

**U.S. Department of Housing  
and Urban Development**  
Office of Community Planning and Development

OMB Approval No. 2506-0112  
(exp 9/30/2005)

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The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 190 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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**Continuum of Care Homeless Assistance Programs - Exhibit 1**

(Exhibit 1 consists of forms HUD 40076-COC-A through form HUD 40076-CoC-N, plus narrative text as specified in the instructions for each form)

**Exhibit 1: Continuum of Care** (Exhibit 1 consists of HUD Forms 40076-COC A through HUD 40076-CoC N, plus narrative text as specified in the instructions for each form)

**2005 Application Summary**

Place this page in the front of your application. This page does not count towards the page limitation.

Continuum of Care (CoC) Name: Lancaster City and County

CoC Contact Person and Organization: Jeff Wibberley, Chair, Lancaster Interagency Council for the Homeless

Address: Community Action Program,

601 S. Queen Street, PO Box 599, Lancaster, PA 17608-0599

Phone Number: 717-299-7301 E-mail Address: jwibberley@caplanc.org

**Continuum of Care Geography**

Using the Geographic Area Guide found on HUD’s website at <http://www.hud.gov/grants/index.cfm>, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Before completing, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping Continuum of Care systems.

| Geographic Area Name | 6-digit Code | Geographic Area Name | 6-digit Code |
|----------------------|--------------|----------------------|--------------|
| PA-Lancaster City    | 423573       |                      |              |
| PA-Lancaster County  | 429071       |                      |              |
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Reproduce this page to include additional names and codes.

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## **Exhibit 1: Continuum of Care Narrative and Form HUD-40076 CoC-B Instructions**

### **Continuum of Care Narrative**

Your response should consist of narrative text and a completed form HUD-40076 CoC-B

#### **1. Your community's *planning process* for developing a Continuum of Care strategy.**

##### ***1a. Identify the Lead Entity*** (convener or organization managing the overall process) ***for 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 Authorities 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 composed of 39 member organizations including consumers, Social Service Providers, Homeless Service Providers, Funders, Neighborhood and Faith Based Groups, Local Government, and Mainstream Service Providers.

##### ***1b. Describe your community's CoC planning process,***

The ICH, which meets the third Monday of every month, is the forum in which strategies to implement a continuum of care are discussed and planned. Since its creation, the ICH continues its commitment to take action to ensure that a continuum of care system for homeless individuals and families is implemented throughout the community. The ICH most recently developed the first steps creating a community wide plan to end homelessness with a focus on prioritization for the chronically homeless population in the community. The Council's member organizations represent a strong cross section of the community including both the city and county government, nonprofit service providers, homeless or formerly homeless representatives, faith based and grass roots organizations, funders and volunteers. The partnership is unique in that all partners are equal; no government agency or organization dominates the coalition.

The ICH works on the continuum of care planning on a year round basis with five active planning subcommittees, each with a unique role in the planning process. These five committees meet regularly throughout the year and provide monthly reports back to the full ICH group. The committees are composed of members of the ICH, as well as other community members including the business and financial community, who can impact the continuum of care process. Within each planning structure there are representatives of homeless service providers including the faith based community, 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.

**The Community Needs Steering Committee** in collaboration with the United Way was formed in 2002 to develop a baseline of data for housing and homelessness as the first step to developing the community's 10 year plan to end chronic homelessness. The committee used a number of techniques to determine the status of housing and homelessness, to identify unmet needs and gaps in services and to issue a report with community recommendations about how to best address these unmet needs. The committee released the report entitled *IMPACT, State of Housing and Homelessness Lancaster County 2004* late last year which includes 6 specific recommendations as the baseline for the 10 year plan to end homelessness. With the issuance of the final report, this committee is currently a major player in the planning process, overseeing the development of the actions steps for the 5 strategic recommendations for Lancaster County's 10 Year Plan to End Chronic Homelessness. Once the final 10 year plan is published (projected by the end of 2005) this committee's role in the planning process is to provide leadership and oversight to ensure that target dates and goals of the plan are being met by the community.

**The Outreach Committee** was recently established as the newest committee of the ICH to develop and implement outreach strategies for the Continuum, particularly addressing street outreach and outreach to the chronically homeless in our community. While this function was formerly addressed in the Mainstream Resources Committee, as part of the planning process for the Continuum, it became apparent that a distinct committee was needed to formally develop strategies and resources for the chronically homeless, including those living on the street/outside or unwilling to use the current shelter system. This committee's role in the planning process is to identify gaps in outreach in the system and develop strategies within the continuum to ensure that all homeless persons' needs are met.

**The HMIS Steering Committee** 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 continued accurate data entry, increasing the accurate identification of chronically homeless clients, and encouraging new users. This committee's role in the planning process is to collect the homeless data to assist in identification of gaps and unmet needs and to begin a tracking system for the chronically homeless population.

**The Mainstream Resources Committee's** role in the planning process is to ensure coordinated case management planning, optimum service delivery, access to mainstream services and resources 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, connecting mainstream services to homeless 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 gaps in the fabric of the plan. This committee works closely with the HMIS Committee to coordinate the universal intake and ensure access to mainstream programs for homeless persons.

**The Continuum of Care and Advocacy Committee's** role in the planning process is to use the input from the other subcommittees in a coordinated effort to continually update the community's Continuum of Care Plan (CofC) and act as an advocate for implementation and oversight of goals. This committee is given the task of writing and editing the Continuum of Care Plan, inputting the information from the other four committees, and soliciting feedback from consumers to ensure their involvement and response. The committee actively seeks projects and organizations to fill the identified gaps and provides oversight and monitoring of currently funded SHP projects including reviews of APR's and site visits. In addition, this committee forms priority panels to review funding proposals for all homeless projects including Emergency Shelter Grant 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 provide 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 submitted to both the Lancaster County Commissioners and Lancaster City Council for endorsement and approval.

**Partnerships**

In addition to the subcommittees of the ICH, community partnerships play a vital role in the planning process for the Continuum. Partnerships with the County of Lancaster, the City of Lancaster and the United Way of Lancaster County are crucial in the planning process, providing technical assistance and support, as well as utilizing the Council’s input for their own planning processes. The United Way uses the Continuum of Care Plan to determine funding priorities as part of the United Way fund designation process. The United Way’s Community Needs Committee has partnered with ICH in the formation of the Community Needs Committee to develop a coordinated response to ending homelessness in the Lancaster community.

The work of the ICH is instrumental in the preparation of the Lancaster County Consolidated Plan. The CoC Plan and the *IMPACT, State of Housing and Homelessness Lancaster County 2004* are used to identify the needs and priorities for the homeless and are used as references in Lancaster County’s and Lancaster City’s respective five year Consolidated Plans.

As part of the planning process, the ICH has further 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.

***1c. List the dates and main topics of your CoC planning meetings held since June 2004.***

| Meeting Date   |              | Committee | Topics Discussed   |
|----------------|--------------|-----------|--|
| July, 2004     | July 1       | C of C    | Discussed Continuum of Care goals  |
|                | July 8       | C of C    | Priorities Panel met at United Way   |
|                | July 8       | MRC       | Discussed development of faith based homeless transportation programs; Date set for Mainstream Resources Homeless Planning Forum in October 2004.  |
|                | July 14      | C of C    | Final Prioritization of Project Proposals FY04.  |
|                | July 19      | ICH       | Regularly scheduled ICH planning meeting – Approval of Continuum of Care Plan; Presentation by AIDS Planning Coalition of South Central PA on how it operates and coordination of services                       |
| August, 2004   | August 11    | C of C    | Review renewal applications for FY2005; Update on Crispus Attucks Community Center project   |
|                | August 12    | MRC       | Review of Medicaid and Housing Forums held earlier in 2004   |
|                | August 16    | ICH       | Regularly scheduled ICH planning meeting – Planning begun for a one day count of homeless in January 2005; Presentation from Water Street Rescue Mission on residential ministry program and medical/dental care |
| September 2004 | September 9  | MRC       | Planning for Mainstream Resources Homeless Planning Forum  |
|                | September 15 | HMIS      | Update on United Way Homelessness Report; Discussed  |

| Meeting Date  | Committee    | Topics Discussed   |  |
|---------------|--------------|--|--|
|               |              | issues for improvement of C of C and HUD funding process; Reviewed HMIS' Universal Data Elements |  |
|               | September 15 | C of C   | Joint meeting with HMIS committee; Discussed Minimum Data Elements   |
|               | September 20 | ICH  | Regularly scheduled ICH planning meeting – Agenda for Mainstream Resources Homeless Planning Forum provided; Discussion with Lancaster Co. Mental Health/Mental Retardation office on new intake unit and ways to access MH/MR services  |
| October 2004  | October 13   | C of C   | Crispus Attucks Permanent Housing project update   |
|               | October 14   | MRC  | Planning for Mainstream Resources Homeless Planning Forum  |
|               | October 18   | ICH  | Regularly scheduled ICH planning meeting – Discussed the Homeless Forum registration and workshops; Presentation of and completion of Drug & Alcohol Commission's Risk Factors for Substance Abuse Community Needs Assessment Survey   |
|               | October 22   | MRC  | All day Homeless Forum Event at United Way building  |
| November 2004 | November 10  | C of C   | Reviewed Letters of Intent for Special Funding   |
|               | November 15  | ICH  | Regularly scheduled ICH planning meeting – Announced that IMPACT report on "State of Housing & Homelessness in Lancaster County 2004" released with first steps for 10 year plan to end homelessness. Discussion with YWCA of Lancaster Residence Hall on its services for homeless single women and homeless mothers and children               |
|               | November 17  | HMIS   | Reviewed new HUD HMIS Data Standards; Discussed requiring end users to re-affirm confidentiality and security responsibilities and upcoming training sessions  |
| December 2004 | December 9   | MRC  | Reviewed 2004 mainstream goals and planning for 2005   |
|               | December 9   | HMIS   | HMIS Training Session  |
|               | December 9   | C of C   | Finalized Special Funding; Recommended redistribution of awarded CA funds to MH/MR program to provide better access of mental health care for homeless population  |
|               | December 20  | ICH  | Regularly scheduled ICH planning meeting – Overview of MH/MR mobile team program to provide services to meet the needs of homeless population; Presentation by Deb's House on respite program for families and children  |
| January 2005  | January 4    | HMIS   | HMIS Training Session  |
|               | January 11   | C of C   | Discussion of impact on "Housing First" concept  |
|               | January 12   | C of C   | Planned for HUD-required Point-in-time Count of homeless; met with organizers of newly proposed permanent supportive housing projects for homeless   |
|               | January 13   | MRC  | Continued to develop 2005 goals based on C of C Plan   |
|               | January 24   | ICH  | Regularly scheduled ICH planning meeting – Discussed proposed cuts in federal funding for FY 2006 and how that would affect services and facilities for the homeless; Coordinated efforts with agency and shelter representatives for point-in-time count of homeless on Jan. 26; Discussion with Lancaster County Commissioner's Chief of Human |

| Meeting Date  |             | Committee | Topics Discussed  |
|---------------|-------------|-----------|---|
|               |             |           | Services on County's role in addressing social service needs of the homeless  |
| February 2004 | February 8  | HMIS      | HMIS Training Session   |
|               | February 9  | C of C    | Updated C of C goals; Formulated ideas about improving monitoring process for new applications  |
|               | February 10 | MRC       | Committee member updates on goal assignments  |
|               | February 14 | CNSR      | Organizational meeting of steering committee, which replaces the Community Needs Committee, that was formed as a result of the United Way Homeless Report   |
|               | February 23 | HMIS      | HMIS Training Session   |
|               | February 28 | ICH       | Regularly scheduled ICH planning meeting – Discussion of the United Way Homeless Initiative, staffing to run project and development of subcommittees to address issues identified in report; Report on mobile Dental Van Program and discussed how it could serve shelter youth in summer  |
| March 2005    | March 9     | C of C    | Discussed new roles of ICH members  |
|               | March 10    | MRC       | Review of Committee responsibilities for new members  |
|               | March 14    | CNSR      | Review of Homeless Report and Initiatives for 10 Year Plan  |
|               | March 21    | ICH       | Regularly scheduled ICH planning meeting – Tabor Community Services solicited final feedback on technical submission for permanent housing project through C of C. Set meeting to review structure and planning functions of ICH and committees to ensure coordination with United Way efforts  |
|               | March 23    | C of C    | Meeting to discuss reorganization of ICH  |
|               | March 30    | C of C    | Reviewed 2005 Notice Of Funding Availability  |
| April 2005    | April 6     | C of C    | Discussed the preparation of C of C Plan and solicitation of new projects to meet community goals   |
|               | April 13    | C of C    | Reviewed C of C funding pre-applications to ensure all projects meet needs of plan and community goals.   |
|               | April 14    | MRC       | Reviewed 2005 C of C Plan Goals; Wrote suggestions to ensure coordination of mainstream resources for C of C Plan   |
|               | April 14    | CNSC      | Development of the Affordable Housing Initiative to begin developing actions steps and target goals for the Housing objective of the 10 year plan.  |
|               | April 18    | ICH       | Regularly scheduled ICH planning meeting – Reviewed results of one-day homeless count; Report from ICH liaison to United Way Homeless Steering Committee on Affordable Housing Initiative; Input provided on serious need for more affordable housing for the very low income homeless families. Council members encouraged to be advocates on this issue |
|               | April 20    | C of C    | Preparation of 2005 C of C Plan with review of progress towards goals   |
|               | April 26    | C of C    | Preparation of C of C Plan  |
| May 2005      | May 4       | MRC       | Training session on Mental Illness, overview of major diagnoses, treatment and medications  |

