

Continuum of Care Plan for the Homeless

Lancaster County, PA

Draft

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EXHIBIT 1: CONTINUUM OF CARE

Lancaster County, Pennsylvania

1. LANCASTER COUNTY'S CONTINUUM OF CARE ACCOMPLISHMENTS

The Lancaster Interagency Council for the Homeless (ICH) has made significant strides in carrying out its Continuum of Care strategy. The Council has continued its extensive strategic planning process with the United Way of Lancaster County to develop a long-term plan that will culminate in the development of a blue print Plan to End Homelessness in Lancaster County. Data gathering and research have continued with the full Community Needs Committee meeting monthly since September 2002 and the projected report due out in the fall of 2003. The intensive research and interviews conducted by the committee are showing clear trends and needs for the Lancaster community. In addition to the strategic planning, the following accomplishments have been achieved in the past year:

- Implemented the first HMIS system on July 1, 2002 with 1,800 records currently in the system.
- Furthered local prevention efforts with increased funding for Rental Counseling to Prevent Homelessness Program to provide services to more families at risk of homelessness, and by identifying resources and distributing the Resource Guide throughout the Community.
- Began work on a new transitional housing facility scheduled to open in fall of 2003 to house chronically homeless families with children and individuals with mental illness.
- Opened Lincoln House in Spring 2003, with it filled to capacity by June, 2003, as the Continuum's first permanent housing project for the chronically homeless with mental illness.
- Provided a 5 part training series for homeless providers on Mental Health Services and Drug and Alcohol Treatment to develop a more streamlined system of access for homeless individuals.
- The two non-facility based "housing first" programs, key components of the Continuum of Care, placed over 151 household (representing over 400 homeless persons) directly from the shelter system into permanent housing and provided follow-up case management to an additional 162 previously homeless households placed in permanent housing the previous year. In addition, MidPenn Legal Services provided legal assistance and advocacy to assist 46 households in accessing income supports necessary for them to obtain housing.
- Began to establish a "homeless preference" with low income tax credit rental projects.
- Began work on the Denver House, a second permanent supportive housing project with 16 units for chronically homeless individuals with mental illness.
- Hosted the Annual Homeless Forum in October 2002 as the annual community education event for the public.

2. YOUR COMMUNITY'S PLANNING PROCESS FOR DEVELOPING A CONTINUUM OF CARE STRATEGY.

2a. Identify the Lead Entity of the CoC Planning Process

The lead entity for the Continuum of Care Planning Process is the Lancaster Interagency Council for the Homeless (ICH). The ICH was created in 1994 by the combined efforts of the Lancaster County Housing and Redevelopment Authority and the City of Lancaster, in an effort to bring together those entities serving the homeless, to share concerns and solutions that meet local needs. In 1996, with the assistance of the United Way, the ICH developed a mission statement and developed the first formal Continuum of Care Plan which has been updated and revised annually to reflect the changing needs and solutions for the homeless of the community. The ICH mission statement adopted in 1996 is:

The Interagency Council for the Homeless of Lancaster exists to maximize the cooperation of the individual service providers, in partnership with the people they serve thereby encouraging and

empowering individuals and families toward greater self-sufficiency and reintegration into the community.

The ICH is made up of 39 member agencies including consumers. Member agencies represent Social Service Providers, Homeless Service Providers, Funders, Neighborhood and Faith Based Groups, Local Government, and Mainstream Service Providers.

2b. Describe your community's CoC Planning Process

The ICH, which meets the third Monday of every month, is the forum in which homeless issues are discussed and strategies are planned. Since its implementation, the ICH continues its commitment to taking action to ensure that a continuum of care system for homeless individuals and families is implemented throughout the community. The Council, made up of 39 member agencies, represents a strong cross section of the community including both the city and county government, nonprofit service providers, homeless or formerly homeless representatives, funders and volunteers. The partnership is unique in that all partners are equal; no government agency or organization dominates the coalition.

In today's process of year-round continuum of care planning, the ICH has developed four subcommittees. In 2001 as part of its "strategic planning process" the ICH added a fourth committee: the Planning Committee. These four committees meet monthly and report back to the full ICH group. The committees are composed of members of the ICH, as well as other community members who can impact on the continuum of care process. Within each planning structure there are representatives of all of the homeless service providers, with a broad representation of the special needs groups including the mentally ill, victims of domestic violence, the AIDS community, youth, substance abuse and veterans. Each committee has a distinct role in Lancaster's Continuum of Care.

The Planning Committee has taken on the task of long-term strategic planning and is working in collaboration with the United Way of Lancaster's Community Needs Committee. This committee is in the final stages of data collection, interviews and research to develop the final report on facts concerning homelessness in Lancaster due out in the fall of 2003, with the next steps of developing the long-term plan to end homelessness.

The HMIS Steering Committee, the newest committee of the Interagency Council, serves as the advisory committee for the successful implementation and ongoing operation of Lancaster's ServicePoint HMIS. This committee addresses issues of user training, client confidentiality, information release and accuracy of data entry. All members of the committee are users of the system. For the current year, the committee is focusing on the accuracy of data entry, increasing the utilization of the HMIS, formulating a policy on the release of information from ServicePoint and encouraging new users.

The Improved Service Delivery Committee's role is to develop coordinated case management planning, improve service delivery, and to assist in the implementation of a seamless system of entry into the continuum of services that has been created for the homeless. The activities of this committee include public service forums, bringing together providers to disseminate information, coordinating service delivery and identifying gaps and solutions to ensure improved service delivery. The information gathered at the forums is used as part of the Continuum of Care process to identify the missing services that create holes in the fabric of the plan. This committee is working actively with the County of Lancaster in the implementation of the Homeless Management Information System (HMIS) that has provided a universal intake.

The Continuum of Care Committee's role is to use the input from the other subcommittees in a coordinated effort to continually update the Continuum of Care Plan (CofC). This committee is given the

task of writing and editing the Continuum of Care Plan, inputting the information from the other two committees, and conducting forums for the homeless to ensure their involvement and response. The committee then actively seeks projects and organizations to fill the identified gaps. In addition, this committee forms priority panels to review funding proposals for all homeless projects including ESG funds and CofC funds. This is to ensure that proposed projects meet the goals of the continuum of care, are exemplary in their service to the homeless and ensure a seamless continuum of care for the homeless. The annual updated Continuum of Care Plan is submitted to the full ICH for review and approval. After approval by the ICH, the plan is then submitted to both the Lancaster County Commissioners and Lancaster City Council for endorsement and approval.

Partnerships

In addition to the subcommittees of the ICH, the County of Lancaster, the City of Lancaster and the United Way of Lancaster County are in partnership with the ICH, providing technical assistance and support, as well as utilizing the Council's input for their own planning processes. The United Way uses both the Continuum of Care Plan and the State of the Homeless Report to determine funding priorities as part of the United Way fund designation process. This year, the United Way's Community Needs Committee has partnered with the Continuum of Care Committee of the ICH to develop a coordinated response to the problems of homelessness in the Lancaster community.

The work of the ICH has been instrumental in the Lancaster County Consolidated Plan process. Again, both the CoC Plan and the State of the Homeless Report for 2000 were used to identify the needs and priorities for the homeless and are used as references in Lancaster County's and City of Lancaster's respective five year Consolidated Plans.

As part of the planning process, the ICH has developed partnerships with the mainstream social service providers in Lancaster County. The planning process includes representatives from Lancaster County Mental Health/Mental Retardation (MH/MR), Lancaster County Drug and Alcohol Commission, Lancaster County Board of Assistance and Lancaster County Children and Youth Agency. With the active participation of these public agencies, Lancaster County's Continuum of Care is more fully integrated within the system to ensure that a true continuum of services is available for all segments of the homeless population.

2c. List the dates and main topics of your CoC planning meetings held since June 2001, demonstrating that these meetings (both plenary and committee) are held year-round and are regularly scheduled. Indicate plans for future meetings as well.

The Lancaster **Interagency Council for the Homeless** (ICH) has met as a full council on the third Monday of every month since 1996. The ICH is divided into four established committees: Continuum of Care; Improved Service Delivery; the Planning Committee and the HMIS Steering committee which meet regularly as well and report back to the full council. This year, the State of the Homeless Committee continued to be merged with the Planning Committee and an HMIS Steering committee was created. At each monthly meeting, the three committees report on the activity that has occurred since the previous full ICH meeting. The ICH meetings and the highlights of the meetings since June 2002 are listed below on the following chart

Meeting Date		ICH/ Committee	Topics Discussed
July, 2002	July 10, 2002	CofC	Quarterly Homeless forums; Housing Development Corporation tenant selection criteria; Strategic Plan, HMIS; project for college students through Franklin& Marshall College
	July 11, 2002	ISD	Improved Service Delivery committee meeting.
	July 15, 2002	ICH	Regularly scheduled ICH meeting- transportation issues
	July 18, 2002	ISD	ISD meeting with County MH/MR to discuss service delivery
	July 23, 2002	ISD	ISD meeting with transportation officials
	July 31, 2002	ISD	ISD meeting with County MH/MR to discuss service delivery
August, 2002	August 8, 2002	ISD	Improved Service Delivery committee meeting- planning for the Homeless forum, dental screening project
	August 13, 2002	HMIS	HMIS Steering Committee- initial meeting, review of policies and procedures manual
	August 19, 2002	ICH	ICH meeting - Veterans Administration's Project Challenge
September 2002	September 11, 2002	CofC	Section 8 Homeless Preference and Rental Housing Market
	September 12, 2002	ISD	Improved Service Delivery committee meeting- Planning for Homeless forum, school uniforms for homeless
	September 12, 2002	ICH	ICH Executive Committee- Partnership with United Way, systems research and planning
	September 16, 2002	ICH	Regularly scheduled ICH meeting- Mental Health Mental Retardation's programs
	September 18, 2002	CofC	Community Needs Committee – Planning for a year-long homeless project to create homeless report
October 2002	October 8, 2002	CofC	Community Needs Committee – methodology for collecting homeless data
	October 10, 2002	ISD	Improved Service Delivery committee meeting- planning for Homeless forum. Dental sealant project for homeless children, transportation for homeless workers.
	October 16, 2002	CofC	Homeless Adolescent Respite, Legislative Issues Affecting the Homeless
	October 21, 2002	ICH	Regularly scheduled ICH meeting- speaker from Water Street Rescue Mission discussing their expansion plans and a presentation on the Adult Basic health insurance plan for low income adults.
	October 25, 2002	ISD	Homeless Forum
November 2002	November 12, 2002	CofC	Community Needs Committee – Homeless preference for Housing Vouchers, collection of research for report
	November 13, 2002	CofC	Quarterly Homeless focus groups; Section 8 Homeless Preference
	November 14, 2002	ISD	Improved Service Delivery committee meeting- Evaluation Homeless Forum, tour of Water Street Rescue Mission, collaborations with WSRM and F& M.
	November 18,	ICH	Regularly scheduled ICH meeting- Office of Special

