

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

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

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

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Interagency Council for the Homelessness (ICH) Executive Committee

Indicate the frequency of group meetings: Monthly or more

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 75%

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

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

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

The Executive Committee of the Interagency Council for the Homeless(ICH) is the primary decision making body for the Lancaster CoC. It includes the chair and co-chair of the ICH, as well as the chairs of all the standing committees. The chair and co-chair are elected by the full group for two year terms, with one representative of the public sector and one of the private sector. Committee chairs are appointed and these choices are ratified by the full forum. Half of the chairs are filled each year. This process was established to ensure that both the private and public sector are represented, and also to ensure that there is an experienced individual leading each standing committee.

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

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

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Yes, the Interagency Council for the Homeless (ICH) would identify and designate the appropriate non profit organization to apply for HUD funding and serve as grantee as well as to provide direct project oversight. The Executive Committee of the ICH would continue to serve as the monitoring agency on behalf of the council.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Lancaster County ...	Monthly or more
Lancaster County ...	Bi-monthly
Continuum of Care...	Monthly or more
Outreach Subcommi...	Bi-monthly
HMIS Subcommittee	Quarterly
Mainstream Resour...	Monthly or more
10 Year Plan Stee...	Quarterly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Lancaster County ICH Executive Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee's role is to set agendas for the full ICH meetings, monitor the progress of each subcommittee, provide final approval for the Continuum of Care application, and establish new committees as needed to meet continuum goals.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Lancaster County Interagency Council on Homelessness

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This group is the full forum in which strategies to implement a continuum are discussed, plans are approved, and decisions of the executive committee are ratified.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Continuum of Care and Advocacy Subcommittee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee's role is to implement a coordinated system identifying gaps, monitoring funded projects, and overseeing the annual submission process and prioritization panels.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Outreach Subcommittee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This committee's role is to develop strategies to provide services to those outside the shelter system and to conduct the counts of homeless persons in the continuum.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Subcommittee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee's role is to oversee the successful operation of HMIS, including collection of data to assist in identification of gaps and unmet needs, and to track the chronically homeless.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Mainstream Resources Subcommittee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee's role is to ensure access to mainstream services through coordination of service delivery, dissemination of information and addressing gaps and barriers to services.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: 10 Year Plan Steering Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee's role is to monitor the implementation of the ten year plan, including the long term goals and initial action steps, as well as monitor progress of the plan.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Department of Community and Economic Development	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Lancaster County Assistance Office	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Lancaster	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
County Commissioners of Lancaster	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
County of Lancaster Dept of Veterans Affairs	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Lancaster County Children and Youth	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Lancaster County Drug and Alcohol Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Lancaster County Mental Health/Mental Retardation	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Lancaster County Planning Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Lancaster City Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Lancaster County Housing and Redevelopment Auth...	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Lancaster Theological Seminary	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Millersville University	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
School District of Lancaster	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Lancaster City Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Lancaster County Adult Probation and Parole	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Lancaster County Prison	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Lancaster County Prison	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Lancaster Interagency Council for the Homeless				COC_REG_v10_000226
Lancaster Employment and Training Agency	Public Sector	Local w...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
AIDS Community Alliance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
American Red Cross of the Susquehanna Valley	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
BIRD Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Bridge of Hope	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Clare House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Community Action Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Council on Drug and Alcohol Abuse	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Crispus Attucks Community Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Gaudenzia	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Mental Health Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Mid Penn Legal Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE, Domest...
Neighborhood Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Lodge, Inc of Pennsylvania	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Tabor Community Services, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Urban League of Lancaster County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Disabilities Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Way LINC	Private Sector	Funder...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
YWCA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Catholic Charities Hope House	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	HIV/AIDS

Lancaster Interagency Council for the Homeless				COC_REG_v10_000226
Community Life Network	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Lancaster County Council of Churches	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Love INC	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
No Longer Alone Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
The Gathering Place	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	HIV/AIDS
Transition to Community	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Water Street Rescue Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lancaster County Community Foundatoin	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Lancaster Housing Opportunity Partnership	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
United Way of Lancaster County	Private Sector	Funder...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
Lancaster Chamber of Commerce and Industry	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Fulton Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Housing Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Community Basics	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Isaac's Restaurant	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Spanish American Civic Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Ephrata Area Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Lancaster General Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Nuestra Clinica	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE

