The task force is developing base line data of local hospital discharges to measure the effectiveness of the protocol and make improvements as indicated. Persons who enter the health care system from a homeless housing provider are discharged back to the provider where they resided. For homeless persons coming from the streets or who will be homeless upon discharge, the Social Service Departments of the health care providers locate the most appropriate housing depending on the need for follow-up medical care. Housing options include connecting to family or friends as housing options, personal care homes or diversion programs indicated for specific health/mental health issues, and referrals to local affordable housing providers.

**Mental Health:**

The Lancaster CoC has actively worked with Lancaster County MH/MR/EI to implement formal protocol to prohibit discharge into homelessness from their service initiatives, both at the state and local level. The CoC Prevention Action Team has established a Discharge Task Force to ensure implementation of established protocol. The task force is developing baseline data in relation to discharges to measure the effectiveness of the protocols and make improvements as indicated. Pennsylvania currently has in place a policy that no person shall be discharged from a state mental health hospital into homelessness, transitional housing or homeless projects including those funded through McKinney-Vento funds. The current procedure for placement outside of an institution includes the case manager making a referral to the housing option of the individual's choice, which could include a nursing home, personal care home with less than 16 beds, assisted living, a mental health residential facility, at home with family, or an independent apartment with supports. The case manager simultaneously connects the individual to supportive services as needed and requested. These supports include therapy, vocational and social rehabilitation, psychiatric and medical doctors etc. State funds through the PA Office of Mental Health and Substance Abuse Services have also been utilized to create housing opportunities for individuals being discharged from a state hospital.

**Corrections:**

The policy of the Lancaster County Prison is to identify housing for all convicted prisoners released from the Lancaster Prison through probation and parole. The Lancaster County Commissioners established Lancaster's Reentry Management Organization (RMO) in 2005 to oversee this policy, improve reentry and ensure individuals leaving prison have access to housing. The CoC works in partnership with the RMO and the CoC Lead Contact serves on the RMO Executive Committee to ensure implementation of the RMO protocol for successful re-entry to avoid discharge into homelessness. Lancaster County Adult Probation and Parole Services, a member of the RMO, operates a Pre-Parole Unit that employs a supervisor and 4 staff members who work in the prison. This unit is responsible for assessing inmates and preparing parole plans to successfully reintegrate a client back into the community, including identifying appropriate housing for the client. In 2009, the RMO piloted a community based re-entry program that provides comprehensive services including funding re-entry transitional beds specific to the prison population. Housing accessed by the Pre-Parole Unit and the Pilot Project includes identifying appropriate family and friends, and accessing affordable housing projects. Also, several faith-based programs now work with the local prison system to help prisoners reintegrate into the community and have developed 22 special transitional beds to increase discharge housing options.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

The following goals of the CoC plan are included in the Consolidated Plan.

1. Create 40 new permanent housing beds for chronically homeless individuals in 10 years.
2. Increase percentage of homeless persons staying in permanent housing over 6 months to at least 80% in 10 years.
3. 70% of homeless persons move from transitional housing to permanent housing in 6 months or less.
4. Increase percentage of homeless persons employed at exit to at least 20% by increasing employment opportunities through identifying employment barriers and solutions and identifying local employers to provide entry level employment with opportunities for advancement.
5. Decrease the number of homeless households with children by establishing a centralized assessment for homeless prevention and a central shelter based intake for all homeless families.

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

Lancaster County Coalition to End Homelessness (LCCEH) is responsible for the CoC and the implementation of Lancaster's 10 Year Plan to End Homelessness. In order to ensure a seamless system, the Lancaster City and County's amendment to the Consolidated Plan directly linked the use of the HPRP funds with the LCCEH goals and objectives. This structure brings together policy makers in charge of funding and service providers knowledgeable of conditions throughout the community. This collaboration with CoC and mainstream resources through the LCCEH is the framework that was used to plan for HPRP funds and to provide ongoing oversight and evaluation of the activities funded through HPRP. All activities provided through HPRP are in alignment with the strategies and action steps in the CoC 10 Year Plan. One of the co-chairs of the LCCEH Continuum of Care Planning committee is an integral partner in the HPRP Initiative participating in both the program planning and implementation. The CoC co-chair is a member of the weekly implementation meetings with the HPRP contractors and will be involved in the performance assessment and program management reviews for the HPRP program to ensure ongoing alignment with CoC goals and objectives. Members of the Action Teams Committees are providing quarterly reviews and evaluation of the program progress. Coordination includes the federal allocation and allocated state funds from the Commonwealth of PA for Rapid Re-Housing for Families.

**Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

In response to the ARRA of 2009, the City of Lancaster in collaboration with the County of Lancaster implemented the "Economic Recovery Work Group" bringing together representatives of the agencies and organizations in the community that received funds including Education, HHS, Homeland Security and Labor to ensure communication and collaboration among the agencies. The CoC is a member of the Economic Recovery Work Group with the LCCEH Community Homeless Advisor's participation. The City of Lancaster initiated monthly meetings held on the first Thursday of every month. The purpose of the meetings is to coordinate activities and communicate planned activities. Organizations that have received funds through other federal agencies that will be integral to preventing homelessness for families in the Lancaster City and County communities belong to the Lancaster Coalition to End Homelessness, and many are involved with the Action Teams. Key to the success of families is the ability to access all ARRA funded programs including employment and other necessary emergency assistance to prevent homelessness. Regular updates on program and services available as a result of ARRA funds are sent to all CoC members through a communication list serve. Lancaster County did not receive any HUD VASH vouchers since the closest VA, the Lebanon Veteran's Administration is located outside this CoC area; however Veterans in the Lancaster County and City CoC are referred to and served by the VASH program through the adjacent Lebanon County Public Housing Authority and vouchers transferred to this CoC area. The CoC organizations providing emergency and transitional shelter to homeless Veterans are connected to the Lebanon County VASH program. To date, 15% of the VASH vouchers issued through the Lebanon Housing Authority have been provided to homeless veterans in the Lancaster CoC. Neither Lancaster County nor the City of Lancaster participates in the Neighborhood Stabilization Program (NSP) due to the low rate of foreclosures for this community.

## 4A. Continuum of Care (CoC) 2008 Achievements

### Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	2	Beds	2	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	80	%	79	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	75	%	80	%
Increase percentage of homeless persons employed at exit to at least 19%	20	%	39	%
Decrease the number of homeless households with children.	116	Households	108	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The Lancaster Coc met/exceeded all of teh 2008 goals except the percent of homeless persons staying in permanent housing. While we exceeded the HUD defined goal, we missed our local goal by only 1%. All of the permanent housing projects except 1 exceeded the goal. The one project that came in under goal had a turnovers in under six months(69% maintained housing for 6 months)early in the year, but was able to implement strategies to improve and currently all of the residents in that project have emaintained their permanent housing for over 6 months.

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

### Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

### Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	42	13
2008	47	17
2009	45	19

### Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

### Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$15,024				
Total	\$15,024	\$0	\$0	\$0	\$0

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

## 4C. Continuum of Care (CoC) Housing Performance

### Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

**Does CoC have permanent housing projects for which an APR should have been submitted?** Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	24
b. Number of participants who did not leave the project(s)	49
c. Number of participants who exited after staying 6 months or longer	22
d. Number of participants who did not exit after staying 6 months or longer	36
e. Number of participants who did not exit and were enrolled for less than 6 months	13
<b>TOTAL PH (%)</b>	<b>79</b>

### Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

**Does CoC have any transitional housing programs for which an APR should have been submitted?** Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	15
b. Number of participants who moved to PH	12
<b>TOTAL TH (%)</b>	<b>204</b>

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

**Instructions:**

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

**Total Number of Exiting Adults: 314**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	73	23	%
SSDI	82	26	%
Social Security	6	2	%
General Public Assistance	30	10	%
TANF	21	7	%
SCHIP	11	4	%
Veterans Benefits	5	2	%
Employment Income	121	39	%
Unemployment Benefits	13	4	%
Veterans Health Care	12	4	%
Medicaid	109	35	%
Food Stamps	94	30	%
Other (Please specify below)	13	4	%
Child support, spousal support, pensions, and educational loans.			
No Financial Resources	10	3	%

**The percentage values will be calculated by the system when you click the "save" button.**

**Does CoC have projects for which an APR Yes  
 should have been submitted?**

## **4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy**

### **Instructions:**

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** Yes

## 4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?**

**(Select all that apply)**

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Preference policy for hiring low and very low income persons residing in the service area, Notify area Youthbuild programs of job opportunities

## 4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

If 'Yes', describe the process and the frequency that it occurs.