Meeting Date		ICH/ Committee	Topics Discussed
	2002		Offenders (Adult Probation and Parole)
	November 20, 2002	HMIS	HMIS Steering Committee- projected trainings, new members
December 2002	December 9, 2002	CofC	Community Needs Committee - review of literature search on homeless research, discussion on the gaps in research methodology.
	December 10, 2002	CofC	Focus Group for homeless & formerly homeless at Arch Street Center
	December 11, 2002	CofC	Methodology for the data collection for the Community Needs Committee
	December 12, 2002	ISD	Improved Service Delivery committee meeting- dental project, discussion of planned mental health trainings
	December 16, 2002	ICH	Regularly scheduled ICH meeting- Discussion on proposed City Council's increase for rental units affecting transitional housing facilities
	December 18, 2002	HMIS	HMIS Steering Committee- client consent form, additional end users to recruit
January 2003	January 8, 2003	CofC	Coordination of One-Day Count with United Way's Comm. Needs
	January 9, 2003	ISD	Improved Service Delivery committee meeting- discussion of current state legislation affecting homeless
	January 13, 2003	ICH	Regularly scheduled ICH meeting- Share the Bounty program (distribution of surplus produce to shelters)
	January 14, 2003	CofC	Community Needs Committee- development of homeless participant interview process.
February 2003	February 5, 2003	CofC	CoC Annual Goals
	February 10, 2003	ICH	Regularly scheduled ICH meeting- election of Co-chairs, City Council's proposed reduction in the % of public services under CDBG.
	February 11, 2003	CofC	Community Needs Committee- collection of non-HUD homeless dollars and numbers of clients served
	February 12, 2003	CofC	Meeting with Housing Development Corporation concerning credit reports, application fees, and potential homeless preference.
	February 13, 2003	ISD	Improved Service Delivery committee meeting
March 2003	March 11, 2003	CofC	Community Needs Committee- One Day Count, role of HMIS in data collection, homeless interview data
	March 12, 2003	CofC	Shelter Plus Care Update; Legislative Issues Affecting the Homeless
	March 13, 2003	ISD	Improved Service Delivery committee meeting- Mental Health and D & A trainings
	March 17, 2003	ICH	Regularly scheduled ICH meeting- presentation by Clare House
	March 19, 2003	HMIS	HMIS Steering Committee- revisions to client consent forms, additional training to better utilize email referrals
April 2003	April 9, 2003	CofC	Outreach plans and goals for obtaining feedback and participation of the Homeless and Formerly Homeless

Meeting Date		ICH/ Committee	Topics Discussed
	April 9, 2003	ICH	ICH Executive Committee re: Photography Art project
	April 10, 2003	ISD	Improved Service Delivery committee meeting
	April 15, 2003	CofC	Community Needs Committee - report on housing stock in Lancaster County
	April 16, 2003	CofC	City Allocation Panel meeting
	April 16, 2003	HMIS	HMIS Steering Committee- revised client consent form, additional trainings.
	April 21, 2003	ICH	Regularly scheduled ICH meeting- County Housing Vouchers Program process to apply for the waiting list.
	April 24, 2003	ISD	Mental Health/Drug & Alcohol training series
May 2003	May 2, 2003	ISD	Mental Health/Drug & Alcohol training series
	May 7, 2003	CofC	Update of Continuum of Care Plan – review of HUD requirements
	May 8, 2003	ISD	Improved Service Delivery committee meeting- dental program, evaluation on MH/D & a training
	May 9, 2003	ISD	Mental Health/Drug & Alcohol training series
	May 13, 2003	CofC	Community Needs Committee- Homeless provider survey
	May 14, 2003	ICH	ICH Executive committee meeting
	May 14, 2003	CofC	Update of Continuum of Care Plan – assignments/methodology
	May 16, 2003	ISD	Mental Health/Drug & Alcohol training series
	May 19, 2003	ICH	Regularly scheduled ICH meeting- presentation by Lancaster disAbled for Change
	May 21, 2003	CofC	Update of Continuum of Care Plan
	May 23, 2003	ISD	Mental Health/Drug & Alcohol training series
	May 28, 2003	CofC	Update of Continuum of Care Plan
June 2003	June 4, 2003	CofC	Update of Continuum of Care Plan – review of Housing Analysis and Homeless subpopulations data
	June 16, 2003	ICH	Regularly scheduled ICH meeting “ Faces of the Homeless Project” State cuts for homeless services
	June 10, 2003	CofC	Community Needs Committee- local shelter directors speak on gaps in services
	June 11, 2003	CofC	Update of Continuum of Care Plan
	June 18, 2003	CofC	Editing Draft of Update of Continuum of Care Plan
	June 18, 2003	HMIS	HMIS Steering Committee- development of a policy on information release
	June 23, 2003	CofC	Priorities Panel meets
	June 25, 2003	CofC	Proofing final draft of CofC update
July 2003	July 7, 2003	ICH	Interagency Council for the Homeless approve Cof C update

Future ICH meetings scheduled in 2003 are: July 7, August 18, September 15, October 20, November 17, December 15. Future Continuum of Care meetings in 2003 are: July 2, August 13, September 10, October 15, November 12, and December 10. Future Improved Service Delivery committee meetings in 2003: July 4, August 15, September 12, October 17, November 14 and December 12. Future HMIS Steering Committee meetings are: August 20, October 15, December 17. Future Community Needs Committee dates are: July 8, 2003, August 12, 2003, September 9, 2003, and October 14, 2003.

2d. List the specific names and types of organizations involved in your Continuum of Care Planning Process.

KEY:

ICH = Lancaster Interagency Council for the Homeless - Meetings held every month

CofC Committee= Continuum of Care and Advocacy Committee - Meetings held every month

ISD committee = Improved Service Delivery Committee - Meetings held every month

PC = Planning Committee – Meetings held 1-2 times a month

Specific Names of CofC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any * (SMI, SA, VETS, HIV/AIDS. DV, Y)	Level of Participation (activity and frequency) in Planning Process
<i>State agencies</i>			
<i>Local government agencies</i>			
County of Lancaster			
Redevelopment Authority/Aimee Tyson	County-wide		ICH PC & CofC member, CofC co-chair attends all meetings
Mental Health/Mental Retardation/Teri Miller-Landon	County-wide	SMI	ICH & ISD member – attends regularly
Drug & Alcohol Commission/Beth Bulat	County wide	SA	ICH & ISD member attends regularly
Adult Probation & Parole Special Offenders/Mark Wilson	County-wide	SA, SMI	ICH member – attends regularly
Children & Youth Agency/Amy Campbell	County-wide	Y	ICH & CofC committee member – attends regularly
Lancaster County Prison/ Bob Widmark	County-wide		ICH member
County Assistance Office/Joan Matterness	County-wide		ICH & ISD member attends regularly
City of Lancaster			
Dept. of Economic & Community Development/ Shaun Kroeck	City of Lancaster		ICH & CofC committee member- attends regularly
School District of Lancaster Homeless Student Project/Ken Marzinko	City of Lancaster	Y	ICH & ISD committee – attends regularly
Public Housing Authorities			
Lancaster City Housing Authority/Anne Marie Theurer	City of Lancaster		ICH & CofC committee member – attends regularly
Lancaster County Housing Authority/Aimee Tyson	County of Lancaster		ICH & CofC committee member – attends regularly
Nonprofit organizations			
Homeless Services			
MidPenn Legal Services/, Howard Miskey	County-wide		ICH, PC & CofC committee member – attends all meetings
Valerie Case			ICH & ISD member, ISD co-chair attends all meetings

Specific Names of CofC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any * (SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (activity and frequency) in Planning Process
The Lodge, Inc. of PA/Helen D. Stinson-Wolf	County-wide	SMI	ICH Co-chair, ISD, PC & CofC committee member – attends all meetings
Tabor Community Services/Kay Moshier McDivitt	County-wide		ICH, PC, CofC committee member – attends all meetings
Salvation Army/Helen Hollister	County-wide		ICH member – attends regularly
AIDS Community Alliance/Lawrence Henryhand	County-wide	HIV/AIDS	ICH member – attends regularly
Community Action Program/Jeff Wibberley	County-wide		ICH, PC & CofC committee member – attends all meetings
Family Service/Marcela Mellinger	County-wide	Y	ICH & CofC committee member – attends all meetings
HomeTIES/H.D. Stinson-Wolf	County-wide		ICH member- attends all meetings
Shelter to Independent Living, Tabor Community Services/Tammy Martin	County wide		ICH & ISD member –attends all meetings
Lancaster DisAbled for Change/Philip Keller	County-wide		ICH member – attends regularly
HandiCrafters/Debi Lapp	County-wide		ICH member – attends regularly
Urban League/Lesley Anderson	County-wide		ICH & ISD member – attends regularly
The Gathering Place/Robert Lewis	County-wide	AIDS/HIV	ICH member – attends regularly
United Way of Lancaster/Toni McCuiston	County-wide		ICH & ISD co-chair committee member – attends all meetings
<i>Faith Based Organizations</i>			
Bridge of Hope/Kristina Denlinger	County-wide		ICH member – attends all meetings
Council of Churches/Jaclyn Messersmith	County-wide		ICH member – attends regularly
LOVE, INC/ Terri Miller	County-wide		ICH member- attends infrequently
No Longer Alone Ministries/Nancy Martin	County-wide	SMI	ICH member – attends regularly
<i>Homeless facilities</i>			
Crispus Attucks Community Center/Roberta Anderson	County-wide		ICH & CofC committee member – attends regularly
Water Street Rescue Mission/Wayne Wever	County-wide		ICH & ISD member – attends regularly

Specific Names of CofC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any * (SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (activity and frequency) in Planning Process
Community Action Program Domestic Violence Services/ Shelter for Abused Women/Jeff Wibberley	County-wide	DV	ICH & CofC member – attends all meetings
Transitional Living Center/HARB-ADULT/Jay Kiralfy	County-wide		ICH , PC, & ISD co-chair, attends all meetings
Jubilee House/Lenara Porter	County wide	SA	ICH member–attends regularly
Clare House/Jennifer Powell Chris Valentin	County-wide		ICH & CofC committee member, attends all meetings ICH member — attends infrequently
YWCA Residence/Bette Keller-Schnippel	County-wide		ICH & CofC committee member – attends all meetings
Community Action Program DVS Bridge Housing/Mary Beth Serff	County-wide	DV	ICH, PC & CofC member, CofC co-chair, attends all meetings
Catholic Charities Hope House/Sister Marie Aimee Finnegan	County-wide	HIV/AIDS	ICH, CofC and ISD member – attends all meetings
<i>Homeless/formerly homeless</i>			
Tenesia Whitaker			ICH new member- attends regularly
Patrick Cronin			ICH member – attends infrequently
<i>Other</i>			
Department of Veterans Affairs/Richard Leatherman	County-wide	VETS	ICH member – attends regularly
SACA Development Corporation/Renee Glover	City of Lancaster		ICH member – attends regularly
Housing Development Corporation/Jo Raff	County-wide		CofC member – attends infrequently
Joan Espenshade, Community Volunteer			ICH & ISD member- attends regularly
Leonard Walton, Community Needs Committee, United Way	County Wide		ICH member, PC, CofC member, attends regularly
<i>Business/ Business Association</i>			
Chamber of Commerce/ Travis Martin	County-wide		ISD member- attends committee meetings
Franklin & Marshall College/Dr. Richard Fluck	County-wide		ICH member, PC & ISD member – attends all meetings

*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y).

3. YOUR COMMUNITY'S CONTINUUM OF CARE GOALS AND SYSTEM UNDER DEVELOPMENT

The Continuum of Care committee meets monthly (with additional meeting as indicated) to assess its system and annual goals and determine progress towards meeting those goals, or redefine goals as new gaps or needs are identified., with regular input from the full council as well as other subcommittees. The final report on the intensive research conducted by the planning committee will provide the future framework and guide for this process. However, even during the initial stages, as specific issues arose during the data gathering and research process, the planning committee has shared that information with the full Council as well as the Continuum of Care Committee to provide input into the local assessment of the system.

3A. Chronic Homelessness Strategy/Goals

The Lancaster Interagency Council for the Homeless (ICH) is constantly looking at ways to better address the needs of the homeless and improve the coalition of providers and constituents. Over the past year the Council has moved from investigating the National Alliance's Plan to "end homelessness as we know it" to mobilizing the community in the form of a Community Needs Committee which has met throughout the past year, to conduct research and collect data on how to truly address the needs of the chronic homeless.

In development of its strategy, the committee looked closely at HUD's definition of chronic homelessness as "an unaccompanied 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 3 years." While HUD's definition only includes "unaccompanied individuals," data for Lancaster has shown an additional subpopulation, that of women with children, with the same indicators (with disabling condition who have been continuously homeless for a year or more or have had at least four episodes of homelessness in the past 3 years) emerging as chronically homeless. In developing a strategy to end chronic homelessness unique to this community, the committee determined it would be remiss not to include strategies for both unaccompanied individuals as well as women with children who exhibit the indicators of chronic homelessness. The point in time count indicates that approximately one-third of the homeless population in this community fits the chronic homeless definition.