Lancaster Interagency Council for the Homeless			COC_REG_v10_000226	
Southeast Lancaster Health Services	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
VA Medical and Dental Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Veterans
Water Street Rescue Mission Medical Clinic	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Welch Mountain Medical and Dental Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Patrick	Individual	Homeles..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Anthony	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Family Service	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lancaster County Career and Technology Center	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
St Joseph Health Ministries	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

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

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

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

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

Water Street Rescue Mission opened up WSRM Family Shelter specifically for families. Water Street also realigned some of their existing female rooms in the WSRM Women's Shelter to better fit the needs for single women and women with children. These two changes, along with several modifications at several other shelters to better accommodate the current mix of clients, resulted in a net gain of 38 year round beds.

Safe Haven Bed: No

Briefly describe the reasons for the change:

N/A

Transitional Housing: Yes

Briefly describe the reasons for the change:

Water Street Rescue Mission opened up expanded facilities for women and women with children at WSRM Shelter Female and also redistributed some of their existing space to better fit the current community needs. Water Street Rescue Mission also operates a transitional housing program in neighboring York County (Lydia House) that will now be included in the Lancaster County inventory. This was reviewed with York County and the bed and population count will not be duplicated. The Lancaster CoC also identified another transitional housing program (Stepping Ahead) that had not previously participated in one day counts. These changes, along with minor changes at several other shelters to better accommodate the current mix of clients, resulted in a net increase of 75 beds.

In the annual review of providers prior to performing the 2008 one day count, it was determined that one provider, Bridge of Hope, should now be categorized as Transitional Housing rather than Permanent Housing. While Bridge of Hope remains as a long term transitional housing provider, it did not fit the definition of permanent housing. Because of this, the Housing Inventory for 2008 will show a 30 unit increase in transitional housing related to this change. This is due to the change in classification, no units were created. None of these units served individuals who were classified as chronically homeless and none of these units receive McKinney funding.

Permanent Housing: Yes**Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:**

Neighborhood Services opened the second phase of their permanent housing project (Pioneer House 2) and added 4 units of housing, all for individuals that were chronically homeless. Gaudenzia has reconfigured their family housing at Blair O'Malley House and now has 14 family beds, a loss of 3 from the previous year.

As noted above, in the annual review of providers prior to performing the 2008 one day count, it was determined that one provider, Bridge of Hope, should now be categorized as Transitional Housing rather than Permanent Housing. While Bridge of Hope remains as a long term transitional housing provider, it did not fit the definition of permanent housing. Because of this, the Housing Inventory for 2008 will show a 37 unit decrease in permanent housing related to this change. This is due to the change in classification. None of these units served individuals who were classified as chronically homeless and none of these units received McKinney funding.

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

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Lancaster CoC.eHI...	09/25/2008

Attachment Details

Document Description: Lancaster CoC.eHIC 2008.092508

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/24/2008
(mm/dd/yyyy)

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

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

Must specify other:

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

Stakeholder discussion and provider opinions were used to identify primary needs based on feedback from shelter providers. Unsheltered count was used primarily to identify emergency shelter needs, and also specific transitional and perm housing needs. Current housing inventory identified the types of specialty housing that were available. Local studies were used primarily to identify specific needs such as number of households with children.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

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

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

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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

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

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

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

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

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate staffing, Inadequate resources, No or low participation by non-HUD funded providers, Inability to integrate data from providers with legacy data systems, Poor data quality

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

Lancaster CoC is working diligently with a new consultant to remedy the issues with accurate data quality and the ability to integrate data from providers. We are also working to obtain additional resources to support a sufficient staffing level. Finally, in order to address the low participation by non -HUD funded providers, we will contact each agency to find out its reasons for non-participation and then develop specific strategies to address the reasons identified.