| Meeting Date | Committee              | Topics Discussed  |   |
|--------------|------------------------|---|---|
| May 4        | C of C                 | Reviewed Annual Progress Reports of funded projects; Update on writing of C of C Plan. Established new Outreach Committee to meet monthly to develop strategies and resources for chronically and street homeless |   |
| May 11       | C of C                 | Prioritization Panel meets to consider applications for funds   |   |
| May 11       | MRC                    | Training session on Mental Illness, how to deal with individuals exhibiting various symptoms  |   |
| May 12       | MRC                    | Review of progress of 14 goals of committee   |   |
| May 16       | CNSC                   | Reviewed affordable housing data  |   |
| May 18       | C of C                 | Final preparation of C of C Plan to present to ICH for approval   |   |
| May 18       | MRC                    | Training session on Mental Health and Physical Safety Issues, role of crisis intervention, the police and prison counselors   |   |
| May 23       | ICH                    | Regularly scheduled ICH planning meeting – Approval of 2005 C of C Plan by Council. Developed a plan of increased collaboration with Salvation Army homeless services   |   |
| May 24       | Lancaster City Council | Presentation of 2005 C of C Plan for approval by Lancaster City Council   |   |
| May 25       | C of C                 | Review of ICH meeting comments on C of C Plan   |   |
| May 25       | MRC                    | Training session on Mental Health Services Overview and The Recovery Model in Mental health   |   |
| June 2005    | June 1                 | MRC   | Training session on Drug & Alcohol, dual diagnosis issues with mental illness, welfare, medical assistance and social security benefits for those with drug and alcohol abuse |
|              | June 1                 | C of C  | Work on any need revisions of C of C Plan prior to submission to HUD  |
|              | June 1                 | Lancaster Co. Commissioners Meeting   | Presentation of 2005 C of C Plan for approval by County Commissioners   |
|              | June 8                 | C of C  | Final assembly of 2005 C of C Plan to submit to HUD   |

Future ICH meetings scheduled in 2005 are: June 20, July 18, August 15, September 19, October 17, November 21, and December 19. Future Continuum of Care (C of C) meetings in 2005 are: July 13, August 10, September 14, October 12, November 9, and December 14. Future Mainstream Resources Committee (MRC) meetings in 2005 are: June 9, July 14, August 11, September 8, October 13, November 10, December 8. Future HMIS Steering Committee meetings in 2005 are: June 14, June 20 – 24 (Training), August 9, September 12 – 14 (Training), October 11, and December 13. Future Community Needs Steering Committee (CNSC) meetings are: June 13, July 11, August 8, September 12, October 10, November 14, and December 12. Future Outreach Committee (newly formed in May 2005) meetings are planned monthly beginning June 2005.

***1d. Describe which and how local, and/or state elected officials are involved in the process.***

With the development of the Community Needs Steering Community, elected officials including the Lancaster County Commissioners and the Mayor of the City of Lancaster have become a more integral part of the planning process. The Chief Services Officer of the County and the Executive Director of the

Housing and Redevelopment Authority are members of the Committee, representing the Commissioners. The City of Lancaster's Director of Housing and Neighborhood Assistance is a member of the Committee, representing the Mayor's Office. In addition, the chair of this committee meets with state elected officials to solicit feedback and input into the 10 year plan to end homelessness. Since the first Continuum of Care Plan was written, upon final approval by the full ICH, each year the plan is then presented to both the Lancaster County Commissioners and the Lancaster City Council for review and approval

*1e. List, using the format in HUD 40076 CoC - B:(1) The specific names and types of organizations involved in your Continuum of Care (CoC) planning process.*

**Exhibit 1: Continuum of Care Planning Process Organizations**

*1e* **KEY:**

**ICH** = Lancaster Interagency Council for the Homeless, primary planning entity- Meetings held monthly

**CNC** = Community Needs Steering Committee – Meetings held 1-2 times a month

**HMIS**= HMIS Steering Committee – Meetings held quarterly

**MRC** = Mainstream Resources Committee - Meetings held every month

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

**OC** = Outreach Committee—Meetings held every month

**High participation** = Member attends more than 80% of monthly ICH meetings and/or committee meetings

**Medium participation** = Member attends between 40% and 80% of monthly ICH meetings and/or committee meetings

**Low participation** = Member attends less than 40% of monthly ICH meetings and/or committee meetings

| <b>Specific Names of CofC Organizations/Persons</b>                         | <b>Geographic Area Represented</b> | <b>Subpopulations represented, if any</b> | <b>Level of Participation (activity and frequency in Planning process)</b> |
|---|------------------------------------|---|--|
| <b>State agencies</b>   |                                    |   |  |
| Dept. of Community & Economic Development/ Karen Overly Smith               | State of PA                        |   | Low: ICH   |
| <b>Local government agencies</b>  |                                    |   |  |
| City of Lancaster/ Shaun Kroeck, Matt Parido                                | City of Lancaster                  |   | High: ICH, CofC, CNC   |
| County of Lancaster/Gary Heinke CSO, Commissioners office                   | County-wide                        |   | High: CNC  |
| School District of Lancaster Homeless Student Project/Ken Marzinko          | City of Lancaster                  | Y   | High: ICH, MRC   |
| Lancaster County Redevelopment Authority/Randy Patterson,/ Steve Glatfelter | County-wide                        |   | High: ICH, CofC, CNC   |
| <b>Lancaster County Mental Health/Mental Retardation/Teri Miller-Landon</b> | County-wide                        | SMI                                       | High: <b>Co-Chair ICH, CofC, OC</b>  |
| Cathy Zoccola   |                                    |   | High: ICH, MRC   |
| Lancaster County Drug & Alcohol Commission/Beth Bulat                       | County-wide                        | SA  | High: ICH, MRC, OC   |
| Lancaster County Adult Probation and Parole/Mark Wilson                     | County-wide                        | SMI                                       | Low: ICH   |
| Lancaster County Children & Youth Agency/Amy Campbell                       | County-wide                        |   | Low: ICH   |
| Lancaster County Prison/ Bob Widmark  | County-wide                        |   | Low: ICH   |
| Lancaster County Assistance Office/ Joan                                    | County-wide                        |   | Med: ICH   |

|  |                        |          |  |
|--|------------------------|----------|--|
| Matterness/Bob Patrick   |                        |          |  |
| Lancaster County Planning Commission/<br>Mark Heister                        | County-wide            |          | Low: ICH   |
| <b>Public Housing Authorities</b>  |                        |          |  |
| Lancaster City Housing Authority/Anne<br>Marie Theurer                       | City of<br>Lancaster   |          | Low: ICH, CofC   |
| <b>Lancaster County Housing and<br/>Redevelopment Authority/Aimee Tyson</b>  | County of<br>Lancaster |          | High: ICH, CofC,<br><b>Chair HMIS</b>                  |
| <b>Nonprofit organizations</b>   |                        |          |  |
| <b>MidPenn Legal Services<br/>Valerie Case</b>                               | County-wide            |          | High: ICH, CofC,<br><b>Co-Chair MRC</b>                |
| The Lodge, Inc. of PA/Helen D. Stinson-<br>Wolf,<br><br>Amanda Grosh         | County-wide            | SMI      | High: ICH, CofC,<br>MRC<br><br>High: ICH, MRC,<br>HMIS |
| <b>Tabor Community Services/Kay Moshier<br/>McDivitt</b>                     | County-wide            |          | High: ICH, CofC,<br>OC, <b>Liaison CNC</b>             |
| Salvation Army/Helen Hollister   | County-wide            |          | Low: ICH   |
| AIDS Community Alliance/Terri Hamrick<br>Kessel /Lawrence Henryhand          | County-wide            | HIV/AIDS | Med ICH, CofC,<br>OC                                   |
| Community Action Program/ Jeff Wibberley<br>& Anne Floyd                     | County-wide            |          | High: ICH, CofC  |
| Family Service/Marcela Mellinger   | County-wide            | Y        | High: ICH, CofC  |
| HomeTIES/Helen D. Stinson-Wolf   | County-wide            |          | High: ICH, CofC<br>MRC                                 |
| Shelter to Independent Living, Tabor<br>Community Services/Tammy Martin      | County wide            |          | High: ICH, MRC   |
| Lancaster DisAbled for Change/Philip Keller                                  | County-wide            |          | Med: ICH   |
| Urban League/Carol Atley   | County-wide            |          | Low: ICH,  |
| AIDS Planning Coalition for South Central<br>PA/Sylvia Hepler/Vickie Fleming | Regional               | HIV/AIDS | Med: ICH   |
| The Gathering Place/Robert Lewis   | County-wide            | HIV/AIDS | Low: ICH   |
| Mental Health Association/Gretchen<br>Gaudio                                 |                        | SMI      | High: MRC  |
| <b>United Way of Lancaster/Toni McCuistion</b>                               | County-wide            |          | High: ICH, <b>Co-<br/>Chair MRC</b> ,<br>HMIS          |
| Gaudenzia/Vantage/ Rita Betterson  | Regional               | SA       | Medium: ICH,<br>CofC                                   |
| Migrant Education /Damaris Zimmerman   | Regional               |          | Low:ICH  |
| Council on Drug & Alcohol Abuse/Keisha<br>Morant                             | County-wide            | SA       | Low: ICH   |
| Keystone Human Services Inc./John Stygler                                    | County-wide            | SMI      | Med: ICH   |
| Community Life Network/Jim Bamberger   | Regional               |          | High: ICH  |
| Neighborhood Services/Gilbert Abney  | County-wide            |          | Low: ICH   |

|  |                     |          |   |
|--|---------------------|----------|---|
| Deb's House/Family Services/Louisa Paradiso  | County-wide         | Y        | Low: ICH  |
| <b>Faith-Based Organizations</b>   |                     |          |   |
| Bridge of Hope/Kristina Denlinger/Ava Boone  | County-wide         |          | Med: ICH  |
| Lancaster Council of Churches/Jaclyn Messersmith/Ken Trauger                                   | County-wide         |          | Med: ICH, HMIS  |
| Love, INC/ Terri Miller/Susie Wenger/Kim Wittel  | County-wide         |          | Low: ICH  |
| No Longer Alone Ministries/Nancy Martin  | County-wide         | SMI      | Med: ICH  |
| Transition to Community/ Cody Hall/Adrian Rodriguez  | County-wide         |          | Med: ICH  |
| <b>Water Street Rescue Mission/</b><br>Vicki Bollman<br>Gale Thomason<br><b>Steve Brubaker</b> | County-wide         |          | High: ICH<br>High: ICH, MRC<br>High: ICH, <b>Chair OC</b> |
| Shaarai Shomayhim/ Rabbi Jack Paskoff  | County-wide         |          | High: CNC   |
| <b>Homeless facilities</b>   |                     |          |   |
| Crispus Attucks Community Center/Roberta Anderson/Pat Cronin/Justin Thomas                     | County-wide         |          | Low: ICH, HMIS,   |
| <b>Bridge Housing Program, Domestic Violence Services/ Mary Beth Serff</b>                     | County-wide         | DV       | High: ICH, <b>Co-Chair CofC, HMIS</b>                     |
| Transitional Living Center, Steve Morris, Donarae Miller/Sheila Brownell                       | County-wide         |          | High: ICH, MRC  |
| Jubilee House/Lenara Porter  | County wide         | SA       | High: ICH, HMIS   |
| Clare House/Jennifer Powell<br>Chris Valentin  | County-wide         |          | High: ICH   |
| YWCA Residence/Jennifer Grant  | County-wide         |          | Med: ICH, CofC  |
| Catholic Charities Hope House/Sister Marie Aimee Finnegan                                      | County-wide         | HIV/AIDS | Med: ICH, MRC   |
| Lincoln House/ Angela Mertz  | County-wide         | SMI      | High: ICH   |
| <b>Business/Business Associations</b>  |                     |          |   |
| Chamber of Commerce/ Travis Martin   | County-wide         |          | Low: MRC  |
| Fulton Bank/Tracy Fletcher   | County-wide         |          | High: CNC   |
| D.M. Stoltzfus & Sons, Inc./Rick Watson  | County-wide         |          | High: CNC   |
| Bank of Lancaster County/Dennis Ginder   | County-wide         |          | High: CNC   |
| Isaac's Deli/ Phil Wenger  | County-wide         |          | Low: CNC  |
| <b>Homeless/ formerly homeless persons</b>   |                     |          |   |
| Patrick  | County of Lancaster |          | Low: ICH  |
| Ziggy  | County-wide         |          | High-CofC   |
| Deb  | County-wide         |          | High-ICH  |
| <b>Funders</b>   |                     |          |   |
| <b>United Way of Lancaster County/Toni McCuiston</b>   | County of Lancaster |          | High: ICH, <b>Co-Chair MRC, HMIS</b>                      |
| <b>United Way of Lancaster County/Lenny Walton</b>   | County of Lancaster |          | High: ICH, CNC, <b>Co-Chair CofC,</b>                     |