3A-1 Past Performance

a. Specific Actions Taken By Your Community Over the Past Year Towards Ending Chronic Homelessness

The Lancaster County community experienced great progress over the past year. The Lancaster County Housing and Redevelopment Authority implemented a Homeless Management Information System (HMIS) in July 2002. The HMIS has provided data for the Interagency Council for the Homeless to better examine the demographics of the homeless population in Lancaster County and better gauge the number of chronically homeless in the community.

The Interagency Council's Planning Committee has moved into the final stages of its long-term research and Strategic Planning process in Partnership with the United Way of Lancaster to issue a fact based report by Fall, 2003 which examines all of the research and needs to develop a long range effective way to end homelessness. The accomplishments of the year long planning process are:

- Development of a sub-committee of housing developers, community leaders, government officials, lenders and other housing experts to specifically strategize how to provide additional permanent housing for the homeless throughout the county.
- Increased involvement by the mainstream providers to create a more comprehensive network of services for the homeless
- Developed and implemented a 6-week training course for all homeless provider staff on effective measures in working with the chronic homeless population, particularly those with mental illness.
- Implemented systems training for caseworkers to access computerized methods of applying for mainstream services for the chronically homeless such as TANF and SSI.

The Interagency Council advocated for and both County and City Housing Authorities initiated a “homeless preference Section 8 voucher.” In the past year, approximately 38 homeless families were placed in housing due to the Section 8 voucher homeless preference. This preference process provides chronically homeless persons with a housing subsidy within two to three months compared to the normal one- to two-year wait for a voucher. In addition, these homeless households receive housing advocacy and case management support in locating and maintaining their housing from the referring housing first agency for one year. This allows programs to assist the chronically homeless in expediting their transition from emergency shelter to permanent housing and still maintain support services once placed.

Specific to the goal of providing permanent housing, the Lodge Inc. opened an 8-unit Single Room Occupancy (SRO) program for homeless persons with mental illness in Spring, 2003. The Lodge, Inc. is currently developing a 15 unit SRO project for the homeless, mentally ill which will provide 15 additional units of permanent, supportive housing for the chronic homeless population. This will bring the total of permanent supportive housing units for the chronic homeless population to 24 for Lancaster County.

Additionally, the Mifflin Street Apartment Complex under joint development by Tabor Community Services, Inc., Community Action Program and Community Basics, has set aside five apartment units of permanent supportive housing for families with disabilities, which adds new opportunities for housing the chronic homeless population. This project is listed as Priority # 1 in this year’s project priority chart.

b. Remaining Obstacles to Achieving this Goal

Lancaster County still faces a number of barriers in achieving the goal of ending chronic homelessness. First, while the Interagency Council for the Homeless generally reflects a diverse group of constituents, religious organizations, social service agencies, government and funding providers, there still needs to be a broader base of education about who is homeless in this community and the steps needed for this population to move out of homelessness. Next, the community at large needs to be mobilized to support the goal of ending chronic homelessness. Local mainstream providers, specifically the Lancaster County Mental Health/ Mental Retardation Program, and the Lancaster County Drug and Alcohol Commission as well as other key people and organizations need to firmly connect to the issues and concerns of homeless people to allow the Lancaster County community to move forward. Finally, the Interagency Council needs to continue its Strategic Planning Process and continue its assessment of how many more permanent housing units, permanent supportive housing units and other resources are needed to end chronic homelessness and general homelessness in the community. The Interagency Council for the Homeless has developed and is in the process of implementing a plan to achieve these results in the next year.

3A-2 Current Chronic Homeless Strategy.

The number of sheltered chronically homeless in the Lancaster Community is approximately 202 individuals. This includes both single individuals and chronically homeless single mothers with children. In addition, it is estimated that another 16 chronically homeless households are unsheltered throughout the community.

The first facet of the strategy is the *information gathering and planning strategy*. This facet of the strategy is conducted through 2 primary methods. First, with the implementation of the HMIS system, we have created a more sophisticated and systematically unduplicated count of the homeless, and now have a better tracking system to identify the chronically homeless and better understand the demographics connected to this sub-group. Second, the Community Needs Committee, a partnership between the United Way of Lancaster County and the Interagency Council for the Homeless, is currently conducting broad based research on homelessness in the community. The culmination of this research and the HMIS data will be a fact-based report that will be released to the public which will accurately describe the breadth and depth of the chronic homeless population in the Lancaster Community, and offer an analysis of best practice strategies that other communities have used to reduce chronic homelessness. From this report, a 10 year Plan to End Homelessness will be developed focusing on specific strategies that target the chronic homeless population.

The second facet is the *outreach strategy*. This strategy includes developing outreach efforts to better assist those identified as chronically homeless and provide seamless systems to better access services needed to end their homelessness. Again the implementation of the HMIS system is providing a better vehicle to assess and identify the needs of the chronically homeless and to then provide the outreach necessary to ensure that the essential services are accessed. This includes outreach to ensure enrollment into mainstream programs including entitlement programs and providing case management services to ensure that the chronically homeless have the necessary support to enroll in these programs.

The third facet is *partnerships and collaboration strategy*. This strategy includes the identification of specific entities within the community that can pull resources and expertise to implement real-life strategies to reduce chronic homelessness. Recent in-roads have been made with the business community through the influence of the Interagency Council for the Homeless' partnership with the United Way, which has opened discussions on how employers in the community can support the development of affordable housing by offering rental assistance as a creative benefit and by providing support for zoning changes that would remove barriers for more subsidized housing to be built. In addition, the ICH is including in its goals the expansion of collaborations and partnership to develop creative methods to provide services and housing for the chronically homeless population.

The final facet is the *implementation stage*. As strategies are developed, the Continuum of Care Committee of the ICH develops a time line for implementation and measurable steps and outcomes to be achieved. This ensures that strategies are not just words on paper, but real life solutions that are put into effect. Examples of this implementation strategy are reflected in the committee's work towards the goal of developing permanent housing to end chronic homelessness. This spring, the Lodge, Inc. of Pennsylvania opened a permanent, supportive housing program specifically targeted for the homeless, mentally ill population, which has been identified as one of Lancaster's sub-population of chronic homeless. The Lodge is currently working on developing a second project, which was funded with the McKinney Homeless Assistance dollars in 2002, which will provide an additional 15 units of permanent supportive housing for the chronic homeless. In addition, Tabor Community Services is in the planning stages of developing a the Mifflin Street Project, a 40 unit, affordable housing project that will include a 5- unit set aside for homeless, disabled families who also fit into the identified chronic homeless population. This innovative project will not only increase the general affordable housing stock, which will be available to all homeless and poverty level individuals, but will specifically provide a strategy to

combine resources that will enable the project to support the development of units for the chronic homeless.

3A3 Future Goals

Goal	Action Steps	Responsible Person/Organization	Target Dates
Goal #1: To develop a long-term comprehensive strategic plan to end homelessness in the community with a focus on ending chronic homelessness.	<ol style="list-style-type: none"> 1. Issue the comprehensive Community Report on Homelessness in Lancaster County. 2. Begin the next step for the long-term strategic plan to end homelessness. 	PC Committee/ICH United Way	10/03 10/03
Goal #2: To increase identification, outreach and services to stabilize the chronically homeless with mental illness for moving into permanent housing.	<ol style="list-style-type: none"> 1. Further implementation of the HMIS to allow for easier identification and tracking of chronically homeless. 2. Continue to explore funding initiatives and partnerships to increased outreach services to the chronically homeless. 3. Develop a program for emergency medication for mentally ill homeless. 	HMIS Steering Committee. CofC committee CofC committee	12/03 10/03 12/03
Goal #3: To increase the number of permanent housing options for the chronically homeless	<ol style="list-style-type: none"> 1. Open Denver House project 15 SRO unit of permanent, supportive housing the homeless, mentally ill. 2. Develop a sub-committee of housing experts and community leaders to develop specific strategies for increasing the number of units of affordable housing. 2. Explore the acquisition of additional Section 8 vouchers for disabled with homeless preference. 3. Work with psychiatric hospital staff to develop strategies so that the chronic homeless do not use institutions as respite housing 4. Advocate to landlords of affordable housing units to develop homeless preference criteria for homeless applications referred by homeless providers. 5. Advocate for continuation of and expansion of the Shelter plus Care program for the community. 	The Lodge C of C committee CofC Committee CofC Committee CofC Committee CofC Committee	4/04 12/03 1/04 10/03 9/03 ongoing

Goal	Action Steps	Responsible Person/Organization	Target Dates
	6. Work with United Way Government Relations Committee as they proceed with Advocacy for Permanent Housing as their primary focus to encourage development of affordable housing for the chronically homeless.	CofC Committee	12/03

3-B Other Homeless Goals Chart

1. Please provide a summary of accomplishments made over the past year in addressing your community's other goals.

The following actions steps to meet goals as outlined on last years Continuum's Goals were accomplished

Goal#1: To increase prevention resources and services to low income households to reduce the number of individuals and families entering the homeless service system.

- A decision was made that a major focus of the comprehensive final report on homelessness that will be issued by the Community Need Committee will be gaps and resources needed for prevention.
- The combined United Way and ICH Community Need Committee collected data from 9/02 through 4/03 and is in the process of analyzing that data to identify what services this community needs to prevent homelessness.

Goal #2: To Fully implement Continuum Wide HMIS system.

- 18 of the 19 Continuum of Care Homeless providers received training on the HMIS system during March and April 2002 and the program was fully implemented in July 2002.

Goal #3: To ensure that a comprehensive outreach and assessment plan is available to the homeless population in the community.

- The feasibility study was initiated to expand United Way/LINC kiosks and a kiosk was added in the community in the new Community Action Program Building. New locations will continue to be explored.
- Began moving towards a universal intake system through the implementation of the HMIS.

Goal #4: To ensure adequate transitional housing services are available to the homeless population in the community.

- Transitional facilities were expanded for homeless single women with children and for unaccompanied disabled and mentally ill through the new transitional shelter currently under development that was funded through 2002 Continuum of Care.

Goal #5: To increase services to homeless youth.

- The Adolescent Respite Study Action Team of Family Service meets monthly to focus on services for homeless youth and developed and sent out a needs survey for homeless youth; results are currently being compiled to determine gaps and resources.

Goal #6: To increase services for homeless population with special needs (substance abuse issues and HIV/AIDS).

- Vantage/Gaudenzia recently opened a new outpatient drug rehab program for homeless women to access outpatient services and as part of their next phase of development, plan to create a new transitional housing facility for homeless women in recovery with children.
- A new AIDS Continuum of Care Committee was developed in July 2003 among AIDS/HIV service providers to ensure coordination of services among themselves with regular meetings starting in the fall of 2002. There is cross representation between ICH and the AIDS Cof C to ensure collaboration, non-duplication, and increased services and housing opportunities for homeless persons with HIV.
- A 5-session series of workshops was hosted by the Improved Service Delivery Committee in the spring of 2003 to provide training to homeless providers on Mental Health issues including identification, resources and services to meet the needs of the homeless mentally ill.

Goal #7: To ensure adequate emergency shelter is available to the homeless population in the community.

- The Planning committee conducted monthly one day studies of homeless beds and needs to ensure that this community is able to address the needs for expanded shelter beds.

Goal #8: To ensure adequate supportive services are offered to homeless individuals and families to facilitate movement through the homeless system with the end result of permanent housing and self-sufficiency.