Attachment Details

Document Description:

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Lancaster County Redevelopment Authority
Street Address 1 202 North Prince Street
Street Address 2 Suite 400
City Lancaster
State Pennsylvania
Zip Code 17603
Format: xxxxx or xxxxx-xxxx
Organization Type Other (specify)
If "Other" please specify Redevelopment Authority

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

Prefix:

First Name Aimee

Middle Name/Initial

Last Name Tyson

Suffix

Telephone Number: 717-394-0793
(Format: 123-456-7890)

Extension 211

Fax Number: 717-394-7635
(Format: 123-456-7890)

E-mail Address: aimeetyson@lchra.com

Confirm E-mail Address: aimeetyson@lchra.com

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

Instructions:

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

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	86%+

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

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

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

Instructions:

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

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	3%	1%
* Date of Birth	1%	0%
* Ethnicity	13%	0%
* Race	3%	0%
* Gender	0%	0%
* Veteran Status	11%	0%
* Disabling Condition	17%	3%
* Residence Prior to Program Entry	17%	0%
* Zip Code of Last Permanent Address	51%	1%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

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

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

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

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

Participating agencies are invited to attend training sessions on how to use the HMIS, including refresher training. Participating agencies are also assisted in creating null reports to check for missing fields in client records. They can also call the HMIS Support Specialist if they have any questions concerning data quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

Reports are being developed on a regular basis for each participating agency to flag client records that exceed average program duration, which is generally an indication of a failure to enter an exit date. The System Administrator will check the data and if warranted, will send a reminder email encouraging participating agencies to check their entry and exit dates.

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

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

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

Instructions:

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

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

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

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

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Never

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

If 'Yes' indicate date of last review or update by CoC: 11/20/2007

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/24/2008

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

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	25	104	0	129
Number of Persons (adults and children)	67	254	0	321
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	105	242	39	386
Number of Persons (adults and unaccompanied youth)	105	242	39	386
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	130	346	39	515

Lancaster Interagency Council for the Homeless			COC_REG_v10_000226	
Total Persons	172	496	39	707

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

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	31	16	47
* Severely Mentally Ill	58		58
* Chronic Substance Abuse	176		176
* Veterans	55		55
* Persons with HIV/AIDS	25		25
* Victims of Domestic Violence	52		52
* Unaccompanied Youth (under 18)	0		0

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

Instructions:

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

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/22/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

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

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

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

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

An electronic survey was sent to each shelter provider. Follow-up was done to ensure that all shelters responded to the survey. The results were then compared to the previous year and to HMIS data. As noted in Section 1F, the increase in numbers this year is due to including the Lydia House, a shelter that previously had operated in another county but is now being managed by Water Street Rescue Mission, a Lancaster County organization. The decision was made to include those numbers in the Lancaster County count. This was reviewed with York County to ensure that there would be no duplication. There were also modifications made to the capacity of several existing shelters which is included in section 1F.

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

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

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

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

Most of the subpopulations have remained stable but Lancaster has seen an increase in two categories, severely mentally ill and veterans. We believe that the increase in the mental illness category is due to better reporting, but the veteran increase appears to be a real number. We believe this parallels the national trend of an increased number of homeless veterans.

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

Instructions:

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

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

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

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Lancaster County has a community homeless outreach center that has been set up specifically to reach the unsheltered homeless. It does not provide overnight shelter, but it is open daily. Interviews were conducted in this location with individuals who indicated that they were homeless and unsheltered.

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

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

Describe the techniques used to reduce duplication.

Each individual identified supplied his/her initials and the first three numbers of his/her social security number. This allowed us to reduce possible duplication.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

In 2007, Water Street Rescue Mission opened a family emergency shelter that when fully occupied will have a capacity of 32 beds. This is specifically for unsheltered households with children.

Also in 2007, the Lancaster Continuum of Care opened the Community Homeless Outreach Center, which is a daytime drop in center that can connect homeless individuals and households with children to housing services in an expedited manner.

