pennsylvania
DEPARTMENT OF COMMUNITY
& ECONOMIC DEVELOPMENT

HOME-ARP ALLOCATION PLAN

September 2022

Bill's House Bloomsburg, PA

Commonwealth of Pennsylvania | Tom Wolf, Governor
PA Department of Community & Economic Development | Neil R. Weaver, Acting Secretary | **dced.pa.gov**

Contents

Introduction 1

Consultation and Public Participation 1

- Consultation 2
- Public Participation 13

Needs Assessment and Gaps Analysis 15

- Data Limitations 16
- Consultation Overarching Themes 16
- Addressing Equity and Racial Disparities Among QPs 17
- Homelessness 18
  1. Data: Homelessness 18
  2. Size and Demographic Composition: Homeless 18
  3. Unmet Housing and Service Needs: Homelessness 22
  4. Gaps Analysis: Homelessness 22
- At-risk of Homelessness 28
  1. Data: At-risk of Homelessness 28
  2. Size and Demographic Composition: At-risk of Homelessness 29
  3. Unmet Housing and Service Needs: At-risk of Homelessness 29
  4. Gaps Analysis: At-risk of Homelessness 29
- Domestic Violence/Sexual Assault/Trafficking 30
  1. Data: Domestic Violence/Sexual Assault/Trafficking 30
  2. Size and Demographic Composition: Domestic Violence/Sexual Assault/Trafficking 30
  3. Unmet Housing and Service Needs: Domestic Violence/Sexual Assault/Trafficking 31
  4. Gaps Analysis: Domestic Violence/Sexual Assault/Trafficking 32
- Other Populations 32
  1. Data: Other Populations 32
  2. Size and Demographic Composition: Other Populations 33
  3. Unmet Housing and Service Needs: Other Populations 33
  4. Gaps Analysis: Other Qualifying Populations 34

HOME-ARP Activities 34

- Method for Soliciting HOME-ARP Applications 34
- Rationale for Planned Activities 35

Production Housing Goals 35

Preferences 36

- Method of Prioritization 37
- Limitations 38
- Statement of Commitment to Fair Housing 38

Appendices 38

Introduction

Through the American Rescue Plan Act of 2021, the Pennsylvania State Department of Community and Economic Development (DCED) has received $73,094,403 in HOME-American Rescue Plan (HOME-ARP) funding for housing, shelter, and services. With support of consultation from ICF, DCED has conducted extensive analysis of community needs and existing resources and consulted with partners from across the state to inform the priority needs and opportunities for the HOME-ARP funds to have the greatest possible impact.

The CPD Notice 21-10: Requirements for the Use of Funds in the HOME-ARP Program (the Notice) identifies and defines four Qualifying Populations (QPs) for HOME-ARP services. Full definitions for each QP are provided in the Notice. In summary, the four QPs to be served with HOME-ARP funding includes 1) People experiencing homelessness, defined in 24 CFR 91.5 *Homeless* (1), (2), or (3); 2) People at risk of homelessness, defined in 24 CFR 91.5; 3) People who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking (referred to as domestic violence/sexual assault/trafficking), and 4) Other populations who do not qualify under any of the other three populations but meet one of the following criteria: 1. Other families requiring services or housing assistance to prevent homelessness, or 2. Those at greatest risk of housing instability. Veterans, and households that include at least one veteran family member, that meet one of the definitions for QPs, are eligible to receive HOME-ARP assistance. HOME-ARP funding can be used to provide Rental Housing, Tenant-Based Rental Assistance, Supportive Services, and/or to acquire and develop Non-Congregate Shelter. Additionally, the funding may support HOME-ARP Administration and Planning and Nonprofit Operating and Capacity Building activities.

This plan:

- Outlines the consultation and public participation process completed by DCED;
- Describes the needs assessment and gaps analysis completed, including a description of all four QPs;
- Summarizes how DCED intends to utilize HOME-ARP funding; and
- Identifies preferences for HOME-ARP funding.

Consultation and Public Participation

To ensure broad and comprehensive input in determining the best use of HOME-ARP funds, DCED carried out multiple methods of engagement including consultation meetings, electronic surveys, an open public comment period, and public hearings to gather input from community stakeholders and the public. The following project timeline outlines the consultation and public participation steps taken by DCED.

2022 Pennsylvania DCED HOME-ARP Project Timeline	
February 25th-March 31st	Consultation Meetings
March 31st-April 22nd	Additional Feedback Surveys
April 21st	Public Hearing
June	Public Comment Period on Draft Allocation Plan
July	Final Allocation Plan Submission

The consultation and public participation process followed all applicable fair housing and civil rights requirements and procedures for effective communication outlined in the Commonwealth of Pennsylvania Citizen Participation Plan and Consultation for the Consolidated Plan, Amendments, and Performance Report (PA's CPP) updated in May of 2021.

DCED used electronic contact lists to disseminate information about the consultation meetings including the following distribution lists:

- Grantees:
  - Community Development Block Grant (CDBG)
  - Community Development Block Grant – Disaster Recovery (CDBG-DR)
  - Emergency Solutions Grant (ESG)
  - HOME Investment Partnerships Program (HOME)
  - Neighborhood Stabilization Program (NSP)
  - Housing Opportunities for Persons With AIDS (HOPWA) – through the administrator
  - Housing Trust Fund (HTF) – through the administrator
- Advisory Committees:
  - Community Development and Housing (CD&H) Advisory Committee
  - Governor's Advisory Committee on Veteran's Services
  - Regional Housing Advisory Committees (RHACs) (Southeast, Southwest, Northeast, Northwest, Central, Lehigh Valley)
  - HIV/AIDS Planning Council (HPC)
  - Pennsylvania Housing Advisory Committee (PHAC)
- Continuum of Cares:
  - Eastern
  - Western
  - Regional Housing Advisory Boards (RHABs)
- Associations:
  - Pennsylvania Housing & Redevelopment Agencies
  - Pennsylvania League of Cities and Municipalities
  - Pennsylvania State Association of Boroughs
  - Pennsylvania State Association of Township Commissioners
  - Pennsylvania Association of Township Supervisors
  - County Commissioners Association of Pennsylvania
- Others:
  - DCED Regional Directors District Libraries
  - Community Action Program (CAP) agencies
  - Fair Housing Stakeholders

In accordance with PA's CPP, DCED asked these organizations to disseminate information to their membership about the consultation meetings, participant surveys, public comment, and public hearings.

Consultation

Consultation Meetings

DCED held 14 consultation meetings with more than 250 participants representing various subregions across the state as well as specific subpopulations of people experiencing

homelessness and housing instability. Each organization consulted is listed in the table below. Consultation meetings were conducted with each of the HOME-ARP required organizations and included meeting with all 7 Regional Housing Advisory Boards (RHAB), subregional Boards made up of homeless service providers, advocates, and other stakeholders, who meet regularly to advance local, regional, and CoC-wide efforts.

At each consultation meeting, attendees were provided with an overview of HOME-ARP funding, the qualifying populations eligible for receiving assistance, and the activities that may be funded under the program. Participants provided information about the needs and gaps observed and experienced in their communities and offered feedback on the opportunities provided by HOME-ARP funding. Additionally, attendees were asked how they would prioritize the qualifying populations and how they would prioritize the use of HOME-ARP funding based on the allowable activities. Data collected from the consultation meetings informed the needs assessment and gaps analysis and provided a basis for DCED's strategy for distributing HOME-ARP funds. A summary of the data collected can be found in the Needs Assessment and Gaps Analysis section of this plan.

Agency/Org Consulted (*organizations who have not been consulted in the past)	**Type of Agency/Org**	**Date and Method of Consultation**	**Highest Priority(ies) Identified**	**Feedback Received**
Diana T. Myers & Associates, Inc. (DMA), Midwestern Intermediate Unit IV, Fayette County Community Action Agency, Indiana County Community Action Program, Lawrence County Community Action Partnership, Washington County Department of Human Services, Venango County Staff, Veterans Leadership Program, Butler County Staff, Center for Family Services, Pennsylvania's Education for Children and Youth Experiencing Homelessness (ECYEH)	Western PA CoC Leadership Housing, shelter, and homeless service providers Housing Developers Advocacy Government Partners	02/25/2022 Virtual Session	Affordable Housing, Non-Congregate Shelter All Qualifying Populations	• No shelter options for unaccompanied youth. • Gap in housing and services for families and youth and those who are doubled-up or don't otherwise meet the McKinney Vento definition of homeless. • Need to pair housing with supportive services.
Clinton County Housing Coalition, Third Street Alliance, Step, Inc., The Diocese of Allentown, Diana T. Myers & Associates, Inc. (DMA), Victims Intervention Program (VIP), Housing & Redevelopment Authorities of Cumberland County, Resources for Human Development (RHD) Crossroads Community Services	Eastern PA CoC Leadership Housing, shelter, and service providers Housing Developers Advocacy Government Partners	02/25/2022 Virtual Session	Affordable Housing, Non-Congregate Shelter People Experiencing Homelessness and Fleeing DV	• Need affordable housing for families and for people living with disabilities. • Significant need among people fleeing DV as well as a need for re-entry housing and services for those with justice involvement.
Advocates for Change (Western PA CoC Youth Action Board)	Youth Advisory Board (Western PA)	02/26/2022 Hybrid In-Person/ Virtual Session	Affordable Housing, Non-Congregate Shelter and Supportive Services	• Limited housing and shelter options and many barriers to the resources that do

Agency/Org Consulted (*organizations who have not been consulted in the past)	Type of Agency/Org	Date and Method of Consultation	Highest Priority(ies) Identified	Feedback Received
	Persons with Lived Experience		Youth Experiencing Homelessness and Victims of Sexual Trafficking	exist including transportation and screening barriers related to criminal history and credit scores. Need more programming that is accepting and supportive of LGBTQ youth.
"The information provided by YYA (Youth & Young Adult), and stakeholders speak to the need to increase the availability, accessibility and effectiveness of housing AND supportive services, as well as community-based resources for YYA" One by One Western PA CoC Youth Homelessness Demonstration Program Draft Coordinated Community Plan, April 2022				
RHD Crossroads Community Services, Carbon County Action Committee for Human Services, SHARE Housing, Wayne County Human Services, Victims Intervention Program, Pocono Mountains United Way, Catholic Social Services, Fitzmaurice Community Services, Transitions of PA, Women's Resources of Monroe County, Inc., Family Promise of Monroe County Inc., Department of Aging, Housing Development Corporation of Northeast PA, Veterans Leadership Program, Wayne County Human Services Agency of Housing	Poconos RHAB (Eastern) serving Carbon, Monroe, Pike, and Wayne Counties Homeless service providers Domestic violence service providers Public agencies	03/01/2022 Virtual Session	Affordable Housing People Experiencing Homelessness	• Lack of affordable housing and little or no shelter in some parts of the region. • Lack of transportation and services for people with mental illness. • Need for workforce housing.
Center for Community Action, Veterans Leadership Program,	South Central RHAB (Eastern) serving	03/03/2022 Virtual Session	Affordable Housing	• Lack of housing inventory is

Agency/Org Consulted (*organizations who have not been consulted in the past)	**Type of Agency/Org**	**Date and Method of Consultation**	**Highest Priority(ies) Identified**	**Feedback Received**
Housing Transitions, Tableland Services, Inc., Centre Safe, Adams County Housing Authority, North-Central Community Development Corporation, County of Franklin, Centre County Adult Services, Community Action Partnership of Cambria County, Veterans Multiservice Center, Adams County Office on Aging	Adams, Bedford, Blair, Cambria, Centre, Franklin, Fulton, Huntingdon, and Somerset Counties Homeless service providers Domestic violence service providers Public housing agency Veterans Public/private organizations		People Experiencing Homelessness and those At Risk of Homelessness	increasing the cost of existing units. • Shelter space is limited and current funding for NCS is time limited. • Need for services to support increasing incomes, transportation and services for people with mental illness. • Seeing an increase in need among people fleeing DV.
Arise, Lawrence County Community Action Partnership, Crawford County Mental Health Awareness Program Diana T. Myers & Associates, Inc. (DMA), Mercer County Community Action Program, Aware, Inc.	Northwest Regional Housing Collaborative (Western) serving Crawford, Warren, McKean, Potter, Mercer, Venango, Forest, Elk, Cameron, Lawrence, Clarion, Jefferson, and Clearfield Counties Homeless service providers	03/03/2022 Virtual Session	Affordable Housing All Qualifying Populations	• Lack of housing stock and inventory that does exist is in poor condition. • Need for intensive wrap-around services, including services specific to people with mental illness and youth and young adults. • Need increasing across all qualifying

Agency/Org Consulted (*organizations who have not been consulted in the past)	Type of Agency/Org	Date and Method of Consultation	Highest Priority(ies) Identified	Feedback Received
	Domestic Violence service providers			populations. Lack of resources for people who don't qualify for homeless services.
The Lehigh Conference of Churches, Valley Youth House, County of Lehigh, Synergy at Valley Youth House, Catholic Charities, United Way, New Bethany Ministries, The Children's Home of Easton, PA 211 East at United Way of Lancaster County	Lehigh Valley RHAB (Eastern) serving Lehigh and Northampton Counties Public and private organizations Public agencies serving QPs Homeless service providers	03/08/2022 Virtual Session	Affordable Housing Households at Greatest Risk of Housing Instability	• Lack of affordable housing and housing stock as well as limited shelter capacity. • Landlords' screening practices have become more restrictive. • Have rental assistance funds, but no units. • Need for shelter and services that are responsive to needs of the LGBTQ community. • Need shelter and housing options for transition-aged youth, people with disabilities, and older adults on fixed incomes. • Significant language barriers.
Soldier On, Lawrence County Community Action Partnership, Veterans Leadership Program,	Veteran Service Providers	03/09/2022 Virtual Session	Affordable Housing	• Rising housing costs and lack of units leading to more

Agency/Org Consulted (*organizations who have not been consulted in the past)	**Type of Agency/Org**	**Date and Method of Consultation**	**Highest Priority(ies) Identified**	**Feedback Received**
Veterans Multi-Service Center, YWCA, Opportunity House, Diocese of Allentown, UESF, Community Action Agency of Delaware County, York County Planning Commission, Erie County, Allegheny County, U Penn Medicine, United Neighborhood Centers of Northern Pennsylvania, Diana T. Myers & Associates, Inc. (DMA), Berks Coalition to End Homelessness, Chester County, Montgomery County, Harrisburg Redevelopment Authority, City of Philadelphia, Delaware County, Commission on Economic Opportunity, US Dept of Veterans Affairs, Lehigh County, Monroe County, Centre County, Butler County, Community Action Partnership, Operation Veterans' Hope, The Cornerstone of Beaver County	Housing, shelter, and service providers Housing Developers Advocacy Government Partners		People Experiencing Homelessness	restrictive screening practices among landlords. • Lack of transportation to housing and basic needs.
Clinton County Housing Coalition, Transitions of PA, STEP, Inc., Lycoming County United Way, Clinton County Women's Center, Inc., Inglis, American Rescue Workers, Veterans Multi- Service Center, Veterans Leadership Program, Caring Communities, YWCA Northcentral PA	Northern Tier RHAB (Eastern) serving Bradford, Clinton, Lycoming, Sullivan, Susquehanna, Tioga, and Wyoming Counties	03/10/2022 Virtual Session	Affordable Housing People Experiencing Homelessness and Fleeing DV	• Lack of affordable housing and housing stock. • Landlords' screening practices have become more restrictive.

Agency/Org Consulted (*organizations who have not been consulted in the past)	**Type of Agency/Org**	**Date and Method of Consultation**	**Highest Priority(ies) Identified**	**Feedback Received**
	Homeless service providers Domestic violence providers Veterans			• Unmet need for people with mental illness.
City Mission - Living Stones, Inc., Arc Human Services, Fayette County Community Action Agency, Indiana County Community Action Program, Greene County Human Services, Northern Cambria Community Development Corporation, Mental Health Association/CARE Center, Redevelopment Authority of the County of Washington, Southwestern Pennsylvania Human Services Connect, Inc, Indiana County Office of Planning & Development, Veterans Leadership Program, Housing Alliance of PA, Indiana County Department of Human Services, Voice for Victims, Inglis, Butler County Human Services, Domestic Violence Services of Southwestern PA (DVSSP)	Southwest RHAB (Western) serving Butler, Armstrong, Indiana, Washington, Westmoreland, Greene, and Fayette Counties Homeless service providers Advocacy Government Partners	03/11/2022 Virtual Session	Affordable Housing, Non-Congregate Shelter All Qualifying Populations	• Lack of affordable housing and increasing costs of accessing housing. Limited shelter in rural areas. • Need for more comprehensive supportive services to serve those with mental illness and co-occurring disorders.
Cumberland County Housing & Redevelopment Authority, The	Central Valley RHAB (Eastern) serving	03/24/2022 Virtual Session	Affordable Housing and Supportive Services	• Lack of safe affordable housing

Agency/Org Consulted (*organizations who have not been consulted in the past)	Type of Agency/Org	Date and Method of Consultation	Highest Priority(ies) Identified	Feedback Received
Salvation Army, Schuylkill Hope Center, Mifflin Juniata Human Services, Safe Harbour, Central Susquehanna Opportunities, Perry Housing Partnership, Servants to All, Union-Snyder Community Action Agency, Second Chance Training Center, Inc., Transitions of PA, CONTACT Helpline/211, Domestic Violence Intervention of Lebanon County, Inc., Caring Communities, Opportunity House, Schuylkill Community Action Agency, Union Community Care, Veterans Multiservice Center, Veterans Leadership Program, Central Susquehanna Opportunities, Inc., Blair County Community Action Program, Catholic Charities	Columbia, Cumberland, Juniata, Lebanon, Mifflin, Montour, Northumberland, Perry, Schuylkill, Snyder, and Union Counties Homeless service providers Domestic violence service providers Veterans Public and private organizations Public agencies serving QPs		All Qualifying Populations	stock and rents rising rapidly, making it difficult for people to maintain stability. • Limited shelter capacity or no shelter in some parts of the region. • Supportive services needed to help increase incomes and support people with physical and mental health disabilities.
Electronic survey distributed to CoC providers serving people experiencing homelessness or recently experienced homelessness and shared in RHAB meetings.	People w/ Lived Experience	Virtual Survey open 3/31/2022-4/8/2022	Affordable Housing and Rental Assistance All Qualifying Populations	• Lack of Affordable Housing, particularly near public transit. • Increasing need among those experiencing homelessness and at risk of homelessness including those on limited/fixed incomes,

Agency/Org Consulted (*organizations who have not been consulted in the past)	Type of Agency/Org	Date and Method of Consultation	Highest Priority(ies) Identified	Feedback Received
				people living with disabilities, people aging out of foster care, victims of DV, and full-time students.
Alice Paul House, Lutheran Settlement House*, Domestic Violence Services of Southwestern PA (DVSSP), Pennsylvania Coalition Against Domestic Violence (PCADV), Domestic Violence Services of Cumberland and Perry County, YWCA York*, Your Safe Haven, The Abuse Network, Family Services Incorporated, Women's Center of Montgomery County*, Laurel House, , Women's Resource Center, A Woman's Place, Abuse, Rape & Crisis Center, SafeNet, Crisis Center North, Schuylkill Hope Center, Women Against Abuse, Arise, Safe Berks*, Blackburn Center, Women's Center of Beaver County*, YWCA Williamsport	Domestic Violence Service Providers Housing Providers DV Advocates	03/29/2022 Virtual Session	Affordable Housing and Rental Assistance	• Limited housing options of all types and losing housing stock (older construction, condemned property) • Lack of adequate shelter resources to accommodate immediate safety needs. • Have RRH resources but can't find affordable units. • Need for supportive services, particularly transportation and childcare. • Limited housing options makes it difficult to address safety needs. Need for larger units.
"There is no question that safe, affordable housing is the number one priority. Supportive services that address the myriad of barriers survivors face is also critical, i.e., childcare, transportation needs, fair wages, etc." ***Consultation Meeting Participant***				

Agency/Org Consulted (*organizations who have not been consulted in the past)	**Type of Agency/Org**	**Date and Method of Consultation**	**Highest Priority(ies) Identified**	**Feedback Received**
Housing Equality Center of Pennsylvania*, Inglis*, Pennsylvania Health Law Project, Vision for Equality*, Fair Housing Rights Center in Southeastern PA*, Pennsylvania Statewide Independent Living Council, Disability Options Network (DON) Services*, Tenfold, Disability Empowerment Center, Center for Independent Living of Central PA, Pennsylvania Human Relations Commission	Organizations that Address Fair Housing, Civil Rights, and Needs of those with Disabilities	03/30/2022 Virtual Session	Affordable Housing Households at Greatest Risk of Housing Instability	• Need for rental housing that is both affordable and accessible. • Need for supportive services.
Huntingdon County Housing Authority*, Chester Housing Authority*, Lancaster City Housing Authority*, Clarion County Housing and Redevelopment Authority, InnoVative Capital*, Centre County Housing Authority*, Housing Authority of the County of Warren*, Housing & Redevelopment Authorities for the County of Butler, Pennrose*, Clinton County Housing Authority, Allentown Housing Authority*	Public Housing Agencies	03/31/2022 Virtual Session	Affordable Housing and Supportive Services Households Requiring Services or Housing to Prevent Homelessness	• Lack of housing supply and comprehensive wrap-around services. • Not enough funding for capital improvements and high cost of housing development.

Stakeholder Survey

To solicit feedback from those who were unable to join a consultation meeting, an electronic survey was distributed garnering 53 responses, representing 41 counties across Eastern and Western Pennsylvania. Though responses were anonymous, the survey was distributed via the Community Development & Housing Practitioners' (CD&H) Alert to DCED's listserv, posted to Slack for input from the Balance of State Continuum of Care membership, and emailed to contacts within the organizations listed below who shared the survey broadly.

- Organizations working on Fair Housing issues and needs of those with disabilities:
    - North Penn Legal Services
    - Mid Penn Legal Services
    - Center for Independent Living of Central Pennsylvania
    - Inglis Community Based Services
    - Pennsylvania Statewide Independent Living Council
    - Southwestern Pennsylvania Legal Aid
- Pennsylvania Coalition Against Domestic Violence
- Pennsylvania Human Relations Commission
- Pennsylvania Association of Housing and Redevelopment Authorities

Survey responses reinforced the needs and gaps raised in consultation meetings and identified additional gaps in housing resources. The survey also informed the identification of characteristics of households at greatest risk of housing instability in Pennsylvania. The following themes were identified:

- Increasing need amongst all four qualifying populations
- Significant gap in access to and supply of affordable rental housing
- Need for comprehensive supportive services including but not limited to physical and behavioral health supports, transportation, and employment services
- Increasing need among older adults, people living with disabilities, unaccompanied youth and families
- Existing housing stock is increasingly in disrepair and needing rehab or repairs

"People need to have access to safe, accessible housing to allow all populations to age with dignity in place"

- HOME-ARP Needs and Gaps Survey Respondent

Public Participation

Public Hearing #1

DCED held a public hearing to solicit feedback on the local use of HOME-ARP funds on Thursday, April 21, 2022. Notice of the public hearing was sent to the DCED email distribution list on April 14th and published in the PA Bulletin on April 16th. The meeting was held virtually and there were 18 participants (organizations present listed below). Participants could join online or by phone. Public notice of the Hearing included contact information (phone and TDD) for the Department of Community and Economic Development to ensure persons with disability(ies) or Limited English Proficiency who wished to participate could request needed accommodations.

At the public hearing, DCED provided information about the HOME-ARP program, including an overview of the qualifying populations and range of activities that may be funded. Participants were asked for their comments on the needs of the qualifying populations and the gaps in housing and services in their region. Questions raised during the Public Hearing were primarily focused on timeline and details about HOME-ARP allowable activities, and the local process for allocating funding.

Public Hearing Participants:

- City of Lock Haven
- Renovo Borough
- Clinton County Housing Authority
- Chester County
- Schuylkill Hope Center
- Redevelopment Authority of Clearfield County
- M&L Associates, Inc.
- Family Health Council of Central PA
- SEDA-Council of Governments
- City of Pittston
- City of Bradford
- Pennsylvania Department of Community and Economic Development

Public Comment Period

In accordance with Section V.B of the Notice (page 13), Participating Jurisdictions (PJs) must provide for and encourage citizen participation in the development of the HOME-ARP allocation plan. Before submission of the plan, PJs must provide residents with reasonable notice and an opportunity to comment on the proposed HOME-ARP allocation plan of **no less than 15 calendar days**. The PJ must follow its adopted requirements for "reasonable notice and an opportunity to comment" for plan amendments in its current citizen participation plan.

Describe the public participation process, including information about and the dates of the public comment period:

- Date(s) of public notice: Saturday, August 20, 2022
- Public comment period: Saturday, August 20, 2022-Tuesday, September 6, 2022

Describe the public participation process:

Notice of the public participation process was provided in the August 20, 2022 edition of the PA Bulletin. In addition, using the same methods for publicizing information about the consultation meetings, DCED sent the notice regarding the availability of the draft allocation plan, the public comment period, and the public hearing to all potential stakeholders for the HOME-ARP funding.

Describe efforts to broaden public participation:

The notice regarding the availability of the draft allocation plan, the public comment period, and the public hearing to all potential stakeholders for the HOME-ARP funding will

be sent to DCED's Center for Local Government Services email list which encompasses over 2,000 municipalities. These are units of local government that may be eligible to apply for HOME-ARP and are also aware of the needs of the qualifying populations in their community. The email list for DCED's Center for Community Services will also be utilized which will target Community Action Agencies and other non-profits that serve individuals and families who are homeless or living in poverty.

Through a partnership with the Pennsylvania Association of Housing and Redevelopment Agencies (PAHRA) information on the availability of the HOME-ARP Allocation Plan and the public hearing was issued in their newsletter and through their listserv. This captured Redevelopment Authorities as well as Public Housing Agencies.

DCED also asked the Pennsylvania Housing Finance Agency (PHFA) to send the notice of the availability of the allocation plan for public review and information about the public hearing out through their email listings. This will reach developers, non-profits, and units of local government as well as other stakeholders.

Summarize the comments and recommendations received through the public participation process either in writing, or orally at a public hearing:

Summarize any comments or recommendations not accepted and state the reasons why:

DCED accepted all comments captured through public participation efforts which helped inform the HOME-ARP Allocation Plan and proposed activities.

DCED determined that more local analysis is needed to fully capture and understand the subregional differences in shelter and housing capacity and access to supportive services.

Needs Assessment and Gaps Analysis

DCED used the following data sources to determine the size and demographic composition of qualifying populations in Pennsylvania, their needs, and gaps within the current service delivery system:

- **Housing Inventory Count (HIC)**, 2020 reports for Eastern PA CoC and Western PA CoC
- **Point in Time (PIT) Count**, 2020 reports for Eastern PA CoC and Western PA CoC
- **Longitudinal Systems Analysis (LSA)**, FY2020 for Eastern PA CoC and Western PA CoC
- **American Community Survey (ACS)** 1-Year Estimates Data Profiles, Table DP04 Selected Housing Characteristics
- **Comprehensive Housing Affordability Strategy (CHAS)**, 2014-2018 for Pennsylvania
- **HUD CoC Analysis Tool: Race & Ethnicity**, version 2.1 for Eastern PA CoC and Western PA CoC
- **Data Dashboard for the Emergency Rental Assistance Program (ERAP)**, https://www.dhs.pa.gov/ERAP/Pages/ERAP-Dashboard.aspx
- **Pennsylvania 211 Connect to Home Report***,* 2021 annual report
- **Domestic Violence Counts Report**, 16th annual report for Pennsylvania
- **National Human Trafficking Hotline,** 2020 Statistics for Pennsylvania
- **2021 Gaps Analysis, presentation for Eastern PA CoC 6/10/2021**, conducted by Diana T Myers and Associates

- **2021 Gaps Analysis, presentation for Western PA CoC 6/10/2021**, conducted by Diana T Myers and Associates
- **HOME-ARP Consultation Meetings and Stakeholder Survey**

Data Limitations

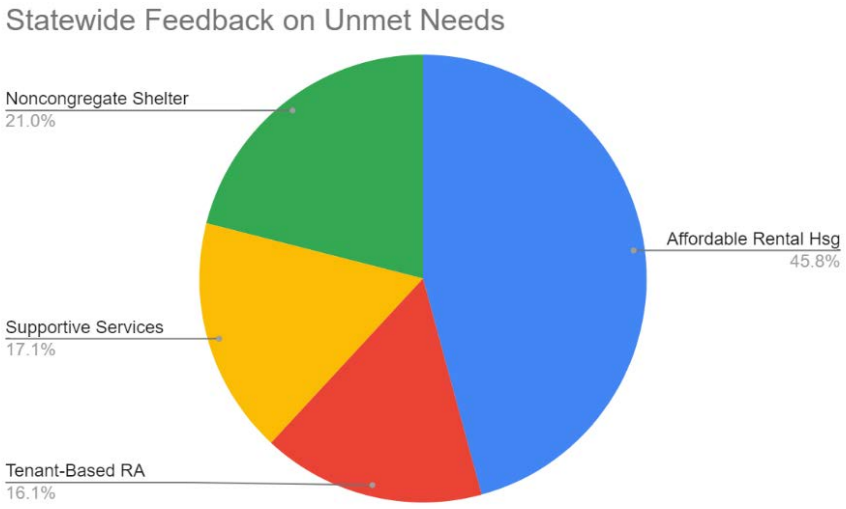
The 2020 PIT, HIC, and LSA were utilized over their 2021 editions of these reports, as a count of unsheltered homeless residents was not conducted for the 2021 PIT Count, and data cleaning was in process for the 2021 LSA. When available, 5-year tables for ACS and CHAS data were selected. According to the US Census Bureau, "the 5-year estimates from the ACS are "period" estimates that represent data collected over a period of time. The primary advantage of using multiyear estimates is the increased statistical reliability of the data for less populated areas and small population subgroups." Current ACS and CHAS data are not reported at the level of HOME-participating jurisdictions, but since the PA Non-Entitlement region encompasses 53 of Pennsylvania's 67 counties, statewide reports were used.