- The Improved Service Delivery Committee implemented a car ministry in January of 2003 with the local Council of Churches to obtain donated vehicles, putting them in road ready condition and with the vehicles provided to homeless persons. They have also developed a partnership with the Willow Street Career and Technology Center to provide no cost repairs for homeless persons who own vehicles.
- A transportation meeting was held on June 11, 2003 with all providers of transportation to begin the stages of implementing a plan to provide transportation to homeless clients.
- The Continuum of Care provided support for continued funding for the two "housing first" programs that continue to be key components of Lancaster's Continuum.
- A community forum was held in October 2002 for local service providers which focused on mainstream services including TANF and Mental Health services, providing workshops to enable workers to help their clients enroll in programs.

Goal #9: To ensure adequate permanent housing choices and long term rental assistance are available in the community for low-income families and individuals.

- Three meetings were held with the Housing Development Corporation to advocate for their adoption of a homeless preference for their affordable housing units, resulting in an agreement to pilot the project with one facility beginning in August, 2003.
- The Lodge, Inc. of PA opened a permanent housing facility for individuals with mental illness in Spring, 2003.

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
Goal #5: To increase services to homeless youth.	1. Explore the feasibility of developing housing and services for homeless youth.	Study Action Team of Family Service	1/04
Goal #6: To increase services for homeless population with special needs (substance abuse issues and HIV/AIDS).	1. Increase transitional units for mothers who are in recovery.	CofC Committee	1/04
	2. Develop partnership with Lancaster County Drug and Alcohol Commission to explore targeting special services and funds to access treatment programs for the homeless	CofC Committee	1/04
	3. Increase collaborations between ICH and AIDS Continuum of Care Group to increase collaboration and housing opportunities for those living with HIV disease.	Improved Service Delivery Committee	1/04
Goal #7 To ensure adequate emergency shelter is available to the homeless population in the community.	1. Explore the current configuration of shelter beds.	ICH	ongoing
	2. Explore the feasibility of developing more shelter space for families with children.	Improved Service Delivery & CofC Committees	ongoing
	3. Evaluate the current needs of physically disabled homeless persons and their ability to access shelter beds.	Improved Service Delivery	ongoing
	4. Explore feasibility of a faith based approach to providing emergency shelter.	CofC	10/04
Goal #8: To ensure adequate supportive services are offered to homeless individuals and families to facilitate movement through the homeless system with the end result of permanent housing and self-sufficiency.	1. Advocate for continued and expanded funding for non-facility based housing first programs to move homeless families through the continuum into permanent housing.	CofC Committee	Ongoing
	2. Conduct annual community forums for service providers to ensure seamless delivery of services, particularly focusing on mainstream mental health services and substance abuse services.	Improved Service Delivery Committee	Ongoing
Goal #9: To ensure adequate movement through the continuum as quickly as possible into permanent housing.	1. Conduct a study of average time spent in each phase of the continuum.	Community Needs Committee	10/03
	2. Develop plan to work with shelters to facilitate movement of	CofC Committee	4/04

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
	episodically homeless through transitional system more quickly to increase bed space.		
Goal #10 To ensure adequate permanent housing choices and long-term rental assistance are available in the community for low-income families and individuals.	<ol style="list-style-type: none"> 1. Develop a plan to advocate to developers for additional units of permanent housing. 2. Continue and increase a “homeless, with supportive services” preference for Section 8 vouchers with the Lancaster City and County Housing Authorities. 3. Advocate reinstating the Family Reunification vouchers for homeless families at risk. 4. Implement plan with existing low income tax credit projects to develop a homeless preference for their affordable housing units. 	Continuum of Care Committee City and County Housing Authorities, HomeTIES, CofC Committee CofC Committee	10/03 7/03 3/04 1/04

3C. Discharge Planning Policy

The Interagency Council for the Homeless works closely with publicly funded agencies to ensure that a discharge policy is being developed and implemented to prevent the discharge of persons which immediately results in homelessness. The strategy includes both having representatives of those organizations as members of council, and regular meetings hosted by the Continuum of Care Committee to review strategies of the organizations for discharge planning.

A representative from the Lancaster County Prison is a member of the ICH and is currently working with the Continuum of Care Committee to develop a better discharge policy for ex-offenders leaving the prison to prevent the ex-offenders from immediately entering the shelter system. Similarly, representatives from the Continuum of Care Committee will meet with Cody Hall, the director of a new program for men transitioning from prison called Transition to Community. The facility is located at 39 W. Vine Street and will house six (6) men specifically with a D&A history.

A discharge policy currently exists and is implemented through the auspices of the Lancaster County Children & Youth Agency to prevent youth exiting the foster care system from entering the homeless system. A representative of the Children & Youth Agency has been a member of the ICH for several years. Meetings are planned with representatives of the Youth Intervention Center in coordination with the Children & Youth Agency to address youth leaving the facility to prevent their discharge into Lancaster’s shelter system.

Representatives from the Continuum of Care System and Advocacy met on June 29, 2003 with the largest hospital in Lancaster County- Lancaster General Hospital- to review their discharge policy and develop strategies for persons who may be homeless leaving the hospital. This meeting included representatives from the Mental Health division. This meeting is the first in a series of dialogs planned with Lancaster General Hospital to continue to develop strategies on discharge planning.

Meetings are planned for facilities that deal with persons leaving substance abuse treatment programs to prevent their discharge into Lancaster’s homeless system. Generally speaking, most treatment programs have their own discharge policies, but an effort is being made to develop a coordinated discharge policy.

Other meetings planned to address the issue of discharge planning include the Lebanon Veterans Administration and Wernersville State Hospital. Both institutions deal with clients who are discharged into Lancaster’s shelter system. A representative of the Veteran’s Administration is currently a member of the ICH.

3D. Unexecuted Grants Awarded Prior to the 2002 Continuum of Care Competition

The Continuum of Care Subcommittee of the ICH takes very seriously the responsibility of seeing that projects are rapidly implemented in the community to ensure that homeless households receive the services they need. **To date all projects awarded grants prior to 2002 have been fully executed** and there have been regular reports for those awarded in 2002 and all those projects are in process of being implemented as well.

3E. Service Activity Chart

Fundamental Components in CofC System (Service Activity)
<p><u>Component: Prevention</u></p> <p><u>Services in place:</u> Lancaster County provides several services and resources to help prevent homelessness. The organizations comprise Lancaster’s effort to “close the front door” to homelessness. These organizations work closely together to ensure coordination of services which range from those meeting emergency needs (food, rental assistance, etc.) to specific programs that advocate for families facing homelessness by preventing evictions through budget counseling, landlord advocacy and forbearance agreements, mediation and intervention. The primary efforts include:</p> <p>§ <u>Rent and utility assistance programs-</u> The Community Action Program Outreach and Case Management Program provides emergency material assistance and crisis intervention, service planning and case management to economically disadvantaged families. Crises dealt with generally include homelessness, imminent eviction, overcrowded or unsafe living conditions, lack of food, lack of fuel or imminent termination of utility service. The program offers utility assistance, security deposits, first month’s rent and rental arrearage payments. From July 1, 2001 to December 31, 2001, 558 families were issued rental assistance funding to either prevent eviction or secure permanent housing. 685 families were approved for funds to be sent to an energy vendor to either prevent a utility termination or to purchase a minimum supply of oil or kerosene. This program is the sole source for FEMA and DPW rental assistance. Further, all DPW crisis funds, local electric and gas suppliers and FEMA utility applications are handled by this program. The Salvation Army will also provide a portion of funds necessary to obtain rental housing.</p> <p>§ <u>Housing Counseling, Education, and Legal Representation</u> – Tabor Community Services provides landlord tenant intervention, housing location and budget counseling to prevent homelessness. MidPenn Legal Services provides legal advice and representation to prevent homelessness. The Fair Housing Program offers tenant rights and responsibilities programs and manuals.</p> <p>§ <u>Budget and Life Skills Counseling</u> - Penn State Extension and Tabor’s Consumer Credit Counseling Services (CCCS) offer budget, credit and life skills counseling. Tabor, The Lodge, Inc., and Neighborhood Services provide protective/representative payee services which prevent homelessness by ensuring timely payments of rent.</p> <p>§ <u>Food and Clothing</u> – Local food pantries such as the Council of Churches and other local churches provide material assistance and emergency food and clothing.</p> <p>§ <u>Homeowner Programs-</u> Both the City and County of Lancaster operate Owner Occupied Housing Rehabilitation Programs to preserve affordable housing and prevent homelessness through the provision of critical home repairs for low income homeowners. CAP operates a Weatherization Program through County CDBG funds to reduce utility costs for low-income homeowners. Tabor Community Services</p>

administers the PHFA Homeowners Emergency Mortgage Assistance Program which also helps to prevent homelessness.

§ Outreach and advocacy - CAP provides victims of domestic violence with information on Protection from Abuse Orders, which bar the abuser from the home, thereby avoiding the need for the victims to go to the Shelter for Abused Women. MidPenn Legal Services provides legal representation in court for victims of domestic violence to keep their homes and exclude the abuser.

Services planned: In an effort to help people to avoid the homeless system, planned efforts are focused on the local prison, and improving the local hospitals discharge plans to reduce the number of people leaving these facilities and arriving on the doorstep of the emergency shelters. Additional and expanded educational efforts are planned to increase the knowledge of tenants' rights and responsibilities to reduce homelessness due to improper evictions. MidPenn Legal Services employs an attorney funded in part by a NAPIL grant, to prevent homelessness by providing holistic legal services.

How persons access/receive assistance: Persons at risk of homelessness can access the system at any point. The network in place allows for referrals to the proper service provider that can best meet each individual's need. Specific tools include the *Self-Sufficiency Reference Guide* created by the ICH and the Lancaster Information Center (LINC) services (i.e. Where to Call Guide, phone number, Directory on a Disk, etc.).

Component: **Outreach**

Services in place:

VETERANS:

The VA Homeless Outreach Representative goes twice a week to the Water Street Rescue Mission to help the homeless. The VA representative also provides street outreach, visits Crispus Attucks and the St. James Episcopal Church (soup kitchen) to provide a point of access into the VA system for services. In addition, the **VA sponsors a "Stand Down"**: Every October, there is an intensive one-day outreach to identify homeless veterans and assist them in accessing the services they need.

Services Planned: The VA representative will continue to visit shelters, soup kitchens and other locations to identify homeless veterans. Specific locations that will be visited regularly include Water Street Rescue Mission, Crispus Attucks, and St. James Episcopal Church. The Stand Down will again be offered in the fall of 2003

SERIOUSLY MENTALLY ILL:

The Lodge, Inc. of Pennsylvania Supportive Housing and Outreach program (SHOP) tailors its outreach efforts to the chronically homeless with mental illness. Outreach consists of working closely with each shelter facility, visiting them weekly to identify those chronically homeless. In addition, the SHOP program makes presentations in the community at homeless shelters, transitional housing, and to other agencies to generate referrals. The Lodge also posts flyers in public places, laundromats, churches, bus station, and various other agencies to generate referrals. **MH/MR, ICM, and Special Offenders** make referrals to The Lodge if their consumers fit the definition of homelessness. If not, MH/MR, ICM, and Special Offenders will find their consumers housing.

Services planned: The Lodge, Inc. of PA is applying for a renewal application under this plan to continue their SHOP program. The SHOP program will continue to visit shelters, make presentations, post flyers in public places, and make phone calls to homeless shelters and transitional housing to generate referrals. Ongoing training will be conducted by MH to ensure that homeless providers know the indicators of mental illness to better identify those who need service and help them access the system. MH/MR, ICM, and Special Offenders will continue to make appropriate referrals to The Lodge, and if the consumer does not fit the criteria, they will continue to find their homeless consumers housing.

SUBSTANCE ABUSE

The Lancaster County Drug & Alcohol Commission provides on-site education and training for staff and residents at area shelters, including Crispus Attucks, the City Housing Authority, and Transitional Living Center (TLC). The training is geared to assist staff and those working with the homeless to identify substance abuse issues and the services needed by the homeless. The general public is invited to the training at Crispus Attucks.

Services Planned D & A Commission will continue to provide outreach training for staff, residents, and the public.