No unsheltered households with children were identified in the 2008 One Day Count.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

In 2007, the Lancaster Continuum of Care opened the Community Homeless Outreach Center. This is a daytime drop in center that is open Monday-Friday, 9:30 AM to 4:00 PM. Anyone who comes into contact with an unsheltered homeless person can direct them to the center to receive needed services. These include case management services for individuals with mental health issues or drug and alcohol addiction, case management for veterans, healthcare referrals to two local clinics, and services of a housing first provider. The drop in center also serves as a focal point for more quickly housing homeless families with children, and is located on the same site as the newly opened family shelter.

Comparing the most recent point in time counts, there was a 6 person increase in the number of unsheltered homeless in 2008. The CoC believes that this was primarily due to an improved counting strategy and better contacts, due to the knowledge learned from operating the Community Homeless Outreach Center.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children
Increase percentage of homeless persons moving from TH to PH to at least 63.5%

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Create 2 new beds for persons who are chronically homeless through Project North Star	Program Specialist, MH/MR EI
Action Step 2	Develop 3 additional S+C units for chronically homeless persons through LCHRA	Director of Community Development; LCHRA
Action Step 3	Maintain 20% of all Section 8 vouchers as homeless preference vouchers with 25% of these set aside for the chronically homeless	Chair- Continuum of Care Committee; Lancaster ICH

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	17
Numeric Achievement in 12 months	20
Numeric Achievement in 5 years	45
Numeric Achievement in 10 years	77

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Maintain the current baseline % of persons maintaining permanent housing	Chair - Continuum of Care Committee
Action Step 2	Increase the utilization of individual supportive service plans	Chair - Continuum of Care Committee
Action Step 3	Continue to implement community building activities among	Chair - Continuum of Care Committee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	80
Numeric Achievement in 12 months	80
Numeric Achievement in 5 years	81
Numeric Achievement in 10 years	82

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Utilize a basic employment readiness checklist that can be used by case managers who are preparing individuals for employment	Director; Homelessness Initiative, United Way of Lancaster County
Action Step 2	Establish a cooperative relationship with several staffing agencies to expedite the process of immediate employment where appropriate	Director; Workforce Investment Board
Action Step 3	Review and modify where necessary the Workforce Readiness Program of the Workforce Investment Board to make employment opportunities more accessible for the homeless	Director; Homelessness Initiative, United Way of Lancaster County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	36
Numeric Achievement in 12 months	20
Numeric Achievement in 5 years	27
Numeric Achievement in 10 years	29

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

Action Step		Lead Person
Action Step 1	Lancaster County will adopt the Housing First approach as the primary objective to ending family homelessness	Director, Homelessness and Affordable Housing Initiative, United Way of Lancaster County
Action Step 2	Decrease the time between initial contact and placement in housing for households with children	Operations Committee; Community Homeless Outreach Center
Action Step 3	Begin development of a rapid rehousing program	Program Director; Tabor Community Services

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	129
Numeric Achievement in 12 months	116
Numeric Achievement in 5 years	104
Numeric Achievement in 10 years	90

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
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Lancaster Interagency Council for the Homeless		COC_REG_v10_000226
Action Step 1	Develop and implement a standard model of an individualized permanent housing plan for use by transitional housing providers	VP for Programs; Tabor Community Services
Action Step 2	Reduce the length of time individuals spend in emergency shelters and transitional housing prior to moving into permanent housing	Chair, Continuum of Care Committee, Interagency Council for the Homeless
Action Step 3	Maintain performance above the HUD standard level of achievement	Homeless Advisor, County of Lancaster

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	88
Numeric Achievement in 12 months	75
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	80

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol: Formal Protocol Implemented
Health Care Discharge Protocol: Formal Protocol Implemented
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Lancaster County Children and Youth Services policy mandates that all youth in foster care are offered preparation services beginning when they reach age 16. These comprehensive services are provided by the caretakers, the assigned caseworker and the independent living program. Once the youth leaves care, he/she is eligible to participate in the aftercare program until age 21. Services include assistance locating and maintaining housing, and job search assistance. The statement of services provided by Lancaster County Children and Youth is attached.