Generally, while date ranges for each report are not identical, they provided a useful framework for understanding the data and were utilized. The framework informed the understanding of the size of qualifying populations which informed the identification of preferences for HOME-ARP services among qualifying populations.

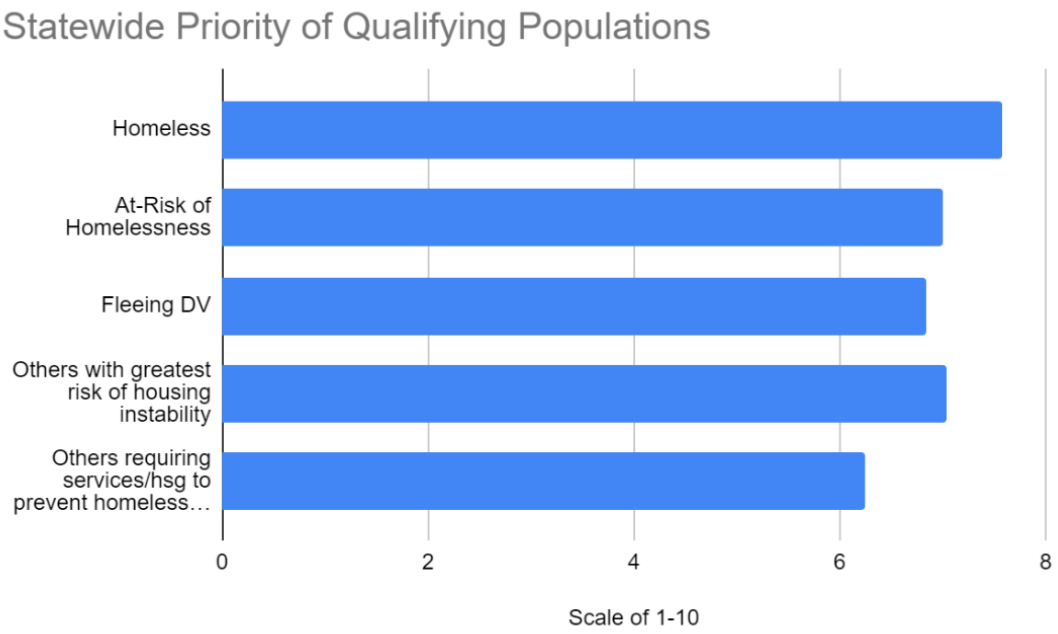
Consultation Overarching Themes

Increased affordable housing was consistently elevated as the highest priority for HOME-ARP funding. Though tenant-based rental assistance has been a valuable resource across the state, most communities stressed the challenges of identifying vacant units, particularly units affordable to those who are a part of the qualifying populations and units in high-opportunity areas in proximity to employment and other needed services and amenities.

Community feedback demonstrated a wide variance in shelter capacity from region to region, highlighting a gap in shelter at the county-level, particularly for those with behavioral health needs. Additionally, some counties have reported long shelter stays due to limited housing resources which also limits shelter capacity over time.



People experiencing homelessness ranked as the highest priority population among HOME-ARP qualifying populations, though there was consistent feedback for a significant and increasing need amongst all four qualifying populations.



Addressing Equity and Racial Disparities Among QPs

Data from both the Eastern and Western PA Continuums of Care (CoCs) reflect higher rates of poverty and homelessness among Black/African American households than any other race or ethnicity. Consultation meeting and HOME-ARP survey participants highlighted many factors contributing to this reality as well as opportunities to address these disparities.

It was commonly noted that the general population in regions throughout the state are predominantly made up of white households. Many called for the need for education and awareness about the impacts of historical and institutional racism and the reality of inequities that persist today.

> ***"The CoC has done a brief racial analysis, but I don't think we really have a strong understanding of these types of gaps"***
> - HOME-ARP Needs and Gaps Survey Respondent

The following themes emerged from survey responses and consultation meeting discussions:

1. People of color and people identifying as lesbian, gay, bisexual, transgender, queer (LGBTQ+) face discrimination when seeking housing and services, particularly when applying for housing in the private market,
2. There is a lack of culturally relevant services and providers that reflect communities of color that experience homelessness at disproportionate rates,
3. Non-native English speakers, including recent immigrants and refugees, face language barriers in seeking housing and services and applying for housing,

4. There is a need for more consistent review of data and outcomes related to racial equity.

"We live in a rural community and many landlords are very discriminatory and we have low inventory to begin with"
- HOME-ARP Needs and Gaps Survey Respondent

Homelessness

After a complete analysis, people experiencing homelessness, defined in 24 CFR 91.5 *Homeless* (1), (2), or (3), statistically account for the greatest need across PA.

Unsheltered homelessness accounted for 15% of the total population experiencing homelessness on the night of the PIT Count which aligns with data collected during consultation meetings.

1. Data: Homelessness

Data from the Point in Time Count (PIT), and Longitudinal Systems Analysis (LSA), and 2020 Housing Inventory Count (HIC) were utilized to determine the size and demographics of the population of people experiencing homelessness within the PA Non-Entitlement participating jurisdiction, as well as the unmet needs of this population and gaps within the homeless response and housing systems. The most recent PIT data identified 2,786 people experiencing homelessness on the night of the count. The details of the size and demographic composition of this QP is summarized below by data source.

2. Size and Demographic Composition: Homeless

Size.

Point-in-Time Count.

The PIT Count provides a "snapshot" of homelessness in a community. The combined 2020 Point in Time (PIT) Counts for Eastern PA CoC and Western PA CoC (which cover the geography of the PA Non-Entitlement jurisdiction) identified **2,786 people experiencing homelessness** across the non-entitlement jurisdiction on the night of the count, including:

- 2,359 individuals sleeping in a sheltered location (emergency shelter, safe haven, or transitional housing) and
- 427 individuals sleeping in a place not meant for habitation.
- Homelessness in the jurisdiction skewed toward adult-only households (58%), with persons in households with adults and children comprising 41% and persons in child-only households accounting for less than 1% of the PIT Count.
- Adults in adult-only households were far more likely to be sleeping in an unsheltered location (22%) than persons in households with children (5%).
- Nearly half (47%) of children in child-only households were unsheltered, although this is based on a population of 17 people.

Longitudinal Systems Analysis.

Annualized data about homelessness is available in a community's Homeless Management Information System (HMIS), which informs systemwide reports such as the Longitudinal Systems Analysis (LSA). The LSA is reported at the Continuum of Care level and was not unduplicable across the two CoCs that comprise the participating jurisdiction. Thus, to prevent overcounting, each CoC's data are reported separately below.

The LSA defines homelessness as all individuals in HMIS-participating projects who spent at least one day in emergency shelter, safe haven, or transitional housing, as well individuals in rapid re-housing or permanent supportive housing who spent at least one day in those projects prior to move-in to housing. (The latter brings residents experiencing unsheltered homelessness into the count, insofar as those later served in housing. Because the LSA does not include Coordinated Entry or Street Outreach data, this is an undercount of unsheltered homelessness in a community.) In FY2020 LSA, the total number of households experiencing homelessness was 3,565 in Eastern PA CoC and 1,960 in Western PA CoC. The LSA reports annual counts of homelessness at the household level, as opposed to individual-level counts available in the single-night PIT Count. Data from both reports are included to present a full picture of homelessness.

Household Composition.

PIT and LSA data indicate that the vast majority of Pennsylvanians experiencing homelessness are in adult-only households. However, the number of households with adults and children remains high with over one in four people experiencing homelessness during the PIT Count recorded as being under age 18 (26%). Specifically, PIT data includes 707 children in households with adults and children (439 children in emergency shelter, 236 children in transitional housing, and 32 children in unsheltered locations) and 17 children in child-only households (9 children in emergency shelter and 8 children in unsheltered locations). The tables below show PIT and LSA data by household type.

2020 Point in Time Count (aggregate Eastern PA CoC and Western PA CoC)				
	Families		Individuals	
	Persons in households with adults and children	Households with adults and children	Persons in adult-only households	Persons in child-only households
Emergency Shelter	711	220	936	9
Transitional Housing	378	117	325	0
Unsheltered	56	14	363	8
Total	1,145	351	1,624	17

FY2020 LSA Households Experiencing Homelessness				
	Total households	**Households with adults and children**	**Adult-only households**	**Child-only households**
Eastern PA CoC	3,565	842	2,538	150
Western PA CoC	1,960	467	1,482	6

Subpopulations.

On the night of the PIT Count, 457 people self-identified having a severe mental illness and 244 people self-identified chronic substance abuse. The percentage of individuals who were unsheltered and identified with severe mental illness (14%) or chronic substance abuse (15%) is comparable to the overall percentage of the PIT Count experiencing unsheltered homelessness,

suggesting that these factors are not predictive of unsheltered homelessness and do not present an additional barrier to shelter entry.

Veterans accounted for 204 people experiencing homelessness, and 303 people identified as survivors of domestic violence. Over 90% of these subpopulations were sleeping in a sheltered location (emergency shelter, safe haven, or transitional housing) on the night of the PIT Count.

2020 Point in Time Count, Selected Subpopulations			
	Sheltered	Unsheltered	Total
Severe Mental Illness	395	62	457
Chronic Substance Abuse	208	36	244
Veterans	193	11	204
Survivors of Domestic Violence	282	21	303

Race.

The LSA provides race and ethnicity data for all heads of households and adults which are found in the table below (excluding children in households for which children are not the head of household).

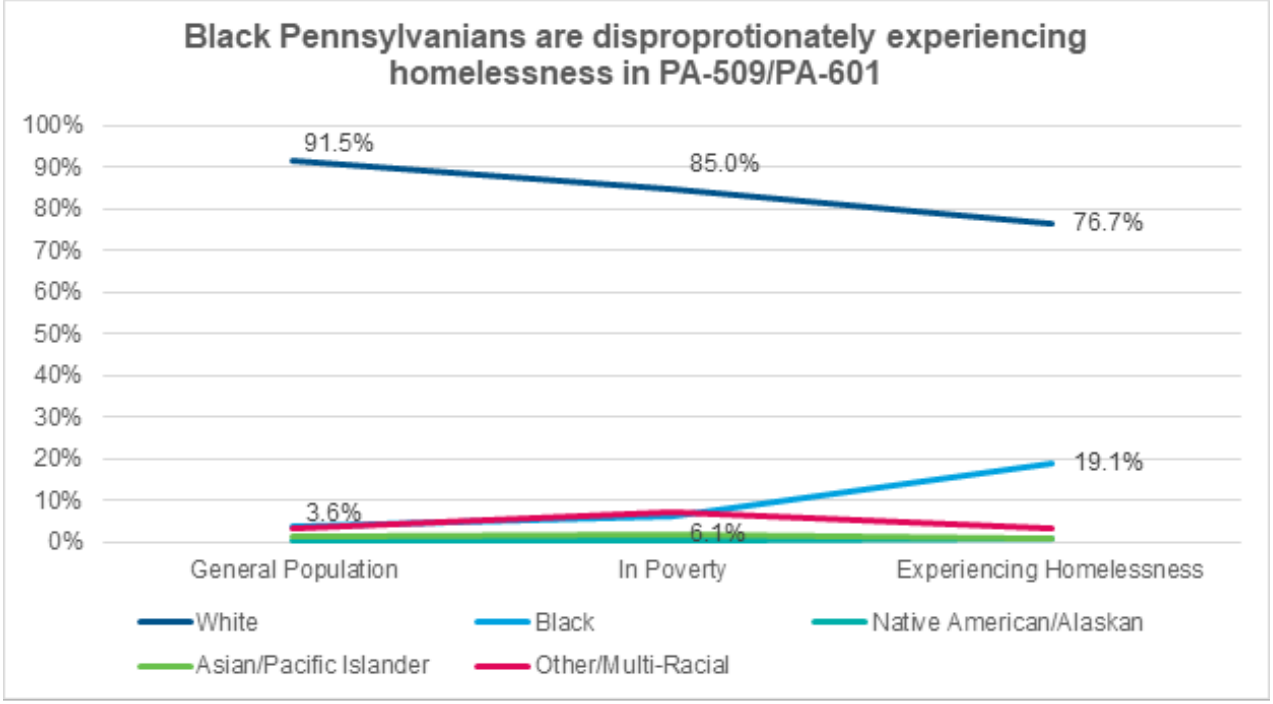
FY2020 LSA Heads of Households and Other Adults by Race and Ethnicity				
	Eastern PA CoC		**Western PA CoC**	
	Total Households	Percent	Total Households	Percent
Asian	11	<1%	8	<1%
Black or African American	900	20%	416	15%
Native American/Alaskan	19	<1%	19	1%
Native Hawaiian or Pacific Islander	18	<1%	2	<1%
White non-Hispanic/Latinx	2,877	64%	2,187	79%
White Hispanic/Latinx	492	11%	41	1%
Multiple races	106	2%	82	3%
Total	4,518	100%	2,763	100%

Nearly 75% of people experiencing homelessness on the night of the PIT Count were white (2,077 individuals), over 20% were Black or African American (572 individuals), and almost 4% identified multiple races (111 individuals). Individuals identifying as either American Indian or Alaska Native (12), Asian (7), and Native Hawaiian or Other Pacific Islander (7) accounted for less than 1% of the total PIT Count.

2020 Point in Time County, Race			
	Sheltered	Unsheltered	Total

Asian	5	2	7
Black or African American	533	39	572
Native American/Alaskan	11	1	12
Native Hawaiian or Pacific Islander	5	2	7
White	1,698	379	2,077
Multiple races	107	4	111
Total	2,359	427	2,786

To understand the meaning of this data, it is necessary to place these racial demographics reflected in the PIT in the context of the jurisdiction's general population, as well as the demographics of residents living in poverty. While a larger percentage of the jurisdiction's homeless population is white, Black residents are disproportionately represented in the population of people experiencing homelessness – particularly in ways that cannot be explained by differences in racial demographics of those living in poverty. As seen in the graph below, the combined populations of the Eastern PA CoC and Western PA CoC are over 91% white and less than 4% black. But while only 6% of the population living in poverty is Black, over 19% of residents experiencing homelessness are Black. This discrepancy is found nationwide and in nearly every CoC across the country but is particularly apparent in the Eastern and Western PA CoCs.



This discrepancy cannot be explained by higher rates of poverty for Black residents in the jurisdiction, as the percentage of Black residents living in poverty in the jurisdiction (6%) is comparable with the total population of Black residents (4%). Thus, other factors are producing this racial disparity in homelessness.

3. Unmet Housing and Service Needs: Homelessness

Because the PA Non-Entitlement jurisdiction represents a large geography across two Balance of State Continuums of Care, homeless inventory data is presented separately for each CoC.

Eastern PA CoC Homeless System Inventory							
	Beds for HH with adults and children	Units for HH with adults and children	Beds for adult-only HH	Beds for child-only HH	Seasonal Beds	Overflow Beds	Veteran Beds*
Emergency Shelter	731	190	573	27	284	46	8
Transitional Housing	369	117	263	2			52
Permanent Supportive Housing	496	154	748	0			439
Other Permanent Housing	56	18	88	0			40
Rapid Rehousing	714	206	238	0			4

**Veterans are a subset of the total count of people experiencing homelessness on the night of the PIT Count.*

Western PA CoC Homeless System Inventory							
	Beds for HH with adults and children	Units for HH with adults and children	Beds for adult-only HH	Beds for child-only HH	Seasonal Beds	Overflow Beds	Veteran Beds*
Emergency Shelter	334	95	438	0	20	28	51
Transitional Housing	145	48	137	0			62
Permanent Supportive Housing	676	224	644	0			319
Other Permanent Housing	0	0	68	0			13
Rapid Rehousing	458	147	257	0			76

**Veterans are a subset of the total count of people experiencing homelessness on the night of the PIT Count.*

4. Gaps Analysis: Homelessness

As the homeless response system provides both crisis response (in the form of emergency shelter and transitional housing) and housing interventions, the gaps analysis in this report

considers the current availability of project beds for persons experiencing homelessness, equity in the types of interventions offered to different groups experiencing homelessness, and the efficacy of the homeless response system in assisting those groups in resolving their homeless crises.

Emergency Shelter

Because of the large geography covered by the jurisdiction, gaps in the homeless crisis response system are considered for each CoC separately. The tables below show comparisons of current emergency shelter inventory, the number of families/individuals experiencing sheltered and unsheltered homelessness, and the gap in available inventory. These tables show both the total available inventory (total inventory minus occupied inventory) and the excess inventory (available inventory minus the number of unsheltered families/individuals); because inventory categorized as seasonal or overflow is not identified by household type on the HIC, it is not included in the tables below, but is noted where potentially applicable.

Eastern PA CoC Shelter Gaps Analysis

	Current Inventory* (HIC)	Sheltered homelessness (PIT)	Unsheltered homelessness (PIT)	Available Inventory	Excess Inventory
Persons in households with only adults	573	606	307	-33	-340
Households with adults and children	190	163	13	27 (surplus)	14 (surplus)
Persons in child-only households	27	8	8	19 (surplus)	11 (surplus)
Veterans**	8	49	8	-41	-49

**Year-round beds.*
***Veterans are a subset of the total count of people experiencing homelessness on the night of the PIT Count.*

Eastern PA Shelter Gaps Summary

- Most unsheltered homelessness is experienced by individuals in households with only adults.
- The CoC has a gap of 340 shelter beds, represented by the need for 33 additional beds beyond its year-round inventory plus 307 individuals experiencing unsheltered homelessness on the night of the PIT Count.
- A gap of 49 beds exists for veterans experiencing homelessness, much of which may be accounted for in non-veteran dedicated beds.
- The CoC reported many seasonal and overflow beds (330 total), although it is unclear whether these beds were available in areas to assist Pennsylvanians who were experiencing unsheltered homelessness. While some unsheltered families and persons in child-only households were identified during the PIT Count, the available unoccupied number of beds in Eastern PA CoC are sufficient to meet these needs, with excess beds available as well.

Western PA CoC Shelter Gaps Analysis					
	Current Inventory (HIC)	**Sheltered homelessness (PIT)**	**Unsheltered homelessness (PIT)**	**Available Inventory**	**Excess Inventory**
Persons in households with only adults	438	330	56	108 (surplus)	52 (surplus)
Households with adults and children	95	57	1	38 (surplus)	37 (surplus)
Persons in child-only households	0	1	0	-1	-1
Veterans*	51	47	3	4 (surplus)	1 (surplus)

**Year-round beds.*
***Veterans are a subset of the total count of people experiencing homelessness on the night of the PIT Count.*

Western PA Shelter Gaps Summary

- In the Western PA CoC, unsheltered homelessness was very low across all population groups, and the CoC has excess beds to meet this need.
- The CoC did identify 56 individual adults experiencing unsheltered homelessness, despite a surplus of 108 beds available for this population.
- As with the Eastern PA CoC, DCED and the Western CoC may uncover local-level barriers, such as geographic location of these shelter beds compared to areas where people are experiencing unsheltered homelessness.
- Similar to Eastern PA, HOME-ARP Community Needs and Gaps Survey respondents in Western PA expressed a gap in shelter at the county-level in spite of the surplus capacity indicated here.

"The increase in rent has created a lack of safe, affordable housing, lack of safe affordable rooms to rent. This stresses the shelter services."
- Consultation Meeting Participant

It's important to note that the excess inventory demonstrated in the above tables show the number of beds available if all access barriers were removed and emergency shelters operated at 100% bed utilization.

Data from both CoCs indicate the need for collaboration between DCED and the CoCs to investigate and address local-level geographic gaps and challenges, and other access barriers, that are preventing unsheltered individuals and families from securing shelter to mitigate their immediate homeless crisis needs. This need is echoed in the HOME-ARP Community Needs and Gaps Survey where nearly 20% of respondents expressed a gap in shelter at the county-level, particularly for those with behavioral health needs. Additionally, some counties have reported long shelter stays due to limited housing resources which also limits shelter capacity over time in regions where shelter beds are fully utilized, and unsheltered households reside.

Housing

Emergency shelter provides safety to households during their immediate homeless crises, while long-term housing stability is available via housing projects such as rapid rehousing (RRH), permanent supportive housing (PSH), and other housing interventions. Housing gaps analyses compare a homeless response system's inflow, as measured through Coordinated Entry assessment processes, to the availability of housing within the system. Housing gaps analyses for Eastern PA CoC and Western PA CoC are conducted annually by Diana T Myers and Associates, most recently in June 2021. Both reports indicated a need for significant expansion of RRH in both CoCs. Additional permanent supportive housing inventory is a significant need in Eastern PA CoC, while Western PA CoC's inventory is close to serving the needs of households in need of PSH. RRH and PSH demand vs supply tables from the Eastern PA CoC and Western PA CoC gaps analyses are reproduced below:

Eastern PA CoC: RRH and PSH Gaps Analysis						
	Households in need of RRH	**RRH units, excluding SSVF**	**RRH capacity to meet demand**	**Households in need of PSH**	**PSH units, excluding VASH**	**PSH capacity to meet demand**
Central Valley	514	43	**8%**	109	98	**18%**
Lehigh Valley	500	30	**6%**	112	179	**32%**
Northern Tier	309	59	**19%**	64	35	**11%**
Pocono	235	47	**20%**	48	133	**55%**
South Central	984	277	**28%**	183	152	**17%**
All Eastern RHABs	2542	456	**18%**	516	593	**23%**

Source: Diana T Myers and Associates, 2021 Gaps Analysis for Eastern PA CoC

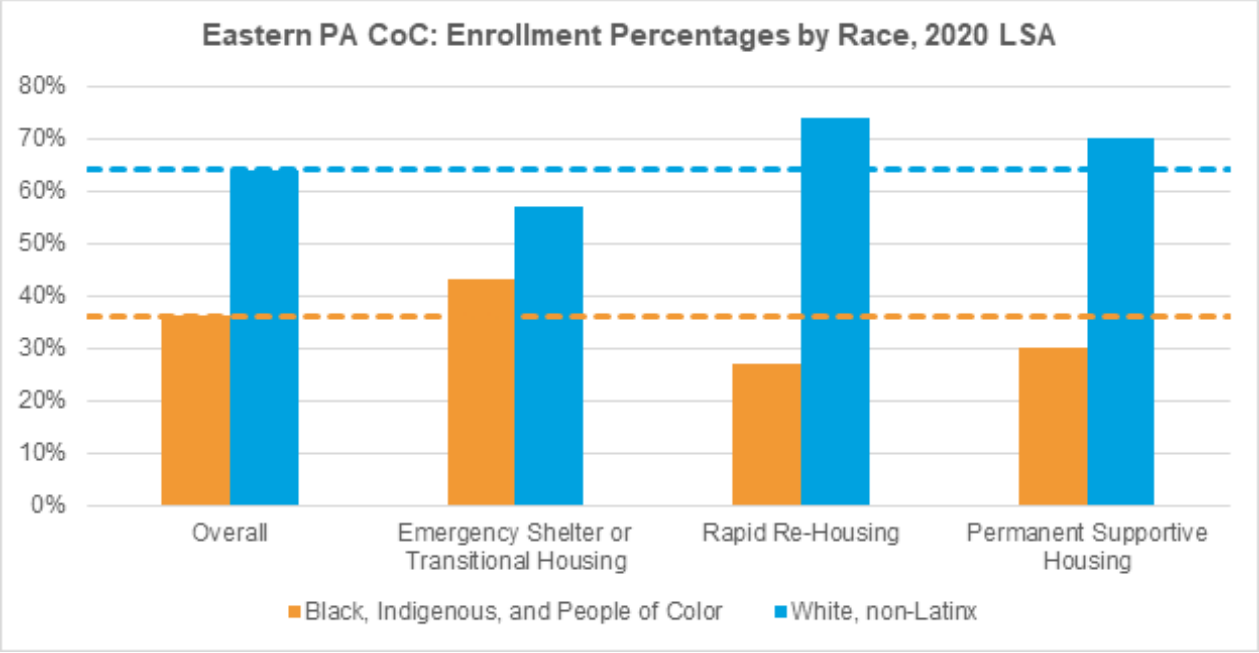
Western PA CoC: RRH and PSH Gaps Analysis						
	Households in need of RRH	RRH units, excluding SSVF	RRH capacity to meet demand	Households in need of PSH	PSH units, excluding VASH	PSH capacity to meet demand
Northwest	347	214	**62%**	59	275	**93%**
Southwest	602	164	**27%**	67	364	**109%**
All Western RHABs	949	378	**40%**	126	639	**101%**

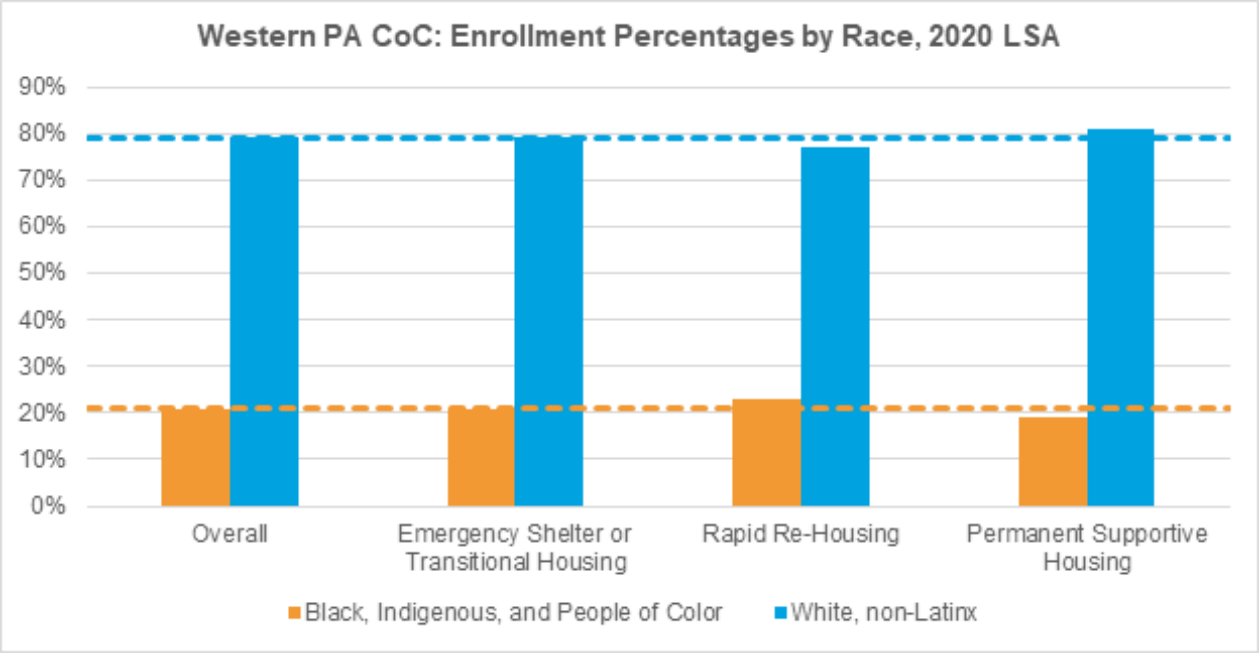
Source: Diana T Myers and Associates, 2021 Gaps Analysis for Western PA CoC

In addition to inventory gaps, LSA data helps identify racial or ethnic disparities among enrollments in HMIS-participating homeless projects. This can illuminate barriers in Coordinated Entry or other processes in the allocation of system interventions among groups. In Eastern PA CoC, the racial disparities noted above in PIT data are also found in the LSA data, with 20% of the people experiencing homelessness reported in HMIS identifying as Black, while persons identifying as Black make up only 4% of the general population. White, non-Hispanic/Latinx residents account for 64% of the total population of people participating in homeless system interventions but are underrepresented in homeless projects (57% of emergency shelter and transitional housing enrollments), and overrepresented in housing projects (74% of RRH and

70% of PSH). Conversely, residents who are Black, Indigenous, or other people of color account for 36% of the total population of people participating in homeless system interventions but are overrepresented in homeless projects (43% of ES and TH) and underrepresented in housing projects (27% of RRH and 30% of PSH). In Western PA CoC, racial and ethnic disparities are much smaller, with each project type falling within 2 percentage points of the overall distribution. These data point to racial inequities within the distribution of system interventions, particularly in the Eastern PA CoC, that lead to white residents' overrepresentation in housing projects and Black, Indigenous, People of Color (BIPOC) residents' overrepresentation in homeless projects. These data are reinforced in the input from both Consultation Meetings and the HOME-ARP Community Survey which names discrimination and the displacement of BIPOC households as leading to the underrepresentation of BIPOC residents in housing projects.