|   |                   |      |                                 |
|---|-------------------|------|---------------------------------|
|   |                   |      | OC                              |
| <b>Federal Agencies</b>                                     |                   |      |                                 |
| Department of Veterans' Affairs/Richard Leatherman          | County-wide       | VETS | Low: ICH                        |
| <b>Community Volunteers</b>                                 |                   |      |                                 |
| Joan Espenshade (Former Junior League Officer)              | County-wide       |      | Low: MRC                        |
| Gene Hannum   | County-wide       |      | High: CNC                       |
| <b>Colleges and Universities</b>                            |                   |      |                                 |
| Franklin & Marshall College/Dr. Richard Fluck               | County-wide       |      | Low: ICH                        |
| <b>Housing Developers</b>                                   |                   |      |                                 |
| Housing Development Corporation/Mike Carper                 | County-wide       |      | High: CNC                       |
| SACA Development Corporation/Renee Glover                   | City of Lancaster |      | Low: ICH                        |
| <b>Community Action Program, CAP Housing/Jeff Wibberley</b> | County-wide       |      | High: <b>Co-Chair ICH, CofC</b> |
| Lancaster Housing Opportunity Partnerships, Dan Basehoar    | Lancaster         |      | Low: ICH                        |

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

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## **Exhibit 1: Continuum of Care Goals and System**

### **1. Your community's CoC goals, strategy, and progress**

#### ***1a. Chronic Homelessness Goals/Strategy***

The ICH continues to move forward in developing strategies to address the needs and improve the system of services specific to the chronic homeless. Since the release in October 2004 of the final report identifying the needs of the homeless community, the Community Needs Steering Committee has gathered representatives from all constituencies in the community to form specific work groups that will develop the strategies and actions steps for the 10 year plan to end chronic homeless for this community.

#### **1a(1) Past Performance.**

**(a) The specific actions that your community has taken over the past year towards ending chronic homelessness;**

With updated training in 2004 for the HMIS system, the Lancaster County continuum made progress toward ending chronic homelessness by collecting more accurate data on the demographics of the chronically homeless and by identifying the services and resources needed to end chronic homelessness.

The most critical action step taken by the continuum this past year is the recent formation of the Street Outreach Committee. Made up of representatives that traditionally work with these populations, the purpose of this new committee is to collectively develop actions steps needed to identify the chronically homeless and to provide street outreach and needed services to those who exist outside the shelter system.

Other action steps taken connecting the chronically homeless to services and permanent housing include:

- Established the United Way Homelessness and Affordable Housing Initiative. Funding for this initiative was provided by the United Way and for the first time, the community has hired staff in March 2004 to develop the plan to end chronic homelessness.
- Continued planning with the Lancaster County Drug & Alcohol Commission to further develop outreach efforts to the chronic substance abuse homeless population to identify and connect them to treatment services.
- Strategizing with the Lancaster County Mental Health/Mental Retardation Agency to continue outreach and working with staff in emergency and transitional shelters in the continuum to connect those with severe mental illness to treatment services and case managers.
- Formation of the Permanent Housing Committee as an outgrowth of the United Way Initiative utilizing existing developers, lenders, faith based groups, community leaders, governmental and business sector representatives and formerly homeless persons to strategize specific steps to increase permanent housing options for the chronically homeless.
- Continued agreements with Community Action Program to set aside FEMA and HAP rental assistance dollars for chronically homeless to move to permanent housing.
- Continued agreement with the AIDS Community Alliance to target HOPWA rental assistance dollars to chronically homeless persons with HIV/AIDS.
- Implementation of a prescription assistance program for the uninsured chronically homeless to receive necessary psychiatric medications. The local program provides assistance with the application process and tracks follow-up medication needs of the chronically homeless.
- Continued regular training for direct service workers to assist chronically homeless in accessing Compass, an Internet based methodology for accessing medical and cash assistance resources.

- Actively sought applications for permanent housing projects for persons with disabilities and severe mental illness, to increase permanent housing options for the chronically homeless.
- Continued development of the Fordney Road Project, a 15 unit single room program for persons with severe mental illness, further increasing the permanent housing options for chronically homeless.
- Continued the homeless preference option with the Lancaster County and Lancaster City Housing Authorities, allowing programs to assist the chronically homeless in expediting their transition from emergency shelter to permanent housing while maintaining support services once placed.
- Developed an agreement with the Housing Authority to provide 75% of newly available Shelter Plus Care vouchers to chronically homeless households.
- Completion of the County Housing Plan, which is part of the Comprehensive Plan detailing land utilization and housing needs of the County for the next 10 years. The ICH was involved in developing strategies that will provide additional housing for the chronically homeless population.

**(b) Any remaining obstacles to achieving this goal**

Lancaster County still faces a number of challenges in achieving the goal of ending chronic homelessness. First, while the ICH reflects a diverse group of constituents, there still needs to be a broader base of education about the homeless in this community and what steps are needed for the various subpopulations to move out of homelessness. Next, the community at large needs to be mobilized to support the goal of ending chronic homelessness. While there has been some progress with mobilizing mainstream providers to focus resources on this population, work still needs to be done to firmly connect them to the issues and concerns of homeless people to allow the Lancaster County community to move forward.

A major issue is proper identification of the chronically homeless as per HUD’s definition, due to poor client recall of episodes compounded by the ravages of chronic drug or alcohol addiction and or mental illness. Waiting lists for psychiatric or drug and alcohol treatment make it difficult to give the chronically homeless the opportunity to access services. This coupled with reduced funding to develop new affordable housing in a community with a tight housing market and an overwhelming lack of sufficient affordable permanent housing units, continues to be a major hurdle to ending chronic homelessness. In addition, reduced CDBG and state HSDF dollars to this community in FY05 has resulted in loss of dollars for 5 of the continuum’s transitional housing programs, both housing first programs and 2 of the continuums emergency shelters, (a total loss of \$97,330 for homeless programs), creating additional financial obstacles in the quest to end chronic homelessness.

Finally, while HUD’s definition only includes “unaccompanied individuals”, data for Lancaster has shown an additional subpopulation of women with children with the same indicators (with disabling conditions 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, by focusing only on the unaccompanied chronically homeless, a large segment of the population (women with children) with special housing and support needs specific to that population would be missed. Addressing the needs of this population will allow the Lancaster community to realize the goal of ending long term chronic homelessness.

**(c) Describe any changes in the total number of chronic homeless persons reported in 2004 and 2005.**

**Individuals Chart**

| Number of Chronic Homeless Individuals |                     |
|--|---------------------|
|  | Point in time count |
| 2004                                   | 202                 |
| 2005                                   | 210                 |
|  |                     |
|  |                     |

**Beds Chart**

| Number of permanent beds for house the chronically homeless |                          |                           |                   |
|---|--------------------------|---------------------------|-------------------|
|   | Permanent beds as of Jan | Permanent beds Net Change | End of Year TOTAL |
| 2004  | 2                        | 5                         | 7                 |
| 2005  | 7                        |                           |                   |

## **1a(2) Current Chronic Homelessness Strategy.**

To meet the needs of this chronically homeless population, the Lancaster Interagency Council on the Homeless has drafted a strategy to end Chronic Homelessness.

The strategy is three fold. The first facet of the strategy is the *information gathering and planning strategy*, conducted through 2 primary methods. First, with the upgrade of the HMIS system, the continuum has created a more sophisticated and systematically unduplicated count of the homeless, and now has a better tracking system to identify the chronically homeless and the demographics connected to this sub-group. Second, to develop a long term comprehensive strategy to end chronic homelessness, the Community Needs Committee, in partnership with the United Way of Lancaster, conducted an in depth study of the sustained issues of homelessness in Lancaster County. The report compared national data and research on the homeless to specifically collected local data. Data collected by this sub-committee included numbers of homeless persons in the Homeless Management Information System (HMIS), individual interviews of persons who were homeless, service providers (both of mainstream resources and of homeless services), local governmental officials, and faith based groups. This report details a plan for the community to systematically address both ends of the homelessness continuum: from prevention to the creation of affordable supportive housing. Since the report has been completed, this committee of the Interagency Council created a working group of committed leaders from government, business, employers, housing providers, service providers, municipal officials and other community members to act as the steering committee to oversee the implementation of a 10 year plan to eliminate homelessness. Since the plan is in the early development stages, the projected 10 year goal to end homelessness in the Lancaster community is 2016: The plan will include the following recommended strategies with specific goals and action steps:

1. Develop a permanent housing strategy with specific goals to create an adequate supply of affordable rental housing throughout Lancaster County.
2. Develop a homeless prevention strategy to increase the range of available homeless prevention programs.
3. Develop a “Housing First” strategy to shorten the time people spend homeless with specific goals of limiting shelter stays.
4. Develop transitional and permanent supportive housing strategies to more clearly identify specific types of existing housing and to develop specific types of new housing to better meet the needs of the chronically homeless.
5. Develop a Homeless Employment Strategy to increase specific employment potential and opportunities for specific groups of homeless persons.

The second facet is the *prevention and outreach strategy*. The Interagency Council for the Homeless has established a goal to increase prevention and outreach services to stabilize the chronically homeless. This will be achieved by improving the tracking system through the HMIS data base to better identify persons who are chronically homeless. By tracking chronically homeless persons and better identifying that population, the continuum will be able to constantly monitor strategies that are effective at reducing the frequency and the duration of a person’s homelessness. The Interagency Council for the Homeless will then use this data to continue identifying resources in the community to address gaps in services. For example, mainstream resources will set aside funding to assist the chronically homeless to obtain drug and alcohol and mental health treatment; local hospitals and prisons will decrease entry of homeless persons into existing homeless services. These collaborations will be monitored to assess the decreased number of persons becoming homeless or reentering the system after an institutional visit. Local street outreach to the homeless will be increased by identifying a lead agency or partnership to assist the unsheltered homeless in obtaining services needed to cease their homelessness.

The third facet is the *permanent housing strategy*. This strategy has two primary objectives. First, the Interagency Council for the Homeless will utilize all available resources *to create more affordable permanent housing* with supportive services. Second, the ICH will continue to advocate to existing affordable housing entities to designate or set aside a portion of their units for persons experiencing chronic homelessness.

## Exhibit 1: Continuum of Care Goals and System

### 1a(3) Coordination.

As indicated previously in the narrative, the Lancaster community is in the early stages of developing the Lancaster 10 Year Plan to End Chronic Homelessness. The Community Needs Committee of the ICH, in partnership with the United Way of Lancaster County, is currently in the process of hiring staff and forming work groups to begin the development of the final 10 year plan.