Health Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Hospitals in Pennsylvania must have written discharge policies for "appropriate referral and transfer plans" that comply with requirements of the Federal Conditions for Participation in Medicare and Medicaid Services and the Pennsylvania Code (028 Section 105.21 to 105.25). A copy of the pertinent sections of the PA code is attached. Ensuring compliance with these regulations is the responsibility of the PA Department of Health, Division of Acute and Ambulatory Care.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Pennsylvania currently has in place a policy where no one shall be discharged from a state institution into homelessness, transitional housing or homeless projects, including those funded through McKinney-Vento funds. The current procedure for placement outside of an institution includes the case manager making a referral to the housing option of the individual's choice, which could include any of the following: a nursing home, personal care/assisted living home, a mental health residential facility, at home with family, or in an independent apartment. The case manager simultaneously connects the individual to supportive services as needed and requested, such as therapy, vocational and social rehabilitation, psychiatric and medical doctors, etc. State funds through the PA Office of Mental Health and Substance Abuse Services have also been utilized to create housing opportunities for individuals being discharged from a state institution. The discharge procedure for the Lancaster County MH/MR program is attached.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

It is the policy of the Lancaster County Prison to identify housing for all convicted prisoners who are being released out of the Lancaster Prison through probation and parole. By direction of the Lancaster County Commissioners, Lancaster County has created a Reentry Management Organization (RMO) to improve the process of reentry back into the community and ensure that all individuals leaving prison have access to housing. As part of this effort, the following measures are in place:

1. Lancaster County Adult Probation and Parole Services, a member of the RMO, has implemented a Pre-Parole Unit that employs a supervisor and 4 professional staff members who work fulltime in the prison. This unit is responsible for interviewing and assessing inmates and subsequently preparing parole plans that optimize the potential for success when a client is paroled to community supervision. Part of this plan includes selecting appropriate housing for the client. The responsibilities of the Officer of Coordinated Services is attached.
2. The Lancaster County Court of Common Pleas has instituted two voluntary specialty courts. Adult Drug Court provides the participants an opportunity to pursue treatment for their addiction(s) while productively addressing associated legal problems. Job Court connects people who commit minor crimes with training and jobs to provide greater stability and responsibility that helps them stay employed and avoid committing new crimes.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	09/29/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	09/29/2008
Corrections Discharge Protocol	No	Corrections Disch...	09/29/2008
Health Care Discharge Protocol	No	Healthcare Discha...	09/29/2008

Attachment Details

Document Description: Foster Care Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Healthcare Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

The housing and homeless portions of the County Consolidated Plan are based on the annual CoC plan. Current goals include:

Goal: Create 9 new beds for the chronically homeless through the completion of Project North Star, the expansion of Pioneer House, and the utilization of 3 additional S+C units through the Lancaster County Housing and Redevelopment Authority.

Goal: Increase the percentage of homeless persons moving from TH to PH to 70% by implementing a model permanent housing plan for all shelters.

Goal: Increase the percentage of homeless persons employed at exit to 19% by creating a case manager position at the Lancaster Employment and Training Agency to provide hands on assistance for homeless individuals accessing employment services.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

Strategy: Increase the supply of permanent affordable housing

Goal - Increase inventory of permanent supportive housing units by 100 units over the next ten years

Goal - Add 60 additional permanent housing units for the homeless supported by faith based and other community groups

Strategy: Increase the supply of Permanent Affordable Housing

Goal - Maintain 20% of all Section 8 vouchers as homeless preference vouchers with a set aside of 25% for the chronically homeless

Goal - 40% of new pemrmanent housing units will be dedicated to the chronically homeless

Goal - All proposed permanent housing projects for the homeless must include set asides for the chronically homeless

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)	Actual 12-Month Achievement (number of beds or percentage)
Create new PH beds for CH	4 Beds	4 Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	74 %	80 %
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	70 %	88 %
Increase percentage of homeless persons employed at exit to at least 18%	19 %	36 %
Ensure that the CoC has a functional HMIS system	76 %	84 %