HIV/AIDS

The Gathering Place maintains regular contact with Crispus Attucks, Water Street Rescue Mission, and TLC for referral, specifically identifying those with HIV/AIDS who are chronically homeless. **The AIDS Community Alliance** provides housing assistance to consumers and education to shelters, transitional housing and agencies.

Services Planned: The Gathering Place and the AIDS Community Alliance will continue the outreach that they have in place.

DOMESTIC VIOLENCE

The Lancaster Shelter for Abused Women targets all domestic violence victims including the homeless. They provide education to schools, business groups, and agencies; make public service announcements; and have a 24-hour hotline. This population is newly identified in this community as “chronically homeless” and as such is targeted for outreach. The goal is to assist these families in finding the services to end the cycle of homelessness, to become stable, and find permanent housing.

Services Planned: The Lancaster Shelter for Abused Women will continue to target all domestic violence victims including the homeless through education, public service announcements and a 24-hour hotline.

YOUTH:

The Lancaster County Children and Youth Agency directs homeless families to shelters and contracts with a number of service providers including Crispus Attucks Community Center and the Boys and Girls Club to provide outreach in the schools for at risk youth. **The School District of Lancaster’s Homeless Student Project** works closely with each school in that district to identify homeless youth and connect them with services. There is currently no countywide formal outreach system in place.

Services Planned: The Adolescent Study Action Team, developed by Family Service, is assessing the gaps in services for youth. Outreach and shelter for homeless youth are identified gaps in the continuum.

OTHER: SPECIFICALLY CHRONICALLY HOMELESS WOMEN WITH CHILDREN

Tabor Community Services’ Shelter to Independent Living (STIL) Program provides housing assistance for all segments of the homeless population and hosts quarterly meetings with all shelter staff and homeless service providers to provide updates on the program, ensure a smoother referral process and coordinate services with the shelter programs. The STIL program also hosts annual meetings with area landlords to encourage their cooperation in placing homeless families in their properties. The program further provides on-site orientations at homeless shelters and transitional housing to generate referrals. Mailings and newsletters are used in outreach efforts. **Community Action Program Outreach** satellite offices provide outreach into the various areas of Lancaster County to identify the needs of persons in outlying areas of the county and to assist them in accessing needed services.

Services Planned: The Shelter to Independent Living Program will continue to host the quarterly meetings for homeless shelters and service providers to solicit referrals. Orientations will continue to be provided monthly both on-site, at shelters, and within the organization. CAP outreach offices will continue community outreach and identification of those in need of services through their outreach workers.

Component: Supportive Services

Services in place: The Lancaster CofC system has an extensive number of supportive services in place. While a number of programs serve all segments of the needy, there are specific supportive services for the homeless that are essential to the long-term success of the homeless population and provide needed supplemental services to the emergency and transitional shelter programs. The list below delineates those services that have programs specific to the homeless. The coordination and collaboration of these service providers are well defined and have allowed for smooth transition for the homeless from shelters into permanent housing and self-sufficiency. The best use of resources is to identify those organizations that provide the best services rather than encourage everyone to do everything. The shelters can focus on providing the emergency shelter and other related needs, and can call on the network of other service

providers to act on those specialized services needed.

Delivery of specific services is as follows for the homeless population:

Case Management: Initial case management begins within the shelter setting. When the initial assessment is completed, the shelter-based case manager refers the homeless household to one of several non-facility based case management programs. These programs can provide long-term case management and follow the household as they move through the system, assuring that the services needed can be accessed and additional resources can be provided as needed for homeless households to acquire and maintain permanent housing. The specific non-facility based programs that provide this ongoing case management specific to homeless households include:

- § Tabor Community Services: Shelter to Independent Living Program - housing and budget counseling, **ongoing case management**, and supportive services including housing acquisition for homeless households.
- § The Lodge Inc., of Pennsylvania: Supportive Housing and Outreach Program - **case management**, budget counseling, and supported services including housing procurement for persons with mental illness
- § MidPenn Legal Services : **case management**, advocacy and legal services
- § VA Homeless Outreach Worker: **case management** and resources for homeless veterans
- § Bridge of Hope: **case management**, long-term mentoring and rental assistance for homeless women and their children

Life Skills: Each of the emergency shelters and transitional facilities provides life skills programs on-site for residents. These life skills programs include partnering with community agencies for on-site presentations for residents. The cooperation among shelters allows for the sharing of resources and avoids duplication of services. The specific life skills programs currently provided include but are not limited to information on legal rights, safety, budgeting, parenting, mental health, drug and alcohol training, tenants' rights and responsibilities, skills to maintain housing and health issues. In addition, Lancaster County social service providers offer an array of life skills programs throughout the community that are available for all populations including homeless households.

Alcohol and Drug Treatment: Lancaster County Commission on Drug and Alcohol is the main provider of resources and services for treatment. Persons in need of treatment are referred to the Commission, they conduct an assessment and approve services for the individual, then access appropriate treatment programs. Programs available range from 30-day treatment programs to longer-term intensive programs. The Salvation Army provides an intensive long-term treatment program geared towards homeless households. In addition, the Lancaster Community has one of the few long-term treatment programs, Vantage, which accepts mothers with children and provides housing and services for the entire family. Once treatment is completed, there are a number of aftercare programs available including HSA Counseling Center, and Vantage's aftercare program. Another unique program specific for homeless households is Jubilee House, a 2-year transitional housing program with intensive case management and supportive services specifically designed for homeless women with children who have completed a treatment program and need longer term support to maintain their recovery.

Mental Health Treatment: The Lancaster County Office of Mental Health is the major service provider of mental health treatment. When a case manager assesses the need of a homeless individual for mental health services, a referral is made to the County Office of Mental Health. An appointment is made for an assessment to determine the degree of mental illness and the necessary services. Once an individual is assessed in need of services, he or she is assigned to a County mental health case manager who then develops a treatment plan for him or her and refers to the necessary medical and counseling providers

AIDS-Related Treatment/Services: There are three primary providers of AIDS-related treatment in Lancaster County. When a homeless individual is identified through assessment as needing services, he or she can be referred to any one of these providers. The providers include The Gathering Place, Lancaster General Hospital AIDS Case Management Program, and the AIDS Community Alliance. The program with an opening available will assign an AIDS-specific case manager who then coordinates with each of

the other providers as well as the primary referring case manager to ensure coordination of services and collaboration among the providers. While the individual can access AIDS-related treatment through any of the three primary providers, each one has a unique “niche” and thus works closely with all of the other providers to ensure seamless services to treat the disease. In addition to treatment, Hope House provides transitional housing and supportive services for persons living with HIV disease.

Education: A number of educational opportunities exist in Lancaster County, including three Schools of Technology, two private 4-year colleges, one state 4-year university, a 2-year community college, and a state college of technology. In addition, a number of opportunities exist for completion of GED including the Lancaster Lebanon IU13, Family Literacy Program, and the Lancaster Literacy Council. The Literacy Council also provides education for those with limited literacy and English as a Second Language classes.

Supportive services for the general population, including homeless: Opportunities are available for financial assistance and tuition reimbursement for educational programs. A unique program in the community is the New Choices New Options Program which provides an intensive 2-week program of career exploration for the non-traditional worker or the displaced homemaker or single mother. Upon completion of the 2-week career exploration series, the program participants are eligible for scholarships to complete their education at one of the technology schools. Specific to the education of children, the School District of Lancaster (the district where all of the emergency shelters and 90% of the transitional shelters and housing are located) provides the Homeless Student Project. Every homeless child is reported to the project staff that meets with the parent and determines the best educational program for that child (including pre-school). They provide immediate enrollment of the child and assure that the child’s education is seamless as he or she moves through the system into permanent housing. If special assistance is needed for the academic achievement of the child, those services are put in place by the staff as well.

Employment: CareerLink opened its doors in 2001, allowing one stop shopping for all employment needs of individuals. Because access to transportation for homeless individuals is limited, the opening of this facility has eased the burden on homeless persons to find services necessary to help with employment since all services are now in one location. Services located on-site at CareerLink include Lancaster Employment and Training Agency, Workforce Investment Board, Job Club, GED classes, CAP Employment and Training Program, Urban League’s Partnership Employment Program, the Office of Vocational Rehabilitation, Schools of Technology Offices, and an office of the Department of Public Welfare. By consolidating these offices, all individuals can enter the CareerLink Center and be assessed for the services that best fit their needs, and directed to one or all of the agencies providing employment services as needed. The services offered include basic soft skills, resume writing, job search and placement and job training, all of which are located on-site at CareerLink.

Child Care: All child care needs are referred to the Child Care Information System (CCIS) agency, a program of the Community Action Program. A referral is made to CCIS, which determines income eligibility, provides subsidies and assists the families in finding adequate and appropriate child care. Red Rose Transit Authority has collaborated with CCIS to map out routes to assist in determining the best available and accessible child care for persons who must rely on public transportation.

Transportation: Red Rose Transit Authority is the major provider of public transportation in the Lancaster Community. Currently, the Urban League provides bus passes for persons who are in their first month of employment as well as bus passes for persons who are actively searching for employment. For persons on Medical Assistance, transportation is available to obtain necessary health care.

Other Supportive Services for Homeless Households Include:

- Water Street Rescue Mission - health clinic for homeless, food pantry, and meals
- Children & Youth Agency - case management services for abused and neglected children
- Tabor Community Services – Consumer Credit Counseling Services, and housing and budget counseling
- County Office of Aging - supportive services for the elderly
- County Assistance Office - cash assistance, food stamps & medical assistance
- South East Lancaster Health Services - low cost health care

Services Planned: Services planned include non-facility based supportive services. The Housing First Programs will continue to look for funding opportunities to expand the intensive case management and access to supportive services to ensure stability. A car ministry is currently under development to provide donated vehicles for homeless persons. Facility based services currently being planned include the Hope House proposal through this application to increase services to HIV residents in the transitional facility including housing search assistance, follow-up case management and psychiatric services specific to the HIV population.

How Homeless persons access/receive assistance: The LINC, the *Self-Sufficiency Reference Guide*, shelter staff referrals and word of mouth provide the homeless with information on accessing services. The ICH also plays a critical role in keeping front line homeless providers and service staff up-to-date and aware of the myriad services available to the homeless. With the training provided by the ICH, the staff of all community shelters is able to assess the progress of the household and determine what supportive services and mainstream programs are best suited to the household's income, rental history, skills, employment, and mental health status.

In most cases, the household is referred to one of the non-facility based supportive service projects as noted previously, which will coordinate the needed supportive services and will help the household find the appropriate housing. Lancaster County is unique in providing a seamless system of movement in the continuum by offering two non-facility based "housing first" case management programs that will guide each household through the Continuum of Care and supportive service network. Because these programs are non-facility based, they are able to "walk beside" each household as they move through the continuum regardless of where the household enters the system. These unique programs assign a case manager who assists the household to develop a plan to locate and obtain housing outside the shelter system. The case manager then accompanies the client to obtain the necessary supportive services to move through the system into permanent housing. These assigned case managers identify all the necessary supportive resources for the household to maintain stability and ensure that those services are accessed.

Each of these housing first programs provides in-home supportive services after permanent housing is found to ensure stability and long-term self-sufficiency for the household. The assigned housing case manager uses the assessment begun by the shelter staff and works collaboratively with the shelter and other service providers to determine what supportive services are needed both short term and long term and what housing options will best fit the household needs.

Supportive service needs are assessed upon entry into the system by the staff at the shelters. This assessment continues with the referral to the "housing first" case managers to ensure appropriate services to supplement the housing needs. All assessments include screening for substance abuse and mental health problems. Follow up services are provided to each household leaving a shelter through the housing first programs to ensure a smooth transition into permanent housing and long-term self sufficiency. The case management plan is developed to identify the individual goals to long-term self sufficiency, the barriers to those goals, and the steps necessary for the household and the supportive service provider to take to overcome those barriers. The case management plan follows the household from shelters to the housing placement providers to long-term supportive service providers, again to ensure coordination of services. Typical supportive services each family receives include budget counseling, assistance with establishing income and necessary benefits, protective payee services, tenant rights and responsibilities education, employment training and advocacy, mental health services, substance abuse services and parenting services. With the follow-up services provided by Lancaster's Continuum, these supportive services follow the families and continue in their permanent housing.