### Chronic Homelessness Goals Chart

| Goal: End Chronic Homelessness   | Action Steps  | Responsible Person/Organization | Target Dates   |
|--|---|---------------------------------|----------------|
| Goal 1. Develop a long term comprehensive strategic plan to end homelessness in the community with a focus on ending chronic homelessness. | 1. Complete the development of the 10 year plan with a focus on chronic homelessness  | Community Needs Committee       | March 2006     |
|  | 2. Implement the recommendations of the Community Needs report  | Community Needs Committee       | January 2006   |
| Goal 2: Increase the identification of and outreach to the chronically homeless allowing them improved access to mainstream services       | 1. Increase identification and tracking of chronically homeless by 50% through computer modifications to current HMIS programming.                            | HMIS Committee                  | December 2006  |
|  | 2. Identify and provide services to 10 chronically homeless persons living on the street by developing a relationship with 3 faith based organizations        | Community Needs Committee       | December 2005  |
|  | 3. Develop one Safe Haven serving a maximum of 10 mentally ill chronically homeless   | Continuum of Care Committee     | December 2007  |
|  | 4. Specifically target the chronically homeless persons in need of drug and alcohol treatment and provide access to treatment options for additional clients. | Mainstream Resources Committee  | November 2005  |
|  | 5. Create a method for "mobile intake" through MH/MR caseworkers to reduce time required to receive needed services   | Mainstream Resources Committee  | September 2006 |
|  | 6. Increase access to Social Security benefits by obtaining and implementing teleconferencing equipment to expedite judicial hearings                         | Mainstream Resources Committee  | August 2005    |
|  | 7. Coordinate with the VA to continue outreach for veterans   | Continuum of Care Committee/ VA | July 2006      |
|  | 8. Utilize the Outreach Committee to develop and coordinate the overall strategy for providing services to the street homeless                                | Outreach Committee              | September 2006 |
|  | 9. Utilize the Outreach Committee to improve the process for the count of the street homeless   | Outreach Committee              | March 2006     |

|  |   |  |   |
|--|---|--|---|
| Goal 3: Increase movement of chronically homeless persons through the continuum into permanent housing | 1. Housing First Programs will identify and move 25 chronically homeless persons from shelter system into permanent housing   | Continuum of Care Committee  | January 2006  |
| Goal 4: Increase the number of housing options available for chronically homeless                      | 1. Add 4 units of Supportive Housing for persons with disabilities.   | Continuum of Care Committee /Neighborhood Services   | October 2005  |
| Goal 5. Increase the number of permanent housing units for the chronically homeless                    | 1. Open Fordney Road project with 15 SRO units of permanent supportive housing for the homeless mentally ill.<br>2. Develop a continuum of permanent choices for the disabled.<br>3. Set aside 75% of S+C units for chronically homeless. (12 units)<br>4. Open the East King Street Project with 3 beds/apartments of housing for the chronically homeless | Continuum of Care Committee /The Lodge<br><br>Continuum of Care Committee/Coalition for Housing<br>Continuum of Care Committee<br><br>Tabor Community Services/Continuum of Care Committee | November 2005<br><br>August 2006<br>September 2005<br>February 2006 |

## b. Other Homeless Goals Chart

| Goal: Other Homelessness  | Action Steps   | Responsible Person/Organization                                     | Target Dates  |
|---|--|---|---------------|
| Goal 1: Increase prevention efforts to reduce the number of individuals and families entering the homeless service system | 1. Reevaluate the gaps in prevention resources and services to provide clear direction for development of programs to address these gaps<br>2. Identify a lead agency to develop a respite program for homeless youth<br>3. Reduce the number of persons entering the homeless system by 10% through improved discharge planning with major psychiatric facilities, the local prison and local hospitals.<br>4. Provide prevention case management to 75 additional households at risk of losing their housing and becoming homeless<br>5. Offer 5 additional landlord/tenant education seminars to reduce evictions | Community Needs Committee   | December 2005 |
|   |  | Continuum of Care Committee   | January 2006  |
|   |  | Continuum of Care Committee   | July 2007     |
|   |  | Continuum of Care/Tabor Community Services                          | December 2005 |
|   |  | Mainstream Resources Committee/Tabor Community Services             | Ongoing       |
| Goal 2: Increase access to mainstream and community resources   | 1. Increase utilization of the welfare compass application by 5%<br>2. Increase utilization of existing transportation for 7 homeless persons to obtain employment<br>3. Increase utilization of universal web based intake forms by 25%<br>4. Identify 3 job sectors that represent the greatest opportunity for improved employment for the homeless<br>5. Avoid movement of 24 people into emergency shelters by developing an interfaith hospitality network<br>6. Improve access to free and reduced  | Mainstream Resources Committee /Lancaster County Assistance Office  | December 2005 |
|   |  | Mainstream Resources Committee/Lancaster County Council of Churches | July 2006     |
|   |  | HMIS Committee  | October 2005  |
|   |  | Mainstream Resources Committee/Workforce Investment Board           | December 2005 |
|   |  | Continuum of Care Committee   | July 2006     |
|   |  | Mainstream Resources  | Ongoing       |

|  |   |   |   |
|--|---|---|---|
|  | <p>cost pharmaceuticals.</p> <p>7. Secure video teleconferencing for Social Security Hearings when permissible</p> <p>8. Secure dental services for homeless children through Brush, Brush Smile Program</p> <p>9. Refer clients with delinquent bank accounts to social service agencies for assistance with budgeting</p>   | <p>Committee / Water Street Rescue Mission<br/>Mainstream Resources<br/>Committee/ MidPenn Legal Services</p> <p>Mainstream Resources<br/>Committee/ St. Joseph's Health Services</p> <p>Mainstream resources<br/>Committee/Tabor Community Services</p>                  | <p>August 2005</p> <p>August 2005</p> <p>January 2006</p>   |
| Goal 3: Increase/maintain transitional housing options         | <p>1. Open six family units of scattered site transitional housing located in county sites</p> <p>2. Open a faith based ministry to provide 10 units of transitional housing for those exiting the local prison to assist in transition to permanent housing.</p> <p>3. Monitor and maintain existing transitional housing programs, provide assistance for continued funding</p>   | <p>Continuum of Care Committee /Love Inc</p> <p>Continuum of Care Committee /Transition to Community</p> <p>Continuum of Care Committee</p>   | <p>December 2005</p> <p>January 2006</p> <p>Ongoing</p>   |
| Goal 4: Increase access to and movement into permanent housing | <p>1. Increase set aside affordable permanent housing units by 5</p> <p>2. Utilize inter municipality planning group to reduce regulatory barriers in the creation of affordable permanent housing</p> <p>3. Reduce the average length of stay in emergency and transitional housing shelters by 5%</p> <p>4. Open 4 additional family units (16 beds) permanent housing through East King Street Project for families with disabilities</p> <p>5. Open 4 additional units of permanent housing for persons with disabilities</p> | <p>Continuum of Care Committee</p> <p>Community Needs Committee, Lancaster Housing Opportunity Partnerships</p> <p>Continuum of Care Committee</p> <p>Continuum of Care Committee /Tabor Community Services</p> <p>Continuum of Care Committee/ Neighborhood Services</p> | <p>August 2006</p> <p>January 2006</p> <p>July 2006</p> <p>February 2006</p> <p>December 2006</p> |

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**Exhibit 1: Continuum of Care – Discharge Planning Policy Chart**

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being systematically discharged from publicly funded institutions or systems of care.

Please complete the following to illustrate the current level of development and implementation within your CoC geographic areas.

Development and Implementation of Discharge Planning  
Indicate **Yes** or **No** in appropriate box

| Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area | Initial Discussion | Protocol in Development | Formal Protocol Finalized | Protocol Implemented |
|---|--------------------|-------------------------|---------------------------|----------------------|
| Foster Care   |                    |                         |                           | X                    |
| Health Care   |                    |                         |                           | X                    |
| Mental Health   |                    |                         |                           | X                    |
| Correctional  |                    |                         | X                         |                      |

Form HUD 40076 CoC-D

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## Exhibit 1: Continuum of Care – Unexecuted Grants Chart

### Unexecuted Grants Awarded Prior to the 2004 Continuum of Care Competition

Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2004 that are not yet under contract (i.e., signed grant agreement or executed ACC).

| Project Number | Applicant Name                   | Project Name                                 | Grant Amount |
|----------------|----------------------------------|--|--------------|
| PA01B210003    | Crispus Attucks Community Center | Crispus Attucks Transitional Housing Project | \$556,132    |
|                |                                  |  |              |
|                |                                  |  |              |
|                |                                  | <b>Total</b>                                 | \$556,132    |

**NOTE:** Following the awarding of the grant shown above to the Crispus Attucks Community Center, the organization came under new leadership and with their Board of Directors conducted a thorough review of the mission of the organization, and determined that this project no longer fit with the mission of their organization. After consultation local HUD and Philadelphia's Regional Office representatives, it was advised that the Lancaster Continuum of Care should make a recommendation for the reallocation of this funding. A request for proposals was published in November 2004 with 3 proposal reviewed by the Continuum and a final recommendation for reallocation of funds was submitted to the HUD regional office in January 2005. This continuum continues to be in contact regarding the recommendation and is currently awaiting a final decision regarding reallocation from HUD.

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## Exhibit 1: Continuum of Care Service Activity Chart

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and *agencies that provide that service*.

| Fundamental Components in CoC System -- Service Activity Chart |
|--|
|--|

|  |
|--|
| <p><b>Component:</b> <i>Prevention</i></p> |
|--|

|   |
|---|
| <p><b>Services in place:</b> Please list by type (e.g., rental/mortgage assistance)</p> |
|---|

|  |
|--|
| <p>Lancaster County provides several services and resources to help prevent homelessness. The organizations providing prevention services 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> |
|--|

- |  |
|--|
| <ul style="list-style-type: none"><li>• <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. 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.</li><li>• <u>Mentoring, Housing Assistance and Supportive Services</u> – Bridge of Hope provides case management, housing assistance and supportive services through a faith based mentoring project for single mothers and their children who are homeless or at risk of homelessness.</li><li>• <u>Legal Representation</u> – MidPenn Legal Services provides legal advice and representation in the areas of landlord/tenant hearings, illegal lock-outs and evictions, negotiations with landlords for "pay and stay" cases, public housing terminations, obtaining or preventing termination of public benefits, bankruptcies, mortgage foreclosures, and securing protection from abuse orders.</li><li>• <u>Housing Counseling, and Education</u>– Tabor Community Services provides case management, landlord advocacy and intervention, housing location and budget counseling to prevent homelessness. Tabor provides predatory lending classes and counseling, default mortgage counseling, and assists homeowners in applying for the PA HEMAP (Homeowners Emergency Mortgage Assistance Program) to avoid homelessness through foreclosure of properties. The Fair Housing Program offers tenant rights and responsibilities programs and manuals.</li><li>• <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 rent payments.</li><li>• <u>Food, Clothing and Furniture</u> – Local food pantries such as the Council of Churches and other local churches provide material assistance and emergency food and clothing. The "Donation Station" has been established by United Way LINC, which acts as a clearinghouse and distribution center for all Homeless Providers, including prevention providers, for donations of furniture, food and household items.</li></ul> |
|--|

- Homeowner Programs- 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 administers default mortgage and predatory lending counseling to prevent homelessness through foreclosures.
- 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 the Domestic Violence Services Emergency Shelter. MidPenn Legal Services provides legal representation in court for victims of domestic violence to keep their homes and exclude the abuser.
- Mental Health Services – Lancaster County mental Health/Mental Retardation Program provides funding to providers to prevent psychiatric decompensation, which leads to homelessness. Aftercare Appointments to assist with medication acquisition for persons recently discharged from hospitals to ensure stability and prevention of homelessness.

**Service Providers:**

Bridge of Hope  
 Community Action Program Outreach and Case Management Program  
 Community Action Program—Domestic Violence Services of Lancaster County  
 Council of Churches  
 City and County of Lancaster Owner Occupied Housing Rehabilitation Programs  
 Fair Housing Program  
 Lancaster County Mental Health/Mental Retardation Program  
 Local churches  
 MidPenn Legal Services  
 Neighborhood Services  
 Penn State Extension  
 Salvation Army  
 Tabor Community Services  
 Tabor’s Consumer Credit Counseling Services (CCCS)  
 The Lodge, Inc.  
 United Way LINC

**Component: Outreach**

**Outreach in place:**

- The AIDS Service Providers conduct *street outreach* to persons with HIV/AIDS to connect them with existing services and to provide them with self-sufficiency guides. In an integrated effort with the ICH, this street outreach was expanded in 2004 to identify all homeless persons and provide them with information to access housing and services.
- VA provides an *outreach worker* for Lancaster County who conducts outreach through soup kitchens to identify homeless veterans and enroll them in eligible services.
- The Lodge, Inc. of Pennsylvania *posts flyers* in public places including laundromats, churches, bus station, and various other agencies to generate referrals. Homeless persons are assigned a case manager to help them access appropriate services or shelter. The Drug & Alcohol Commission, MH/MR, ICM, and Special Offenders make referrals to The Lodge if their consumers fit the definition of homelessness.
- 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.