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	78	7
2007	42	13
2008	47	17

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 4

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$90,000		\$50,000	\$40,000	
Operations	\$126,475				\$12,798
Total	\$216,475	\$0	\$50,000	\$40,000	\$12,798

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	15
b. Number of participants who did not leave the project(s)	44
c. Number of participants who exited after staying 6 months or longer	14
d. Number of participants who did not exit after staying 6 months or longer	33
e. Number of participants who did not leave and were enrolled for 5 months or less	8
TOTAL PH (%)	80
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	17
b. Number of participants who moved to PH	15
TOTAL TH (%)	88

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 330

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	52	16 %
SSDI	62	19 %
Social Security	5	2 %
General Public Assistance	36	11 %
TANF	42	13 %
SCHIP	3	1 %
Veterans Benefits	2	1 %
Employment Income	119	36 %
Unemployment Benefits	1	0 %
Veterans Health Care	3	1 %
Medicaid	78	24 %
Food Stamps	80	24 %
Other (Please specify below)	24	7 %
Includes child support, workers comp, family assistance, alimony, and self employment		
No Financial Resources	21	6 %

The percentage values are automatically calculated by the system when you click the "save" button.

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

Instructions:

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

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

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

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

The Continuum of Care reviews the APRs for each organization. These results are assembled in chart form so that deficiencies can be identified, and also so that good performers can share best practices. At a minimum, this process is done annually, but it is also done when there are specific initiatives for improving access.

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

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

This is the role of the mainstream resources committee. This committee met on the following dates: 2/8/07, 4/12/07, 6/14/07, 8/9/07, 10/11/07, 12/13/07, 3/6/08, 4/10/08, 6/12/08. They also organize an annual forum where they have presentations on specific opportunities for service access, and highlight programs that were initiated or modified in the past year.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? No

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Quarterly

Does the CoC uses HMIS to screen for benefit eligibility? No

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

Has the CoC participated in SOAR training? No

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

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers assist the clients during the initial intake and other regular meetings to ensure that all appropriate benefits are applied for and received.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	75%
Lancaster County has trained all case managers in the use of the state COMPASS system and provide assistance in accessing this system. Case managers use Compass to apply for cash assistance, food stamps, CHIP, Medical Assistance, home energy assistance, home and community based services, long term care and school meals.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Providers follow up directly with clients. If necessary, providers will also be in contact with the appropriate benefit program to ensure that benefits are received. When necessary, providers will also assist with the appeals process to ensure that clients are properly enrolled to receive benefits. MidPenn Legal Services has a Homeless Advocacy Program specifically to assist with benefit enrollment and appeals.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

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

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

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

Part A - Page 2

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

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Shelter to Indepe...	2008-09-16 10:49:...	1 Year	Tabor Community S...	115,973	Renewal Project	SHP	SSO	F3
YWCA of Lancaster..	2008-09-15 13:42:...	10 Years	YWCA of Lancaster	633,600	New Project	SRO	SRO	F1
Lancaster County ...	2008-09-19 15:10:...	3 Years	Tabor Community S...	528,341	New Project	SHP	TH	R2
East King Street ...	2008-09-16 10:47:...	1 Year	Tabor Community S...	43,158	Renewal Project	SHP	PH	F5
Shelter Plus Care...	2008-09-17 13:48:...	1 Year	Housing Authority...	122,592	Renewal Project	S+C	TRA	U10
The Lodge Support...	2008-09-17 11:21:...	1 Year	The Lodge, Inc. o...	161,860	Renewal Project	SHP	SSO	F8
Shelter Plus Care...	2008-09-24 11:21:...	5 Years	Lancaster County ...	311,040	New Project	S+C	TRA	F9
Fordney Road Apar...	2008-09-17 11:41:...	1 Year	Communit y Basics,...	175,879	Renewal Project	SHP	PH	F6
Lincoln House Apa...	2008-09-17 11:52:...	1 Year	Communit y Basics,...	116,444	Renewal Project	SHP	PH	F7
Homeless Advocacy..	2008-09-23 16:08:...	1 Year	MidPenn Legal Ser...	39,999	Renewal Project	SHP	SSO	F4