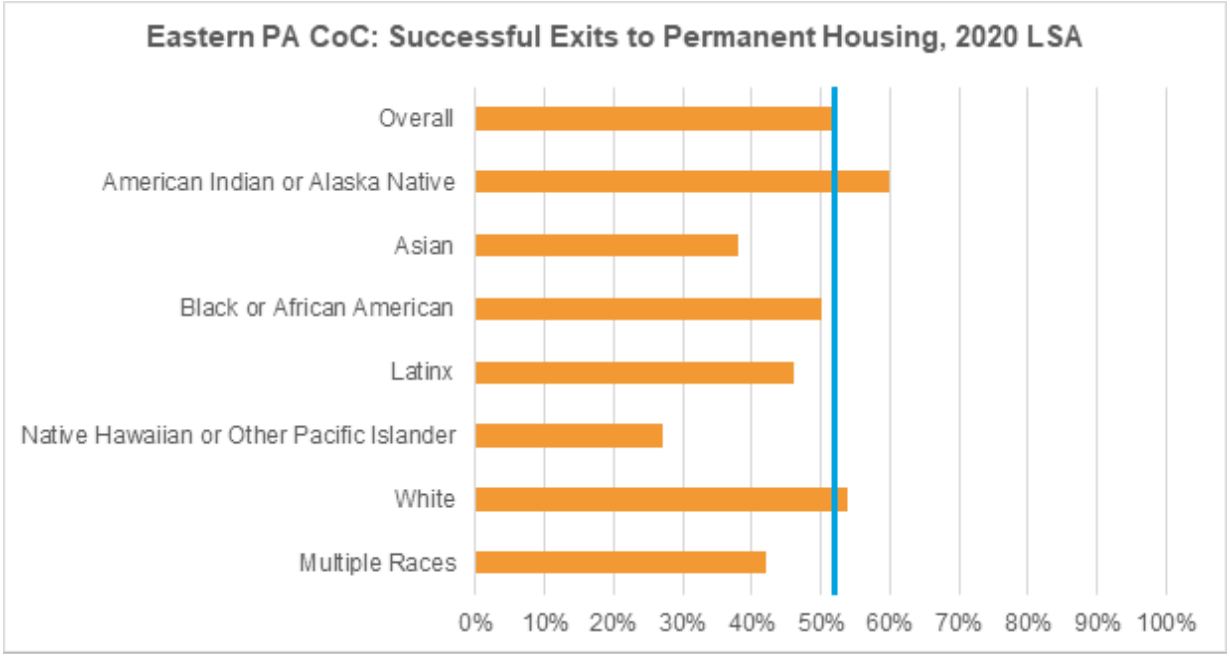
The following graphs reflect these racial inequities, comparing the overall demographic differences in all LSA-reporting projects to demographic differences within each project type. (The LSA combines emergency shelter, safe haven, and transitional housing into a single category.) Below, the dotted trendline shows the overall percentage across each project type for comparative purposes. A bar above the trendline represents an overrepresentation of that group in the project type, while a bar below the trendline is an underrepresentation.



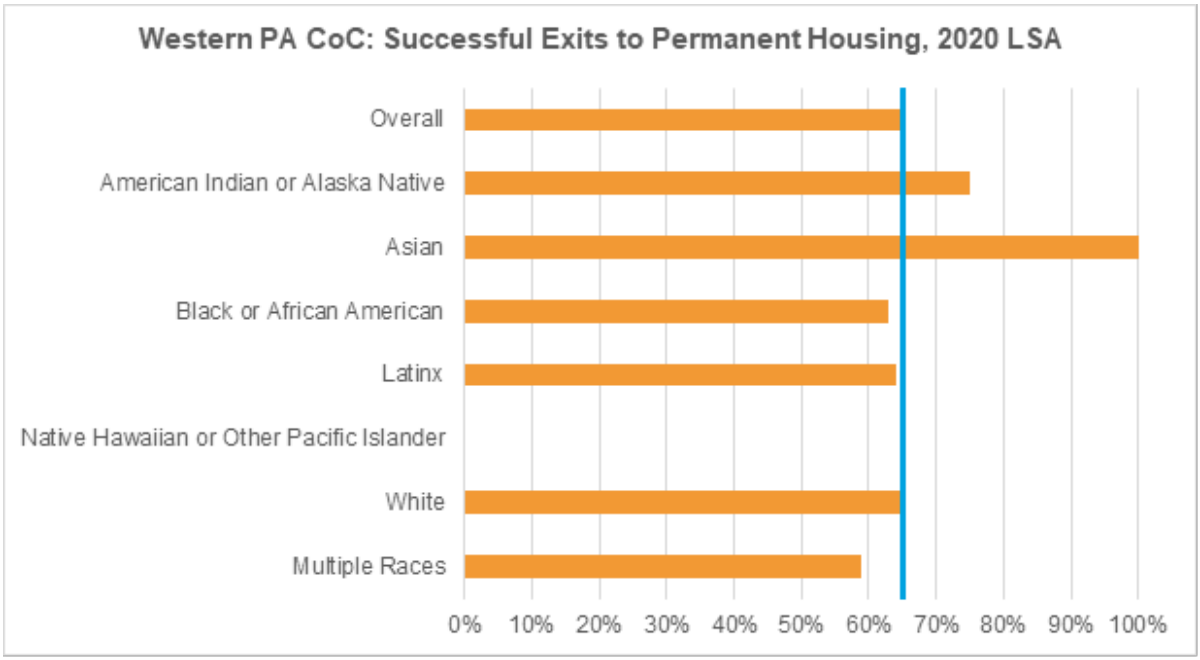


Last, the LSA is useful in understanding the effectiveness of a CoC's homeless system in assisting groups in resolving their homeless crises by exiting the system to permanent housing destinations.

In Eastern PA CoC, 52% of system exits were to permanent housing destinations. The highest exit percentages were found in white, non-Hispanic/Latinx (54%) and American Indian or Alaska Native (60%) populations, with all other groups below 52%.



In Western PA CoC, 65% of system exits were to permanent housing destinations. The highest exit percentages were found in Asian (100%), American Indian or Alaska Native (75%), and white, non-Hispanic/Latinx (65%) populations.



At-risk of Homelessness

1. Data: At-risk of Homelessness

Pennsylvania 211 serves as the Coordinated Entry call center for the PA Non-Entitlement jurisdiction, conducting assessment and referral for the homeless systems of the Eastern PA and Western PA CoCs, but also information and referral support for individuals seeking housing assistance and other relevant services. In its annual report for 2021, PA211 reported 30,323 contacts attributed to Coordinated Entry. Of these, the largest need identified was emergency shelter for callers experiencing homelessness (62%), followed by callers at-risk of homelessness seeking prevention support (39%), callers seeking assistance with housing (19%), and shelters for domestic violence survivors (4%). Callers may express multiple needs, so these percentages are not mutually exclusive.

Pennsylvania 211 Connect to Home Annual Report 2021

	Total Contacts	Percent of Total Contacts
Contacts Attributed to Coordinated Entry	30,323	100%
Needs: Homeless/Transitional Shelters	18,864	62%
Needs: Homeless Prevention	11,881	39%
Needs: Apartments/Housing	5,805	19%
Needs: DV Shelters	1,367	4%

2. Size and Demographic Composition: At-risk of Homelessness

As stated above, 11,881 residents who contacted the PA211 call center expressed a need for homelessness prevention services, representing 39% of all contacts to the call center in 2021.

Other data on at-risk homelessness by jurisdiction is unavailable, so aggregate statewide data was used. Data from the Comprehensive Housing Affordability Strategy (CHAS), 2014-2018 for Pennsylvania reveals that 292,960 renter households with income at less than 30% of Area Median Income (AMI) have one or more severe housing problems, defined as incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, or cost burden greater than 30%. Because this count is based on statewide CHAS data, which includes the five highest-population counties in Pennsylvania (Philadelphia, Allegheny, Montgomery, Bucks, and Delaware, with a combined population over 4.5 million people) that are not part of the PA Non-Entitlement Jurisdiction, it represents a large overcount of the extent of at-risk homelessness in the jurisdiction.

3. Unmet Housing and Service Needs: At-risk of Homelessness

The total number of rental units in Pennsylvania is approximately 1,700,762 units, derived from the total number of renter-occupied units (1,617,425) and rental vacancy rate (4.9) reported in the American Community Survey (ACS) 1-Year Estimates Data Profiles, Table DP04 Selected Housing Characteristics. Of these, approximately 107,660 units are considered affordable to households with income at less than 30% AMI, derived from the difference between the total number of households in this income bracket (395,800 per CHAS data) minus the number of households (288,140 per CHAS data) for which housing is unaffordable (greater than 30% cost burden).

4. Gaps Analysis: At-risk of Homelessness

Statewide ACS and CHAS data suggest a significant gap in housing inventory for Pennsylvanians at-risk of homelessness. With 292,960 households with income less than 30% AMI and one or more severe housing problems, and only 107,660 rental units considered affordable for renters at this income bracket, approximately 185,300 households at-risk of homelessness are living in rental units that may exacerbate their current housing situation. This potentially represents an overcount for the PA Non-Entitlement jurisdiction, as ACS and CHAS data are statewide; however, this may be offset by a reduction in the number of rental units affordable to low-income households due to recent inflation in the rental and housing markets.

At-risk Housing Needs and Gaps Analysis Table

	Total Households/Units
Total Rental Units	1,700,762
Rental Units Affordable to HH at 30% AMI	107,660
Households with Income 0-30% AMI with one or more severe housing problems	292,960
Affordable Rental Unit Gap	**185,300**

Domestic Violence/Sexual Assault/Trafficking

1. Data: Domestic Violence/Sexual Assault/Trafficking

While there are some local and statewide data sources available on the Domestic Violence/Sexual Assault/Trafficking QP, the data are aggregated and do not include demographic or household level information. Therefore, DCED included national advocacy group reports and surveys, CoC domestic violence programs, and national trends, as well as local CoC data, to complete this analysis.

Discrepancy between data from NNEDV and data provided by CoC providers is due to the geographic scale of each. NNEDV uses a statewide survey that covers all CoCs, while CoC data presented here is for the Eastern and Western Balance of State CoCs. While demand trends appear consistent statewide, raw numbers of individuals presented in the CoC data is believed to be a relatively accurate representation for DCED, acknowledging that numbers may be underreported due to data collection challenges.

2. Size and Demographic Composition: Domestic Violence/Sexual Assault/Trafficking

It is reasonable to estimate that in a given year, approximately 33,000 to 35,000 individuals would seek DV services in DCED's HOME-ARP geographic region, with 3,500 to 4,000 individuals seeking emergency shelter specifically.

According to the National Network to End Domestic Violence's (NNEDV) 16th Annual Domestic Violence Counts Report for Pennsylvania, 2,214 victims of DV were served across all programs statewide in one day on September 9, 2021. This includes 1,268 adult and child victims who were served in emergency shelters, transitional housing, hotels, motels, or other housing provided by Victim Service Providers. On this same day, 625 DV hotline contacts were received in Pennsylvania. In Fiscal Year 2020, 81,552 DV hotline calls were received, and services were provided to 83,849 victims (72,122 adults and 7,474 children) across all programs, including 8,162 total people (4,646 adults and 3,386 children) served in domestic violence shelters.

While NNEDV uses a statewide survey to collect data, CoC victim service providers also provided data in the following table to demonstrate service provision in FY 2020 and FY 2021. There is some fluctuation between the two fiscal years. Some of this fluctuation is due to reporting and data collection. Overall service demand is believed to be substantially stable between the two years.

Data specific to human trafficking from the National Human Trafficking Hotline shows that in 2020, 221 new cases were recorded statewide for Pennsylvania. Of these cases, 159 were opened based on a trafficking tip from the caller. Access to service referrals and requests for crisis assistance related to human trafficking were recorded in 62 of the total new cases.

Eastern and Western Balance of State CoCs' Victim Service Providers				
	FY 2020		FY 2021	
	All Programs	Emergency Shelter	All Programs	Emergency Shelter
Adults	29,466	2,167	24,223	181*
Children	3,783	1,338	2,797	126*
Total	33,249	3,505	27,020	3,032*

**Full breakout of adults and children was not available for FY 2021, likely to do difficulty of reporting during COVID-19 pandemic. As such, the total is not completely reflected in the delineation of adults and children.*

Lack of demographic details makes it impossible to analyze racial equity among this Qualifying Population at the local level. However, according to the National Coalition Against Domestic Violence (NCADV), people who identify as Black experience domestic violence at a disproportionately high rate, with 45.1% of Black women and 40.1% of Black men experiencing intimate partner violence or stalking in their lifetimes. NCADV also points out that American Indian and Alaska native women experience domestic violence at much higher rates than any other ethnicity, with 55.5% experiencing intimate partner violence and 66.6% experiencing psychological abuse in their lifetimes. According to the CDC, Hispanic women experience domestic violence at similar rates as the overall female population but may experience more severe barriers to services when culturally and linguistically appropriate programs are not available. Anecdotally, it appears that these national trends hold relatively true in Pennsylvania. Furthermore, NCADV states that barriers to services are more severe in rural areas like those across much of Pennsylvania.

3. Unmet Housing and Service Needs: Domestic Violence/Sexual Assault/Trafficking

The data available point to significant unmet need for those experiencing domestic violence in Pennsylvania. According to NNEDV, on September 9, 2021, victims made 152 requests for services that went unmet due to lack of resources. Of the 152 unmet requests, approximately 36% were for emergency shelter. In FY 2020, 4,086 requests for shelter through the DV hotline went unmet due to lack of capacity. According to data from CoC victim services providers in the East and West Balance of State CoCs, there were 861 unmet requests for services in FY 2020 and 646 unmet requests in FY 2021 for their combined geographies.

The 2020 HIC for CoCs across Pennsylvania indicates that there are 12,789 emergency shelter, transitional housing, and safe haven beds statewide. Of those beds, 11,133 are specified as non-DV beds, indicating that there are 1,656 beds statewide dedicated for people fleeing or attempting to flee domestic violence. Of the 1,656 statewide beds for DV, 1,217 of them are emergency shelter specifically. In the Eastern and Western CoCs combined, which more accurately reflects DCED's jurisdiction, there are 679 total emergency shelter and transitional housing beds dedicated to DV. Of those beds, 583 are for emergency shelter specifically. There is not a significant difference in bed availability for DV between the Eastern and Western CoCs.

When examining the inventory of DV beds, it is important to consider utilization rates of existing beds. The following table summarizes utilization rates based on HIC data.

DV Bed Utilization

	Eastern		Western		Combined	
	Shelter & Transitional	Shelter Only	Shelter & Transitional	Shelter Only	Shelter & Transitional	Shelter Only
Average	59%	50%	39%	37%	49%	44%
Median	69%	35%	42%	40%	56%	36%

**Note that the most recently available utilization data was collected after the beginning of the COVID-19 pandemic.*

4. Gaps Analysis: Domestic Violence/Sexual Assault/Trafficking

There appears to be a gap in available shelter and housing options for those fleeing or attempting to flee domestic violence. As described previously, an estimated 3,500 to 4,000 people would seek housing and shelter services DCED's jurisdiction during a given year. Based on inventory and median utilization, an estimated 373 to 380 DV beds would be available at a given point in time. While it appears that there is significant bed availability at any moment, geographic distribution of available beds is a critical factor in assessing local needs across DCED's large geography. It is unclear where the available beds are located, which suggests that there may be significantly more bed availability in some areas, and virtually no bed availability in other areas. HOME-ARP Community Survey results indicate that this is likely with some respondents noting sufficient shelter for DV survivors and others noting significant gaps. It is also possible that bed utilization will increase as the COVID-19 pandemic subsides, thus decreasing the total available beds. For HOME-ARP, there may be a critical role in addressing needs for this QP based on more detailed analysis of specific localities.

Other Populations

DCED does not define additional characteristics associated with instability and increased risk of homelessness in the approved 2019 – 2023 Consolidated Plan beyond that which is defined in the HOME-ARP Notice. Section AP-90 Program Specific Requirements of the 2019 – 2023 Consolidated Plan states that ESG sub-recipients "shall not use the risk factor for homeless allowed under paragraph 576.2 related to 'otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.'" Based on this, DCED will use the definition for "At Greatest Risk of Housing Instability" contained in CPD-21-10, except that no additional risk factors will be incorporated pursuant to Section IV.A.4.2.ii.G.

1. Data: Other Populations

Data sources on Other Populations is less robust than the other QPs. However, local 211 data, the statewide Emergency Rental Assistance Program (ERAP), and information gathered through HOME-ARP consultation meetings triangulated with statewide Comprehensive Housing Affordability Strategy (CHAS) data, provide a strong understanding of the size, demographic makeup, and needs of this population.

ERAP is a US. Department of Treasury program funded through states and other administrators. Pennsylvania's ERAP program was established in 2021 to assist at-risk populations with mitigating the financial impacts of the COVID-19 pandemic. While eligibility criteria for ERAP do not match those of HOME-ARP, utilization of the program provides a useful

source of data to help quantify housing instability across the jurisdiction. Eligible households must meet the following criteria:

A household must be responsible to pay rent on a residential property, and:

- One or more people within the household have qualified for unemployment benefits, had a decrease in income, had increased household costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic;
- One or more individuals in the household can show a risk of experiencing homelessness or housing instability; AND
- The household has an income at or below 80 percent of Area Median Income (AMI).

2. Size and Demographic Composition: Other Populations

It's understood from 211 data that 38% of callers expressed housing instability concerns. This is supported with qualitative data collected through the HOME-ARP consultation meetings where Other Populations were often described as unable to access the homeless services system due to income eligibility restrictions yet struggling to maintain housing security in a housing market with inflated rents.

From the beginning of the ERAP program (March 2021) through December 2021, the 53 counties of the PA Non-Entitlement jurisdiction received 53,005 applications, of which 31,845 were approved (with 10,014 denied and 11,127 applications still pending).

PA Non-Entitlement Jurisdiction ERAP Applications				
	Applications Received	Applications Approved	Applications Denied	Applications Pending
ERAP1	52,397	31,331	9,995	11,039
ERAP2	608	514	19	88
Total	53,005	31,845	10,014	11,127

As with data on at-risk homelessness, some data sources provide only statewide information for other HOME-ARP eligible populations. Data from the Comprehensive Housing Affordability Strategy (CHAS), 2014-2018 for Pennsylvania reveals that 212,880 renter households with income between 30%-50% of Area Median Income have one or more severe housing problems, defined as incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, or cost burden greater than 30%. Due to high-population areas of the state included in the CHAS data but not part of the PA Non-Entitlement jurisdiction, this represents an overcount of unstably housed populations in the jurisdiction.

3. Unmet Housing and Service Needs: Other Populations

As stated above in Unmet Housing and Service Needs: At-risk of Homelessness, the total number of rental units in Pennsylvania is approximately 1,700,762 units, derived from the total number of renter-occupied units (1,617,425) and the rental vacancy rate (4.9%) reported in the American Community Survey (ACS) 1-Year Estimates Data Profiles, Selected Housing Characteristics. Of these, approximately 73,555 units are considered affordable to households with income at less than 30% AMI, derived from the difference between the total number of

households in this income bracket minus the number of households for which housing is unaffordable (greater than 30% cost burden).

4. Gaps Analysis: Other Qualifying Populations

Statewide ACS and CHAS data suggest a significant gap in housing inventory for other qualifying populations in Pennsylvania. With 212,880 households with income between 30-50% AMI and one or more severe housing problems, and only 73,555 rental units considered affordable for renters at this income bracket, approximately 139,325 households in other qualifying populations are living in rental units that may exacerbate their current housing situation. While this may represent an overcount for the PA Non-Entitlement jurisdiction, as ACS and CHAS data are statewide, it does not account for the full extent of potentially eligible populations for which data were unavailable.

Other Populations Housing Needs and Gaps Analysis Table

	Total Households/Units
Total Rental Units	1,700,762
Rental Units Affordable to HH at 50% AMI	73,555
Households with Income 30-50% AMI with one or more severe housing problems	212,880
Affordable Rental Unit Gap	**139,325**

HOME-ARP Activities

DCED intends to utilize HOME-ARP funding for the following eligible activities:

- Development of affordable rental housing;
- Supportive Services;
- Acquisition and development of non-congregate shelter; and
- Administration and planning.

Activity	Amount
Development of affordable rental housing	$35,000,000
Supportive Services	$11,475,523
Acquisition and development of non-congregate shelter	$15,654,720
Administration and planning	$10,964,160
Total	**$73,094,403**

DCED will oversee the administration of HOME-ARP funding but will not administer activities directly. DCED will enter into written agreements with the entities that will undertake the funded projects.

Method for Soliciting HOME-ARP Applications

DCED will solicit HOME-ARP applications from units of local government, developers and/or service providers to carry out eligible activities as outlined and prioritized in this plan. Applicants will be asked to leverage additional funding as much as possible to maximize the expansion of housing and services through HOME-ARP activities.

Requests for Applications (RFA) will be announced via DCED's Center for Community and Housing Development CD&H alert list. The RFA will also be sent to DCED's Center for Local Government Services email list which encompasses over 2,000 municipalities. These are units of local government that may be eligible to apply for HOME-ARP and are also aware of the needs of the qualifying populations in their community. The email list for DCED's Center for Community Services will also be utilized which will target Community Action Agencies and other non-profits that serve individuals and families who are homeless or living in poverty.

Through a partnership with the Pennsylvania Association of Housing and Redevelopment Agencies (PAHRA) information on the RFA will be issued in their newsletter and through their listserv. This will capture Redevelopment Authorities as well as Public Housing Agencies.

DCED will also ask the Pennsylvania Housing Finance Agency (PHFA) to send the RFA out through their email listings. This will reach developers, non-profits, and units of local government as well as other stakeholders.

Further outreach will be done through the Fair Housing organizations DCED collaborated with for the consultation sessions. DCED will ask these entities to announce the RFA through their contact lists.

Notice of application opening will be published in the Pennsylvania Bulletin. The RFA will also be directly communicated with PA Agencies and non-governmental organizations via Slack, email, CoC membership list, etc.

DCED will also conduct educational sessions to inform potential applicants of the program and application process. The email distribution lists mentioned above will be sent the invite to reach as many eligible applying organizations as possible.

Rationale for Planned Activities

Both the needs and gaps analysis and the community feedback captured throughout the HOME-ARP planning process have highlighted gaps in housing, shelter and services in all parts of the state. HOME-ARP resources alone are not sufficient to fill these gaps but offer a powerful tool to expand existing services and leverage other local funding to expand housing opportunities. The data shows that the lack of affordable units would limit the use of additional TBRA funds, reinforcing the focus of HOME-ARP funds on developing Affordable Rental Housing and expanding capacity for Non-Congregate Shelter and Supportive Services.

"HUD Fair Market Value apartments are very few in the area, making it nearly impossible for those with HUD and other housing subsidies to secure apartments that meet the eligibility guidelines. At least half my clients have had to return HUD subsidies."

- Consultation Meeting Participant

"There is lots of dedicated DV RRH in some CoCs, but long term options are challenging due to lack of affordability."

- Consultation Meeting Participant

Production Housing Goals

DCED will support the development of an estimated 200 new rental units because of HOME-ARP and other housing development funds. Additionally, DCED will support approximately 650

units with non-rental housing activities, including supportive services tied to housing and non-congregate shelter. Data gathered during consultation meetings and gaps analysis suggest that needs for specific eligible activities, and for specific qualifying populations, will vary locally across DCED's large geographic jurisdiction. Further local analysis will determine locations where individual types and amounts of HOME-ARP resources will be deployed. The number of units referenced here was derived from the following calculation:

Total amount of HOME-ARP funding allocated to jurisdiction	**$73,094,403**
Amount of HOME-ARP expected to be used for admin	$10,964,160
Amount of HOME-ARP available for HOME-ARP eligible activities	$62,130,243
Amount of HOME-ARP allocated to non-rental housing eligible activities	$27,130,243
Amount of HOME-ARP available for rental housing operations and reserves	$35,000,000
Estimated amount for ongoing operating costs or operating cost assistance reserve	$7,000,000
Amount of HOME-ARP available for rental housing development	$28,000,000
Estimated amount from other housing development funding sources	$15,000,000
Total amount available for rental housing development	$43,000,000
Average per unit development cost for qualifying population	$215,000
Estimated HOME-ARP Housing Production Goal	**200 units**

As noted above, an estimated total of 850 households will be provided with access to affordable housing and services through DCED's HOME-ARP program. This includes approximately 200 affordable units to be developed, approximately 200 units of non-congregate shelter to be produced, and approximately 450 units to receive supportive services designed to obtain and maintain housing stability. Increasing access to affordable housing through these means will address needs identified in the gaps analysis, and will move the jurisdiction closer to attaining the 2,499 supportive units needed for people experiencing homelessness in Pennsylvania, according to the Center for Supportive Housing.

Production of non-congregate shelter, primarily through acquisition and rehabilitation, will directly address the needs of people experiencing homelessness in DCED's jurisdiction. Access to shelter will increase safety and relative stability for households as affordable units are developed and accessed through supportive services. Given the overall needs of individuals experiencing homelessness, and those of domestic violence survivors identified in the gaps analysis, safety and immediate shelter options will be critical, particularly in areas lacking current access to crisis response services.

Preferences

DCED intends to give preference to the following two QPs:

1. Homeless, as defined in 24 CFR 91.5 Homeless (1), (2), or (3)
2. Domestic Violence/Sexual Assault/Trafficking, as defined by HUD in the HOME-ARP Notice: CPD 21-10

The HOME-ARP consultation meetings and needs assessment and gaps analysis indicate the need for HOME-ARP projects and services across all HOME-ARP QPs. However, the data

indicates the greatest need is among these two populations (whose needs and characteristics are further detailed in the Needs Assessment and Gaps Analysis section).

Due to the high unmet need and elevated risk to health and safety for these preferred populations, DCED will utilize two methods of prioritization to implement preferences.

Method of Prioritization

Preference Method 1: DCED will apply a scoring preference to HOME-ARP funded project applications who propose to prioritize the preferred QPs. This preference will be applied to individual HOME-ARP projects by granting bonus points during DCED's review to projects serving these preferred populations.

Preference Method 2: When a project with a preference has been selected (determined through the local funding process), the referral method for these projects will be Coordinated Entry and project specific waitlists. Coordinated Entry will be utilized for these projects to prioritize households experiencing homelessness and/or domestic violence/sexual assault/trafficking. Coordinated Entry will not be expanded and all other HOME-ARP QPs will retain access to the project(s) through project-specific waitlists.

Coordinated Entry will utilize existing prioritization policies to prioritize among those experiencing homelessness and/or domestic violence/sexual assault/trafficking.

In the Eastern PA Continuum of Care, prioritization policies include (see Appendices for full Policies and Procedures):

- Coordinated Entry Specialists place participants who meet the Category 1 and 4 definitions of homelessness on the By Name List (BNL) to be prioritized for referrals to appropriate housing depending on their Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) score.
- Regional Managers monitor the BNL daily to help ensure participants are enrolled in housing programs by priority (based on VI-SPDAT score), length of time waiting for enrollment, and in accordance with program eligibility guidelines.
- Regional Managers facilitate regular BNL meetings with housing providers and other community partners to case conference the highest priority participants currently on the BNL in their region.

In the Western PA Continuum of Care, prioritization policies include (see Appendices for full Policies and Procedures):

- All CoC and ESG funded projects are required to prioritize individuals and families with the longest history of homelessness and with the most severe service needs for all available CoC resources.
- The determination of severe service need will be based on the score created from the Coordinated Entry Assessment tool. A higher score demonstrates a higher service need and length of homelessness.
- All CoC and ESG projects are required to follow the CoC's Prioritization of Chronically Homeless which prioritizes chronically homeless over all other target populations in a manner consistent with their current grant agreement.

DCED will work closely with CE staff and all referral partners to develop policies and procedures which ensure that all households referred to HOME-ARP units and services meet the definition of a qualifying population and to apply the preference for homeless individuals and families and/or domestic violence/sexual assault/trafficking.