- When coming in contact with homeless persons living on the streets, *police in Lancaster City and in local municipalities make an initial assessment* of the need and then refer to local homeless shelters, MH crisis intervention centers, Children and Youth services, medical drug and alcohol detoxification treatment centers, the domestic violence emergency shelter or emergency health centers.
- The faith based community has established a *meal program* throughout Lancaster City. A different church facility opens its doors to provide meals to the homeless on the streets each day of the week, allowing street persons to access meals all week long. Homeless persons eating in the facilities are given information and referrals to service providers.
- Food is distributed at a variety of locations throughout the county. *Service providers regularly visit food banks and soup kitchens to reach out to unsheltered homeless persons.*
- The VA Homeless Outreach Worker visits soup kitchens as emergency shelters to register homeless veterans for VA benefits including the HealthCare for Homeless Veterans Program, Long Term Transitional Housing and Case Management Programs.
- The School District of Lancaster's *Homeless Student Project conducts outreach visits* to identify non sheltered homeless households and works closely with each school in that district to identify unsheltered homeless families and youth and connect them with services.
- Lancaster County Mental Health/Mental Retardation has increased *mobile mental health outreach services* that reach out to non sheltered homeless persons in the community to provide Individual Therapy, Psychiatric Nursing, Mobile Psychiatric Rehabilitation, and Mobile Social Rehabilitation.
- The Lodge, Inc. of Pennsylvania Supportive Housing and Outreach program (SHOP) tailors *its outreach efforts to the chronically homeless with mental illness.*
- Tabor Community Services' Shelter to Independent Living (STIL) Program provides a housing first program for all segments of the homeless population and *conducts regular outreach efforts through community providers* to identify both sheltered and unsheltered homeless persons in need of services.
- *Community Action Outreach Program* satellite offices provide outreach into rural areas of Lancaster County to identify the needs of persons in outlying areas of the county including the unsheltered homeless and to assist them in accessing shelter and other supportive services.
- *Ongoing training is conducted by MH/MR* 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. If the consumer does not fit the criteria, they will continue to find housing for their homeless consumers.
- The Lancaster County *Drug & Alcohol Commission provides on-site education and training for staff* geared to assist in identifying substance abuse issues and the services needed by the chronically and street homeless.
- The Gathering Place has case managers who provide street outreach to the chronically homeless, including those in rural areas, specifically identifying those with HIV/AIDS.
- The AIDS Community Alliance provides housing assistance to consumers and education to shelters, transitional housing and agencies to continue the outreach that they have in place.
- The Domestic Violence Services' Emergency Shelter 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. 10% of the domestic violence population is identified as "chronically homeless" and as such is targeted for outreach. The program assists these individuals and families in finding the services to end the

cycle of homelessness, to become stable, and find permanent housing.

**Service Providers:**

AIDS Community Alliance  
Boys and Girls Club  
Brightside Baptist Church  
CAP Outreach Services  
CAP's Domestic Violence Services Emergency Shelter  
Christ Lutheran Church  
Conestoga Community Food Bank  
Crispus Attucks Community Center  
East Chestnut Street Mennonite Church  
East Donegal/Conoy Area Christian Food Bank  
Ephrata Area Social Services  
First Reformed United Church of Christ  
Grace Lutheran Church  
Jean Polite Food Bank  
Lancaster County Children and Youth Agency  
Lancaster County Drug & Alcohol Commission  
Lancaster County Mental Health/Mental Retardation  
Leola Food Bank  
Lutheran Church of the Holy Trinity  
New Holland Area Food Bank  
Northeastern Lancaster County Food Bank  
Paradise Area Food Bank  
Police in Lancaster City and County municipalities  
Salem Family Ministries  
Salvation Army Extension Units  
School District of Lancaster's Homeless Student Project  
St. Anne's Catholic Church  
St. James Episcopal Church  
St. Mary's Roman Catholic Church  
St. Paul's Episcopal Church Food Bank  
St. Paul's United Methodist Church  
Tabor Community Services' Shelter to Independent Living (STIL) Program  
The Gathering Place  
The Lodge, Inc. of Pennsylvania  
Veterans Administration  
Water Street Rescue Mission Outreach Ministries  
Zion Lutheran Church

**Component: Supportive Services**

**Services in place:**

The Lancaster CofC system has extensive 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 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 of 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 provide specialized services. Delivery of specific homeless services is as follows:

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, ensuring 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 (a housing first program) - housing and budget counseling, *ongoing case management*, and supportive services including permanent housing procurement for any homeless household.
- The Lodge Inc., of Pennsylvania: Supportive Housing and Outreach Program (a housing first program) - *case management*, budget counseling, and support services including housing procurement for homeless 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
- MH/MR: Intake and assessment, *case management* and medication monitoring for persons with mental health and mental retardation
- Lancaster County Children and Youth agency: Intake and assessment, *case management*, emergency placement, development and follow-up on court issued service plans

Life Skills: Each of the emergency shelters and transitional facilities provide 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, nutrition education, 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 the homeless. Such programs include but are not limited to consumer credit counseling, nutrition education, representative payee and guardian services, tenant rights and responsibilities, home maintenance and safety.

Alcohol and Drug Treatment: Lancaster County Drug and Alcohol Commission is the main provider of resources and services for treatment. Persons in need of treatment are referred to one of the outpatient providers who conduct an assessment and determines the level of care. The provider then contacts the D&A Commission to have funding approved. Programs available range from detoxification treatment 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 main provider of resources and services for mental health treatment. Case managers conduct an intake and assessment of a homeless individual for mental health services and make the appropriate referral. Psychiatric liaisons are available at local hospitals for treatment and referrals when individuals enter through the emergency room. In addition, multiple treatment centers can be accessed.

*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 Comprehensive Care Clinic 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. Individuals can access AIDS-related treatment through any of the three primary organizations, who are part of a continuum of AIDS 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. 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, 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 ensure 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 allows one stop shopping for all employment needs of individuals. Because access to transportation for homeless individuals is limited, this facility eases 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, individuals can enter CareerLink and be assessed for the services that fit their needs, and directed to one or all of the agencies providing services. On site services include basic employability skills, resume writing, job search and placement and job training.

*Child Care:* All childcare 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 childcare for persons who must rely on public transportation.

*Transportation:* Red Rose Transit Authority is the major provider of public transportation in the Lancaster Community. Various service providers offer bus passes for specific situations such as employment interviews and healthcare appointments. For persons on Medical Assistance, transportation is available to obtain necessary health care. Persons with mobility issues can utilize Red Rose ACCESS as a means of public transportation. A “Wheels to Work” program was established in 2004 to assist homeless persons with bicycles to access to jobs.

*Other Supportive Services for Homeless Households Include:*

- Faith based ministries - health clinic for homeless, food pantry, immigration services, clothing banks and meals
- County Office of Aging - supportive services for the elderly
- County Assistance Office - cash assistance, food stamps & medical assistance
- Social Security –SSA, SCHIP and Medicare
- South East Lancaster Health Services - low cost health care
- Mainstream resource advocates – advocacy in applying for, obtaining, or retaining mainstream benefits such as welfare, social security and mental health services

**Service Providers:**

AIDS Community Alliance

Bridge of Hope

CareerLink

Community Action Program—Child Care Information System

Community Action Program—Domestic Violence Service of Lancaster County

Community Action Program—Employment and Training Program

Community Action Program—Nutrition and Education Program

Church of the Brethren Youth Services Parenting Program

County Assistance Office

County Office of Aging

Harrisburg Area Community College Lancaster Campus

Crispus Attucks Community Center

Family Literacy Program

Homeless Student Project.

Hope House – Catholic Charities

HSA Counseling Center

Lancaster County Children and Youth Agency

Lancaster County Drug and Alcohol Commission

Lancaster County Mental Health/Mental Retardation

Lancaster Employment and Training Agency

Lancaster General Hospital AIDS Comprehensive Care Clinic

Lancaster Lebanon IU13

Lancaster Literacy Council

Mental Health Association

MidPenn Legal Services

Millersville University (State university)

New Choices New Options

Nuestra Clinica

Office of Vocational Rehabilitation  
Penn State Extension Nutrition and Education Program  
Private 4-year colleges: Elizabethtown College and Franklin & Marshall College  
Red Rose ACCESS  
Red Rose Transit Authority  
Salvation Army  
Schools of Technology (3)  
Social Security Administration  
South East Lancaster Health Services  
State college of technology  
Tabor Community Services: Jubilee House  
Tabor Community Services: Shelter to Independent Living Program  
The Gathering Place  
The Lodge Inc., of Pennsylvania: Supportive Housing and Outreach Program  
Urban League's Partnership Employment Program  
VA Homeless Outreach  
Vantage  
Department of Public Welfare Single Point of Entry Job Training Program  
Water Street Rescue Mission  
Wheels to Work  
Workforce Investment Board

Form HUD 40076 CoC-F

## Exhibit 1: Continuum of Care Housing Activity Charts

| Fundamental Components in CoC System - Housing Activity Chart  |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
|--|---------------|------------|---------------------------|-----------|---------------|-------------|----|----------------------------|-------------|-----------------|------------------|-----------------|-------------------|--|----|--|----|-------------------------------------|-----|---|--|
| <i>EMERGENCY SHELTER</i>   |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| Provider Name  | Facility Name | HMIS       |                           |           | Geo Code      | Target Pop. |    | 2005 Year-Round Units/Beds |             |                 |                  | 2005 Other Beds |                   |  |    |  |    |                                     |     |   |  |
|  |               | Part. Code | Number of Year-Round Beds |           |               | A           | B  | Family Units               | Family Beds | Individual Beds | Total Year-Round | Seasonal        | Over-flow/Voucher |  |    |  |    |                                     |     |   |  |
| Current Inventory  |               |            | Ind.                      | Fam.      |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| Water St. Rescue   | WSRM Shelter  | N          | 0                         | 0         | 423573        | M           |    | 0                          | 30          | 40              | 70               | 15              | 0                 |  |    |  |    |                                     |     |   |  |
| Community Action   | DVSLC Shelter | A          | 7                         | 28        | 423573        | M           | DV | 0                          | 28          | 7               | 35               | 0               | 0                 |  |    |  |    |                                     |     |   |  |
| Crispus Attucks CC   | CACC Shelter  | A          | 13                        | 7         | 423573        | M           |    | 0                          | 7           | 13              | 20               | 25              | 0                 |  |    |  |    |                                     |     |   |  |
| Ephrata Area Social Services   | EASS          | Z          | 0                         | 0         | 429071        | M           |    | 0                          | 0           | 0               | 0                | 0               | 1                 |  |    |  |    |                                     |     |   |  |
| <b>TOTALS</b>  |               |            | <b>20</b>                 | <b>35</b> | <b>TOTALS</b> |             |    | <b>0</b>                   | <b>65</b>   | <b>60</b>       | <b>125</b>       | <b>40</b>       | <b>1</b>          |  |    |  |    |                                     |     |   |  |
| Anticipated Occupancy Date   |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| Under Development  |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
|  |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
|  |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
|  |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
|  |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
|  |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
|  |               |            |                           |           |               |             |    | <b>TOTALS</b>              | <b>0</b>    | <b>0</b>        | <b>0</b>         | <b>0</b>        | <b>0</b>          |  |    |  |    |                                     |     |   |  |
| <b>Unmet Need</b>  |               |            | <b>46</b>                 |           |               |             |    | <b>TOTALS</b>              | <b>0</b>    | <b>65</b>       | <b>60</b>        | <b>125</b>      |                   |  |    |  |    |                                     |     |   |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1. Total Year-Round Individual ES Beds</td> <td style="width:50%; text-align: right;">60</td> </tr> <tr> <td>2. Year-Round Individual ES Beds in HMIS</td> <td style="text-align: right;">20</td> </tr> <tr> <td>3. HMIS Coverage Individual ES Beds</td> <td style="text-align: right;">33%</td> </tr> <tr> <td colspan="2">(Divide line 2 by line 1 and multiply by 100. Round to whole number.)</td> </tr> </table> |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   | 1. Total Year-Round Individual ES Beds | 60 | 2. Year-Round Individual ES Beds in HMIS | 20 | 3. HMIS Coverage Individual ES Beds | 33% | (Divide line 2 by line 1 and multiply by 100. Round to whole number.) |  |
| 1. Total Year-Round Individual ES Beds   | 60            |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| 2. Year-Round Individual ES Beds in HMIS   | 20            |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| 3. HMIS Coverage Individual ES Beds  | 33%           |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| (Divide line 2 by line 1 and multiply by 100. Round to whole number.)  |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">4. Total Year-Round Family ES Beds</td> <td style="width:50%; text-align: right;">65</td> </tr> <tr> <td>5. Family ES Beds in HMIS</td> <td style="text-align: right;">35</td> </tr> <tr> <td>6. HMIS Coverage Family ES Beds</td> <td style="text-align: right;">54%</td> </tr> <tr> <td colspan="2">(Divide line 5 by line 4 and multiply by 100. Round to whole number.)</td> </tr> </table>                        |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   | 4. Total Year-Round Family ES Beds     | 65 | 5. Family ES Beds in HMIS                | 35 | 6. HMIS Coverage Family ES Beds     | 54% | (Divide line 5 by line 4 and multiply by 100. Round to whole number.) |  |
| 4. Total Year-Round Family ES Beds   | 65            |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| 5. Family ES Beds in HMIS  | 35            |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| 6. HMIS Coverage Family ES Beds  | 54%           |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |
| (Divide line 5 by line 4 and multiply by 100. Round to whole number.)  |               |            |                           |           |               |             |    |                            |             |                 |                  |                 |                   |  |    |  |    |                                     |     |   |  |