3F. Housing Activity Chart

Fundamental Components in CofC System – Housing Activity Chart								
Component: <i>Emergency Shelter</i>								
Provider Name	Facility Name	Geo code	Target Population		Bed Capacity			
			A	B	Individuals		Families with Children	
Current Inventory		423573	2002	2003	2002	2003	2002	2003
Water Street Rescue Mission	Water Street Rescue Mission		SMF		40	40	40	40
Community Action Program	Domestic Violence Services		FC	DV	8	7	22	28
Crispus Attucks Community Center	CACC Shelter		SMF		13	13	7	7
			Subtotal		61	60	69	75
Under Development – None								

Fundamental Components in CofC System – Housing Activity Chart								
Component: <i>Transitional Housing</i>								
Provider Name	Facility Name	Geo code	Target Population		Bed Capacity			
			A	B	Individuals		Families with Children	
Current Inventory		423573	2002	2003	2002	2003	2002	2003
Water Street Rescue Mission	Transitional housing		SM		98	98	30	30
Transitional Living Center	Transitional Living Center		SMF		34	51	20	20
Transitional Living Center	The Farmhouse		FC		0	0	1	1
YWCA	Kepler Hall		SF		27	25	11	20
Milagro House	Milagro House		FC		0	0	35	37
Salvation Army	New Start		SM	SA	23	15	0	0
Clare House	Clare House		FC		4	5	15	16
Tabor Community Services	Jubilee House		FC	SA	1	1	10	10
Community Action Program	Bridge Housing		FC	DV	3	3	7	7
Catholic Charities	Hope House		SMF	AIDS	8	8	0	0
Beacon House	Beacon House		SM	VETS	8	8	0	0
LOVE, Inc.	Transitional housing		FC		0	0	14	14
Beth Shalom	Beth Shalom		FC		0	0	6	0
House of His Creation	House His Creation		FC		0	0	6	6
			Subtotal		206	214	155	161
Under Development								
Crispus Attucks	Transitional housing				0	8	0	5
			Subtotal		0	8	0	5

Note: Beth Shalom closed in 2003. TLC and Bridge Housing reported the number of beds in 2003 instead of the number of units as was reported in 2002. This is a more accurate reflection of the clients served. House of His Creation was included in 2003 but was not included in 2002.

Fundamental Components in CofC System – Housing Activity Chart								
Component: <i>Permanent Supportive Housing</i>								
Provider Name	Facility Name	Geo code	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
Lancaster City Housing Authority	Shelter + Care Program		FC		10	10	2	4
The Lodge, Inc. of PA	Lincoln House		SMF	MH	0	8	0	0
			Subtotal		10	18	2	4
Under Development -								
The Lodge, Inc. of PA	Denver House		SMF	MH	0	15	0	0
			Subtotal		0	15	0	0

5. HOUSING GAPS ANALYSIS CHART

		Current Inventory in 2003	Under Development in 2003	Unmet Need/Gap
Individuals				
Beds	Emergency Shelter	60	0	26
	Transitional Housing	214	8	40
	Permanent Supportive Housing	18	15**	25
	Total	292	23	91
Persons in Families with Children				
Beds	Emergency Shelter	75	0	20
	Transitional Housing	161	5*	80
	Permanent Supportive Housing	4	0	25
	Total	240	5	125

- Crispus Attacks, ** Denver House

CONTINUUM OF CARE: HOMELESS POPULATION AND SUBPOPULATIONS CHART

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	60	214		
2. Homeless Families with children	30	64		
2a. Persons in Homeless Families with Children	75	161		
Total (lines 1 + 2a)	135	375		
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronic Homelessness	202			
2. Seriously Mentally Ill	53			
3. Chronic Substance Abuse	237			
4. Veterans	57			
5. Persons with HIV/AIDS	75			
6. Victims of Domestic violence	33			
7. Youth	96			

5. METHODS USED TO COLLECT INFORMATION FOR THE HOUSING GAPS ANALYSIS AND HOMELESS POPULATION/SUBPOPULATIONS CHARTS

5a. . For the Housing Gaps Analysis Chart- identify the data source and the methods for filling out the “Current Inventory” and “Under Development in 2003” columns. Briefly describe the basis for the community’s determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.

The Continuum of Care and Advocacy Committee completed the Housing Gaps Analysis chart based on the knowledge of the facilities in the continuum. The Lancaster Information Center (LINC) run by the United Way also provided supplementing documentation for this chart as did the monthly surveys conducted by the Community Needs Committee of the United Way. The basis for the community’s determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless was based on a combination of factors including waiting lists at local shelters, data from homeless service providers on unsheltered homeless as well as data from those homeless facilities that offer food to unsheltered homeless in the community. The directors of the emergency shelters provided figures for those clients that needed transitional housing but were unable to access it; the directors of the transitional housing facilities provided information on the number of clients that needed permanent supportive housing but could not access it.

5b. Provide your community’s definition of emergency shelter and transitional housing

Emergency Shelter

Lancaster’s definition of emergency shelter mirrors HUD’s definition: "any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless." Emergency shelters in Lancaster must provide appropriate supportive services to help ensure that homeless individuals and families receive adequate referrals to social services and transitional housing and/or permanent housing.

All of the emergency shelters listed above allow residents several days to acclimate themselves to the facility prior to requiring them to undergo an assessment to identify needs and develop a plan for them to obtain necessary services. Treatment and supportive services are arranged for special needs populations. Case management services, referrals to appropriate supportive services such as assistance in obtaining benefits, life skills counseling, housing counseling and employment services are provided at the emergency shelters.

Transitional Shelter:

Lancaster has two types of transitional housing:

The first type of transitional shelter mirrors HUD's definition: housing, the purpose of which is to facilitate the movement of homeless individuals and families to permanent housing within 24 months. These facilities provide independent housing units; often apartments with appropriate supportive services to help homeless individuals and families make the transition to permanent housing and independent living.

The other type of transitional housing in Lancaster offers only a short term limited stay, but is distinct from emergency shelters in that it offers more privacy, and more supportive services. These facilities provide a maximum limit of 3 to 6 months of housing in a variety of structures from single unit houses (3-month stay) to hotel type structures (6 months maximum). The facilities often provide one room for the individual or families with communal kitchens and bathing facilities. Most are small and independently funded.

5c. For the Part 1 Homeless Population and Subpopulation Chart indicate the specific **point in time** date of data collection for both the sheltered and unsheltered. Describe your community's process and methods for collecting the data, including the reasons your community chose these methods.

The specific point in time date of data collection for both sheltered and unsheltered homeless population was May 16, 2003 because the CofC committee chose to rely upon the data collected by the United Way's Community Needs Committee. As a precursor to the pending homeless report, the Community Needs Committee conducted monthly point in time counts on the 16th day of January, February, March, April, May, and June. May 16, 2003 was chosen because it most closely reflected the average counts of the six counts undertaken. The point in time count collected the total number of people in the shelter and whether those people were individuals or members of a family. The members of the CofC chose to rely upon the Community Needs Committee's point in time counts because they were accurate, timely, reliable and readily available. Members of the CofC supplemented the information gathered by the United Way Community Needs Committee through email and phone calls to homeless facilities and homeless service providers.

5d. For Part 2 Homeless Population and Subpopulations Chart, indicate methods for determining homeless subpopulations in general **and** the chronic homeless in particular.

The methods for determining the homeless subpopulation in general and the chronic homeless in particular were coordinated with the monthly count conducted by the Community Needs committee of the United Way of Lancaster County (see above). Members of the CofC supplemented the information gathered by the United Way Community Needs Committee through email, and phone calls to homeless facilities and homeless service providers concerning the characteristics of their population on May 16, 2003 and providing information on those they know are unsheltered. Shelter providers were specifically asked to provide data on the number of clients that fit HUD's definition of chronically homeless.

5e. Describe your community's plans for conducting an annual update of the Fundamental Components in the CofC system

Lancaster's plans for conducting an annual update of the Fundamental Components in the CofC System Housing Activity Chart will be updated through the support of the County of Lancaster's HMIS system and well as a continual update of the Fundamental Components to add, delete or amend any of the components listed. The CofC Committee will be responsible for continually updating the Fundamental Components in the CofC system.

5f. Describe your community's process for conducting regular point-in-time counts of the sheltered and unsheltered and the collection methods you plan to use.

Once the ServicePoint Homeless Management Information System (HMIS) is fully utilized (meaning all homeless providers are using the system) the CofC Committee can rely upon the HMIS for its regular point in time counts of the sheltered homeless. ServicePoint will also provide the ICH with more accurate information on the causes, needs and success rate of each homeless group. ICH members will continue to solicit the direction of homeless and formerly homeless persons through individual interviews, forums and/or surveys to continuously assess and improve Lancaster County's efforts. The HMIS reports will be prepared by the ServicePoint System Administrator, approved by the HMIS Steering Committee and released to the CofC Committee. A count of the unsheltered homeless will be based on information collected by the CofC through contacts with current shelter providers that offer meals to the community (frequently unsheltered homeless will eat at the shelters but will not sleep there or take part in the programs) as well as homeless service providers who serve unsheltered homeless. The CofC Committee will consider the feasibility of conducting a street count, although past attempts have not proven to be an effective or efficient method of counting the unsheltered.

6. HOMELESS MANAGEMENT INFORMATION SYSTEM

6a. Describe in a brief narrative your CoC strategy to implement an HMIS and the progress you have made to date in obtaining participation of homeless assistance providers.

The County of Lancaster implemented the ServicePoint Homeless Management Information System (HMIS) on July 1, 2002. Currently all but one homeless facility is utilizing the program. The remaining facility is Water Street Rescue Mission, an emergency shelter facility. However, the staff of the Lancaster County Information Technology Department is currently writing a bridge or interface program using Microsoft BizTalk which will enable the County to access the unduplicated data on the homeless that reside at Water Street Rescue Mission and vice versa. This bridge or interface program is expected to be completed by the end of the summer of 2003 and implemented by the end of the year. At this point 90% of all social service agencies that in any way provide services to the homeless are utilizing the system. Those that do not will be included in late 2003 or early 2004 using the bridge or interface methodology, including mainstream providers such as mental health and mental retardation. Most mainstream providers are mandated to use State authorized management information systems. The staff of the IT Dept is working with the Commonwealth of Pennsylvania to develop systems that will enable safe, secure data sharing in compliance with HIPPA for mainstream providers.

Currently there are 19 organizations and 60 end users in the Lancaster ServicePoint system, with over 1,800 client records entered into the system. The current focus is to improve the accuracy and timeliness of client records and to improve the utilization of the email referral system. The majority

of the users has expressed positive comments about the user-friendliness of the program and is anxious to use all of the program's capabilities.

6b. Please check one of the following that best reflects the status of your CoC in having a Continuum-wide HMIS.

- The CoC has not yet considered implementing a HMIS
- The CoC has been meeting and is considering implementing a HMIS
- The CoC has decided to implement a HMIS and is selecting needed software and hardware.
- The CoC has implemented a continuum-wide HMIS
- The CoC is seeking to update or change its current HMIS
- The CoC is seeking to expand the coverage of the current system.

6c. If your CoC has already implemented a HMIS, identify in the table below how many of the Current Inventory Beds/units listed on your Gaps Analysis chart are included in the CoC's HMIS

Current Inventory 2003 Beds/Percentage Providing Client Data into HMIS		
	Individuals	Families
Emergency Shelter	20/ 34%	35/ 47%
Transitional Housing	116/55 %	125/ 78%
Permanent Supportive Housing	8/ 100 %	5/100 %

PRIORITIES

7a. Using your gaps analysis findings, complete the **Continuum of Care: Project Priorities** Chart that follows.