Projects not adopting a preference will utilize project-specific waitlists for referrals for all QPs in a chronological, first come, first served basis.

Limitations

Through the local funding process, DCED may select and fund applications for NCS projects that limit admission to households that qualify under the domestic violence/sexual assault/trafficking qualifying population definitions. This limitation is identified by DCED in response to the results of the needs assessment and gap analysis and was identified through consultation efforts as a preferred use of HOME-ARP funding.

Due to the large geographic area served by DCED and the specific needs of domestic violence/sexual assault/trafficking QPs, a preference alone for this QP will not address the need. Though some geographies within the state appear to have sufficient shelter capacity for this QP, there are many areas that have demonstrated significant gaps in shelter for those fleeing domestic violence/sexual assault/trafficking, and, in some counties, no shelter beds exist for this QP. Consultation meetings and survey responses highlight the immediate safety concerns for this QP when there is a lack of access to shelter beds.

DCED will comply with all applicable Fair Housing and nondiscrimination laws and requirements listed in 24 CFR 5.105(a) when referring participants to HOME-ARP services.

The remaining HOME-ARP projects selected for funding will remain open to all QPs but may utilize the preference identified for homeless or domestic violence/sexual assault/trafficking QPs established by DCED. DCED expects to fund several projects throughout Pennsylvania and the overall HOME-ARP program will not exclude any of the four QPs.

Statement of Commitment to Fair Housing

DCED will comply with all applicable Fair Housing and nondiscrimination laws and requirements listed in 24 CFR 5.105(a) when referring participants to HOME-ARP services. In addition, all HOME-ARP funded partners will follow all applicable fair housing, civil rights, and nondiscrimination requirements, including, but not limited to those requirements listed in 24 CFR 5.105(a). This includes the Fair Housing Act, Title VI of the Civil Rights Act, section 504 of the Rehabilitation Act, HUD's Equal Access Rule, and the Americans with Disabilities Act, as applicable.

Appendices

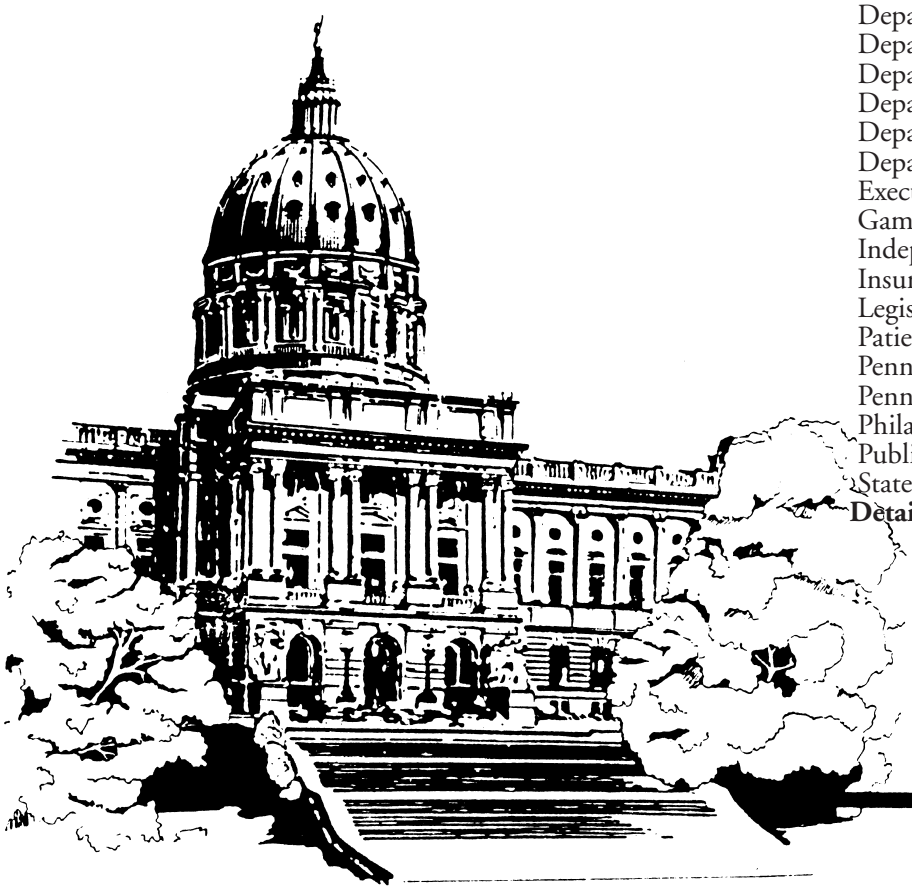
- Coordinated Entry (CE) Prioritization Policy(ies)
- Screenshot of Public Notice(s)

APPENDICES

APPENDIX #1:
CITIZEN PARTICIPATION DOCUMENTATION

PENNSYLVANIA BULLETIN

Volume 52 Number 16
Saturday, April 16, 2022 • Harrisburg, PA
Pages 2199—2336



Agencies in this issue
The General Assembly
The Courts
Department of Agriculture
Department of Banking and Securities
Department of Community and Economic Development
Department of Education
Department of Environmental Protection
Department of Health
Department of Human Services
Department of Revenue
Department of Transportation
Executive Board
Game Commission
Independent Regulatory Review Commission
Insurance Department
Legislative Reference Bureau
Patient Safety Authority
Pennsylvania Gaming Control Board
Pennsylvania Public Utility Commission
Philadelphia Parking Authority
Public School Employees' Retirement Board
State Ethics Commission
Detailed list of contents appears inside.

Branch Discontinuances

Date	*Name and Location of Applicant*	*Location of Branch*	*Action*
02-11-2022	PeoplesBank, A Codorus Valley Company York York County	118 Carlisle Street Hanover York County	Closed

CREDIT UNIONS

Consolidations, Mergers and Absorptions

Date	*Name and Location of Applicant*	*Action*
04-01-2022	Delco Postal Credit Union Upper Darby Delaware County	Effective
	Merger of Delco Postal Credit Union, Upper Darby, with and into Forge Federal Credit Union, Upper Darby.	

Articles of Amendment

Date	*Name and Location of Institution*	*Action*
04-04-2022	TruMark Financial Credit Union Fort Washington Montgomery County	Filed
	Amendment to Article VII of the institution's Articles of Incorporation provide for a change in field of membership.	
	Articles of Amendment provide for the institution's Articles of Incorporation to be amended and restated in their entirety.	

The Department's web site at www.dobs.pa.gov includes public notices for more recently filed applications.

RICHARD VAGUE,
Secretary

[Pa.B. Doc. No. 22-561. Filed for public inspection April 15, 2022, 9:00 a.m.]

DEPARTMENT OF BANKING AND SECURITIES

Maximum Lawful Rate of Interest for Residential Mortgages for the Month of May 2022

The Department of Banking and Securities (Department), under the authority contained in section 301 of the act of January 30, 1974 (P.L. 13, No. 6) (41 P.S. § 301), determines that the maximum lawful rate of interest for residential mortgages for the month of May 2022, is 4 3/4%.

The interest rate limitations under the Commonwealth's usury statute were pre-empted to a great extent by Federal law, the Depository Institutions Deregulation and Monetary Control Act of 1980 (Pub.L. No. 96-221). Further pre-emption was instituted with the signing of Pub.L. No. 96-399, which overrode State interest rate limitations on any individual who finances the sale or exchange of residential real property which the individual owns and which the individual occupies or has occupied as his principal residence.

Each month the Department is required by State law to compute and announce the ceiling rate on residential mortgages in this Commonwealth. This maximum rate is determined by adding 2.50 percentage points to the yield rate on long-term government bonds as published by the Federal Reserve Board or the United States Treasury, or both. The latest yield rate on long-term government securities is 2.35 to which was added 2.50 percentage points for a total of 4.85 that by law is rounded off to the nearest quarter at 4 3/4%.

RICHARD VAGUE,
Secretary

[Pa.B. Doc. No. 22-562. Filed for public inspection April 15, 2022, 9:00 a.m.]

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT

HOME Investment Partnerships American Rescue Plan Program and Modification to the Citizen Participation Plan; Virtual Public Hearing

Public Hearing for the HOME-ARP Program

The American Rescue Plan (ARP) provides $5 billion to assist households who are homeless, at risk of homelessness and other vulnerable populations by providing housing, rental assistance, supportive services and noncongregate shelter, to reduce homelessness and increase housing stability across the country. These grant funds will be administered by the Department of Community and Economic Development (Department) through the United States Department of Housing and Urban Development's (HUD) HOME Investment Partnerships Program (HOME). Under this program, the Commonwealth received $73,094,403. HOME-ARP funds can be used for the following eligible activities:

1. Acquire, rehabilitate or construct affordable rental housing.

2. Tenant-based rental assistance.

3. Supportive services.

4. Acquisition and development of noncongregate shelter.

5. Nonprofit operating and capacity building assistance.

Under the program requirements, an allocation plan must be developed and submitted to HUD for approval. During the development of the HOME-ARP allocation plan, a virtual public hearing must be held.

The virtual public hearing for the Commonwealth's allocation plan will be held on Thursday, April 21, 2022, at 3 p.m. by means of Microsoft Teams. The phone number to join the virtual public hearing is (267) 332-8737, with a conference ID/passcode of 289285420#. The virtual public hearing will be shortened if there is no one to testify or there is minimal response.

Persons with disability or limited English proficiency who wish to participate in the virtual public hearing should contact Megan L. Snyder at (717) 787-5327 or TDD at (717) 346-0308 to discuss how the Department can accommodate their requests.

Modification to the Citizen Participation Plan

In accordance with HUD's CPD-21-10 notice, the comment period for the HOME-ARP Allocation Plan will be 15 calendar days. Prior to the comment period starting, additional information such as the start date and how to provide public comment will be provided. However, the Department must update its Citizen Participation Plan to include this programmatic requirement. Therefore, notice is hereby given that the plan will be updated and available for review at https://dced.pa.gov/housing-and-development/consolidated-plan-annual-plans-reports/.

NEIL WEAVER,
Acting Secretary

[Pa.B. Doc. No. 22-563. Filed for public inspection April 15, 2022, 9:00 a.m.]

DEPARTMENT OF EDUCATION

Availability of Grant Funds

The Department of Education, Bureau of Postsecondary and Adult Education, Division of Adult Education announces the availability of grant funds, on a competitive basis, for the following activities in this Commonwealth:

1. Approximately $3 million to be awarded under the Pennsylvania Adult and Family Literacy Education Act (act) (24 P.S. §§ 6401—6409) for four-component family literacy programming.

2. Approximately $909,000 to be awarded under the act for tutoring programs for adults.

3. Up to $300,000 to be awarded under section 231 of the Workforce Innovation and Opportunity Act (29 U.S.C.A. § 3321) for one Statewide distance learning project.

Further details regarding these funding opportunities will be posted to the Division of Adult Education Grant Competitions webpage at https://bit.ly/PAGrant Competitions as they become available.

NOE ORTEGA,
Secretary

[Pa.B. Doc. No. 22-564. Filed for public inspection April 15, 2022, 9:00 a.m.]

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Applications, Actions and Special Notices

APPLICATIONS

THE PENNSYLVANIA CLEAN STREAMS LAW AND THE FEDERAL CLEAN WATER ACT

APPLICATIONS FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITS AND WATER QUALITY MANAGEMENT (WQM) PERMITS UNDER THE CLEAN STREAMS LAW AND FEDERAL CLEAN WATER ACT

This notice provides information about persons who have applied to the Department of Environmental Protection (DEP) for a new, renewed, or amended NPDES or WQM permit, or a permit waiver for certain stormwater discharges, or have submitted a Notice of Intent (NOI) for coverage under a General Permit. The applications and NOIs concern, but are not limited to, effluent discharges from sewage treatment facilities and industrial facilities to surface waters or groundwater; stormwater discharges associated with industrial activity (industrial stormwater), construction activity (construction stormwater), and municipal separate storm sewer systems (MS4s); the application of pesticides; the operation of Concentrated Animal Feeding Operations (CAFOs); and the construction of sewage, industrial waste, and manure storage, collection and treatment facilities. This notice is provided in accordance with 25 Pa. Code Chapters 91 and 92a and 40 CFR Part 122, implementing The Clean Streams Law (35 P.S. §§ 691.1—691.1001) and the Federal Clean Water Act (33 U.S.C.A. §§ 1251—1376). More information on the types of NPDES and WQM permits that are available can be found on DEP's website (visit www.dep.pa.gov and select Businesses, Water, Bureau of Clean Water, Wastewater Management, and NPDES and WQM Permitting Programs).

Grey, David

From: DC, CDHALERTUPDATE
Sent: Thursday, April 14, 2022 7:36 AM
Subject: CD&H Alerts & Updates - Notice of Public Hearing - HOME-ARP
Attachments: HOME-ARP Public Hearing

Notice of Public Hearing
HOME-ARP
April 14, 2022

The American Rescue Plan (ARP) provides $5 billion to assist households who are homeless, at risk of homelessness, and other vulnerable populations by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness, and increase housing stability across the country. These grant funds will be administered by the Pennsylvania Department of Community and Economic Development (DCED) through the U.S. Department of Housing and Urban Development's (HUD) HOME Investment Partnerships Program (HOME). Under this program, the Commonwealth of Pennsylvania received $73,094,403. HOME-ARP funds can be used for the following eligible activities:

1. Acquire, rehabilitate, or construct affordable rental housing
2. Tenant-Based Rental Assistance
3. Supportive Services
4. Acquisition and development of Non-Congregate Shelter
5. Nonprofit Operating and Capacity Building Assistance

Under the program requirements, an allocation plan must be developed and submitted to HUD for approval. During the development of the HOME-ARP allocation plan, a public hearing must be held.
The public hearing for Pennsylvania's allocation plan will be held on **Thursday, April 21, 2022 at 3PM via Microsoft Teams**.

Access information for the meeting is below and is also attached to this notice.

Persons with disability or Limited English Proficiency who wish to participate in the public hearing should contact Megan L. Snyder at 717-787-5327 or TDD at 717-346-0308 to discuss how the Department of Community and Economic Development can accommodate their requests.

Microsoft Teams meeting

Join on your computer or mobile app
Click here to join the meeting

Or call in (audio only)

+1 267-332-8737,,289285420# United States, Philadelphia

Phone Conference ID: 289 285 420#

Find a local number | Reset PIN

Recording or transcription of this meeting may not occur without consent of all participants, as required by law, and must adhere to Commonwealth policies. For more information click the legal link.

Learn More | Meeting options | Legal

Center for Community and Housing Development
PA Department of Community & Economic Development
Commonwealth Keystone Building
400 North Street, 4th Floor | Harrisburg, PA 17120-0225
Phone: 717-787-5327
dced.pa.gov | www.visitPA.com

Confidentiality Notice: This electronic communication is privileged and confidential and is intended only for the party to whom it is addressed. If received in error, please return to sender.

Please Note: *If this email contains a PDF, then the attached PDF file must be produced exactly as provided; no alterations may be made to format or content. If changes are required for any reason, a new file must be provided by the Department of Community and Economic Development. Any alterations to the pdf file made by the recipient without the Department of Community and Economic Development's consent will render the pdf file and its contents null and void.*

HOME-ARP
Public Hearing
April 21, 2022 3PM

Call-in Information: 1-267-332-8737; Conference ID: 289 285 420#

- Welcome
- Overview of HOME-ARP Program
- Invitation for Public Comment
- Adjournment

HOME-ARP
Public Hearing Summary

The public hearing for the HOME-ARP Program was held on Thursday, April 21, 2022 at 3PM via Microsoft Teams. The following individuals were in attendance:

1. Abigail Roberts
2. Beth Whitty
3. Jeff Rich
4. Kari Kepler
5. Jackie Condor
6. Patricia W. Hennessy
7. Amy L. Newton
8. Brendan Auman
9. Lisa Kovalick
10. Kate Molinaro
11. Alyssa Feher
12. Keshia Conway
13. Leslie Osgood
14. Shannon Bonacci
15. Shane Oschman
16. Angela Susten
17. Kimberly Polm
18. David Grey

Overview of HOME-ARP Program in Pennsylvania

Angela Susten, Director for the Center for Community and Housing Development at the Pennsylvania Department of Community and Economic Development (DCED) provided an overview of HOME-ARP.

Under the HOME-ARP program, the Commonwealth of Pennsylvania received $73,094,403. These resources are intended to address homelessness and housing instability. As such, the American Rescue Plan requires the funds be used to primarily benefit individuals and families in the following specified "qualified populations":

1. People experiencing homelessness
2. People at-risk of homelessness
3. People who are fleeing or attempting to flee domestic violence, sexual assault, stalking, or human trafficking; and
4. Other populations for whom supportive services or assistance would prevent homelessness or face the greatest risk of housing instability.

To assist those qualified populations, HOME-ARP funds may be used for the following activities:

1. Acquire, rehabilitate, or construct affordable rental housing
2. Tenant-Based Rental Assistance
3. Supportive Services
4. Acquisition and development of Non-Congregate Shelter
5. Nonprofit Operating and Capacity Building Assistance

As part of the program requirements, an allocation plan must be developed and submitted to HUD for approval prior to funds being distributed. To accomplish this, DCED contracted with ICF, International to facilitate the development of the allocation plan.

The development of the allocation plan started with fifteen (15) consultation meetings with different agencies engaged in the housing and homeless community to determine what unmet needs exist and how HOME-ARP funds can best be used to improve the housing options for the qualifying populations. Consultation meetings were held with Balance of State Continuum of Care leadership; Regional Housing Advisory Boards; The Northwest Housing Collaborative, Youth Advisory Board; veteran service providers; people with lived experience; domestic violence service providers; organizations that address Fair Housing, Civil Rights and Needs of those with disabilities; and Public Housing Agencies. In addition, in order to solicit feedback from those who may not have been able to join a consultation meeting, a survey was distributed via CD& H Alert to DCED's listserv, posted to Slack for input from the Balance of State Continuum of Care membership and emailed to contacts within organizations working on Fair Housing issues and needs of those with disabilities as well as contacts at the Pennsylvania Coalition Against Domestic Violence, Pennsylvania Human Relations Commission, and the Pennsylvania Association of Housing and Redevelopment Authorities for distribution to their mailing lists.

<u>Public Comments Received/Questions and DCED's Responses</u>

1. How are funds applied for?

   In the process of creating the allocation plan and submitted to HUD for review. After the plan is approved, DCED will be issuing alerts on how to apply for funds.

2. Can the funds be used as gap funds on other rehabilitation projects?

   HOME-ARP will be able to be used as gap funding, but the project has to be one of the eligible activities under the program and benefit one of the qualified populations. Those qualified populations are:

   1. People experiencing homelessness
   2. People at-risk of homelessness
   3. People who are fleeing or attempting to flee domestic violence, sexual assault, stalking, or human trafficking; and
   4. Other populations for whom supportive services or assistance would prevent homelessness or face the greatest risk of housing instability.

3. There were two questions related to the timing of the funding.

   It's to be determined the length of the contracts between successful applicants and DCED. However, the Commonwealth has until September 2030 to expend the funds.

4. Would people/seniors in need of housing to get out of nursing homes be included with those at risk? We have two nursing homes that cannot discharge seniors that are able to be on their own, because they do not have housing to go to.

   Possibly, under the last type of qualified population however a tie may need to be documented to demonstrate how this population is at-risk of homelessness.

5. Would Participating Jurisdictions (PJs) receiving HOME ARP allocations (direct from HUD) be eligible to apply for state HOME ARP funds awarded through DCED?

   This is yet to be determined. However, those areas that did not receive HOME ARP funds directly from HUD will be prioritized over those that did.

The public hearing was adjourned at 3:15PM.

Meeting Summary

Total Number of Participants	21
Meeting Title	HOME-ARP Public Hearing
Meeting Start Time	4/21/2022, 2:47:59 PM
Meeting End Time	4/21/2022, 3:17:35 PM
Meeting Id	c54e485e-2e66-4a2a-932b-b0d955285f2b

Full Name	Join Time	Leave Time	Duration	Email	Role	Participant ID (UPN)
Grey, David	4/21/2022, 2:47:59 PM	4/21/2022, 3:17:35 PM	29m 36s	dgrey@pa.gov	Organizer	dgrey@pa.gov
Polm, Kimberly	4/21/2022, 2:48:16 PM	4/21/2022, 3:16:49 PM	28m 33s	kpolm@pa.gov	Presenter	kpolm@pa.gov
Susten, Angela	4/21/2022, 2:52:24 PM	4/21/2022, 3:17:13 PM	24m 49s	asusten@pa.gov	Presenter	asusten@pa.gov
Shane Oschman	4/21/2022, 2:56:37 PM	4/21/2022, 3:16:48 PM	20m 11s	soschman@bradfordareaschools.org	Attendee	soschman@bradfordareaschools.org
Shannon Bonacci (Guest)	4/21/2022, 2:56:44 PM	4/21/2022, 3:16:34 PM	19m 49s		Attendee	
Osgood, Leslie	4/21/2022, 2:56:57 PM	4/21/2022, 3:16:43 PM	19m 46s	LOsgood@seda-cog.org	Attendee	losgood@seda-cog.org
Keshia Conway	4/21/2022, 2:57:00 PM	4/21/2022, 3:16:50 PM	19m 50s	kconway@clintoncountyhousing.com	Attendee	keshia@clintoncountyhousing.com
Alyssa Feher (Guest)	4/21/2022, 2:57:20 PM	4/21/2022, 3:16:40 PM	19m 20s		Attendee	
Kate Molinaro	4/21/2022, 2:58:02 PM	4/21/2022, 3:16:39 PM	18m 36s	katemo@mandl.net	Attendee	katemo@mandl.net
L Kovalick (Guest)	4/21/2022, 2:58:16 PM	4/21/2022, 3:17:35 PM	19m 19s		Attendee	
Auman, Brendan	4/21/2022, 2:58:18 PM	4/21/2022, 3:17:05 PM	18m 47s	breauman@pa.gov	Presenter	breauman@pa.gov
Amy L. Newton	4/21/2022, 2:58:18 PM	4/21/2022, 3:16:45 PM	18m 26s	ExecutiveDirector@schopecenter.org	Attendee	ExecutiveDirector@schopecenter.org
Hennessy, Patricia W.	4/21/2022, 2:58:19 PM	4/21/2022, 3:16:40 PM	18m 21s	phennessy@chesco.org	Attendee	phennessy@chesco.org
15704685762	4/21/2022, 3:00:31 PM	4/21/2022, 3:07:13 PM	6m 42s		Attendee	
Jackie Condor	4/21/2022, 3:00:39 PM	4/21/2022, 3:16:40 PM	16m 1s	jackie@clintoncountyhousing.com	Attendee	jackie@clintoncountyhousing.com
Kari Kepler (Guest)	4/21/2022, 3:00:43 PM	4/21/2022, 3:17:25 PM	16m 42s		Attendee	
Jeff Rich	4/21/2022, 3:01:31 PM	4/21/2022, 3:16:33 PM	15m 2s	Jeff@clintoncountyhousing.com	Attendee	Jeff@clintoncountyhousing.com
17175790620	4/21/2022, 3:03:01 PM	4/21/2022, 3:16:39 PM	13m 38s		Attendee	
Beth Whitty (Guest)	4/21/2022, 3:03:24 PM	4/21/2022, 3:16:47 PM	13m 22s		Attendee	
12152219361	4/21/2022, 3:04:10 PM	4/21/2022, 3:16:34 PM	12m 24s		Attendee	
Abigail Roberts	4/21/2022, 3:11:34 PM	4/21/2022, 3:16:40 PM	5m 5s	aroberts@LOCKHAVENPA.GOV	Attendee	aroberts@LOCKHAVENPA.GOV

PENNSYLVANIA BULLETIN

Volume 52 Number 34
Saturday, August 20, 2022 • Harrisburg, PA
Pages 5109—5456

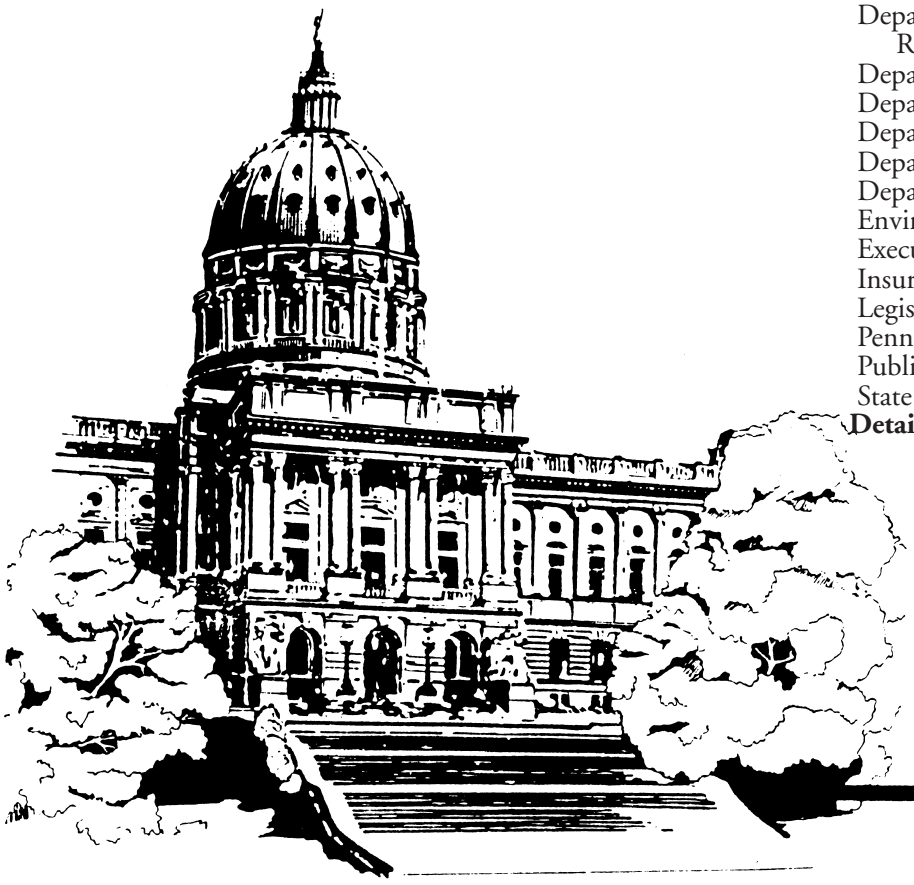
See Parts II and III pages 5215 and 5343
for the Treasury Department's
Unclaimed Property
Owners Notice

Part I

Agencies in this issue

The General Assembly
The Courts
Department of Agriculture
Department of Banking and Securities
Department of Community and Economic Development
Department of Conservation and Natural Resources
Department of Environmental Protection
Department of Health
Department of Revenue
Department of Transportation
Department of Treasury
Environmental Hearing Board
Executive Board
Insurance Department
Legislative Reference Bureau
Pennsylvania Public Utility Commission
Public School Employees' Retirement Board
State Conservation Commission

Detailed list of contents appears inside.



Date	*Name and Location of Applicant*	*Location of Branch*	*Action*
08-05-2022	Asian Bank Philadelphia Philadelphia County	934 East Passyunk Avenue Philadelphia Philadelphia County	Filed

Branch Relocations

Date	*Name and Location of Applicant*	*Location of Branch*	*Action*
08-05-2022	S & T Bank Indiana Indiana County	*To*: 2060 Garden View Lane Cranberry Township Butler County	Filed
		From: 900 Commonwealth Drive Suite 100 Cranberry Township Butler County	
08-08-2022	Peoples Security Bank and Trust Co. Scranton Lackawanna County	*To*: 300 Warrendale Drive Warrendale Allegheny County	Approved
		From: 802B Warrendale Village Drive Warrendale Allegheny County	

CREDIT UNIONS

No activity.

The Department's web site at www.dobs.pa.gov includes public notices for more recently filed applications.

RICHARD VAGUE,
Secretary

[Pa.B. Doc. No. 22-1254. Filed for public inspection August 19, 2022, 9:00 a.m.]

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT

Draft HOME-ARP Allocation Plan and Amendment to the 2019 Annual Action Plan; Public Hearing

Public Hearing for the HOME-American Rescue Plan (ARP) Program

ARP provides $5 billion to assist households who are homeless, at risk of homelessness and other vulnerable populations by providing housing, rental assistance, supportive services and noncongregate shelter, to reduce homelessness, and increase housing stability. Funds were appropriated under Title II of Cranston-Gonzalez National Affordable Housing Act of 1990—HOME Program Statute and allocated by means of HOME Program formula to jurisdictions that qualified for a HOME allocation in Fiscal Year (FY) 2021. As a participating jurisdiction, the Department of Community and Economic Development (Department) received $73,094,403 in HOME-ARP funds from the United States Department of Housing and Urban Development (HUD).