### Exhibit 1: Continuum of Care Housing Activity Charts

| Fundamental Components in CoC System - Housing Activity Chart        |                 |            |            |          |               |  |                            |             |                 |                       |     |
|--|-----------------|------------|------------|----------|---------------|--|----------------------------|-------------|-----------------|-----------------------|-----|
| <i>Transitional Housing</i>  |                 |            |            |          |               |  |                            |             |                 |                       |     |
| Provider Name  | Facility Name   | HMIS       |            |          | Target Pop    |  | 2005 Year-Round Units/Beds |             |                 |                       |     |
|  |                 | Part. Code | #Yr. Round | Geo Code | A             | B  | Family Units               | Family Beds | Individual Beds | Total Year-Round Beds |     |
| Current Inventory  |                 |            | Ind        | Fam      |               |  |                            |             |                 |                       |     |
| Water St. Rescue   | WSRM            | N          | 0          | 0        | 423573        | M  |                            | 0           | 50              | 80                    | 130 |
| Tabor Comm. Svc.   | TLC             | A          | 49         | 20       | 423573        | M  |                            | 0           | 20              | 49                    | 69  |
| Tabor Comm. Svc.   | Farmhouse       | A          | 0          | 4        | 423573        | FC   |                            | 1           | 4               | 0                     | 4   |
| YWCA of Lanc.  | Keplar Hall     | A          | 27         | 33       | 423573        | M  |                            | 11          | 33              | 27                    | 60  |
| Milagro House  | Milagro House   | A          | 0          | 37       | 423573        | FC   |                            | 0           | 37              | 0                     | 37  |
| Clare House  | Clare House     | A          | 5          | 16       | 423573        | M  |                            | 0           | 16              | 5                     | 21  |
| Tabor Comm. Svc.   | Jubilee House   | A          | 1          | 11       | 423573        | FC   | SA                         | 6           | 11              | 1                     | 12  |
| Community Action   | Bridge Housing  | A          | 3          | 28       | 423573        | M  | DV                         | 7           | 28              | 3                     | 31  |
| Catholic Charities   | Hope House      | Z          | 0          | 0        | 423573        | SMF  | AIDS                       | 0           | 0               | 8                     | 8   |
| United Veterans  | Beacon House    | A          | 8          | 0        | 429071        | SMF  | VET                        | 0           | 0               | 8                     | 8   |
| Love Inc.  | Homes of Hope   | A          | 0          | 14       | 429071        | FC   |                            | 7           | 14              | 0                     | 14  |
| Salvation Army   | New Beginnings  | Z          | 0          | 0        | 423573        | SM   | SA                         | 0           | 0               | 30                    | 30  |
| American Legion  | Veteran's Place | Z          | 0          | 0        | 429071        | SM   | VET                        | 0           | 0               | 5                     | 5   |
| <b>TOTALS</b>  |                 |            | 93         | 163      | <b>TOTALS</b> |  |                            | 32          | 213             | 216                   | 429 |
| Anticipated  |                 |            |            |          |               |  |                            |             |                 |                       |     |
| Under Development  |                 |            |            |          |               |  |                            |             |                 |                       |     |
| Occupancy Date   |                 |            |            |          |               |  |                            |             |                 |                       |     |
| Not Applicable   |                 |            |            |          |               |  |                            |             |                 |                       |     |
| <b>TOTALS</b>  |                 |            |            |          |               |  |                            | 0           | 0               | 0                     | 0   |
| <b>Unmet Need</b>  |                 |            |            | 120      | <b>TOTALS</b> |  |                            | 32          | 213             | 216                   | 429 |
| 1. Total Year Round Individual TH Beds                               |                 |            |            | 216      |               | 4. Total Year Round Family TH Beds                                   |                            |             |                 | 213                   |     |
| 2. Individual TH Beds in HMIS  |                 |            |            | 93       |               | 5. Family TH Beds in HMIS  |                            |             |                 | 163                   |     |
| 3. HMIS Coverage Individual TH Beds                                  |                 |            |            | 43%      |               | 6. HMIS Coverage Family TH Beds                                      |                            |             |                 | 76%                   |     |
| (Divide line 2 by line 1 and multiply by 100. Round to whole number) |                 |            |            |          |               | (Divide line 5 by line 4 and multiply by 100. Round to whole number) |                            |             |                 |                       |     |



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## Exhibit 1: Continuum of Care Participation in Energy Star Chart

HUD promotes energy efficient housing. CoCs that have applicants applying for new construction or rehabilitation funding or who maintain housing or community facilities or provide services in those facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative?       Yes     No

Have you notified CoC members of this initiative?  Yes     No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: 67%

## Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

| <b>Part 1: Homeless Population</b>             | <b>Sheltered</b> |                     | <b>Unsheltered</b> | <b>Total</b> |
|--|------------------|---------------------|--------------------|--------------|
|  | <b>Emergency</b> | <b>Transitional</b> |                    |              |
| 1. Homeless Individuals                        | 74 (N)           | 224 (N)             | 25 (S)             | 323          |
| 2. Homeless Families with Children             | 15 (N)           | 67 (N)              | 8 (S)              | 90           |
| 2a. Persons in Homeless Families with Children | 32 (N)           | 190 (N)             | N/A                | 222          |
| <b>Total (lines 1 + 2a only)</b>               | 106 (N)          | 414 (N)             | 33                 | 545          |
| <b>Part 2: Homeless Subpopulations</b>         | <b>Sheltered</b> |                     | <b>Unsheltered</b> | <b>Total</b> |
| 1. Chronically Homeless                        | 210 (S)          |                     |                    |              |
| 2. Severely Mentally Ill                       | 57 (S)           |                     | *                  |              |
| 3. Chronic Substance Abuse                     | 227 (S)          |                     | *                  |              |
| 4. Veterans                                    | 45 (S)           |                     | *                  |              |
| 5. Persons with HIV/AIDS                       | 50 (S)           |                     | *                  |              |
| 6. Victims of Domestic Violence                | 62 (S)           |                     | *                  |              |
| 7. Youth (Under 18 years of age)               | 129 (N)          |                     | *                  |              |

\*Optional for Unsheltered

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## **Exhibit 1: Continuum of Care Information Collection Methods Instructions**

### **1. Housing Activity Chart**

*1(a)* The Continuum of Care Committee of the ICH conducts an annual update of housing inventory in the continuum. The baseline used each year is the previous year's Housing Activity Chart Data. In previous years, a telephone survey was conducted the 3<sup>rd</sup> Friday of April with each provider of emergency, transitional and permanent supportive housing to determine the current inventory and any changes in inventory since the previous year inventory and the Housing Activity Chart is filled out accordingly. This year, in compliance with HUD, the methodology was changed to a "Shelter Survey" that was distributed to shelter providers at the ICH planning meeting held in January to be completed on January 26, 2005. This was followed with an e-mail to all providers reminding them of the date with the survey attached. While we had an initial 88% response rate, follow-up calls were made to the 3 facilities not responding and information for that date was gathered to ensure a 100% response to the inventory count. Similarly, those projects under development were contacted through a telephone survey to determine project completion and to collect data on projects recently completed.

While the Continuum of Care Committee is responsible for conducting the surveys of housing inventory, the Community Needs Steering Committee conducts the Homeless Population Survey. Data is collected simultaneously and distributed to the appropriate committee.

*The definition of emergency shelter and transitional housing used for this chart is as follows:*

**Emergency Shelter:** Lancaster's definition of emergency shelter mirrors HUD's definition: "any facility, the primary purpose of which is to provide temporary 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 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 and then move them into appropriate transitional or permanent housing programs.

**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 facilities are small and independently funded.

### **2. Unmet Housing Needs**

*2(a)* The unmet need is determined by two basic methods. First, in order to determine the quantity of unmet need for emergency and transitional beds, the ICH uses information based on waiting list numbers during the one day count. In addition to providing the information for the Housing Activity Chart, each facility is asked to report the numbers of persons who could not be served who had requested shelter.

Second, to determine the unmet need for Permanent Supportive Housing, each transitional shelter is asked to determine how many of the transitional beds occupied by individuals and families would become available if permanent supportive housing beds were available. This number is then used for the unmet need for permanent beds.

### **3. Part 1 and 2 Homeless Population and Subpopulations Chart**

**3(a)** The Interagency Council for the Homeless conducts an annual extensive evaluation of the sheltered homeless population which includes a one day count survey provided by all county and city shelters, done this year on January 26, 2005. With a 100% response rate, this is then compared to the data in the on line HMIS system and an accurate number is obtained. Through interviews done as part of the United Way Report on Housing and Homelessness, it is determined that approximately 40% of the individuals in the emergency shelters could be considered chronically homeless and this percentage is used to determine the total number. This is then used in combination with HMIS data to properly determine the size of the subpopulations for the sheltered homeless population. The domestic violence emergency shelter is not included in the chronically homeless count as the service providers attest that while domestic violence victims share chronic patterns of homelessness, they typically do not meet HUD's chronically homeless definition.

In 2006, a one day survey will be e-mailed to all the Shelters for a one day count for the date of January 25, 2006. Again, this information will be compared with the existing HMIS system data to ensure an accurate count. A series of interviews similar to those used in the United Way Report on Housing and Homelessness will again be conducted in 2006 to determine the demographics of the various subpopulations. This will be coordinated with the HMIS system data, to ensure that all of the subpopulations are correctly identified. The continuum is moving towards an increasing reliance on the HMIS system. However, with some continued data retrieval obstacles, the mail survey will continue to be used this coming year to verify that data retrieved from the on line data base is accurate in measurement of numbers and demographics of various subpopulations.

**3(b)** The method for data collection used to complete the "unsheltered" portion of the chart for the 2005 competition was determined by using data from various outreach programs. Primary sources of information were Community Action Program outreach offices, school districts homeless task forces, other street outreach programs and individuals that conduct outreach or have direct contact with the unsheltered homeless. They were each contacted and asked to provide numbers of unsheltered homeless for their portion of Lancaster County for the January 26, 2005 date. The date was selected to coincide with the shelter count and bed inventory date to give better comparison to the unmet need and bed availability for the unsheltered homeless.

As described previously, the continuum does conduct annual surveys and will use the same methodology for January 25, 2006. Looking ahead to 2007, building on the outreach in place and the anticipated efforts of the newly formed Outreach Committee, the continuum plans to improve the street count for unsheltered homeless. This new committee has established as the first action step to review the ways in which data has been collected in the past for unsheltered homeless, review best case practices from other communities, and recommend to the ICH the best method for improving the accuracy of this count, and to better identify the various subpopulations and their needs. In light of this, the plan is to continue to use the Wednesday in the last week of January for the 2007 count as the date established. Since this continuum covers the entire County of Lancaster which includes very remote and rural areas, the plan is to establish concrete steps to identify those homeless in the remote and rural areas that have been missed through current methods.

## Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

### 1. HMIS implementation:

#### a. Phases of HMIS Implementation

Planning Start Date (mm/yyyy):

January 2001

If not yet planning, please select a reason:

- New CoC in 2005
- Lack of funding for planning
- Other \_\_\_\_\_

Data Collection Start Date:

July 1, 2002

Date the CoC achieved or anticipates achieving 75% bed coverage in:

|   | Date Achieved<br>(mm/yyyy) | Date Anticipated<br>(mm/yyyy) |
|---|----------------------------|-------------------------------|
| Emergency Shelter   |                            | July 2005                     |
| Transitional Housing  |                            | July 2005                     |
| Permanent Supportive Housing<br>(McKinney-Vento funded units) | November 2003              |                               |
|   | Number of<br>Programs      | Percent of Total<br>Programs  |
| Street outreach programs participating in<br>HMIS             | 0                          | %                             |
| Other non-housing programs participating<br>in HMIS           | 3                          | 100%                          |

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## **Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)**

### **1. HMIS implementation:**

#### **1(b)**

The Lancaster ICH continues to make progress in the HMIS use since the program was initially implemented in July 2002. The system used is the *ServicePoint* HMIS, a web-based database and client tracking software program that is HIPAA compliant in protecting client confidentiality. In the first 6 months of implementation, 21 programs began utilizing the system. Currently, there are 33 users with 3 of those being added since July 2004. Currently over 75% of the homeless providers (including emergency and transitional shelters) are in the system; however the local mission, the largest provider of numbers of beds, is not a user. Since July 2004, significant contact has been made to bring the mission into the system which will then bring the “beds” covered by the HMIS system into 75% coverage.

Other progress since July 2004 includes:

- A new upgrade to version 3.02 to expand the capability of Service Point to offer more options for users who wanted to collect additional information and make additional referrals.
- HMIS staff has spent significant time assisting users in the new system.
- A “How To” sheet was created and distributed to all users to help them navigate the new format.
- Over 15 one-on-one meetings were held with users to assist them in learning the new system
- Developed a Universal Data Element Screen to be completed by all users in accordance with the new HUD HMIS regulations.
- In December of 2004, several user wide training sessions were conducted as a continuation of training in the new system and to review the Security and Confidentiality features of the system to reinforce the systems capability to keep information confidential. This is particularly important for special users with confidentiality concerns.
- With emphasis on the system’s confidentiality and security, the continuum has been able to engage special users who were initially reluctant to enter information including Domestic Violence Services, the provider of emergency and transitional housing to victims of domestic violence.

Since July 2004, the HMIS committee of the ICH had met quarterly to ensure optimum use of the system. The committee is made up of special users including representatives of domestic violence service, emergency and transitional shelters and drug and alcohol services. Inclusion of special interest groups in the HMIS Committee has contributed to the high level of use by these providers.

#### **1(c) Describe any challenges and/or barriers the CoC have experienced implementing the HMIS since July 2004.**

While the Bowman Internet Systems upgrade of the program in 2004 expanded its capability greatly, it created a more complex and less user friendly system. An increase in bandwidth and a new server was needed to increase response time. The added complexity of the new system made it difficult and very time consuming to navigate and reports were found to be inconsistent and often inaccurate. With homeless program and staff time constraints, finding the extra time necessary to navigate the complex system has become a barrier, and entry of client information has been less reliable. As a result there has been a decline in accuracy. In addition, some users lost data from the old system during the conversion and have been unable to retrieve that information making their data unreliable. HMIS staff constraints due to financial limitations make it difficult to offer sufficient trainings to overcome these barriers, find the lost data and bring all users up to speed. Two previous users ceased participation in the system due to its complexity and the need to use other mandated computer

systems.

An additional barrier is that many organizations have spent considerable time and money implementing their own data base systems prior to the HMIS system. The result is that data needs to be entered into two systems, again using valuable staff time to duplicate data entry into two systems. Attempts to build a bridge between the HMIS system and current data base systems of providers have not been successful in that the Bowman Internet System (the HMIS provider) has been unwilling to cooperate and share information to build this valuable bridge.

## **2. Describe in a brief narrative current and/or future strategies to implement the HMIS Data & Technical Standards (participation, data elements, privacy, security) and the CoC's strategy to monitor and enforce compliance.**

Lancaster's HMIS is fully compliant with the federal HMIS Data and Technical Standards. The Program staff, comprised of the partnership between the County of Lancaster's Department of Information Technology and the Lancaster County Redevelopment Authority, is charged with monitoring and enforcing compliance. The HMIS Steering Committee also provides guidance and oversight in this effort. The HMIS Policies and Procedures Manual, updated in December 2004, outline the steps that will be taken to monitor and enforce compliance with the use of ServicePoint. The primary focus of the monitoring and compliance efforts begins with increased and more frequent training sessions, both in the form of group sessions and one-on-one technical assistance. Periodic data accuracy checks will be instituted and follow-up reminders will be given to agencies that have excessive null fields or delayed entries.

New one-on-one technical assistance is being offered so that more users are beginning to use the system as their primary database tracking system and expanding the use of the reporting function. HUD renewed the Supportive Housing Program grant for Lancaster HMIS for the next three years. During the coming months, more one-on-one trainings will be scheduled which are intended to help users take advantage of the system's vast capabilities which are expected to better help the homeless obtain the services needed for them to move from shelters to permanent housing.

The largest barrier to the system is expected to be overcome in July 2005 when the Water Street Rescue Mission begins using ServicePoint. Water Street Rescue Mission is the largest provider of emergency shelter and transitional housing in Lancaster. Adding Water Street Rescue Mission to the HMIS will bring HMIS bed coverage over 75% and increase the collaborative abilities of the system.

## **3. Counting Procedures**

- a. **Describe in a brief narrative the CoC's methodology to generate an unduplicated count of homeless persons (e.g. in emergency shelters, transitional housing programs and living on the street).**

The CoC's methodology to generate an unduplicated count of sheltered homeless persons relies primarily on the ServicePoint HMIS. On any given day, the HMIS can generate a list of unduplicated sheltered homeless for those entities that use HMIS. To ensure accuracy, spot checks are conducted with users to ensure that the HMIS data is accurate and reflects the inventory of the users for that given day. CoC committee members then contact those few entities that serve the homeless that are not using HMIS and request the number of clients served on the given day. The CoC continues to work closely with those entities not using the HMIS in attempts to engage them in the future which will reduce the manual counts necessary and enable the CoC to produce an unduplicated count exclusively through ServicePoint.

**b. List the total number of duplicated and unduplicated client records entered during 2004 by all providers within the CoC**

Total Duplicated Client Records Entered in 2004: 238

Total Unduplicated Client Records Entered in 2004: 6288

**For questions 4 and 5, please provide information on the HMIS implementation as a whole. If your CoC is part of a multi-CoC implementation, the lead organization may be from outside of the CoC defined in Exhibit One.**

**4. HMIS Lead Organization Information:**

Organization Name: Lancaster County Housing and Redevelopment Authority  
 Contact Person: Aimee Tyson  
 Phone: (717) 394-0793 x 211  
 Email: atyson@lchra.com

**5. List the HUD-defined CoC name and number for each CoC in the HMIS implementation.**

| HUD-Defined CoC Name          | CoC Number | HUD-Defined CoC Name | CoC Number |
|-------------------------------|------------|----------------------|------------|
| Lancaster City and County CoC | PA 510     |                      |            |
|                               |            |                      |            |

## Exhibit 1: Continuum of Care – Project Priorities Chart

*(This entire chart will count as only one page towards the 30-page limitation)*

| (1)<br>Applicant                          | (2)<br>Project Sponsor                    | (3)<br>Project Name  | (4)<br>Numeric<br>Priority | (5)<br>**Requested<br>Project<br>Amount | (6)<br>Term<br>of<br>Project | (7)<br>Program and<br>Component Type* |              |            |              |            |
|---|---|----------------------|----------------------------|---|------------------------------|---------------------------------------|--------------|------------|--------------|------------|
|   |   |                      |                            |   |                              | SHP<br>new                            | SHP<br>renew | S+C<br>new | S+C<br>renew | SRO<br>new |
| Community Basics, Inc                     | Lodge Inc. of PA                          | Lincoln House        | 1                          | \$349,333                               | 3 (yrs)                      |                                       | PH           |            |              |            |
| Neighborhood Services of Lancaster County | Neighborhood Services of Lancaster County | NS Permanent Housing | 2                          | \$218,640                               | 3 (yrs)                      | PH                                    |              |            |              |            |
| Lancaster City Housing Authority          | Lancaster City Housing Authority          | Shelter + Care       | 3                          | \$110,184                               | 1 (yrs)                      |                                       |              |            | PH           |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
|   |   |                      |                            |   |                              |                                       |              |            |              |            |
| <b>**Total Requested Amount:</b>          |   |                      |                            | \$678,157                               |                              |                                       |              |            |              |            |

\*Place the component type for each project under column 7.  
 \*\*The Requested Project Amount **must not** exceed the amount entered in the project budget in Exhibits 2, 3, and 4. If the project budget exceeds the amount shown on the priority list, the **project budget will be reduced** to the amount shown on the priority list.

Please Note:

- (1) Place all Shelter Plus Care renewal projects as the last entries on the Chart, continuing the priority numbering sequence.
- (2) For all Shelter Plus Care and SRO projects, please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher or lower than those found in the October 1, 2004 Federal Register.
- (3) Requested subsidy cannot exceed current FMR unless a PHA Letter or Exception Rent approval letter are attached.

**Exhibit 1: Continuum of Care Pro Rata Need (PRN) Reallocation Chart and Instructions (only for eligible Hold Harmless Continuums)**

**Reduced or Eliminated Grant in the 2005 Competition**

| <b>A</b>               | <b>B</b>          | <b>C</b>         | <b>D</b>                     | <b>E</b>              | <b>F</b>                                   |
|------------------------|-------------------|------------------|------------------------------|-----------------------|--|
| <b>Expiring Grants</b> | <b>Prog. Code</b> | <b>Component</b> | <b>Annual Renewal Amount</b> | <b>Reduced Amount</b> | <b>Retained Amount from Existing Grant</b> |
|                        |                   |                  |                              |                       |  |
|                        |                   |                  |                              |                       |  |
| <i>Not applicable</i>  |                   |                  |                              |                       |  |
|                        |                   |                  |                              |                       |  |
| <b>TOTAL:</b>          |                   |                  |                              |                       |  |

**Newly Created Permanent Housing Projects in the 2005 Competition**

| <b>G</b>                            | <b>H</b>          | <b>I</b>         | <b>J</b>                   |
|-------------------------------------|-------------------|------------------|----------------------------|
| <b>2005 Project Priority Number</b> | <b>Prog. Code</b> | <b>Component</b> | <b>Transferred Amounts</b> |
|                                     |                   |                  |                            |
|                                     |                   |                  |                            |
| <i>Not Applicable</i>               |                   |                  |                            |
|                                     |                   |                  |                            |
| <b>TOTAL:</b>                       |                   |                  |                            |

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## Exhibit 1: PRN Reallocation Chart Instructions and CoC Priorities Narrative

### Continuum of Care Priorities

- a. **The sources you use to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed (Check all that apply):**  
 Audit    APR    Site Visit    Monitoring Visit    Client Satisfaction
- b. **Describe how each new project proposed for funding will fill a gap in your community's Continuum of Care system.**

This application includes only one new project, a permanent supportive housing project proposed by Neighborhood Services. Currently there are only 8 permanent and affordable supportive housing for homeless persons with disabilities and only another 22 under development. However the need for the number of units is estimated to be 201. This project is proposing to add an additional 4 units to close the gap in that area of need.

Goal number 5 of the Lancaster Continuum's Chronic Homeless Goals is "to increase the number of permanent housing units for the chronically homeless. This project directly meets that goal by providing 4 additional units of single rooms of permanent housing.

- c. **Demonstrate how the project selection and priority placement processes for all projects were conducted fairly and impartially.**

#### c-1. Project Solicitation Efforts

Project solicitation is a year round process with the Continuum of Care Committee being the point committee for agencies considering projects. The mayor's office and the county redevelopment authority are instrumental in identifying organizations that are considering development of transitional and permanent housing projects and connecting them with the Continuum of Care Committee. Throughout the year, technical assistance is provided to organizations through individual and committee meetings.