Continuum of Care: Project Priorities

(This entire chart will count as one page towards the 25 page limitation)

<u>Sponsor</u>	<u>Program</u>	<u>Priority</u>	<u>Amount requested</u>	<u>New or Renewal</u>
Tabor Community Services	Mifflin Street Apartments	1	\$635,487	new
The Lodge Inc. of PA	Supportive Housing & Outreach Program	2	\$485,580	renewal
Catholic Charities	Hope House Transitional Services	3	\$149,847	new

7b. Describe the methods you use to determine whether projects up for renewal are (1) performing satisfactorily, and (2) effectively addressing the need(s) for which they were designed.

The ICH has developed and utilizes the following process to determine satisfactory performance and accountability for renewal projects:

1. A satisfaction survey is sent to a minimum of five community service providers asking for feedback regarding the following:
 - accessibility of services
 - responsiveness to requests for services
 - ability of program to meet client needs
 - achievement of program results

2. Each renewal project submits its projected outcomes for the most recent grant term and the actual results of meeting the indicators for those outcomes.
3. Each project is required to submit a random sample of client satisfaction surveys or a summary of surveys that reflects the grant term being evaluated.
4. The Priorities Panel reviews submitted information and ranks the project according to its ability to meet its goals. If the project appears to satisfactorily meet the program and community goals, the project is then included with all other submissions for priority ranking. Renewal projects are NOT awarded an automatic top priority ranking, but are ranked in accordance with Continuum need.

7c. Describe how each project will fill a gap in your Continuum of Care system.

Priority #1: Tabor Community Services – Mifflin Street Apartments (New 3 year Project)

Proposed Project: Tabor Community Services, in cooperation with the Community Action Program of Lancaster, Community Basics and a Low Income Tax Credit investor, plans to renovate a 40-unit low income housing tax credit project as part of a larger revitalization effort in Lancaster City. With Continuum of Care funding, the project will allocate 5 apartment units and supportive services of permanent housing for disabled homeless persons and families.

Gap: This project addresses the high priority need for permanent supportive housing for homeless and disabled persons or families.

Priority #2: The Lodge, Inc. of Pennsylvania – Supportive Housing and Outreach Program (3 year Renewal Project)

Proposed Project: The Lodge, Inc. of Pennsylvania is requesting funding to renew their existing program. The Supportive Housing and Outreach Program assists homeless mentally ill people obtain housing while providing supportive services. Supportive services include life skills and case management for a period up to 18 months. The majority of participants served will be chronically homeless persons.

Gap: This project fills the high priority need to assist the homeless and mentally ill in obtaining permanent housing with follow up supportive services.

Priority #3: Catholic Charities – Hope House Transitional Services (New 3 year Project)

Proposed Project: Catholic Charities is requesting funding to serve homeless individuals with HIV or AIDS in obtaining permanent housing with follow up case management and supportive services. Services would include but are not limited to transportation, facilitated peer support groups and funds to obtain psychiatric treatment. A majority of the clinics served through this project will be chronically homeless individuals.

Gap: This project would fill a gap the unmet need gap for housing for persons with HIV/AIDS and in obtaining permanent housing with follow up supportive services.

7d. Demonstrate how the project selection and priority placement process was conducted **fairly and impartially** and gave equal consideration to projects sponsored by nonprofit organizations.

1. Project solicitation efforts

Project solicitation began once notification was received that the 2002 Lancaster County Continuum of Care Plan had been approved and selected projects were awarded funding. The ICH Continuum of Care Committee announced this at the general ICH meeting and discussed the estimated time line for the 2003 application process. Updates were made regarding the application process and requests for new or renewed projects were discussed at subsequent ICH meetings. A formal announcement was made at the April 21, 2003 ICH meeting that the Super NOFA would be published shortly. A follow up announcement was made at the May 19, 2003 meeting stating that the Super NOFA had been published and a letter detailing the availability of funds and outlining the process to obtain prioritization was

distributed and sent to all 39 member agencies. Applicants were required to submit a letter of intent indicating the type of project, target population, proposed project cost and the unmet need gap the project would fill to the Continuum of Care Committee by June 3, 2003, with a full draft proposal due to the committee by June 13, 2003.

In addition to the open solicitation efforts listed above, the Improved Services Committee worked through out the year soliciting housing developers to create a permanent supportive housing project to fill the gaps already identified in the community. The result of this effort is included in the Mifflin Street Apartment Project submitted by Tabor Community Services.

2. Objective rating measures and participants on the review panel

The Continuum of Care committee developed a “Priorities Panel” to prioritize the applications. The Priorities Panel met on June 23, 2003 to determine project priorities for the federal Continuum of Care application. In order to ensure fairness and equity, the Priorities Panel is comprised of agency representatives that are not connected to the applicants and all attempts are made to represent the following sectors: non-profit groups serving the homeless; children & youth; organizations serving persons with HIV/AIDS; organizations serving victims of domestic violence; funding sources, mainstream resources; homeless facility providers and the homeless or formerly homeless individuals. All members who vote on the ranking of applications complete a Conflict of Interest survey to determine the ability to objectively review the proposed projects in relation to the relative need in the community. The Priorities Panel was comprised of:

Ms. Amy Campbell, Program Specialist, Lancaster County Children & Youth Agency (representing youth and mainstream resources)

Mr. Robert Lewis, Executive Director, The Gathering Place (representing the HIV/AIDS community)

Ms. Toni McCuiston, Director of the United Way Lancaster Information Center LINC

Ms. Aimee Tyson, Community Development Specialist, (County government)

Ms. Beth Bulat, Lancaster County Drug & Alcohol Commission (mainstream provider)

Mr. Jay Kiralfy, Executive Director, Transitional Living Center (transitional housing provider)

Mr. Lenny Walton, retired Armstrong Employee, United Way Volunteer (funding representative)

All members of the Priorities Panel received copies of the applications and a manual entitled “Policy, Process and Procedures for Endorsing, Ranking and Recommending Funding Allocations.” This manual was created by the ICH for the purpose of ranking funding applications for priority panels and is used for disbursement of ESG funds as well as prioritizing Continuum of Care Request Proposals. The panel used a project evaluation tool that outlines criteria to be used in ranking the projects. Each application is ranked using the following criteria:

- Meets the eligibility requirements of the SHP program regulations;
- Addresses an identified gap in service in the Continuum of Care;
- Proposes to develop services appropriate to the needs of the population to be served;
- Designs services to help participants achieve permanent housing and greater level of self-sufficiency;
- Is cost-effective;
- Demonstrates linkages and partnerships;
- Demonstrates project leveraging;
- Demonstrates the applicant’s knowledge, experience, and ability to effectively carry out the specific activities;

- Contains a reasonable plan for measuring outcomes and the effectiveness of project activities; and
- Is a completed quality document with concepts clearly stated and budgets clearly detailed.

3. Voting system used

The Priorities Panel ranked each application for each of the criteria on a scale from 1 to 3. The scores were compiled and used as the basis for the determination of priorities. The final scoring and ranking was then discussed as to how each project met a relative priority on the gaps analysis chart, as well as meeting the goals and action steps in the continuum. This year, particular attention was given to projects that met the goals and action steps of ending chronic homelessness as indicated as a high relative priority. Since permanent housing is the overwhelming need for the community, the Mifflin Street Apartment Project was ranked #1, and since maintaining the current housing first services for the mentally ill and chronically homeless is also a high priority, renewal of the Supportive Housing Outreach Program was ranked number #2. All projects were ranked according to the relative priority ranking as well as the above criteria from the “Policies, Process and Procedures for Endorsing, Ranking and Recommending Funding Allocations.” The committee then took the final vote and the slate with the ranking of the projects was submitted to the Continuum of Care Committee on June 25, 2003 who gave final approval and forwarded the information to the Lancaster Interagency Council for the Homeless for final affirmation.

The Interagency Council for the Homeless affirmed the 2003 project priorities as recommended by the Priorities Panel and approved by the Continuum of Care Committee at their monthly meeting on July 7, 2003. Since each project submits its own funding application, the Continuum of Care Committee provided each project with copies of Exhibit 1, the Continuum of Care Plan for the Lancaster City and County, a necessary element of the Application.

4. Written Complaints

No written complaints concerning the process have been received during the last twelve months.

8. SUPPLEMENTAL RESOURCES

8a. Project Leveraging: Fill out the Continuum of Care: Project Leveraging Chart

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. **This entire chart will only count as one page towards the 25 page limitation**)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
1				
2				
3				

8b. Enrollment and Participation in Mainstream Programs

1. Identify Eligibility

The initial identification of homeless persons eligible for mainstream programs begins with their entry into the Continuum of Care. In the local community, the point of entry for a substantial number of homeless families and individuals is through the city's emergency shelter programs. Upon entry into the system, a complete assessment is conducted by the assigned shelter staff as noted in section 3d (Assessment Component) of the plan. Each client's individual needs, as well as the current services they are receiving and the appropriate mainstream programs for unmet needs are identified. This is supplemented with information gathered through the HMIS system. A case plan is developed for each homeless household to access needed mainstream programs. Assessment information includes each household's income and public benefits, employment, mental health, and physical status.

2. Describe your Continuum of Care-wide strategy to systematically help enroll homeless persons in the following programs for which they are eligible.

Lancaster's Continuum of Care has identified a systematic process consisting of a series of steps to enroll homeless households in mainstream programs.

STEP 1: Once the shelter staff conducts the initial assessment, whenever possible, households are enrolled in non-facility based programs that provide more intensive case management and "walk through the system" with each household to ensure that services are accessed. When the shelter staff has completed the initial assessment and the household is identified as needing assistance to obtain mainstream services, they are enrolled in one of the "housing first" programs (Shelter to Independent Living Program Case Managers and the Lodge's Supportive Housing and Outreach Program). These programs then provide an ongoing case manager assigned to each homeless person to ensure enrollment in those mainstream services identified during their shelter intake assessment and works with them throughout the Continuum. Verification of each household's state-funded public benefits income (TANF and Food Stamps) and public health insurance (Medical Assistance and CHIP) is verified through the State's Electronic Benefit Verification System. If the family or individual is eligible but not enrolled in any of these benefit programs, the case manager explains the process for enrollment, and then advocates, transports and works to remove barriers to the mainstream system.

STEP 2: Clients who experience difficulty in obtaining benefits are assigned to MidPenn Legal Services' Homeless Advocacy Program or another appropriate advocate. The advocate is instrumental in enrolling clients in needed mainstream benefits through Medicaid, TANF, Food Stamps and SSI. Housing cannot be accessed without established income, so the Legal Services Homeless Advocate is often the first point of entry for the client. If necessary, the Legal Services Homeless Advocate or other assigned advocate will assist the client in taking necessary legal steps to ensure enrollment in numerous benefit programs for which he or she is eligible.

STEP 3: With the HMIS now in operation, clients are now tracked from shelter to shelter, allowing an instantaneous exchange of client data and service history, and tracking of the mainstream programs for which the client has been referred. This allows for follow-up to ensure enrollment into the mainstream program. Case management recommendations are available through the network, so providers can quickly identify the needs of their clients and know what programs they are already enrolled in and what assistance for enrollment is still needed. Furthermore, the HMIS functions as a directory of Continuum of Care programs and service providers including mainstream liaisons.