HOME-ARP funds can be used for the following eligible activities:

1. Acquire, rehabilitate or construct affordable rental housing.

2. Tenant-based rental assistance.

3. Supportive services.

4. Acquisition and development of noncongregate shelter.

5. Nonprofit operating and capacity building assistance.

6. Administration and planning.

Under the program requirements, an allocation plan must be developed and submitted to HUD for approval. The Commonwealth's draft allocation plan may be viewed at https://dced.pa.gov/housing-and-development/consolidated-plan-annual-plans-reports/. Public comment will be accepted from August 20, 2022, through September 6, 2022. Comments may be sent to David Grey, Chief of Compliance and Technical Services, at dgrey@pa.gov.

The public hearing for the Commonwealth's allocation plan will be held on Thursday, September 1, 2022, at 10 a.m. by means of Microsoft Teams. The phone number to join the public hearing is (267) 332-8737, with a conference ID/passcode of 564 188 310#.

Persons with a disability or limited English proficiency who wish to participate in the public hearing should contact Megan L. Sieber at (717) 787-5327 or TDD at (717) 346-0308 to discuss how the Department can accommodate their requests.

The hearing will be shortened if there is no one to testify or there is minimal response.

Notice of Amendment to FY 2019 Annual Action Plan

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Pub.L. No. 116-136) was signed into law to respond to the growing effects of the novel coronavirus (COVID-19) public health crisis.

The CARES Act provided special allocations to the Commonwealth under the Community Development Block Grant, Emergency Solutions Grant and Housing Opportunities for People with Aids Grant programs to be used to prevent, prepare for and respond to COVID-19. Under the ESG-CV program, the purpose of these funds was to assist homeless providers and communities to prepare for, prevent the spread of and respond to COVID-19.

Under HUD Notice CPD-22-06: Waivers and Alternative Requirements for the Emergency Solutions Grants Program under the CARES Act (ESG-CV); Amendments and Clarifications, HUD may recapture up to the difference between 50% of the total amount the recipient received in HUD's first and second allocations of ESG-CV funds, adjusted by any recaptured amounts, if applicable, and the amount of ESG-CV funds a recipient has drawn from the Integrated Disbursement and Information System (IDIS) by June 16, 2022.

HUD determined compliance with this requirement based on IDIS draw data, crediting recipients for draws that were initiated by June 16, 2022, and approved as of June 23, 2022, to account for any processing delays beyond the recipient's control. Based on this review, HUD recaptured $251,269.76 from the Commonwealth's ESG-CV grant.

Notice is hereby given that the Federal FY 2019 Annual Action Plan will be amended to reduce by $251,269.76 to account for the recapture. The updated plan will be posted on the Department's web site at https://dced.pa.gov/download/final-2019-2023-consolidated-plan-2019-annual-action-plan/?wpdmdl=113684 and will be available for review on August 20, 2022.

NEIL WEAVER,
Acting Secretary

[Pa.B. Doc. No. 22-1255. Filed for public inspection August 19, 2022, 9:00 a.m.]

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES

Revisions to Schedule of Prices for State Parks

A. *Summary and Background*

Under section 314 of the Conservation and Natural Resources Act (71 P.S. § 1340.314) and 17 Pa. Code § 11.224 (relating to prices), the Department of Conservation and Natural Resources, Bureau of State Parks, will revise its price schedule for State Park activities, uses and privileges effective August 20, 2022. The updated schedule, which is in section D as follows, establishes a whitewater launch fee for the Loop Only and increases the fee range of the season pass at Ohiopyle State Park.

The updated price schedule is to accommodate users launching and recreating in a shortened portion of the whitewater experience called "The Loop" and who will not be utilizing the shuttle service. The season pass range is being adjusted to allow for market increases in the future.

For comparison purposes, the current price schedule can be found at the State Parks web site at http://www.dcnr.pa.gov/StateParks/StateParkPrices/Pages/default.aspx. It can also be obtained by calling State Parks Reservations and Information at (888) PA-PARKS. When the updated price schedule becomes effective, it will be posted on the State Parks web site.

B. *Contact Person*

Questions may be directed to Ryan Dysinger, Assistant Director, Bureau of State Parks, Rachel Carson State Office Building, P.O. Box 8551, Harrisburg, PA 17105-8551, (717) 787-6640, rydysinger@pa.gov. Persons with a disability may use the Pennsylvania Hamilton Relay Service by calling (800) 654-5984 (TDD users).

C. *Effective Date*

The effective date of the updated price schedule is August 20, 2022.

D. *Price Schedule*

		Resident	*Non-Resident*
Ohiopyle State Park Whitewater Launch Loop Only	Per Person	$5—$12	$5—$12
Ohiopyle State Park Whitewater Season Pass	Per Person	$80—$120	$80—$120

CINDY ADAMS DUNN,
Secretary

[Pa.B. Doc. No. 22-1256. Filed for public inspection August 19, 2022, 9:00 a.m.]

Grey, David

From: DC, CDHALERTUPDATE
Sent: Thursday, August 18, 2022 1:44 PM
Subject: CD&H Alerts & Updates - Draft HOME-ARP Allocation Plan and 2019 Action Plan Amendment

Notice of Draft HOME-ARP Allocation Plan and Amendment to the 2019 Annual Action Plan
HOME-ARP & ESG-CV
August 18, 2022

Notice of Public Hearing for the HOME-ARP Program

The American Rescue Plan (ARP) provides $5 billion to assist households who are homeless, at risk of homelessness, and other vulnerable populations by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness, and increase housing stability. Funds were appropriated under Title II of Cranston-Gonzalez National Affordable Housing Act of 1990 – HOME Program Statute and allocated via HOME Program formula to jurisdictions that qualified for a HOME allocation in FY 2021. As a participating jurisdiction, Pennsylvania received $73,094,403 in HOME-ARP funds from the U.S. Department of Housing and Urban Development (HUD).

HOME-ARP funds can be used for the following eligible activities:

1. Acquire, rehabilitate, or construct affordable rental housing
2. Tenant-Based Rental Assistance
3. Supportive Services
4. Acquisition and development of Non-Congregate Shelter
5. Nonprofit Operating and Capacity Building Assistance
6. Administration and Planning

Under the program requirements, an allocation plan must be developed and submitted to HUD for approval. The Commonwealth's draft allocation plan may be viewed at: https://dced.pa.gov/housing-and-development/consolidated-plan-annual-plans-reports/. Public comment will be accepted from August 20, 2022, through September 6, 2022. Comments may be sent to David Grey, Chief of Compliance and Technical Services, via email at dgrey@pa.gov.

The public hearing for Pennsylvania's allocation plan will be held on **Thursday, September 1, 2022, at 10AM virtually via Microsoft Teams**. The phone number to join the public hearing is 1-267-332-8737, with a conference ID/passcode of 564 188 310#.

Persons with a disability or Limited English Proficiency who wish to participate in the public hearing should contact Megan L. Sieber at 717-787-5327 or TDD at 717-346-0308 to discuss how the Department of Community and Economic Development can accommodate their requests.
The hearing will be shortened if there is no one to testify or there is minimal response.

Notice of Amendment to FY 2019 Annual Action Plan

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136 was signed into law to respond to the growing effects of the coronavirus public health crisis.

The CARES Act provided special allocations to the Commonwealth of Pennsylvania under the Community Development Block Grant (CDBG-CV), Emergency Solutions Grant (ESG-CV), and Housing Opportunities for People with Aids Grant (HOPWA-CV) programs to be used to prevent, prepare for, and respond to the coronavirus.

Under the ESG-CV program, the purpose of these funds was to assist homeless providers and communities to prepare for, prevent the spread of and respond to COVID-19.

Under HUD Notice CPD-22-06: *Waivers and Alternative Requirements for the Emergency Solutions Grants Program Under the CARES Act (ESG-CV); Amendments and Clarifications*, HUD may recapture up to the difference between 50 percent of the total amount the recipient received in HUD's first and second allocations of ESG-CV funds, adjusted by any recaptured amounts, if applicable, and the amount of ESG-CV funds a recipient has drawn from the Integrated Disbursement and Information System (IDIS) by June 16, 2022.

HUD determined compliance with this requirement based on IDIS draw data, crediting recipients for draws that were initiated by June 16, 2022, and approved as of June 23, 2022, to account for any processing delays beyond the recipient's control. Based on this review, HUD recaptured $251,269.76 from the Commonwealth's ESG-CV grant.

Notice is hereby given that the FFY 2019 Annual Action Plan will be amended to reduce it by $251,269.76 to account for the recapture. The updated plan will be posted on the DCED website here: https://dced.pa.gov/download/final-2019-2023-consolidated-plan-2019-annual-action-plan/?wpdmdl=113684 and will be available for review on August 20, 2022.

FOR MORE INFORMATION, PLEASE CONTACT: David Grey, Chief of Compliance and Technical Services, 717-214-5341, dgrey@pa.gov

Center for Community and Housing Development
PA Department of Community & Economic Development
Commonwealth Keystone Building
400 North Street, 4th Floor | Harrisburg, PA 17120-0225
Phone: 717-787-5327
dced.pa.gov | www.visitPA.com

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HOME-ARP Allocation Plan
Public Hearing Agenda
September 1, 2022 10AM

Call-in Information: 1-267-332-8737; Conference ID: 564 188 310#

- Welcome
- Overview of HOME-ARP Program and Allocation Plan
- Invitation for Public Comment
- Adjournment

HOME-ARP Allocation Plan Public Hearing Notes

Start Time: 10AM

End Time: 10:15AM

Meeting Summary

Angela Susten, Director, Center for Community and Housing Development, opened the public hearing at 10AM. She provided an overview of the HOME-ARP Program and Pennsylvania's Allocation Plan. The summary is listed below.

The American Rescue Plan (ARP) provided $5 billion to assist households who are homeless, at risk of homelessness, and other vulnerable populations by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness, and increase housing stability. Funds were appropriated under Title II of Cranston-Gonzalez National Affordable Housing Act of 1990 – HOME Program Statute and allocated via HOME Program formula to participating jurisdictions that qualified for a HOME allocation in FY 2021. As a participating jurisdiction, Pennsylvania received $73,094,403 in HOME-ARP funds from the U.S. Department of Housing and Urban Development (HUD).

HOME-ARP funds can be used for the following eligible activities:

1. Acquire, rehabilitate, or construct affordable rental housing
2. Tenant-Based Rental Assistance
3. Supportive Services
4. Acquisition and development of Non-Congregate Shelter
5. Nonprofit Operating and Capacity Building Assistance
6. Administration and Planning

The American Rescue Plan also requires the funds be used to primarily benefit individuals and families in the following specified "qualified populations" (QPs):

1. People experiencing homelessness
2. People at-risk of homelessness
3. People who are fleeing or attempting to flee domestic violence, sexual assault, stalking, or human trafficking; and
4. Other populations for whom supportive services or assistance would prevent homelessness or face the greatest risk of housing instability.

Under the program requirements, an allocation plan must be developed and submitted to HUD for approval. The Commonwealth's draft allocation plan may be viewed at: https://dced.pa.gov/housing-and-development/consolidated-plan-annual-plans-reports/.

The development of the allocation plan started with fifteen (15) consultation meetings with different agencies engaged in the housing and homeless community to determine what unmet needs exist and

how HOME-ARP funds can best be used to improve the housing options for the qualifying populations. Consultation meetings were held with many entities and stakeholders that are identified in the plan. In addition, to solicit feedback from those who may not have been able to join a consultation meeting, a survey was widely distributed.

As a result of the consultation meetings, survey response, and through data analysis, DCED was able to identify activity priorities and qualifying population preferences.

DCED intends to utilize HOME-ARP funding for the following eligible activities:

• Development of affordable rental housing in the amount of $35,000,000

• Acquisition and development of non-congregate shelter in the amount of $15,654,720

• Supportive Services in the amount of $11,475,523

• Administration and planning in the amount of $10,964,160

An estimated total of 850 households will be provided with access to affordable housing and services through DCED's HOME-ARP program. This includes approximately 200 affordable units to be developed, approximately 200 units of non-congregate shelter to be produced, and approximately 450 units to receive supportive services designed to obtain and maintain housing stability.

DCED intends to give preference to the following two Qualifying Populations:

1. Homeless, as defined in 24 CFR 91.5 Homeless (1), (2), or (3)

2. Domestic Violence/Sexual Assault/Trafficking, as defined by HUD in the HOME-ARP Notice: CPD 21-10

The HOME-ARP consultation meetings and needs assessment and gaps analysis indicated the need for HOME-ARP projects and services across all HOME-ARP QPs. However, the data indicates the greatest need is among these two populations.

Public Comment

Jeff Rich—What is the timeline for making the funds available? Are there any funds reserved for specific geographic locations within the state?

> DCED Response—The first quarter of 2023. DCED is planning on prioritizing the non-participating jurisdictions, to help reach the rural areas of the state.

Adjournment

The public hearing was ended at 10:15AM.

Meeting Summary

Total Number of Participants	23
Meeting Title	HOME-ARP Allocation Plan Public Hearing
Meeting Start Time	9/1/2022, 9:45:20 AM
Meeting End Time	9/1/2022, 10:15:17 AM
Meeting Id	fafb8640-15a5-41b3-8e8f-6cb33d703d25

Full Name	Join Time	Leave Time	Duration	Email	Role	Participant ID (UPN)
Grey, David	9/1/2022, 9:45:20 AM	9/1/2022, 10:15:17 AM	29m 56s	dgrey@pa.gov	Organizer	dgrey@pa.gov
Henry (Guest)	9/1/2022, 9:53:01 AM	9/1/2022, 10:14:24 AM	21m 23s		Attendee	
Jim Q (Guest)	9/1/2022, 9:53:19 AM	9/1/2022, 10:15:17 AM	21m 57s		Attendee	
Auman, Brendan	9/1/2022, 9:53:20 AM	9/1/2022, 10:15:14 AM	21m 53s	breauman@pa.gov	Presenter	breauman@pa.gov
12152219361	9/1/2022, 9:53:28 AM	9/1/2022, 10:15:00 AM	21m 31s		Attendee	
14843641534	9/1/2022, 9:55:46 AM	9/1/2022, 10:15:12 AM	19m 26s		Attendee	
Polm, Kimberly	9/1/2022, 9:56:03 AM	9/1/2022, 10:15:17 AM	19m 14s	kpolm@pa.gov	Presenter	kpolm@pa.gov
Susten, Angela	9/1/2022, 9:56:08 AM	9/1/2022, 10:15:17 AM	19m 9s	asusten@pa.gov	Presenter	asusten@pa.gov
16107625531	9/1/2022, 9:57:21 AM	9/1/2022, 10:15:04 AM	17m 42s		Attendee	
Nick (Guest)	9/1/2022, 9:57:58 AM	9/1/2022, 10:15:17 AM	17m 19s		Attendee	
Stacy Kaiser	9/1/2022, 9:58:02 AM	9/1/2022, 10:15:02 AM	17m	skaiser@bcoc.org	Attendee	skaiser@bcoc.org
16513532586	9/1/2022, 9:58:53 AM	9/1/2022, 10:11:29 AM	12m 35s		Attendee	
Mutschler, Joel	9/1/2022, 9:58:54 AM	9/1/2022, 10:15:06 AM	16m 11s	jomutschle@pa.gov	Attendee	jomutschle@pa.gov
Klinger, Helen	9/1/2022, 9:59:37 AM	9/1/2022, 10:15:17 AM	15m 39s	heklinger@pa.gov	Attendee	heklinger@pa.gov
Julie Shoults	9/1/2022, 9:59:58 AM	9/1/2022, 10:15:05 AM	15m 7s	jshoults@caclv.org	Attendee	jshoults@caclv.org
15707489367	9/1/2022, 10:00:18 AM	9/1/2022, 10:14:47 AM	14m 29s		Attendee	
14849028290	9/1/2022, 10:02:05 AM	9/1/2022, 10:15:15 AM	13m 10s		Attendee	
Renna Wrubleski	9/1/2022, 10:02:26 AM	9/1/2022, 10:04:56 AM	2m 30s	swrubleski@cityofmeadville.org	Attendee	swrubleski@cityofmeadville.org
14843755512	9/1/2022, 10:03:32 AM	9/1/2022, 10:15:04 AM	11m 32s		Attendee	
15709125781	9/1/2022, 10:04:03 AM	9/1/2022, 10:15:03 AM	10m 59s		Attendee	
17242888876	9/1/2022, 10:05:50 AM	9/1/2022, 10:15:17 AM	9m 26s		Attendee	
Hamp, Richard	9/1/2022, 10:08:16 AM	9/1/2022, 10:15:12 AM	6m 55s	rihamp@pa.gov	Attendee	rihamp@pa.gov
18148322051	9/1/2022, 10:14:18 AM	9/1/2022, 10:15:04 AM	45s		Attendee	

APPENDIX #2
COORDINATED ENTRY POLICIES AND POLICIES

Eastern Pennsylvania Continuum of Care Coordinated Entry System Policies and Procedures Manual

Writing and Design:
Jason D. Alexander, Capacity for Change, LLC, and Patricia Espinoza-Vargas, United Way of Lancaster County

Updated:
August 11, 2021

Connect to Home Coordinated Entry System Policies and Procedures

Table of Contents

CONNECT TO HOME COORDINATED ENTRY SYSTEM OVERVIEW 4

THE EASTERN PENNSYLVANIA CONTINUUM OF CARE 4
CONNECT TO HOME: COORDINATED ENTRY SYSTEM OF EASTERN PA 5
CONNECT TO HOME COORDINATED ENTRY SERVICES 6
GUIDING PRINCIPLES 6
THE BENEFITS OF COORDINATED ENTRY 8
HUD COORDINATED ENTRY REQUIREMENTS 9
COORDINATED ENTRY AND HOUSING FIRST 9
KEY COORDINATED ENTRY SYSTEM TERMS AND DEFINITIONS 10
INTEGRATION OF VETERANS SERVICE ORGANIZATIONS INTO CES 14
EASTERN PA COC COORDINATED ENTRY COMMITTEE 15
COORDINATED ENTRY REGIONAL MANAGERS 15
COORDINATED ENTRY SPECIALISTS 15
COORDINATED ENTRY REFERRAL PARTNERS 16
COORDINATED ENTRY CONSULTANT 16
RESPONSIBILITIES OF ALL COORDINATED ENTRY SYSTEM PARTNER ORGANIZATIONS 17

COORDINATED ENTRY WRITTEN STANDARDS 18

ELIGIBILITY 18
MINIMUM STANDARDS 19
VI-SPDAT SCORE BY NAME LIST PLACEMENT GUIDELINES 20
PERFORMANCE BENCHMARKS 21

COORDINATED ENTRY POLICIES 22

CONSUMER GRIEVANCE POLICY 22
DEFINITION OF FAMILY POLICY 22
DENIAL OF SERVICE POLICY 23

Connect to Home Coordinated Entry System Policies and Procedures

EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, STALKING, AND/OR HUMAN TRAFFICKING 23
HOUSING FIRST POLICY 24
INCLUSION AND NONDISCRIMINATION POLICY 24
REFERRAL ZONE POLICY 25

COORDINATED ENTRY PROCEDURES 27

COORDINATED ENTRY INTAKE – FLOW CHART (COUNTY EVICTION MORATORIUM IN EFFECT) 28
COORDINATED ENTRY INTAKE – FLOW CHART (NO COUNTY EVICTION MORATORIUM IN EFFECT) 30
COORDINATED ENTRY INTAKE FOR LITERALLY HOMELESS HOUSEHOLDS (HUD CATEGORIES 1 & CAT 4 DV/PUBLIC) 32
COORDINATED ENTRY INTAKE FOR HOUSEHOLDS AT IMMINENT RISK OF HOMELESSNESS (HUD CATEGORIES 2 & 3) 66
COORDINATED ENTRY INTAKE FOR A HOUSEHOLD FLEEING DOMESTIC VIOLENCE THAT WISHES TO REMAIN ANONYMOUS (NO PERSONALLY IDENTIFYING INFORMATION ENTERED INTO PA HMIS) 95
SAMPLE DOMESTIC VIOLENCE NOTES 132
CONNECT TO HOME COORDINATED ENTRY OPEN AND EXITED ENROLLMENT TASKS 136

APPENDIX A: CONNECT TO HOME COORDINATED ENTRY SYSTEM OF EASTERN PA PARTNERSHIP AGREEMENT 137

I. GUIDING PRINCIPLES 137
II. ROLES 138
III. RESPONSIBILITIES 138
IV. TERMINATION OF AGREEMENT 139
V. EXPENSES 139
VI. AGREEMENT 140

APPENDIX B: CONNECT TO HOME COORDINATED ENTRY REFERRAL ZONE MAP 141

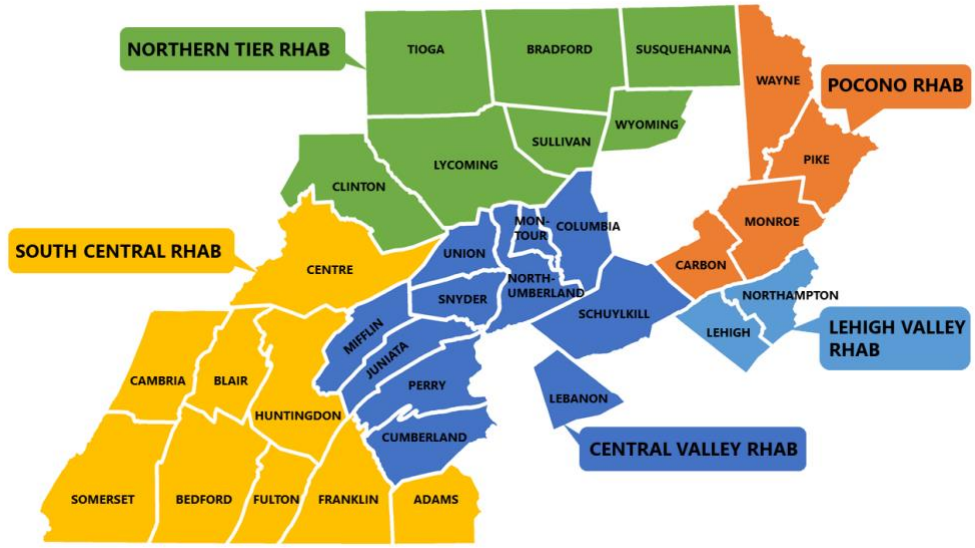
APPENDIX C: CONNECT TO HOME CES OF EASTERN PA NOTICE AND CONSENT FOR NON-HMIS PARTICIPANTS 142

Connect to Home Coordinated Entry System Policies and Procedures

Connect to Home Coordinated Entry System Overview
The Eastern Pennsylvania Continuum of Care

The mission of the PA-509 Eastern Pennsylvania Continuum of Care is to end homelessness in a thirty-three-county region of Eastern Pennsylvania. CoC membership is free and open to any individual or public, private, or nonprofit organization that is committed to making homelessness rare, brief, and non-recurring. Led by a member-elected Governing Board, the CoC advances its mission by:

1. Promoting effective and efficient community-wide solutions to ending and preventing homelessness for all persons.
2. Securing and administering funding from the U.S. Department of Housing and Community Development's (HUD) Annual Continuum of Care Grant Program.
3. Regularly convening cross-sector partners at both the CoC and regional levels.
4. Gathering, analyzing, and distributing data from an Annual Homeless Point-In-Time Count and the CoC's Homeless Management Information System (HMIS).
5. Establishing and enforcing policies and procedures for CoC-funded housing and service projects; and,
6. Providing training and technical assistance to maximize system performance and outcomes.



The CoC is subdivided into five geographic regions overseen by Regional Homeless Advisory Boards (RHABs) that are responsible for locally identifying needs and operationalizing CoC goals, projects, and policies.

Connect to Home Coordinated Entry System Policies and Procedures

Connect to Home: Coordinated Entry System of Eastern PA

The Connect To Home: Coordinated Entry System of Eastern PA (CES) coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness in the Eastern PA CoC, including the following counties: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming.

Participation in CES is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants (including those administered by the Commonwealth of Pennsylvania) and strongly encouraged for all other housing and service providers to ensure equitable and coordinated access for all.

Leadership and management of the Coordinated Entry System is provided by the following organizations:

Governance: Eastern Pennsylvania Continuum of Care (CoC) Governing Board

Oversight: Eastern Pennsylvania CoC Coordinated Entry Committee

HMIS Administration: Pennsylvania Department of Community & Economic Development

Technical Assistance Provider: Capacity for Change, LLC

HUD CoC Project Grant Recipient: Housing Alliance of Pennsylvania
Call Center Operator: PA 211

CES Regional Managers: Central Valley Region - Cumberland County Housing and Redevelopment Authority, Lehigh Valley Region - United Way of Lancaster, Northern Tier Region - Clinton County Housing Authority, Pocono Region - Pocono Mountains United Way, South Central Region - Blair County Community Action Agency

Domestic Violence Survivor CE Specialist: Transitions PA

Connect to Home Coordinated Entry System Policies and Procedures

Connect to Home Coordinated Entry Services

Connect to Home provides services, including screening, assessment, and referral, to people experiencing or at-risk of homelessness in the Eastern PA CoC region based on their current housing situation.

Current Housing Situation	**Screening and Assessment Based on Current Housing Situation**	**Referral To Housing and Emergency Services Based on Need, Vulnerability, Program Eligibility Criteria, and CoC Prioritization Standards**
Household (family or individual) is at risk of becoming homeless based on HUD Category 2, 3, 4 or At-Risk Definitions.	➔ Pre-Screen to confirm HH is in CoC region. ➔ Safety Planning (Warm Transfer to 911, DV Hotline, Human Trafficking Hotline, if needed) ➔ HMIS Household Record Creation/Update ➔ Homelessness Prevention Screening and Eligibility Tool	➔ Referrals to Homelessness Prevention Programs (e.g., ESG, CSBG, HAP, SSVF, etc.) ➔ Referrals to Emergency Shelter (Imminent Risk HHs) ➔ Referrals to Food, Legal, Public Benefit Access, and Other Community Services As Needed
Household (family or individual) is experiencing literal homelessness based on HUD Category 1 and/or 4 Definitions.	➔ Pre-Screen to confirm HH is in CoC region. ➔ Safety Planning (Warm Transfer to 911, DV Hotline, Human Trafficking Hotline, if needed) ➔ HMIS Household Record Creation/Update ➔ HMIS Triage Assessment ➔ Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)	➔ Placement on the By Name List (BNL) in PA HMIS for Rapid Re-Housing or Permanent Supportive Housing Enrollment ➔ Referrals to Street Outreach, Emergency Shelter, and/or Transitional Housing as needed ➔ Referrals to Food, Legal, Public Benefit Access, and Other Community Services As Needed

Guiding Principles

Connect to Home Coordinated Entry System Policies and Procedures

Connect To Home: Coordinated Entry System of Eastern PA is guided by the following principles:

- Every person experiencing homelessness should be treated with dignity, respect, and kindness, and have their rights to privacy, confidentiality and safety honored.
- By coordinating entry to housing and services for people experiencing homelessness, more families and individuals can exit from homelessness to permanent housing with stability as quickly, efficiently, and effectively as possible.
- Coordinated entry is inclusive of all populations experiencing homelessness, including families, youth, veterans, survivors of domestic violence, people with disabilities, people with mental illness, recent immigrants and people identifying as LGBTQIA.
- Coordinated entry protects the safety and confidentiality of people fleeing/attempting to flee and survivors of domestic violence while simultaneously providing them with access to housing and services.
- Coordinated entry embraces a housing first approach to ending homelessness in which people are housed as quickly as possible without preconditions or service participation requirements.
- People experiencing homelessness are prioritized for appropriate housing and services based on their vulnerability and severity of need using an evidence-based assessment tool rather than on a “first come, first served” basis.
- People experiencing homelessness are not denied access to coordinated entry assessment and referral based on perceived barriers to housing and services such as sobriety, income level, mental health status or other factors.
- Coordinated entry should be aligned with affordable housing, veteran affairs, child welfare, health, mental health, education, legal, judicial, and other public systems to the greatest extent possible allowed by law and policy.
- Coordinated entry is a continually evolving system that requires a commitment to ongoing learning, evaluation, and quality improvement.
- Ongoing coordinated entry planning efforts strive to incorporate diverse stakeholder voices and needs, including those of people with the lived experience of homelessness.
- The long-term financial sustainability of coordinated entry requires the commitment and alignment of federal, state, local and private funding sources.