Concentrated project solicitation for the 2005 process began once notification was received (in early 2005) that the 2004 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 January 2005 ICH meeting and discussed the estimated time line for the upcoming 2005 application process with request for organizations to review goals and gaps in services and consider submitting project to meet the continuum's needs.. Updates were provided regarding the application process and requests for new or renewed projects were discussed at subsequent 2005 ICH meetings. A formal announcement was made at the March 21, 2005 ICH meeting stating that the Super NOFA had been published with follow-up minutes to each of the 39 member agencies encouraging all organization to review the Super NOFA for eligibility guidelines. An outline of the process to obtain prioritization and the availability of funds was presented at the March 2005 meeting. In addition, a public notice was published on March 27, 2005, in the *Lancaster New Era* and the *Lancaster Intelligencer Journal*, the two major newspapers for the community, announcing the availability of funds to reach out to potential applicants not in the ICH network. Applicants were required to submit a pre-application to the Continuum of Care Committee by April 8, 2005, with a full proposal due to the committee by May 6, 2005.

Technical assistance was offered by members of the Continuum of Care Committee to any organizations considering applications and further assistance. Several meetings were held with Neighborhood Services, the newest applicant to provide technical assistance regarding the process.

### **c-2. Objective Rating Measures**

The Priorities Panel met May 11, 2005 to determine project priorities for the federal SHP Continuum of Care applications. For each application, all members of the Priorities Panel received a copy of the application, as well as the most recent APR and Client Survey results for the renewal projects. They also received a set of instructions for ranking, a copy of the current goals determined by the Continuum of Care, and a project evaluation tool. This tool allowed panel members to evaluate the applications submitted against the following criteria:

- Proposes to address an action step or gap in service identified in the Lancaster Continuum of Care Plan for the Homeless
- Proposes services designed to end homelessness
- 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
- Will impact on the chronically homeless, and
- Will increase the number of individuals served or expand services to the homeless community at large

### **c-3 Panel Participants**

The Continuum of Care committee developed a "Priorities Panel" to carefully review and rank each application, based on the criteria tool. 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 a variety of mainstream and service providers representing different sectors of the homeless population. All voting members complete a Conflict of Interest survey to determine the ability to objectively review the proposed projects in relation to the need in the community. The Priorities Panel was comprised of:

Ms. Anne Gingrich, Director of Community Services, United Way of Lancaster County, (Facilitator of the meeting and Funder)

Ms. Beth Bulat, Intensive Case Manager, Lancaster County Drug & Alcohol (Mainstream Service Provider)

Ms. Mary Beth Serff, Director, Bridge Housing (Transitional Homeless Shelter Provider)

Mr. Shaun Kroeck, City of Lancaster (Local Government/Mayor's Office)

Mr. Doug Levering, Director of Programs and Initiatives, Lancaster County Foundation, (Funder)

Ms. Kay Mosher McDivitt, Director of Housing, Tabor Community Services (Transitional Shelter and Service Provider)

Mr. Jeff Wibberley, Acting Director, Community Action Program of Lancaster (Housing Developer)

Mr. Steve Brubaker, Water Street Rescue Mission, (Emergency and Transitional Homeless Shelter Provider)

Ms. Amy Campbell, Lancaster County Children and Youth Agency, (Mainstream Service Provider)

Zelia Moore, Community volunteer, (Formerly homeless individual)

**c-4. Voting System Used**

The Priorities Panel ranked each application for each of the criteria on a scale from 1 to 5. 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 the goals and action steps in the continuum. All projects were ranked according to the relative priority ranking as well as the above criteria. The results of the final vote and the slate with the ranking of the projects were submitted to the Continuum of Care Committee on May 18, 2005 who gave final approval and forwarded the recommendation for full approval to the Lancaster Interagency Council for the Homeless at the May 23, 2005 meeting. The Interagency Council for the Homeless voted to approve 2005 project priorities as recommended by the Priorities Panel and approved by the Continuum of Care Committee.

**c-5, Pro rata – Not applicable**

**c-6. Written Complaints**

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

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## Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

- SSI     SSDI     TANF     Medicaid     Food Stamps  
 SCHIP     WIA     Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Other – Increase access to Social Security benefits through utilization of teleconferencing equipment to expedite judicial hearings

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## Exhibit 1: CoC Project Performance - Housing and Services

This section will assess your CoC's progress in reducing homelessness by helping clients move to permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. For each area below (e.g., permanent housing), tally information from the APR most recently submitted for the appropriate RENEWAL project(s) on the 2005 Priority Chart. Note: If you are not submitting any renewals in this year's competition for one or more of the areas presented below check the appropriate box.

### A. Housing

**1. Permanent Housing.** HUD will be assessing the percentage of all participants who remain in permanent SHP or S+C housing for over six months. (SHP projects include both SHP-PH and SHP-Safe Haven permanent housing renewals.) Based on responses to APR Question 12(a) and information available on persons who did not leave (e.g., information to respond to APR Question 12(b)) from each of the above permanent housing projects included on your Priority Chart, complete the following:

Check here  if there are no applicable permanent housing renewal projects.

Check here  to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

- a. What is the number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12(a))? 13.
- b. What is the number of participants who did **not leave** the project(s) during the operating year? 23.
- c. Of those who **exited**, how many stayed longer than **6 months** in the permanent housing (from APR Question 12(a))? 9.
- d. Of those who did **not leave**, how many stayed longer than **6 months** in the permanent housing? 14.
- e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)? (c+d divided by a+b x 100 = e) Example: (11 + 10) divided by (20 + 20) x 100 = 52.5% 64 %.
- Round all percentages to the first decimal place.

**2. Transitional Housing.** HUD will be assessing the percentage of all TH clients who move to a permanent housing situation. (SHP-TH, SHP-Safe Haven that is *not* identified as permanent housing, and SHP-Innovative renewal projects should all be included as transitional housing.) Based on responses to APR Question 14 from each of the above projects included on your Priority Chart complete the following:

Check here  if there are no applicable transitional housing renewal projects.

Check here  to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

- a. What is the total number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination.) N/A.
- b. What is the number of participants who left transitional housing project(s) and **moved to permanent housing**? N/A.
- c. Of the number of participants who left transitional housing, what percentage moved to permanent housing? (b divided by a x 100 = c) N/A %.

## Exhibit 1. CoC Project Performance - Housing and Services Continued

### B. Supportive Services

Mainstream Programs and Employment Chart. HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your Priority Chart complete the following:

Check here  if there are no applicable renewal projects.

Check here  to indicate that all non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

| 1<br>Number of Adults<br>Who Left<br>(Use the same<br>number in each cell) | 2<br>Income Source           | 3<br>Number of<br>Exiting Adults<br>with Each<br>Source of<br>Income | 4<br>% with Income<br>at Exit<br>(Col 3 ÷ Col 1 x<br>100) |
|--|------------------------------|--|---|
|  |                              |  |   |
|  |                              |  |   |
|  |                              |  |   |
| 13   | a. SSI                       | 1  | 7.7%  |
| 13   | b. SSDI                      | 12   | 92.3%   |
|  | c. Social Security           |  |   |
| 13   | d. General Public Assistance | 1  | 7.7%  |
|  | e. TANF                      |  |   |
|  | f. SCHIP                     |  |   |
|  | g. Veterans Benefits         |  |   |
| 13   | h. Employment Income         | 1  | 7.7%  |
|  | i. Unemployment Benefits     |  |   |
|  | j. Veterans Health Care      |  |   |
|  | k. Medicaid                  |  |   |
|  | l. Food Stamps               |  |   |
|  | m. Other (please specify)    |  |   |
|  | n. No Financial Resources    |  |   |

## Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

HUD homeless program funding is limited and, therefore, can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. Therefore, HUD is interested in applicants using supplemental resources, including HUD CDBG and other Federal and state mainstream programs, to address homeless needs.

### Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. *This entire chart will count as only one page towards the 30-page limitation*)

| Project Priority Number | Name of Project                        | Type of Contribution  | Source or Provider                                | *Value of Written Commitment** |
|-------------------------|--|---|---|--------------------------------|
| 1                       | Lincoln House SRO Project PA 01B110001 | Representative Payee Services                                       | The Lodge Inc. of PA                              | \$6,912                        |
| 1                       | Lincoln House SRO Project              | Intensive Case Management   | Community Services Group                          | \$10,800                       |
| 1                       | Lincoln House SRO Project              | Volunteer Position  | Clare House                                       | \$ 9,360                       |
| 1                       | Lincoln House SRO Project              | Department of Public Welfare Benefits                               | Lancaster County Assistance Office                | \$61,920                       |
| 1                       | Lincoln House SRO Project              | Tempo Clubhouse Psychiatric Rehabilitation Services                 | Community Services Group                          | \$38,700                       |
| 1                       | Lincoln House SRO Project              | Legal Representation  | MidPenn Legal Services                            | \$ 7,500                       |
| 1                       | Lincoln House SRO Project              | Case Management and Intake  | Lancaster County Mental Health/Mental Retardation | \$11,240                       |
| 1                       | Lincoln House SRO Project              | Entitlement services, ie Disability payments, medical insurance,... | Social Security Administration                    | \$166,752                      |
| 1                       | Lincoln House SRO Project              | Medications Monitoring  | Mental Health/Mental Retardation                  | \$8,640                        |
| 1                       | Lincoln House SRO Project              | Social rehabilitation   | Mental Health/Mental Retardation                  | \$176,040                      |
| 1                       | Lincoln House SRO Project              | Mobile Psychiatric Rehabilitation and Diversion Svcs                | Mental Health/Mental Retardation                  | \$139,047                      |
| 1                       | Lincoln House SRO Project              | Vocational and Employment Training Services                         | Mental Health/Mental Retardation                  | \$185,328                      |
| 1                       | Lincoln House SRO Project              | Cash match  | Client fees and agency funds                      | \$91,705                       |
| 1                       | Lincoln House SRO Project              | Administration/Operations   | Mental Health/Mental Retardation                  | \$99,452                       |
| 2                       | Neighborhood Services                  | Supported Housing Services  | The Lodge, Inc of PA                              | \$56,851                       |
| 2                       | Neighborhood Services                  | Job Training and Placement  | Goodwill Industries                               | \$95,347                       |

|              |   |   |  |             |
|--------------|---|---|--|-------------|
| 2            | Neighborhood Services                                 | Student Internships                                       | Millersville University<br>Office of Community and<br>Academic Partnerships  | \$35,316    |
| 2            | Neighborhood Services                                 | Nutrition Education                                       | Penn State Cooperative<br>Extension Nutrition Links<br>Project               | \$ 3,960    |
| 2            | Neighborhood Services                                 | Legal Services  | MidPenn Legal Services   | \$ 4,800    |
| 2            | Neighborhood Services                                 | Employment Services                                       | Neighborhood Services  | \$ 5,328    |
| 2            | Neighborhood Services                                 | Technology Training                                       | Neighborhood Services<br>B.R.I.D.G.E. Project                                | \$87,360    |
| 2            | Neighborhood Services                                 | Employment Development                                    | Neighborhood Services<br>Opportunity Employment<br>Development Program       | \$ 3,888    |
| 2            | Neighborhood Services                                 | Department of Public<br>Welfare Benefits                  | Lancaster County Assistance<br>Office  | \$12,240    |
| 2            | Neighborhood Services                                 | Mental Health/Mental<br>Retardation Services              | Lancaster County Mental Health/<br>Mental Retardation Program                | \$ 8,476    |
| 2            | Neighborhood Services                                 | SSI Benefits  | Social Security Administration   | \$87,322    |
| 3            | Shelter Plus Care<br>PA 26C970603<br>One Year Renewal | Housing and<br>Representative Payee<br>Services           | The Lodge, Inc. of Pennsylvania<br>Supported Housing and Outreach<br>Program | \$18,000**  |
| 3            | Shelter Plus Care                                     | Lancaster City Housing<br>Authority Program<br>Operations | HUD Section8 Housing Choice<br>Voucher Funds                                 | \$18,350**  |
| 3            | Shelter Plus Care                                     | Legal Services  | MidPenn Legal Services   | \$ 1,000**  |
| 3            | Shelter Plus Care                                     | Housing and Budget<br>Counseling Services                 | Tabor Community Services funded<br>with CDBG and HSDF funds                  | \$35,000**  |
| <b>TOTAL</b> |   |   |  | \$1,486,634 |

***\*Please enter the value of the contribution for which you have a written commitment at time of application submission.***

***\*\*Amounts represent annual contributions.***

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