Budget Summary

FPRN	\$1,597,953
Rapid Re-Housing	\$528,341
Samaritan Housing	\$0
SPC Renewal	\$122,592
Rejected	\$0

Submission Summary

Part	Last Updated
Part 1: CoC Structure	
1A. Identification	No Input Required
1B. Primary Decision-Making Group	9/18/08 1:20 PM
1C. Committees	9/12/08 11:40 AM
1D. Member Organizations	9/18/08 3:03 PM
1E. Project Review and Selection	8/4/08 7:47 PM
1F. e-HIC Change in Beds	9/12/08 1:02 PM
1G. e-HIC Attachment	9/25/08 2:32 PM
1H. e-HIC Sources and Methods	9/18/08 3:19 PM
Part 2: Data Collection and Quality	
2A. HMIS Implementation	9/22/08 10:06 AM
HMIS Attachment	Please Complete
2B. HMIS Lead Organization	8/22/08 9:40 AM
2C. HMIS Contact Person	8/22/08 9:41 AM
2D. HMIS Bed Coverage	9/21/08 7:55 PM
2E. HMIS Data Quality	9/30/08 4:27 PM
2F. HMIS Data Usage	8/28/08 10:59 AM
2G. HMIS Data and Technical Standards	8/28/08 11:00 AM
2H. HMIS Training	8/28/08 11:01 AM
2I. Homeless Population	9/21/08 7:41 PM
2J. Homeless Subpopulations	9/13/08 3:39 PM
2K. Sheltered Data - PIT	9/15/08 6:16 PM
2L. Sheltered Data - Methods	9/18/08 3:07 PM
2M. Sheltered Data - Subpopulations	9/24/08 4:43 PM
2N. Sheltered Data - Quality	No Input Required
2O. Unsheltered Data - Methods	No Input Required
2P. Unsheltered Data - Coverage	9/9/08 11:40 AM
2Q. Unsheltered Data - Quality	9/24/08 4:50 PM
Extrapolation Attachment	Please Complete
PIT Attachment	Please Complete
Part 3: CoC Strategic Planning	
3A. CoC 10 Year Plan	9/24/08 4:57 PM

3B. Discharge Planning Protocol Status	9/9/08 11:51 AM
3C. Discharge Planning Narratives	9/24/08 5:19 PM
3D. Discharge Planning Attachments	9/29/08 9:39 AM
3E. CoC Coordination	9/22/08 4:47 PM
3F. HHN Reallocation	9/12/08 3:06 PM
3G. HHN Eliminated Grants	Please Complete
3H. HHN Reduced Grants	Please Complete
3I. New Projects Requested	Please Complete
Part 4: CoC Performance	
4A. 2007 CoC Achievements	9/21/08 7:51 PM
4B. Chronic Homeless Progress	9/21/08 7:59 PM
4C. Housing Performance	9/13/08 3:17 PM
4D. Mainstream Services Enrollment	9/13/08 2:29 PM
4E. Energy Star & Section 3	9/24/08 4:58 PM
4E. Section 3 Employment Policy Detail	No Input Required
4F. CoC Mainstream Programs	9/13/08 2:23 PM
4G. Provider Mainstream Programs	9/24/08 5:01 PM
Regulatory Barriers	
4I. Removing Regulatory Barriers	
Page 1	No Input Required
Page 2	No Input Required
Page 3	No Input Required
4H. Removing Regulatory Barriers - B	
Page 1	No Input Required
Page 2	No Input Required
Submission Summary	No Input Required

Notes:

3G. HHN Eliminated Grants list must include at least 1 item(s).

3H. HHN Reduced Grants list must include at least 1 item(s).

3I. New Projects Requested list must include at least 1 item(s).