Connect to Home Coordinated Entry System Policies and Procedures

The Benefits of Coordinated Entry

Uncoordinated Entry Systems	Coordinated Entry Systems
For People Experiencing a Housing Crisis or Homelessness	
• Geography, transportation, language and/or culture are barriers to access • Navigating the system is difficult • Housing and services are often available on a "first come, first serve" basis • Referrals are often inappropriate • People in crisis often make/complete multiple calls, agency visits and assessments to obtain help • Assessment and referrals are project-centric, designed to meet program requirements	• Promotes easier, fairer, and more equitable access • Streamlines system navigation • Prioritizes housing and services based on vulnerability and severity of need • Increases number of appropriate referrals • Reduces the number of times people must tell their story • Assessment and referrals are person-centric, considering consumer agency and goals, while also being uniformly guided by written CoC standards
For Service Providers	
• Significant amount of time spent on intake and referral (often unfunded) • Unreliable or missing client information • Inconsistent information on availability of housing and services • Lack of a common language and assessment tools among service providers • Inability to demonstrate need for additional investments in housing and services to meet community needs • Out of compliance with federal and state policy and funding requirements	• More time to focus on their mission of ending or preventing homelessness • Better access to client information and history • More complete knowledge of all available housing and services • Common language and assessment score to guide case management and communicate with other service providers • Systemic data to advocate for funding and programs to meet community needs • Alignment with federal and state policy and funding requirements
For Public and Private Funders	
• Hard to know if investments are making a difference • Lack of data to make informed planning, policy, and budget decisions • Funding in silos	• Ability to assess community/collective impact of investments • Data-driven planning, policy, and budget decisions • Funding aligned across sectors and sources

Connect to Home Coordinated Entry System Policies and Procedures

HUD Coordinated Entry Requirements

The 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act consolidated several of HUD's separate homeless assistance programs into a single grant program, the Continuum of Care Program (CoC Program). The CoC Program interim rule requires that CoCs establish and operate a "centralized or coordinated assessment system" and defines coordinated entry as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals (24 CFR part 578.3).

On January 23, 2017, HUD published Notice CPD-17-01: Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. The notice established the minimum requirements for Coordinated Entry and required them to be in place in every CoC by January 23, 2018. According to the notice, CoC Coordinated Entry Systems must:

- Cover the entire geographic area claimed by the CoC.
- Be easily accessed by individuals and families seeking housing or services.
- Be well-advertised.
- Include a comprehensive and standardized assessment tool.
- Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
- Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The Eastern PA CoC CES is fully compliant with these requirements.

Coordinated Entry and Housing First

Coordinated Entry supports a "Housing First" approach to ending homelessness. According to the United States Interagency Council on Homelessness:

"Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown

that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes."

Coordinated, unified, and streamlined entry into a community's housing crisis response system is essential to a Housing First approach to ending homelessness. Once a family or individual in crisis is safe and in housing, it is easier for them to concentrate on their stability goals related to education, employment, health, and economic self-sufficiency. Adopting a Housing First approach challenges housing and service providers to lower barriers to program entry and remove conditions attached to securing permanent housing. A Housing First approach ultimately achieves better outcomes at costs equal to or less than traditional approaches to ending homelessness.

According to the National Alliance to End Homelessness:
"A Housing First approach can benefit both homeless families and individuals with any degree of service needs. The flexible and responsive nature of a Housing First approach allows it to be tailored to help anyone. As such, a Housing First approach can be applied to help end homelessness for a household who became homeless due to a temporary personal or financial crisis and has limited-service needs, only needing help accessing and securing permanent housing. At the same time, Housing First has been found to be particularly effective approach to end homelessness for high need populations, such as chronically homeless individuals."

Connect To Home: Coordinated Entry System of Eastern PA incorporates Housing First into its system design while still providing local communities and organizations with the flexibility to operate a wide variety of housing interventions and homeless services that contribute to the goal of ending and preventing homelessness. Further, the CES is designed to align and connect with other mainstream systems of care, including child welfare, domestic violence, economic self-sufficiency, education, employment and job training, health, legal, mental/behavioral health, and public benefits access, among others. Coordinated Entry is the key to connecting these systems together in a person-centered, trauma-informed way.

Key Coordinated Entry System Terms and Definitions

Coordinated entry is an approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to connect people efficiently and effectively to interventions that will rapidly end their homelessness.

Connect to Home Coordinated Entry System Policies and Procedures

Crisis response system denotes all the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless, whereas homeless system refers specifically to the services and housing available only to persons who are literally homeless.

Emergency services for a person experiencing homelessness or a housing crisis include, but are not limited to, homelessness prevention, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters, hotel/motel voucher programs, transitional housing and other short-term crisis residential programs.

An **Emergency Shelter** (ES) refers to any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Homeless Management Information System (HMIS) is the database used to confidentially aggregate data on homeless populations. The system allows for a record of client-level information about the characteristics and services needs of homeless persons.

The term **household** is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children).

Homeless(ness) Prevention includes financial assistance, rental assistance, and services provided to individuals and families who are at imminent risk, or at risk of homelessness.

Housing interventions are permanent housing programs and subsidies, including, Rapid Re-Housing and Permanent Supportive Housing programs, as well as permanent housing subsidy programs such as Housing Choice Vouchers. People in a housing crisis who are accessing or being assessed by coordinated entry are referred to as **people** or **persons**; once they are referred to and enroll in housing or supportive services, they are **program participants** (or consumers).

HUD is the United States Department of Housing and Community Development whose mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD oversees the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs that fund housing and services for people experiencing homelessness, including coordinated entry.

Connect to Home Coordinated Entry System Policies and Procedures

People who are literally homeless (HUD Category 1 Homeless Definition) include any individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (24 CFR 578.3).

People imminently at risk of homelessness (HUD Category 2 Homeless Definition) include any individual or family who will imminently lose their primary nighttime residence, provided that:
(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
(ii) No subsequent residence has been identified; and
(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (24 CFR 578.3).

People who are homeless under other Federal statutes (HUD Category 3 Homeless Definition) include unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
(i) Are defined as homeless under the other listed federal statutes;
(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers**.**

People fleeing domestic abuse or violence (HUD Category 4 Homeless Definition) include any individual or family who:
(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life- threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
(ii) Has no other residence; and
(iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing (24 CFR 578.3).

A person who is **chronically homeless** is an individual who:
(i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
(ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last 3 years; and
(iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless. (24 CFR 578.3).

Permanent Supportive Housing (PSH) is a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. PSH typically targets people who are homeless or otherwise unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services. This model has been shown to not only impact housing status, but also result in cost savings to various public service systems, including health care.

Rapid Re-Housing (RRH) provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self- sufficiency, and stay housed. It is offered without preconditions (such as employment,

income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person. The core components of Rapid Re-Housing are housing identification, rent and move-in assistance, and rapid re-housing case management and services.

Transitional Housing (TH) has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.

Veteran means a person who served in the active military, naval, or air service.

Integration of Veterans Service Organizations into CES

In addition to Veterans Affairs Medical Center (VAMC) integration into CoC initiatives, Supportive Services for Veteran Families (SSVF) program guidance expects grantees to be fully engaged with their local CoC possible. Grantees must work in close partnership with their local CoC to establish a community-wide plan to prevent and end homelessness among Veterans. SSVF grantees are expected to engage as active members in each CoC where they are approved to provide assistance. SSVF grantees are expected to formally participate in the planning of local coordinated intake and assessment processes (i.e., "coordinated entry"), which each CoC establishes for itself. This system creates a centralized or coordinated means for all households experiencing homelessness to access homeless assistance services and matches them with the best fit shelter, housing, and relevant services. SSVF grantees are responsible for ensuring that SSVF is formally integrated into this local CoC process and, where necessary, for taking a lead role in developing and implementing such processes for Veterans. This includes situations where a grantee's service area is covered by multiple CoCs, SSVF where providers are responsible for participating in each CoC's coordinated entry system and planning.
On October 17, 2017, the U.S. Department of Veterans Affairs (VA) Deputy Under Secretary for Health for Operations and Management released a memo to the VA Network Directors, VA Network Homeless Coordinators, and VA Medical Center (VAMC) staff which issued guidance regarding the roles and responsibilities of the VA medical center homeless programs in each of the local Continuum of Care (CoC) and the CoC’s Coordinated Entry Systems (CES). This guidance from the VA to the VA medical centers is meant to support community planning and CES efforts within CoCs by clearly outlining the expectations of VA medical center involvement. In many ways, this guidance codifies what has already been occurring in local communities. Where new partnerships are needed, it provides the opportunity for engagement. Within the guidance, VA recognizes that coordinated entry systems are a critical element in our collective and continued efforts to end Veteran homelessness and homelessness for all populations. Coordinated Entry ensures coordination of community-

wide services for Veterans experiencing homelessness, system-wide awareness of the availability of housing and services, and easy access to and appropriate prioritization for these resources by Veterans who are in critical need.

Eastern PA CoC Coordinated Entry Committee

The Eastern PA CoC Coordinated Entry Committee, a standing committee of the CoC, is responsible for CES planning, budgeting, policies and procedures, selection of operational partners, training, evaluation and oversight. The Committee solicits input from service providers, funders, community partners and consumers to ensure its recommendations and decisions are inclusive of diverse voices. The CoC Governing Board, which is elected by the CoC membership, has final approval of all CES policies.

Coordinated Entry Regional Managers

Coordinated Entry System Regional Managers are dedicated staff members employed and supervised by a public or nonprofit organization operating within each of the five regions that comprise the Eastern PA CoC. The CoC also have a CES Call Center Manager and a CES Domestic Violence Coordinated Entry Specialist. The responsibilities of CES Regional Managers include to:

- Manage the By Name List (BNL) prioritization list for housing
- Interpret and enforce Coordinated Entry policies and procedures
- Facilitate By Name List meetings
- Review and distribute PA HMIS CES reports
- Provide ongoing feedback to the CoC Governing Board and CES Committee
- Serve as liaisons to the HMIS administrator
- Conduct community outreach and education

Coordinated Entry Specialists

Coordinated Entry Specialists are trained staff members employed by CES partner organizations to deliver uniform coordinated entry intake, assessment and referrals to people experiencing or at imminent risk of homelessness. The major steps in coordinated entry include:

- Triage, Safety Planning and Diversion: Asking basic questions to determine whether the person is fleeing/attempting to flee and survivors of domestic violence, is literally homeless or at imminent risk of homelessness, and, if homeless, whether they could be diverted from entering shelter.

- HMIS Client Record Search/Creation: Creating or updating the person's data and information in the Pennsylvania Homeless Management Information System (PA HMIS).
- Pre-Screen Interview: Obtaining client data sharing consent and asking questions about the person's current housing situation and veteran status.
- VI-SPDAT Assessment: Determining a literally homeless household's vulnerability and prioritization for appropriate housing interventions.
- Referral: Making direct referrals to homeless prevention and emergency services (including Homeless Prevention, Street Outreach, Emergency Shelter and Transitional Housing) and placement on the By Name List in PA HMIS for Rapid Re-Housing and Permanent Supportive Housing interventions.

Coordinated Entry Referral Partners

Coordinated Entry Referral Partners accept appropriate program referrals from the Coordinated Entry System. Coordinated Entry Specialists make direct referrals to homeless prevention and emergency services, including Emergency Shelter and Transitional Housing (both of the latter through HMIS). Rapid Re-Housing and Permanent Supportive Housing providers obtain their referrals from the By Name List in HMIS. The By Name List has special protocols for veterans, people fleeing/attempting to flee and survivors of domestic violence, and people who do not consent to share their information in HMIS, to ensure they are connected to appropriate housing and services.

Coordinated Entry Consultant

The Coordinated Entry Consultant reports to the CoC Governing Board and is responsible for Coordinated Entry System policy, procedure, and PA HMIS workflow design, planning, updates, training, reporting, partner recruitment, marketing, communications, and support for the CE Committee, CE Regional Managers, and CE Specialists.

Connect to Home Coordinated Entry System Policies and Procedures

Responsibilities of all Coordinated Entry System Partner Organizations

Connect To Home: Coordinated Entry System of Eastern PA partner organizations share the following responsibilities as agreed to upon signing the Connect to Home CES Partnership Agreement (see Appendix A):

- Comply with all CES processes, policies and procedures detailed in the Eastern PA CoC Coordinated Entry System Policies and Procedures, including policies related to referral, grievance, prioritization, data sharing, and client confidentiality, among others.
- Comply with all PA HMIS privacy, security and data sharing processes, policies, and procedures.
- Ensure that people experiencing or at imminent risk for homelessness understand how the CES system works.
- Make appropriate staff available for regular CES trainings and meetings.
- Distribute CES marketing and outreach materials.
- Maintain accurate and up-to-date agency and program information, including program eligibility requirements, in PA HMIS and the PA 211 database. (This information should be provided to the CES Call Center Manager and/or the appropriate CES Regional Manager).
- Comply with a non-discrimination policy which states that no discrimination of any person or group of persons on account of race, ethnicity, national origin, disability status, religion, marital status, sex, sexual orientation, actual or perceived gender identity, or age.

Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Written Standards (excerpted from the Eastern CoC Written Standards 11.16.20)

The Connect to Home: Coordinated Entry System of Eastern PA (CES) coordinates and manages access, assessment, prioritization, referral to emergency services, and enrollment into permanent housing from the By Name List (BNL) in PA HMIS. CES is accessible through a toll-free Call Center operated by PA 211, which provides a 24/7 live voice as well as a texting option and dedicated language translation and Deaf/Hard of Hearing services. In addition, CES Access Sites are operated by a wide variety of providers that deliver face-to-face screening and referral. A list of current CES Access Site locations, hours of operation, policies and marketing materials are available online here: https://pennsylvaniacoc.org/balance-stateeastern-pa-coc/connect-home-coordinated-entry-system-eastern-pa.

Five dedicated Coordinated Entry Regional Managers, a 211 Call Center Manager, and a Domestic Violence Coordinated Entry Specialist oversee implementation of CES across the CoC's regions (RHABs).

Call Center and Access Site Coordinated Entry Specialists (Specialists) provide uniform services for people experiencing homelessness or a housing crisis:

- Triage and Safety Planning to assure the person is eligible for Eastern PA CoC services and not in immediate danger. If the person is in immediate danger, they will be connected to 911, Domestic Violence (DV) Hotline, Human Trafficking hotline, etc.
- PA HMIS record creation/update.
- Pre-Screen Interview to determine HUD Category of homelessness (1, 2, 3, 4 or At Risk) and identify appropriate intake process (Prevention or Literal Homeless).
- Prevention Intake, including problem-solving diversion conversations, for Category 2, 3 or At Risk, leading to direct referral to appropriate Homeless Prevention and community services (e.g., food pantries, health clinics, legal aid, etc.); and,
- Literally Homeless Intake, including use of VI-SPDAT Screening Tool and placement on the BNL for TH-RRH, RRH or PSH, in addition to use of Diversion Tool and, if necessary, direct referral to Emergency Shelter or Transitional Housing for Category 1 and 4.

Eligibility

HUD Categories 1, 2, 3, 4 and At-Risk.

Connect to Home Coordinated Entry System Policies and Procedures

Minimum Standards

All Coordinated Entry providers must comply with the full Eastern PA CoC Written Standards. The current version of the Written Standards is available online here: https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern%20PA%20CoC%20Written%20Standards%20Revised%2011.16.20.pdf.

1. Specialists connect people in danger to appropriate police, fire, rescue, DV, child welfare, Human Trafficking, and other emergency response services.
2. Specialists provide or connect participants to language translation and/or deaf and hard of hearing services if needed.
3. Specialists refer veterans to the nearest SSVF provider.
4. Specialists obtain written or verbal permission from participants to enter and share their data in PA HMIS.
5. If a participant is a Domestic Violence Survivor, the Specialist will ask if they prefer to be entered into PA HMIS anonymously to protect the confidentiality. If a non-DV Survivor requests anonymity, the CE Specialist will honor that request. Any participant enrolled in PA HMIS anonymously will have a numeric ID to navigate the homeless system and a confidential password that the participant creates themselves.
6. Specialists practice diversion and related problem-solving strategies to help participants avoid entering Emergency Shelter.
7. Specialists use the Pre-Screen Interview questions in PA HMIS to determine whether a participant qualifies for HP, ES, TH, TH-RRH, RRH or PSH.
8. Specialists provide direct referral information to participants who meet the Category 2, 3 and At-Risk categories to HP, SO and community services.
9. Specialists conduct the appropriate version of the VI-SPDAT Screening Tool (VI-SPDAT) and ask additional CoC screening questions related to existence of a mental health diagnosis and Chronic Homeless status in PA HMIS only on the Head of Household (the person who is presenting to Coordinated Entry as Category 1 or 4 and who would sign the lease if enrolled in an RRH or PSH housing program):
   - VI-SPDAT for Single Adults – Use this version with adults aged 25 or older with no children in the household, regardless of whether they are presenting as a single- person household or as the head of a household with one or more family members (e.g., spouses, partners, and/or adult children);
   - VI-SPDAT for Families – Use this version with households with at least one child under the age of 18, even if the Head of Household is aged 18 – 24: or,
   - TAY-VI-SPDAT – Use this version with transition age youth (age 18 – 24) and unaccompanied minors, regardless of whether they are presenting as a single person household or as the head of a household with one or more family

members (e.g., spouses or partners) unless the youth Head of Household also has a child aged 0 – 18 (in which case, use the VI-SPDAT for Families).

10. Specialists allow, with the participant's express verbal permission, Mental Health or Domestic Violences Case Managers to participate in the intake and assessment process, but all questions must be answered by the participant, not the Case Manager.
11. Specialists add information about all other household members (e.g., spouses, partners, adult children, children aged 18 – 24) to the Head of Household's PA HMIS client record in accordance with the HUD Equal Access Rule definition of family.
12. Specialists place participants who meet the Category 1 and 4 definitions of homelessness on the By Name List (BNL) in PA HMIS depending on their VI-SPDAT score.
13. Specialists inform all participants that CES is not a guarantee of housing or services.
14. HP, SO, ES and TH providers accept referrals from CES.
15. TH-RRH, RRH and PSH providers enroll all eligible CES participants into their housing programs from the By Name List and will only enroll other households in units restricted for use by other County or Municipal contracts.
16. TH-RRH, RRH and PSH providers update participant PA HMIS BNL records when they engage, enroll, or move participants into housing, including the addition of detailed notes in the PA HMIS client record. They should also send an email to their CES Regional Manager informing them when the household has been housed.
17. Regional Managers monitor the BNL daily to help ensure participants are enrolled in housing programs by priority (based on VI-SPDAT score), length of time waiting for enrollment, and in accordance with program eligibility guidelines.
18. Regional Managers facilitate regular By Name List (BNL) meetings with housing providers and other community partners to case conference the highest priority participants currently on the BNL in their region.
19. Regional Managers and Coordinated Entry Specialists distribute CES marketing materials throughout their community with an emphasis on 1) populations in need that would otherwise not know about Coordinated Entry and 2) places where people experiencing homelessness (e.g., encampments, day centers, etc.) or housing instability (e.g., food pantries, soup kitchens, public assistance offices, etc.) often gather.

VI-SPDAT Score By Name List Placement Guidelines

The VI-SPDAT is intended to help Coordinated Entry Specialists and Referral Partners determine whether the recommended housing intervention for a family or individual is Joint Transitional Housing - Rapid Re-Housing, Rapid Re-Housing or Permanent Supportive Housing. TH-RRH and RRH providers may enroll eligible program participants who score for a different housing intervention but should always prioritize the most vulnerable households who will succeed in

their program. The VI-SPDAT score may also be a valuable tool for Emergency Shelter and Transitional Housing Case Managers receiving direct referrals from CES to guide program-level prioritization and enrollment.

If a housing Case Manager has a question about whether to enroll a participant in their program based on their VI-SPDAT score or BNL placement, they should contact their CES Regional Manager for guidance.

Performance Benchmarks

CES will be evaluated using HMIS data on an annual basis by the CoC Coordinated Entry and Data Committees. Results will be published on the CoC website, after they have been reviewed by the CES Committee. The CES Committee has selected the following as key outcomes for CES:

1. Reduction in the length of time homeless (system and project level).
2. Reduction in the number of persons experiencing first-time homelessness (system and project level).
3. Increase in percentage of placements into permanent housing (system and project level).

The CES Call Center and Access Site performance standards include:

1. Percent of participants were satisfied with CE as measured by Customer Satisfaction question asked at the end of intake and entered in PA HMIS.
2. Percent of complete (all questions answered unless participant refuses) PA HMIS Coordinated Entry Intake Pre-Screen Interviews and VI-SPDATs.

Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Policies

Consumer Grievance Policy

A consumer with a grievance about their experience with a Coordinated Entry Specialist may present their grievance in writing to the appropriate CES Regional Manager (or the CES Committee Chair in a region that does not have a staffed CES Regional Manager). The person has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The person has the right to withdraw his/her grievance at any time. Any grievance paperwork filed by a participant should note his/her name and contact information so the CES Regional Manager (or CES Committee Chair) can contact him/her to discuss the issues.

A consumer with a grievance about their experience with a Coordinated Entry System Referral Partner organization or representative of that organization should follow that organization's grievance procedure. Neither the CoC nor CES have the authority or responsibility to address client grievances with any housing or emergency service program(s) they are enrolled in as a participant.

Definition of Family Policy

The Eastern PA CoC Coordinated Entry System complies with the HUD's Equal Access Rule as applied to CoC and ESG funded programs. Under this definition, family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

According to HUD:

"What this means is that any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such. Further, a recipient or subrecipient receiving funds under the ESG or CoC Programs cannot discriminate against a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults), the age of any member's family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity."

Denial of Service Policy

If a housing or emergency service provider wishes to deny a person enrollment into their program (either from a direct referral or from the By Name List), the rationale for denial must include at least one of the following criteria:

- Person does not meet the program's eligibility criteria
- Person cannot be reached after three attempts over the course of five days
- Person is not following through with the referral process after initial contact
- Referral Partner does not have the capacity or expertise to meet the person's disability needs and a service partnership is not currently available
- A conflict of interest between the person and the Referral Partner

If the Referral Partner denies the referral, the person will receive a new referral for emergency services or will remain on the By Name List (since they are not removed until after enrollment in a Rapid Re-Housing or Permanent Supportive Housing program).

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, Stalking, and/or Human Trafficking

The Eastern PA CoC has developed this Emergency Transfer Plan so that participants in homeless assistance projects who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking can be safe and have stable housing.

In accordance with the Violence Against Women Act (VAWA),1 Eastern PA CoC homeless assistance programs providing housing or rental assistance must allow participants who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking to request an emergency transfer from the participant's current unit to another unit. This requirement applies to programs receiving Continuum of Care (CoC) funding, as well as DCED Emergency Solutions Grant (ESG) funding, in accordance with DCED policies and requirements.

The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.2 Homeless assistance providers will work with **Connect to Home**, the Eastern PA CoC's Coordinated Entry System to enact an emergency transfer through resources beyond those available within the providers own organization.

This plan identifies participants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to participants on safety and security. This plan is based on a model emergency transfer plan published by HUD, which is the Federal agency that oversees VAWA compliance of CoC/ESG-funded programs.

The current version of the complete Emergency Transfer Plan Policy is available online here: https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern%20PA%20CoC%20-%20VAWA%20Emergency%20Transfer%20Plan%20Policy.pdf.

Housing First Policy

Like all CoC Program-funded projects, Connect to Home operational partner organizations are required to operate projects using a housing first approach.

The current version of the complete Housing First Policy is available online here: https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern-PA-CoC-Housing-First-Policy-Final-approved-by-Board-12-19-16.pdf.

Inclusion and Nondiscrimination Policy

The Eastern PA CoC's Inclusion and Nondiscrimination Policy promotes programming that provide the highest quality of services, without bias, and are delivered in an equitable, trauma-informed manner.

NON-DISCRIMINATION: Each provider must have a zero-tolerance policy prohibiting *intentional* discrimination regarding staff, clients, and the public based on actual or perceived race, ethnicity, color, sex, sexual orientation, gender identity and expression, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence victim status, ensuring that all participants are afforded equal opportunities. In instances where the discrimination was an *unintentional* first offense, the CoC supports using the isolated instance as a teachable moment, both for personal and organizational growth.

INCLUSION: Providers must not only have a policy against discrimination, they must also take positive, concrete steps toward inclusion. To this end, providers must have inclusionary policies related to general programming, housing and facilities (as applicable), and language (paperwork, names, and pronouns). The CoC recognizes that individuals have the right to be called by their chosen name and referred to by the gender pronoun that they designate and that matches their gender identity as they know themselves to be.

EQUAL ACCESS: Programs must affirmatively provide equal access to their housing and supportive services in a nondiscriminatory manner that ensures that all persons are afforded equal opportunities. The CoC acknowledges that additional services/support may be needed in order to provide equal access to housing opportunities. For example, some populations may need additional assistance locating housing and executing a lease.

The current version of the complete Inclusion and Nondiscrimination Policy is available online here: https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern%20PA%20CoC%20Non-Discrimination%20Policy%20APPROVED%2010.14.20.pdf.

Referral Zone Policy

CES is intended to connect people experiencing or at imminent risk of homelessness to housing and emergency services regardless of their residency status or current location within the CoC's thirty-three county service region. However, there are two types of geographic limitations that restrict the ability of certain providers to enroll people in programs that they would otherwise be prioritized and eligible for:

1. Rapid Re-Housing programs restricted by funding source(s) to serve residents of a specific county.

2. Transportation barriers for people experiencing homelessness to access programs for which they are eligible.

Note that ESG and some other funding sources may restrict programs to deliver service in their county, as opposed to serving only residents of their county. Note also that programs partially funded by a source that has residency requirements should only restrict access to the portion of the program funded by that source.
Regarding transportation barriers, CES Operational and Referral Partners should make every effort to provide people with access to transportation if funding allows.

Connect to Home Coordinated Entry System Policies and Procedures

The CoC recognizes that in some cases, CES Referral Partners will need to restrict enrollment of people on the Community Queue based on geographic limitations. The Community Queue has a Referral Zone filter for this purpose. CES Referral Zones are subdivisions of the CoC defined by their proximity to each other. If need be, providers may filter the CQ by Referral Zone to identify people on the prioritization list in or near their county. See Appendix B: Eastern PA CoC CES Referral Zone Map.

Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Procedures

Coordinated Entry Managers, Specialists, and Referral Partners should use the following procedures for Coordinated Entry Intake, Assessment, Prioritization, and Referral.

The most recent version of these procedures, as well as the most current version of the Coordinated Entry Referral Partner Matrix, are online here: https://drive.google.com/drive/folders/1oxXPaBvw_F7kX3ORJSKerbnfbsUjKrYT.

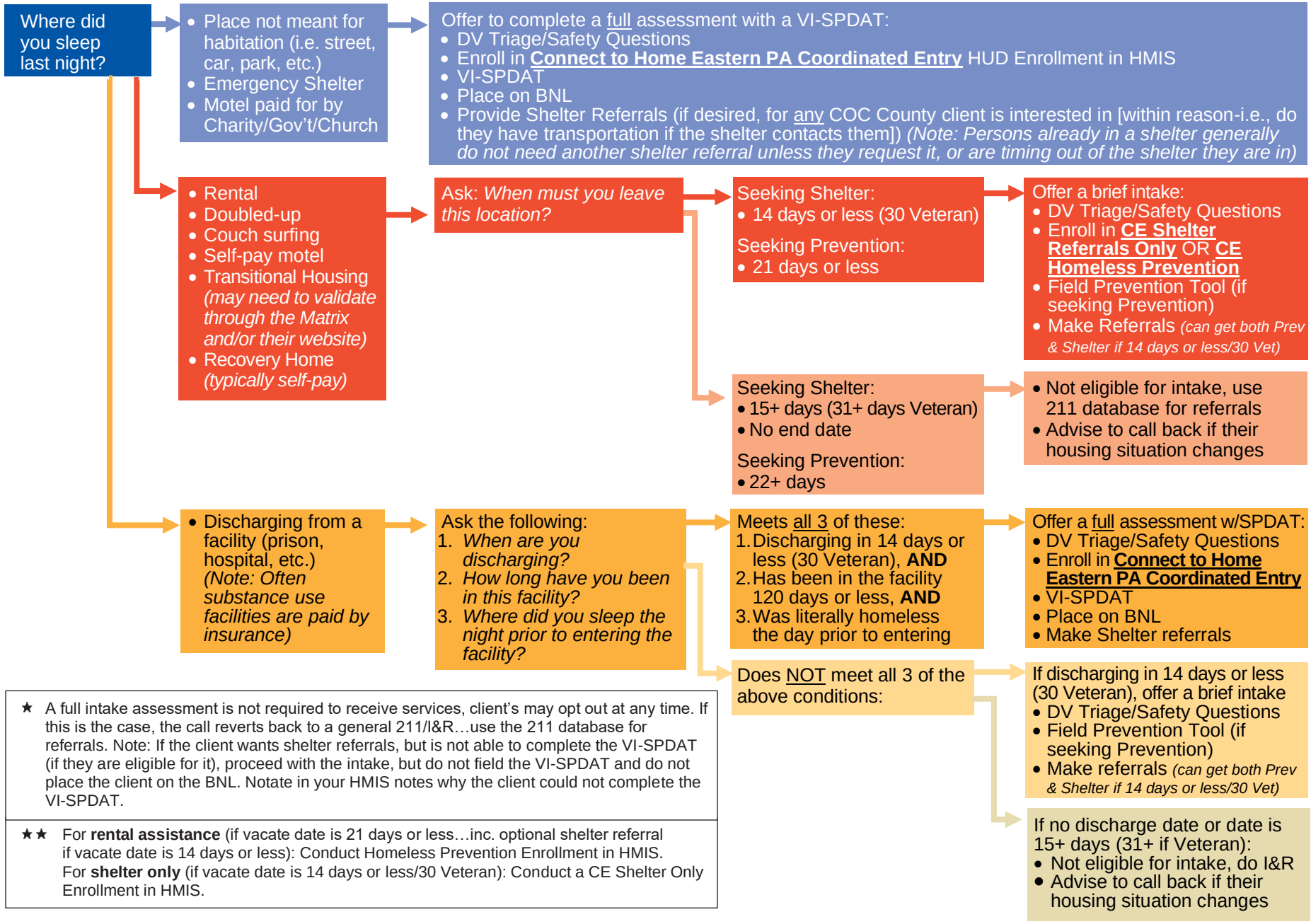
In addition, the Eastern PA CoC Coordinated Entry Consultant hosts virtual office hours twice monthly, virtual brown bag lunches monthly, manages a subscription-based email list, and hosts a Coordinated Entry Slack Channel. The CE Consultant is also responsible for Coordinated Entry System reporting and data analysis.