STEP 4: Progress is not contingent upon the HMIS. In addition to the assigned case manager from the non-facility based “housing first” programs noted above that individually assist each person, the ICH has identified a liaison with each of the mainstream providers to troubleshoot and assist if there are problems in enrolling a client within their program’s system. Specific to each identified program, the enrollment process for a homeless person by the Continuum providers is as follows:

- **Medicaid, TANF and Food Stamps** are consolidated in Pennsylvania through the County Assistance Office (CAO). Single applications for all CAO services are provided to all shelter and homeless service providers. In addition, this year the on-line application process was established through the Commonwealth of PA Application for Social Services (ComPASS) and the CAO provided training to each shelter and homeless provider to enable them to assist clients to enroll online. The assigned case manager assists the eligible client in filling out the single application either in hard copy or online and forwards it to the CAO. The CAO processes the application within 30 days. The Medical Assistance portion of the application is coordinated with the PA CHIP program and Adult Basic Program. If the client is over income for Medical Assistance, the application is forwarded directly to those programs for enrollment. Forrest Collier, Acting Director of the Lancaster County Assistance Office, is the liaison for the Continuum homeless providers. As a member of ICH, Mr. Collier acts as a “go-between” with the identified client and his programs if he or she is denied access to service or if it appears that the system is not providing the identified service to ensure enrollment. In addition, the 4 casework supervisors at the CAO are also designated liaisons within each specific program. Mr. Collier coordinates regular trainings for homeless providers regarding all program changes, eligibility and accessing the Medicaid, TANF and Food Stamp programs.

Specific to homeless families who are victims of domestic violence, the Lancaster Domestic Violence Services employs a TANF Advocate dedicated to assisting their enrollment for TANF benefits. The advocate works out of the shelter and gives residents and non-residents information about benefits at the CAO. The Advocate is available to assist participants at all levels of services with TANF, from applying for benefits, accessing documentation for eligibility determinations and negotiating plans for returning to work or using “time outs.” The Advocate works closely with the identified CAO liaisons (the 4 supervisors) to reduce barriers to homeless persons in accessing services.

- **State Children’s Health Insurance Program** BlueCHIP is PA’s Children’s Health Insurance Program. This program is coordinated closely with the CAO and the Medical Assistance Program. The single application for this program is filled out online through ComPASS, and applications are coordinated with the CAO office. Deborah Bagnato is the liaison for homeless providers as the Outreach Coordinator for the Caring Foundation of Central PA, who administers the Children’s Health Insurance Program. Ms. Bagnato will assist with individual cases to ensure enrollment for all children who are eligible. She provides ongoing training and updates for human service providers. She is available to assist families who are experiencing problems in enrolling for services.
- **SSI and Social Security Disability** benefits are accessed in one of two ways: the assigned case manager can enroll the client through the County Assistance Office (CAO) for welfare benefits who then can refer to Social Security, or the client may apply directly to Social Security. For homeless persons needing financial help, an application is filed with Welfare according to the process outlined above. When a person is deemed disabled, he or she is given preliminary authorization for welfare for immediate financial help and then referred to the CAO Disability Advocacy Program. The staff in that program assists the individuals in filing the application and

gathers all the information for the clients to take to Social Security. In addition, the assigned case manager refers the client to the MidPenn Legal Services Homeless Advocate who works closely with the CAO Disability Advocacy Program to assist the client with enrollment. The shelter case managers can also initiate a claim directly by sending a fax to Social Security with initial information and request a “Please consider today to be a protected filing date for the claimant” to start the process. Social Security then provides a more in-depth interview.

If a client with a meritorious claim is denied service, the MidPenn Advocate then conducts an extensive interview with the client and researches the regulations to find out how to best document the client’s eligibility. The advocate gathers evidence and prepares an extensive Case Summary, which is submitted to the Administrative Law Judge one week prior to a scheduled hearing. In appropriate cases, the advocate requests a favorable “on the record” decision in order to spare the homeless individual the stress of traveling to Harrisburg, PA for a hearing and testifying. Due to the extensive documentation and case summary prepared in advance, many cases are resolved successfully. If a hearing is held, the Advocate provides the client with transportation and legal representation at the hearing.

- **Workforce Investment Act** is administered through the Lancaster County Workforce Investment Board (WIB). WIB has consolidated employment funding sources to provide a continuum of employment services, establishing CareerLink in 2001, Lancaster County’s One Stop Service Center for Employment. Lancaster Employment and Training Agency (LETA) is the point of access for all services provided at CareerLink. The assigned case manager enrolls the client in LETA services which assign a LETA case manager to conduct and complete an employment assessment and enroll the individual in the appropriate CareerLink employment services. The assigned case manager is the primary contact and provides the support and wrap around service to ensure enrollment and connections with services. In addition, homeless individuals can enroll online and begin an immediate job search and job match. Most of the shelters have internet access available for their residents. The County Library provides internet access to those individuals who wish to enroll online. The Continuum liaison is Kim Sullenberger, Deputy Director of Lancaster County Workforce Investment Board at CareerLink who ensures coordination of CareerLink with homeless providers. With the establishment of the One Stop Service Center, enrollment in employment services is greatly enhanced, bringing together all the service providers in the employment and training field, as well as the satellite offices for the CAO, Technical Schools, and community colleges in one location. Further increasing access is the establishment of transportation routes directly from homeless shelters to the CareerLink Center.
- **Veterans Health Care** is accessed through the Continuum Liaison, Richard Leatherman, the VA Outreach Worker assigned to the Lancaster Continuum. When the assessment indicates that a Veteran needs health services, the assigned case manager contacts the VA Outreach Worker who meets with the individual in their current place of residence. The Outreach Worker assesses whether the individual is currently in the system and determines eligibility on-site at the individual shelters. All the paperwork is completed on-site to determine eligibility and to enroll them in the program. Once they are enrolled, the Outreach Worker makes the clinic appointment to begin health care and arranges transportation with the County Director of Veteran Affairs who then picks up the veteran and takes him to his health appointment. The Outreach Worker also refers for inpatient medical, inpatient mental health and drug and alcohol rehabilitation. When a referral is made to a residential care recovery program, the outreach worker then provides the ongoing case management to ensure that the homeless veteran enters the programs and follows him throughout their stay in the program. All veteran services and plans are coordinated with the assigned case manager and the VA Outreach Worker.

3 Describe your Continuum of Care-wide strategy currently in place to systematical ensure homeless persons receive assistance under each of the programs for which they are enrolled.

As indicated in the enrollment section, the primary strategy to systematically ensure that persons receive assistance to mainstream programs primarily rests with the assigned case manager, who takes responsibility for oversight. The case manager interacts with shelter staff and referral providers, including mainstream providers, to ensure compliance with the initial and subsequent needs assessment. The case managers facilitate movement throughout the continuum of services so that homeless persons are enrolled in the appropriate mainstream programs for which they are eligible and which meet their individual needs.

While the case managers assess the needs and enroll persons in applicable programs, much of the onus of enforcing services rests with the MidPenn Legal Services Homeless Advocate or other appropriate advocate who will provide the legal assistance necessary if a client is denied access to a mainstream service for which they are eligible. MidPenn Legal Services provides legal assistance in particular to those who are denied benefits through TANF and SSI, assisting in filing appeals and compiling the necessary information to document their eligibility. In addition, the implementation of the HMIS will expedite this process since all program staff, case workers and the Homeless Advocate will possess the same information instantaneously. The HMIS system will enable a seamless transition for entry to exit in the continuum, coupling all of the mainstream services the client needs with other provider services to become self sufficient and end the cycle of chronic homelessness.

The Domestic Violence Services employs a TANF Advocate dedicated to assisting victims of domestic violence in accessing TANF benefits. The Advocate works out of the shelter and gives residents and nonresidents information about benefits at the Lancaster CAO. The Advocate is available to assist participants at all levels of services with TANF from applying for benefits, accessing documentation for eligibility, and negotiating plans for returning to work or using time outs. The intent is to reduce barriers that homeless persons find in accessing services.

8C. Participation in Mainstream Programs and Employment

Participation in Mainstream Programs and Employment Chart

What is the total number of projects represented in this chart? 1

1 Income Source	2 Adults Who Exited (All Renewals)	3 Source of Income at Entry	4 % w/ Income at Entry (Col 3 ÷ Col 2)	5 Source of Income at Exit	6 % w/ Income at Exit (Col 5 ÷ Col 2)	7 Entry/Exit Difference (Col 6 – Col 4)
a. SSI	854	129	15.1%	174	20.4%	5.3
e. TANF	854	91	10.7%	126	14.8 %	4.1
a. SSI	101	35	34.7%	36	36.0%	0
e. TANF	101	2	2.0%	2	2.0%	0
h. Employment Income	101	14	14.0%	13	13.0%	1
k. Medicaid	101	0	0	0	0	0
l. Food Stamps	101	21	21.0%	33	33.0%	12
n. No Financial Resources	101	6	6.0%	4.0	4.0%	2

8D. Use of Other Mainstream Resources

Mainstream Resources	Use of Resources in CofC System	Specific Project Name	\$ Amount or number of units/beds 2001-2002 specifically for the homeless
CDBG	Operations	Domestic Violence Services – Shelter	\$90,000 (34 units)
	Operation	Clare House	\$13,000
	Operations	Crispus Attucks	\$29,726
	Operations	Jubilee House	\$5,000
	Operations	Milagro House	\$40,000(42 units)
	Case Management	Transitional Living Center	\$13,500 (54 units)
	Hsg. Placement & budget counseling	Shelter to Independent Living	\$30,000
HOME	Rehab. Supportive Housing units	Lincoln House	\$200,000
Housing Choice Vouchers (only if priority is given to homeless)	20% of all available vouchers to homeless families with established homeless preference	Lancaster City Housing Authority	14 vouchers to homeless households
		Lancaster County Housing Authority	38 vouchers to homeless households (average assistance \$351/month)
Substance Abuse Grant			
Welfare to Work			
State Funded Programs			
Human Service Development Funds	Case Management	Domestic Violence Services-Bridge Housing	\$35,000
	Operations	Jubilee House	\$5,000
	Operations	Hope House	\$17,000 (8 beds)
	Hsg. placement & budget counseling	Shelter to Independent Living	\$15,000
NAP Tax Credits	Housing placement, case management & budgeting	Shelter to Independent Living	\$41,000
DCED	Operations	Domestic Violence Services – Shelter	\$18,495
	Operations	Clare House	\$7,725
	Operations	Crispus Attucks	\$39,024
DPW	TANF Advocate	Domestic Violence Services - Shelter	\$101,049
City/County Funding			
Emergency Shelter Grant	Operations	Domestic Violence Services-Shelter	\$73,677
	Operations	Clare House	\$7,000
		Crispus Attucks Comm. Center	\$35,815
		United Veterans Beacon House	\$3,276

Mainstream Resources	Use of Resources in CofC System	Specific Project Name	\$ Amount or number of units/beds 2001-2002 specifically for the homeless
		Transitional Living Center	\$50,038
		Shelter to Independent Living	\$27,038
Private			
Private donors	Operations	Domestic Violence Services – Shelter	\$121,800
	Operations	Crispus Attucks	\$21,450
	Operations	Milagro House	\$140,000
	Operations	Water Street Rescue mission	\$1,616,000 (240 beds)
	Operations	YWCA Kepler Hall	\$1,900 (49 beds)
	Operations	Jubilee House	\$15,000
United Way	Operations	Crispus Attucks	\$13,250
	Operations	Domestic Violence Services Shelter	\$228,375
		Domestic Violence Services-Bridge Housing	\$18,000
	Operations	Hope House	\$33,500 (8 beds)
	Operations	YWCA Kepler Hall	\$93,000 (49 beds)
Foundations	Operations	Domestic Violence Services – Shelter	\$15,000
	Staff Attorney	MidPenn Legal Services	\$35,000
	Operations	Milagro House	\$55,000 (42 beds)
	Operations	Jubilee House	\$5,000 (12 beds)
	Case Management/Housing Placement	Shelter to Independent Living	\$11,250
Other			
FEMA	Operations	Crispus Attucks	\$13,250
	Operations	Hope House	\$13,000 (8 beds)
		Housing Assistance Committee of Mount Joy	\$5,300 (3 units)
Housing Opportunities for Persons with AIDS (HOPWA)	Operations	Hope House	\$129,100 (8 beds)

8. BONUS FOR EMPOWERMENT ZONES (EX) AND ENTERPIRSE COMMUNITIES (EC)
N/A