The LCCEH Continuum of Care Planning Committee reviews the APR access to mainstream resources section twice annually, during the monitoring site visit and during the renewal review process. Each organization's results are assembled in a chart to determine any deficiencies. Technical assistance is provided by the Community Homeless Advisor to each project to ensure optimum access to programs as well as proper recording of resources accessed. In addition, individual records are reviewed as part of monitoring to ensure that notes reflect access to mainstream programs.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

If "Yes", indicate all meeting dates in the past 12 months.

A task force of the LCCEH Homeless Service Provider Network Committee meets regularly to ensure dissemination of information on trainings to access mainstream programs. The task force met on 8/14/08, 10/24/08, 2/12/09, and 4/9/09. The next meeting is scheduled for 11/16/09. In addition, an annual forum for the CoC is held with trainings on service access including new programs initiated or modified in the past year.

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** Yes

If yes, identify these staff members Provider Staff

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

**If "Yes", specify the frequency of the training.** Bi-monthly

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** No

**If "Yes", indicate for which mainstream programs HMIS completes screening.**

**Has the CoC participated in SOAR training?** No

**If "Yes", indicate training date(s).**

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

**Indicate the percentage of homeless assistance providers that are implementing the following activities:**

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
As part of the intake process, case managers identify all benefits needed for each client and make necessary appointments with identified providers to ensure all appropriate benefits are applied for and received.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	100%
The County Assistance Office provides CoC training for homeless service providers to utilize the web based PA State COMPASS single application system and provides individual assistance in accessing the system. The COMPASS single application includes accessing cash assistance, food stamps (SNAP), CHIP, Medical Assistance, Emergency Shelter Allowance, LIHEAP, Home and Community Based Services, Long Term Care, Family Planning Services and Free School Lunches.	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
All CoC homeless providers have case managers who do all the direct follow-up with clients to ensure enrollment is complete and benefits are accessed. If benefits are denied, staff assist with the appeals process to ensure eligible clients receive benefits. MidPenn Legal Services Homeless Advocacy Program is the CoC provider of legal assistance to clients for benefit enrollment and appeals.	



## Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

### Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	Yes
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

## Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	Yes
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?  Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes ( <a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a> ).	No
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.  In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	Yes

## Part A - Page 3

<p><b>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</b></p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	No
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	No
<p><b>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</b></p>	Yes
<p><b>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</b></p>	No
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	No
<p><b>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</b></p>	No

## Continuum of Care (CoC) Project Listing

**Instructions:**

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
East King Street ...	2009-10-27 14:05:...	1 Year	Tabor Community S...	43,157	Renewal Project	SHP	PH	F
Neighborhood Serv...	2009-10-28 10:32:...	1 Year	Neighborhood Serv...	42,880	Renewal Project	SHP	PH	F
Homeless Advocacy..	2009-10-23 14:52:...	1 Year	MidPenn Legal Ser...	39,999	Renewal Project	SHP	SSO	F
Shelter to Indepe...	2009-10-27 14:01:...	1 Year	Tabor Community S...	115,972	Renewal Project	SHP	SSO	F
Lincoln House	2009-10-22 16:30:...	1 Year	Community Basics,...	116,443	Renewal Project	SHP	PH	F
Fordney House	2009-10-22 16:25:...	1 Year	Community Basics,...	175,879	Renewal Project	SHP	PH	F
Community House	2009-11-02 16:14:...	2 Years	Community Basics,...	598,262	New Project	SHP	PH	F1
Shelter Plus Care...	2009-10-29 10:46:...	1 Year	Housing Authority...	132,120	Renewal Project	S+C	TRA	U
Supported Housing...	2009-11-02 09:05:...	1 Year	The Lodge, Inc. o...	161,860	Renewal Project	SHP	SSO	F
Polaris Housing	2009-10-30 11:07:...	3 Years	Lancaster County ...	448,440	New Project	SHP	PH	F2

## Budget Summary

<b>FPRN</b>	\$1,742,892
<b>Permanent Housing Bonus</b>	\$0
<b>SPC Renewal</b>	\$132,120
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	PA-510 Cert of Co...	11/05/2009

## Attachment Details

**Document Description:** PA-510 Cert of Consistency with the Consol Plan