To receive up-to-date information, subscribe to the email list, and/or request CE data reports on Connect to Home, please email the Coordinated Entry Consultant at jason@capacityforchange.com.

Coordinated Entry Intake – Flow Chart (County Eviction Moratorium In Effect)

LITERALLY HOMELESS (CATEGORY 1) • AT-RISK OF HOMELESSNESS (CATEGORY 2 OR 3)

*This flow chart is only relevant to those whom have **NOT** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence*



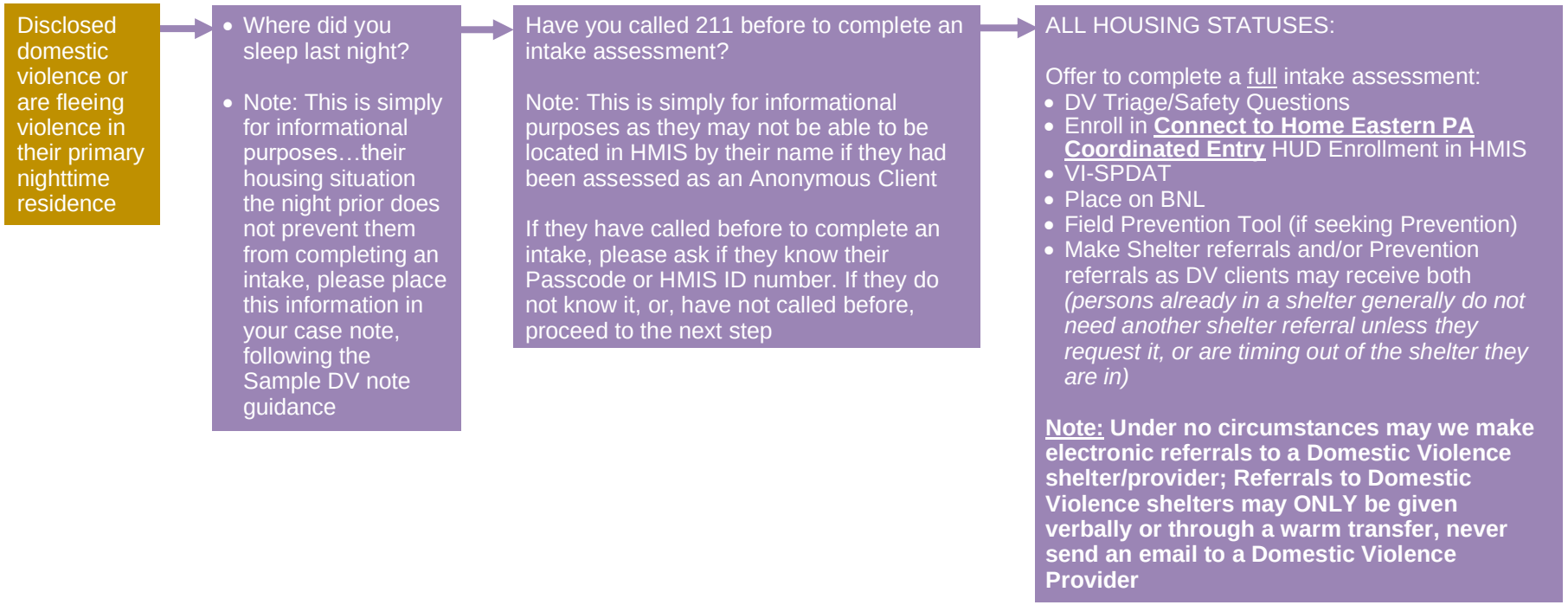
★ A full intake assessment is not required to receive services, client's may opt out at any time. If this is the case, the call reverts back to a general 211/I&R…use the 211 database for referrals. Note: If the client wants shelter referrals, but is not able to complete the VI-SPDAT (if they are eligible for it), proceed with the intake, but do not field the VI-SPDAT and do not place the client on the BNL. Notate in your HMIS notes why the client could not complete the VI-SPDAT.

★★ For **rental assistance** (if vacate date is 21 days or less…inc. optional shelter referral if vacate date is 14 days or less): Conduct Homeless Prevention Enrollment in HMIS. For **shelter only** (if vacate date is 14 days or less/30 Veteran): Conduct a CE Shelter Only Enrollment in HMIS.

COORDINATED ENTRY INTAKE – FLOW CHART (IF EVICTION MORATORIUM)

DOMESTIC VIOLENCE SURVIVORS AND OTHERS FLEEING VIOLENCE IN THEIR NIGHTTIME RESIDENCE

*This flow chart is only relevant to those whom **HAVE** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence*



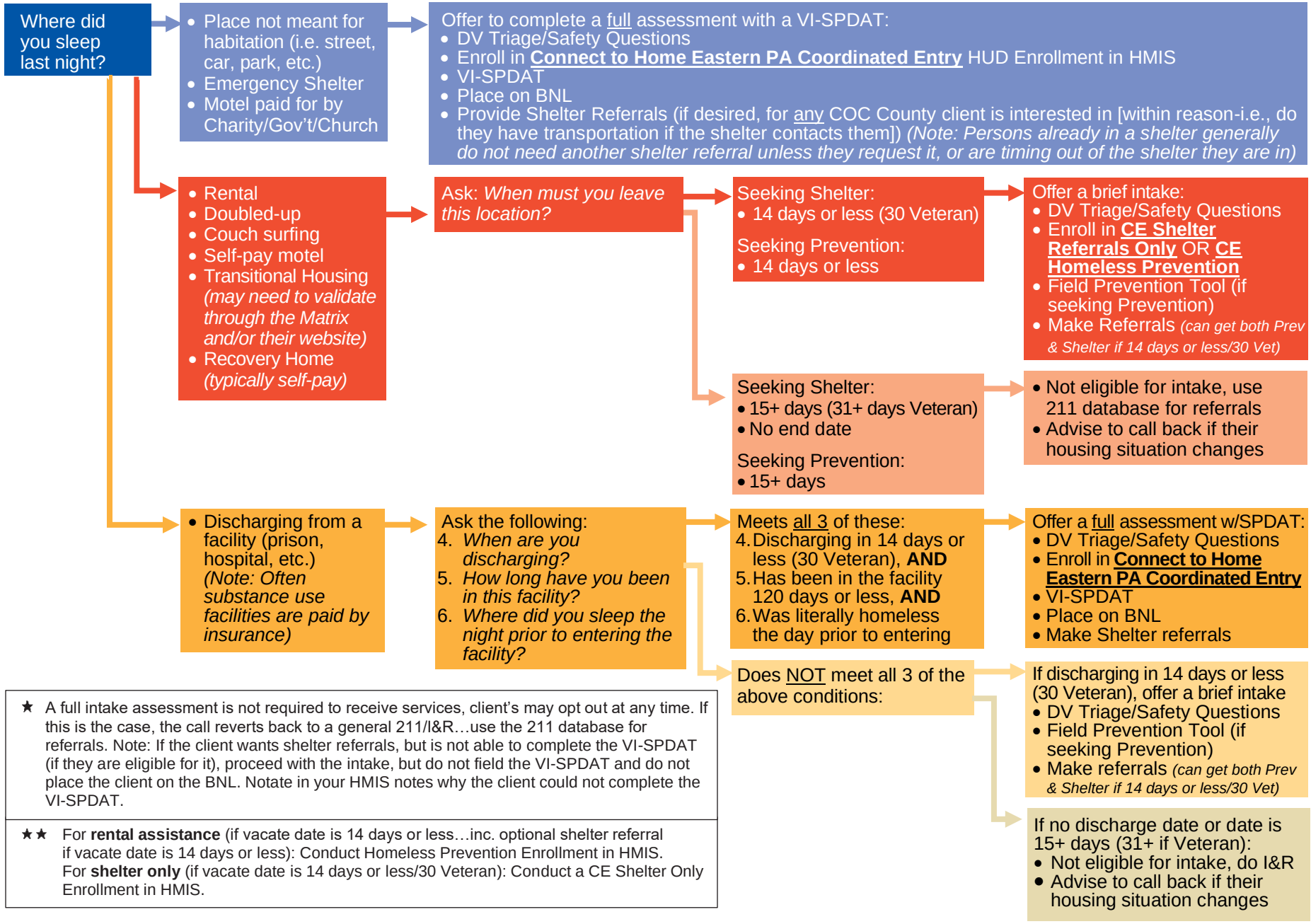
★ In order to receive services, a full intake assessment is not required, client's may opt out of our intake at any time. if this is the case, the call reverts back to a general 211/Information and Referral call…simply use the 211 database for referrals. Please keep in mind that if the client wants shelter referrals, but does not want to complete the VI-SPDAT (if they are eligible for it—sometimes they may not have the time to complete it), proceed with the intake through HMIS, but do not field the VI-SPDAT and do not place the client on the BNL.

Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Intake – Flow Chart (No County Eviction Moratorium In Effect)

LITERALLY HOMELESS (CATEGORY 1) • AT-RISK OF HOMELESSNESS (CATEGORY 2 OR 3)

*This flow chart is only relevant to those whom have **NOT** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence.*



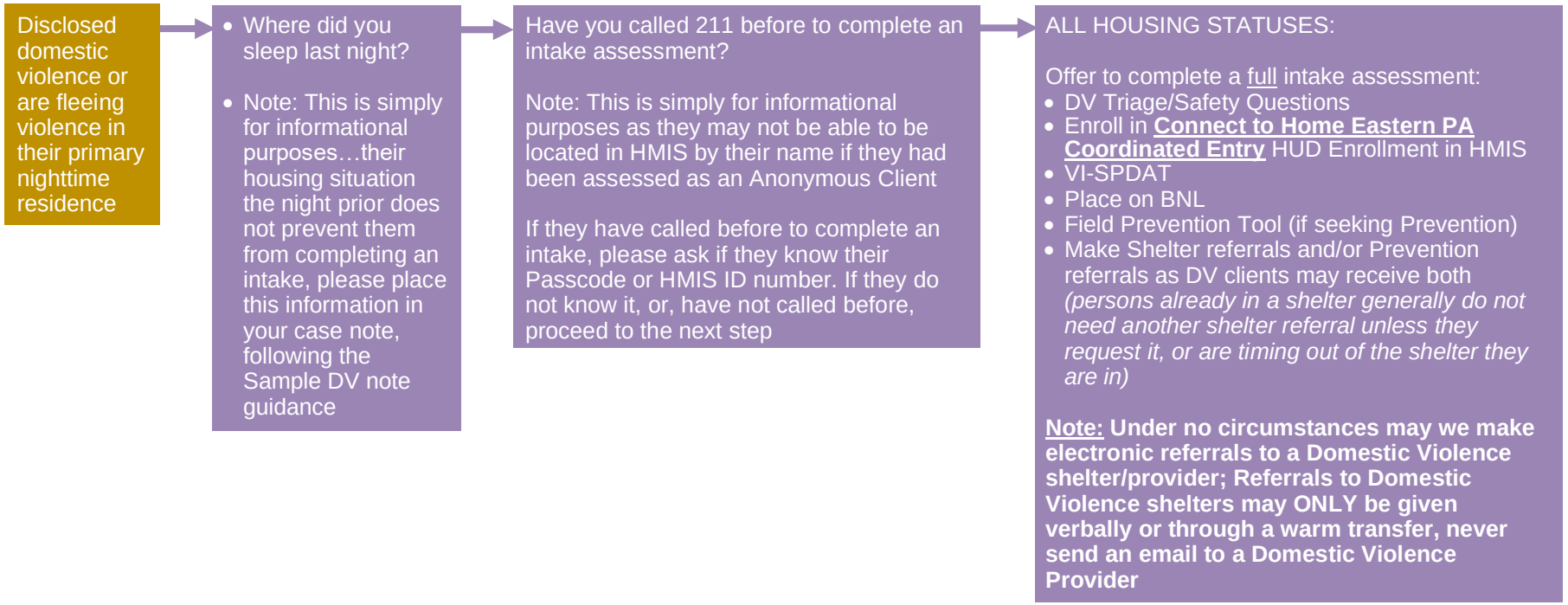
★ A full intake assessment is not required to receive services, client's may opt out at any time. If this is the case, the call reverts back to a general 211/I&R…use the 211 database for referrals. Note: If the client wants shelter referrals, but is not able to complete the VI-SPDAT (if they are eligible for it), proceed with the intake, but do not field the VI-SPDAT and do not place the client on the BNL. Notate in your HMIS notes why the client could not complete the VI-SPDAT.

★★ For **rental assistance** (if vacate date is 14 days or less…inc. optional shelter referral if vacate date is 14 days or less): Conduct Homeless Prevention Enrollment in HMIS. For **shelter only** (if vacate date is 14 days or less/30 Veteran): Conduct a CE Shelter Only Enrollment in HMIS.

COORDINATED ENTRY INTAKE – FLOW CHART (IF NO MORATORIUM)

DOMESTIC VIOLENCE SURVIVORS AND OTHERS FLEEING VIOLENCE IN THEIR NIGHTTIME RESIDENCE

*This flow chart is only relevant to those whom **HAVE** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence*

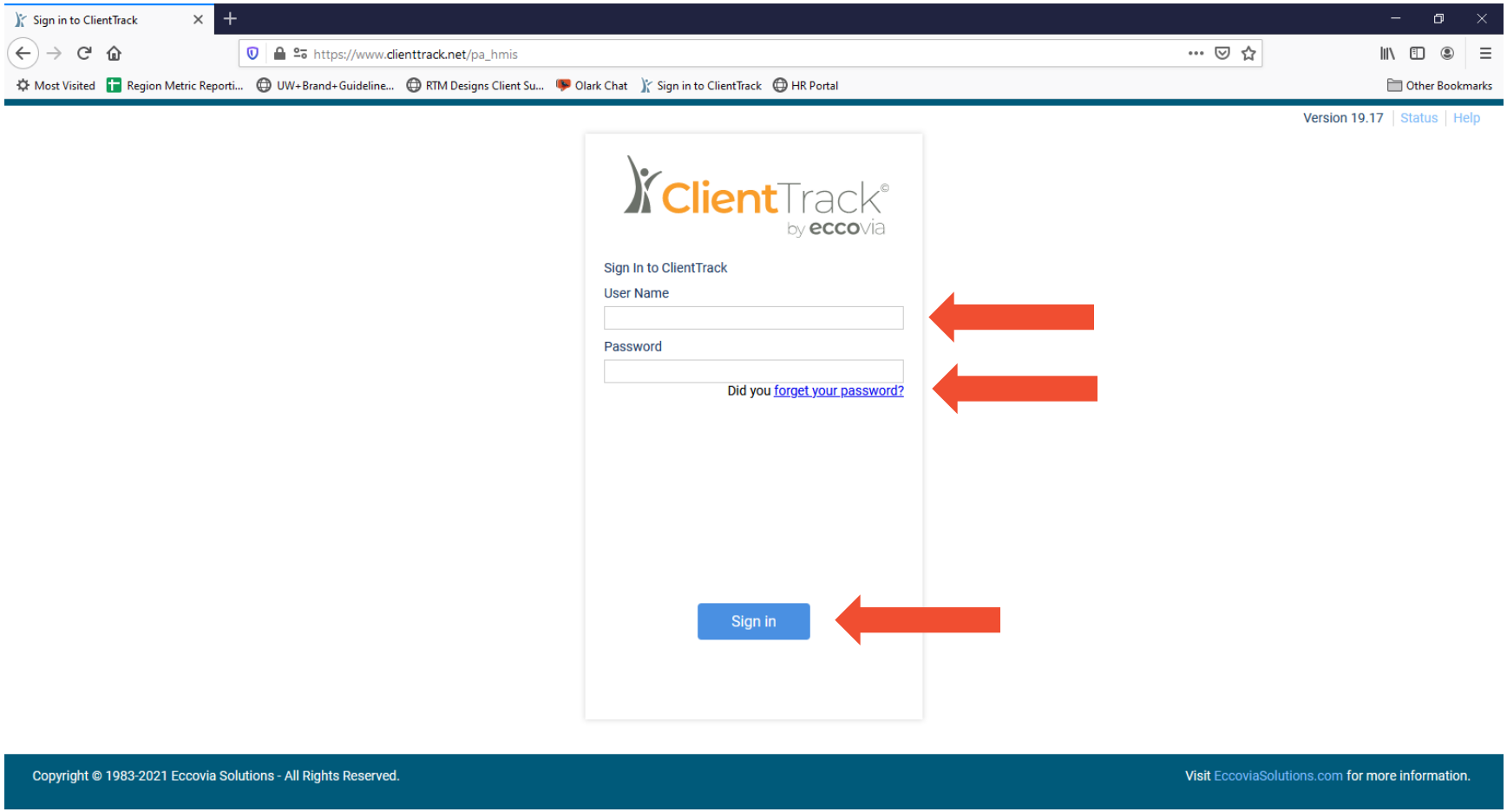


★ In order to receive services, a full intake assessment is not required, client's may opt out of our intake at any time. if this is the case, the call reverts back to a general 211/Information and Referral call…simply use the 211 database for referrals. Please keep in mind that if the client wants shelter referrals, but does not want to complete the VI-SPDAT (if they are eligible for it—sometimes they may not have the time to complete it), proceed with the intake through HMIS, but do not field the VI-SPDAT and do not place the client on the BNL.

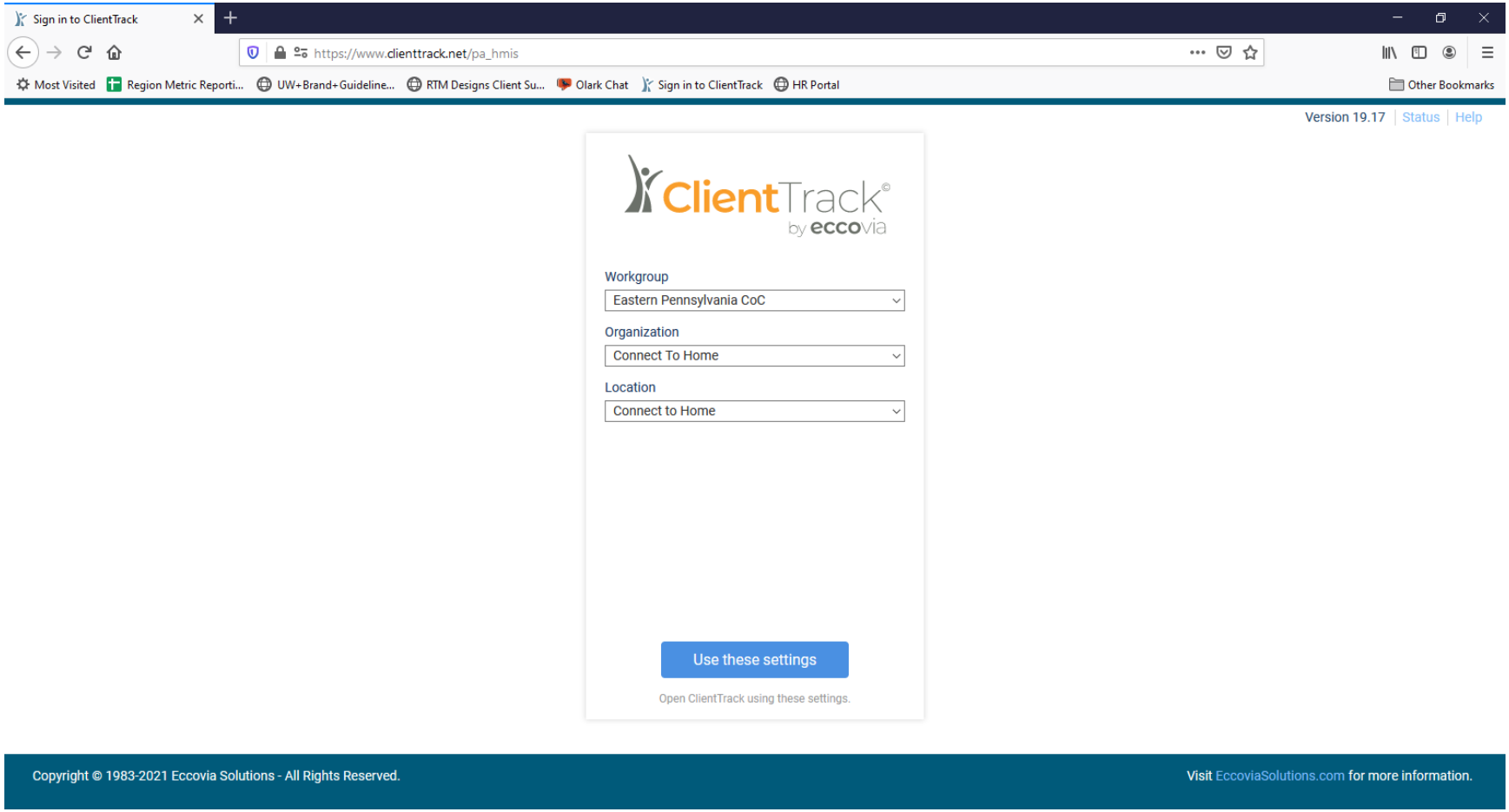
Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Intake for Literally Homeless Households (HUD Categories 1 & Cat 4 DV/Public)

1. Log-in with your Username and Password, click Sign-In

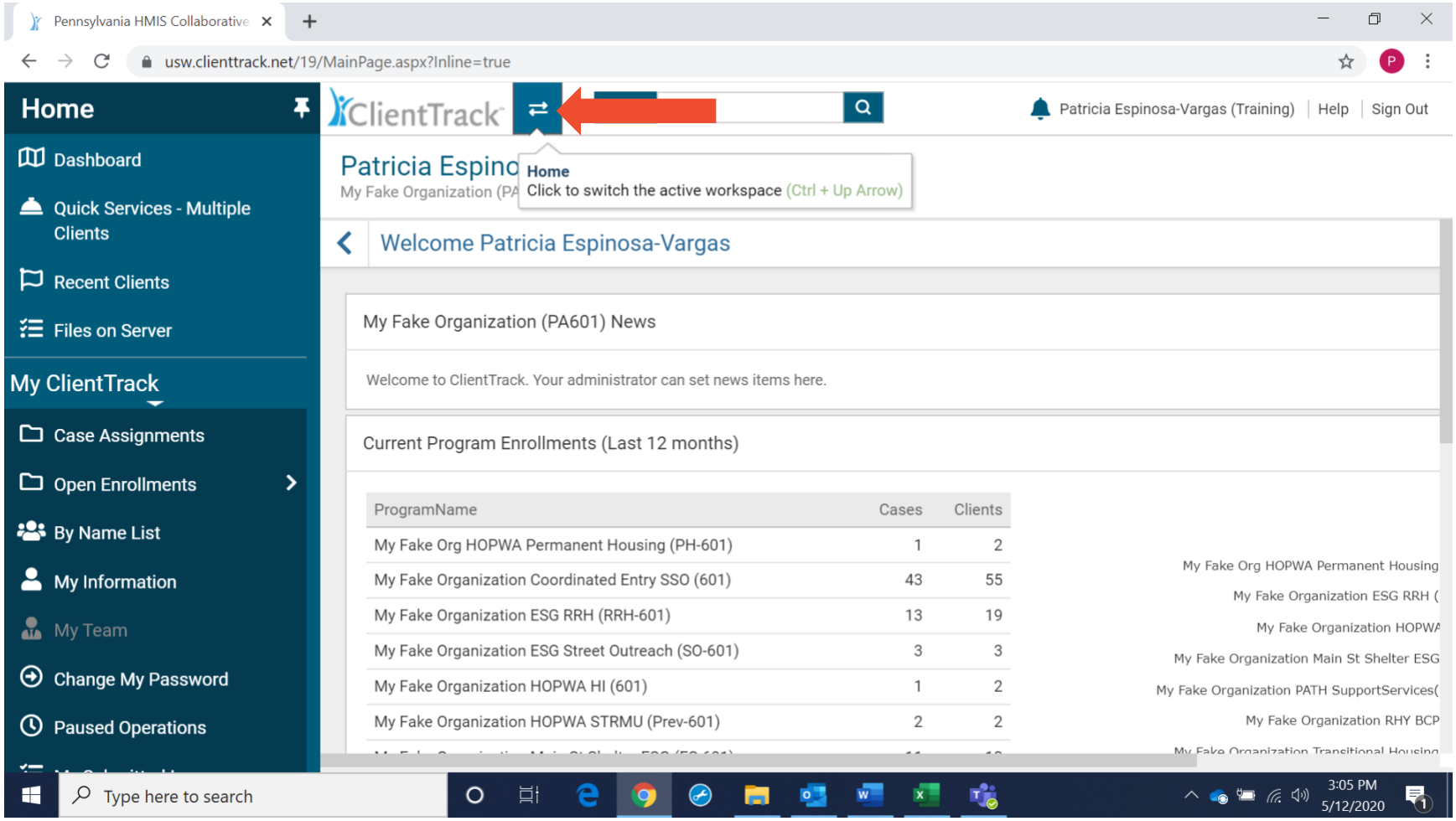


2. Be sure to be logged in to, then click Use these settings:
   - Workgroup: Eastern Pennsylvania COC
   - Organization: Connect To Home
   - Location: Connect To Home



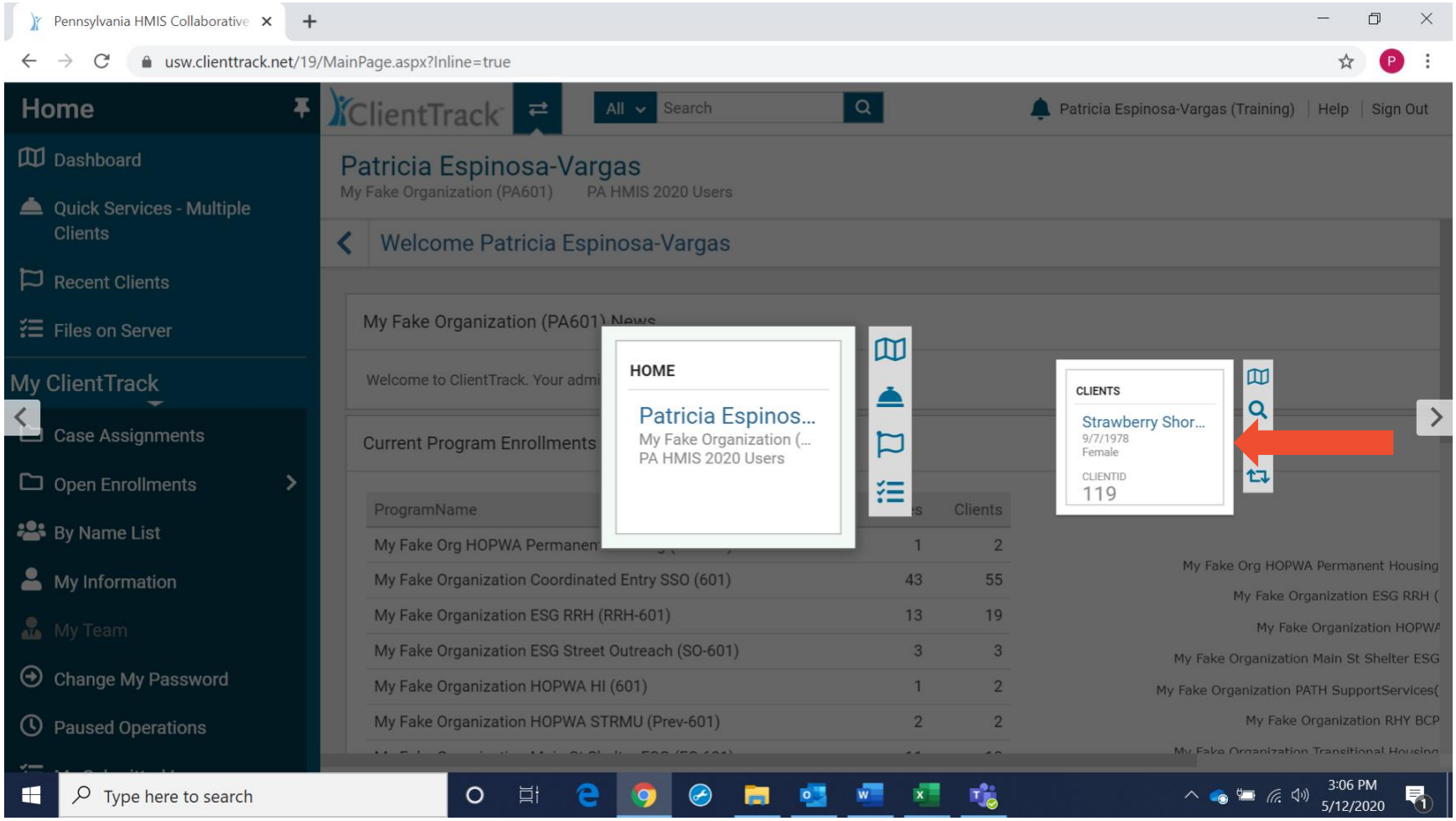
Connect to Home Coordinated Entry System Policies and Procedures

3. While on the Home screen, click to Double Arrows to switch to a different Workspace

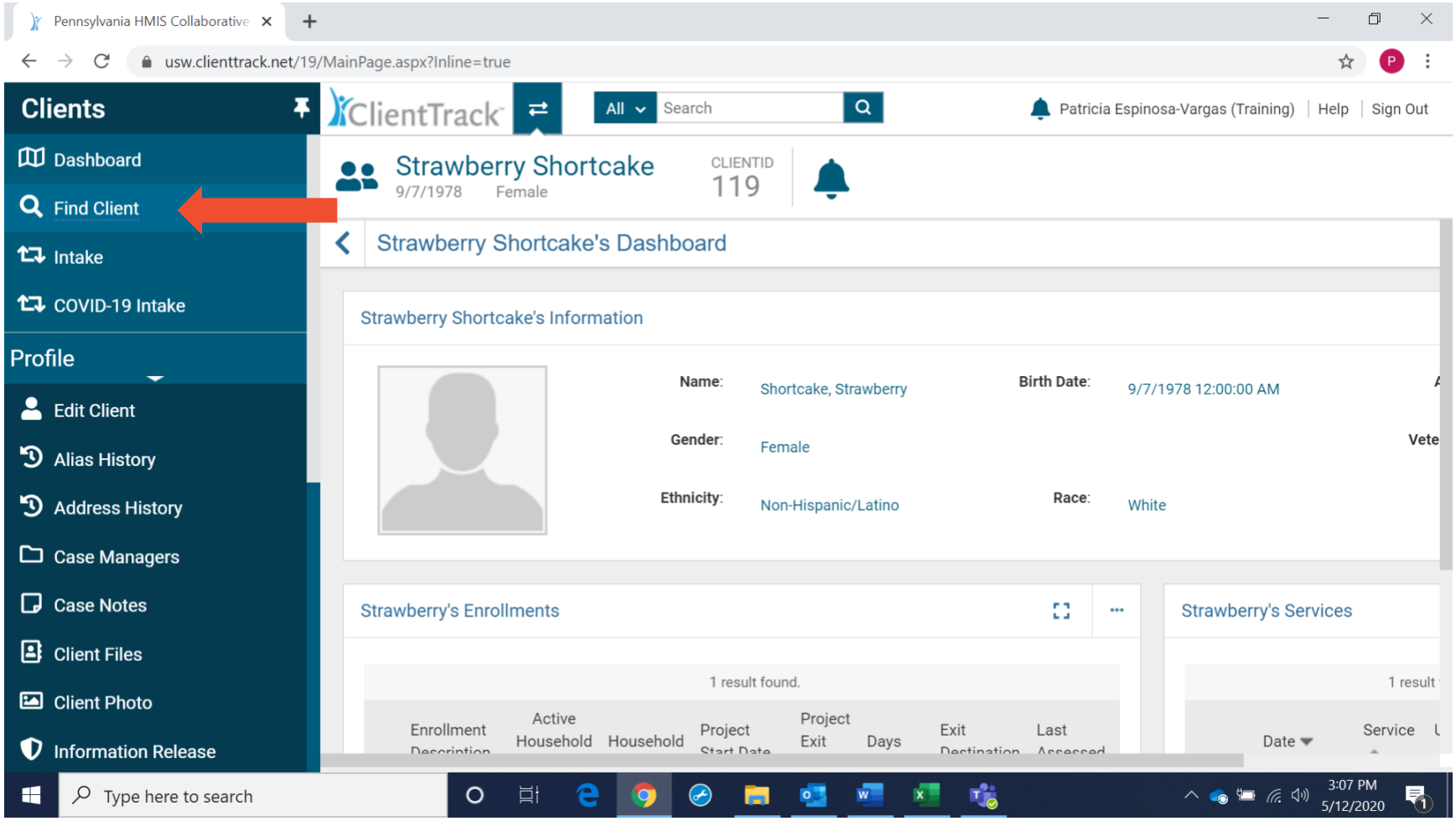


Connect to Home Coordinated Entry System Policies and Procedures

4. Click the Clients Workspace (you should see a snapshot of the previous client you searched for)

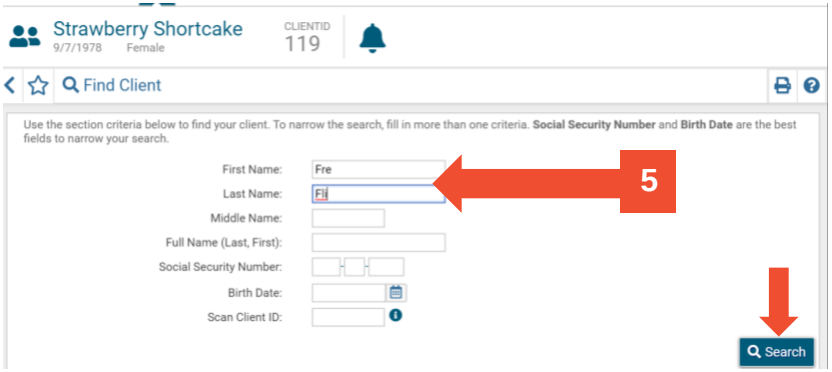


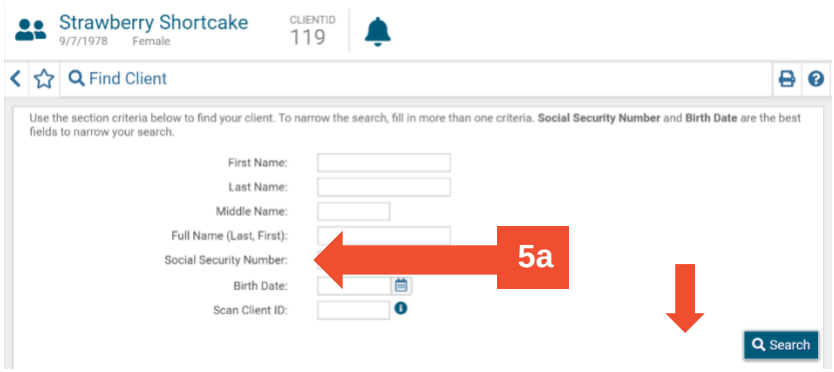
5. While at the Client Dashboard screen, click Find Client

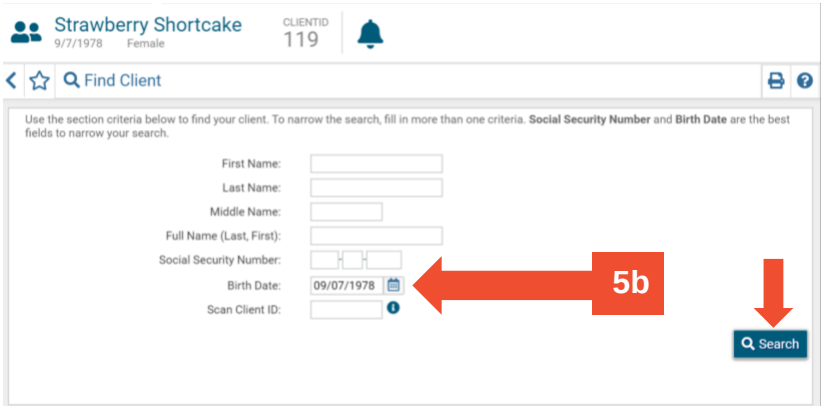


Connect to Home Coordinated Entry System Policies and Procedures

6. Search for the client by the first 3 letters of their First and Last names
   - If no results, please clear the letters of their name and search by their Social Security Number
   - If still no results, clear their Social Security Number and search by their Date of Birth

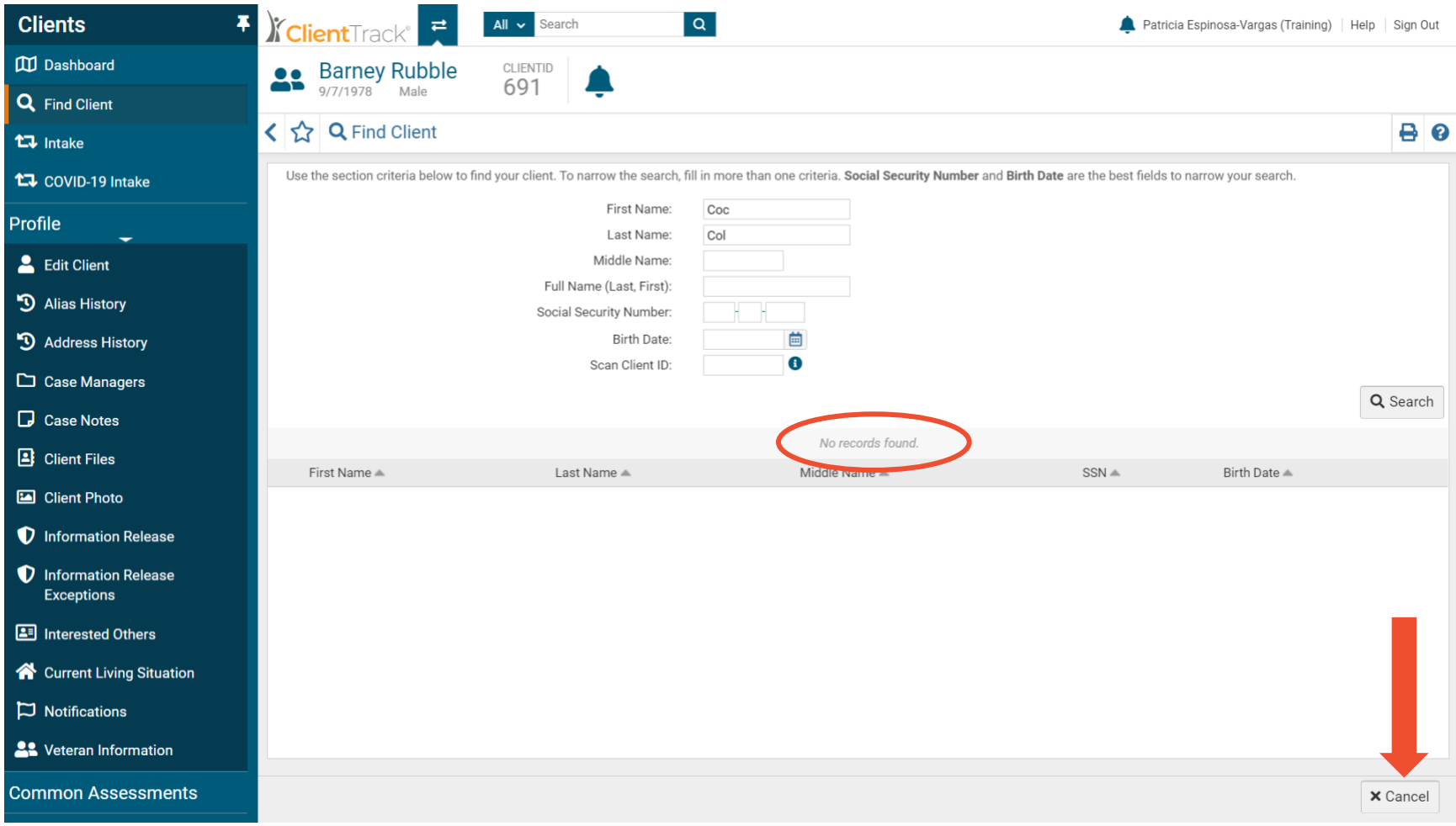




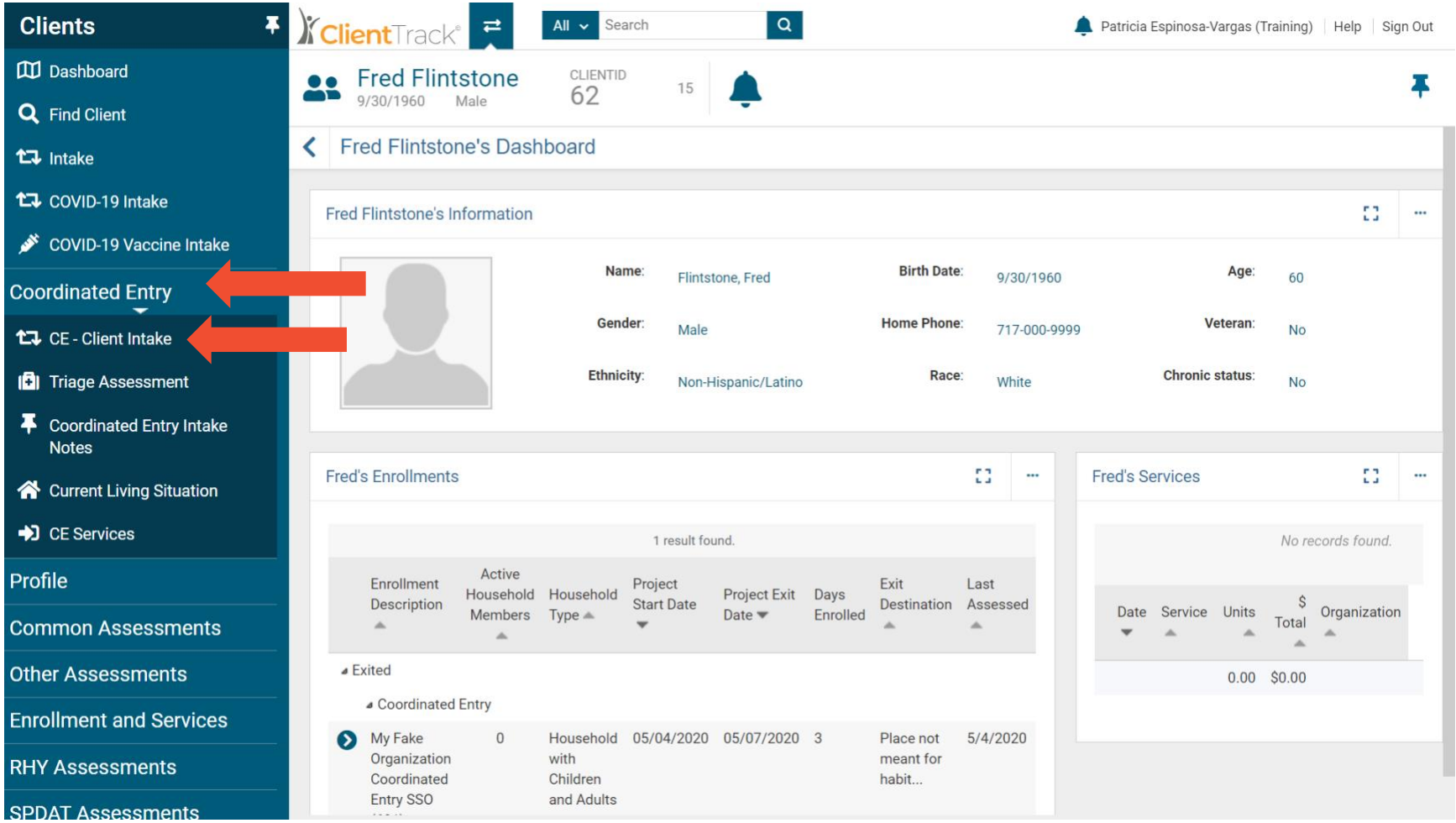


Connect to Home Coordinated Entry System Policies and Procedures

7. If the client is NOT the system, click Cancel to return to the Dashboard
   - **Note: If the client is already in the system**, click their name to load their profile, view their case notes and active enrollments to ensure that they are not currently on the By Name List (unless they are Category 4/DV which may be referred to Homeless Prevention while being active on the BNL); additionally, complete a "profile check" to validate/confirm existing information including phone number and current household members if any…then, proceed to Step 8

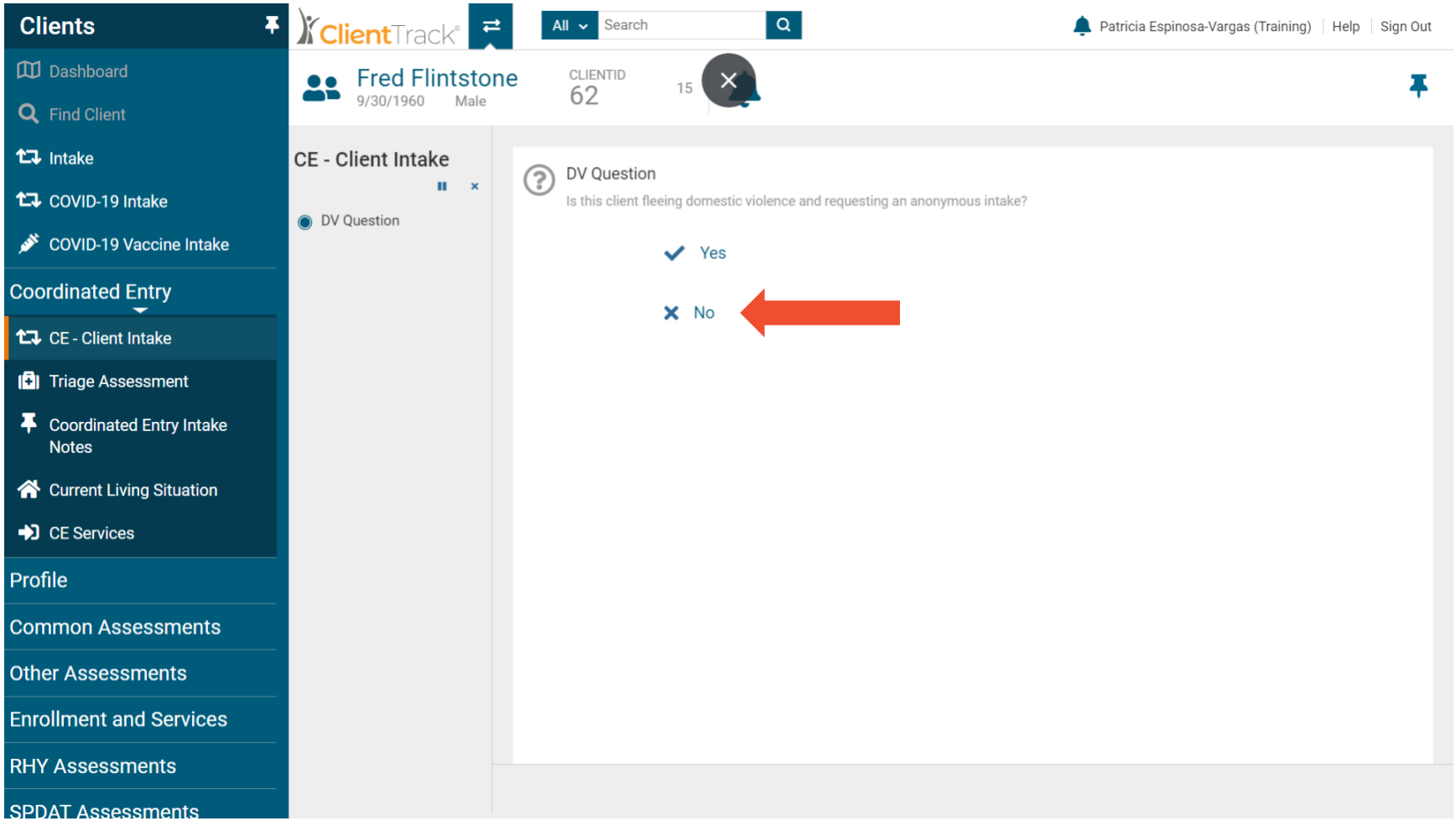


8. Click Coordinated Entry, then click CE - Client Intake



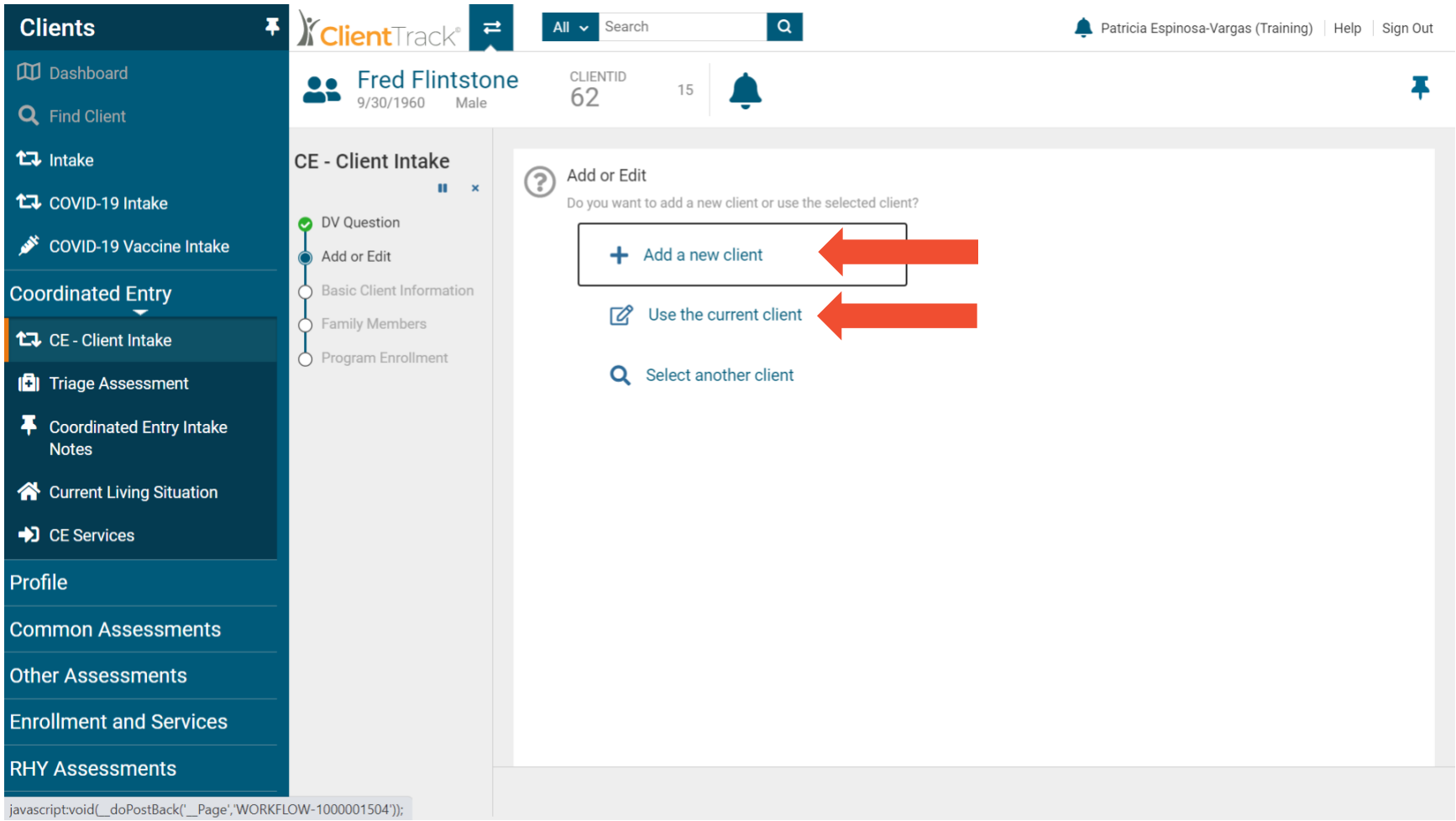
Connect to Home Coordinated Entry System Policies and Procedures

9. Answer the Domestic Violence (DV) question
   - Note: In this tutorial it is assumed that the client is NOT fleeing DV, as such the answer will always be No
     - If the client IS fleeing and is looking to be entered into HMIS **ANONYMOUSLY**, this tutorial does NOT apply, please view the DV-Anon Tutorial

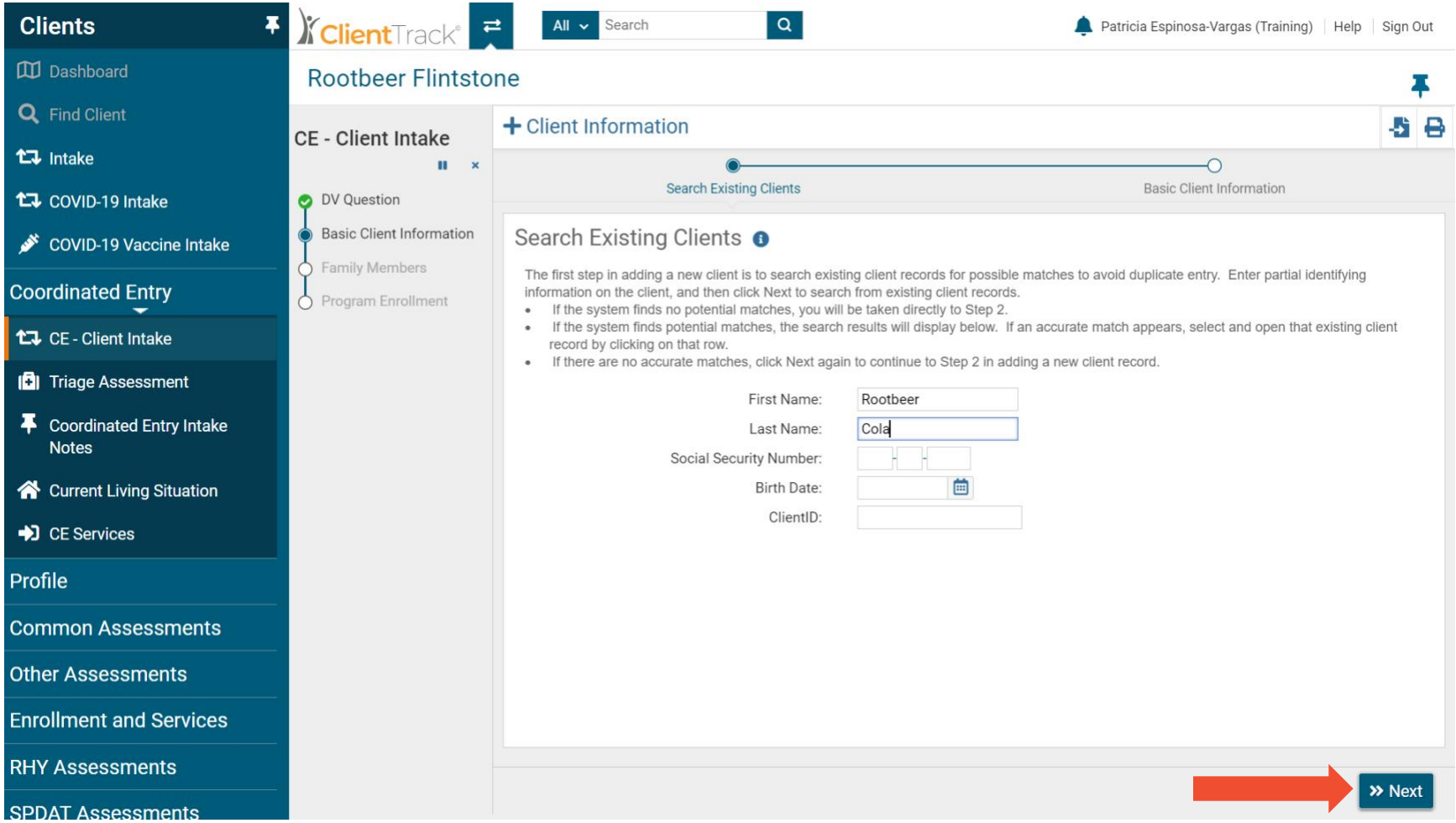


Connect to Home Coordinated Entry System Policies and Procedures

10. If the client was not in the system as you searched previously, click Add New Client
    - If they were, and you already loaded their client dashboard, click Use the Current Client

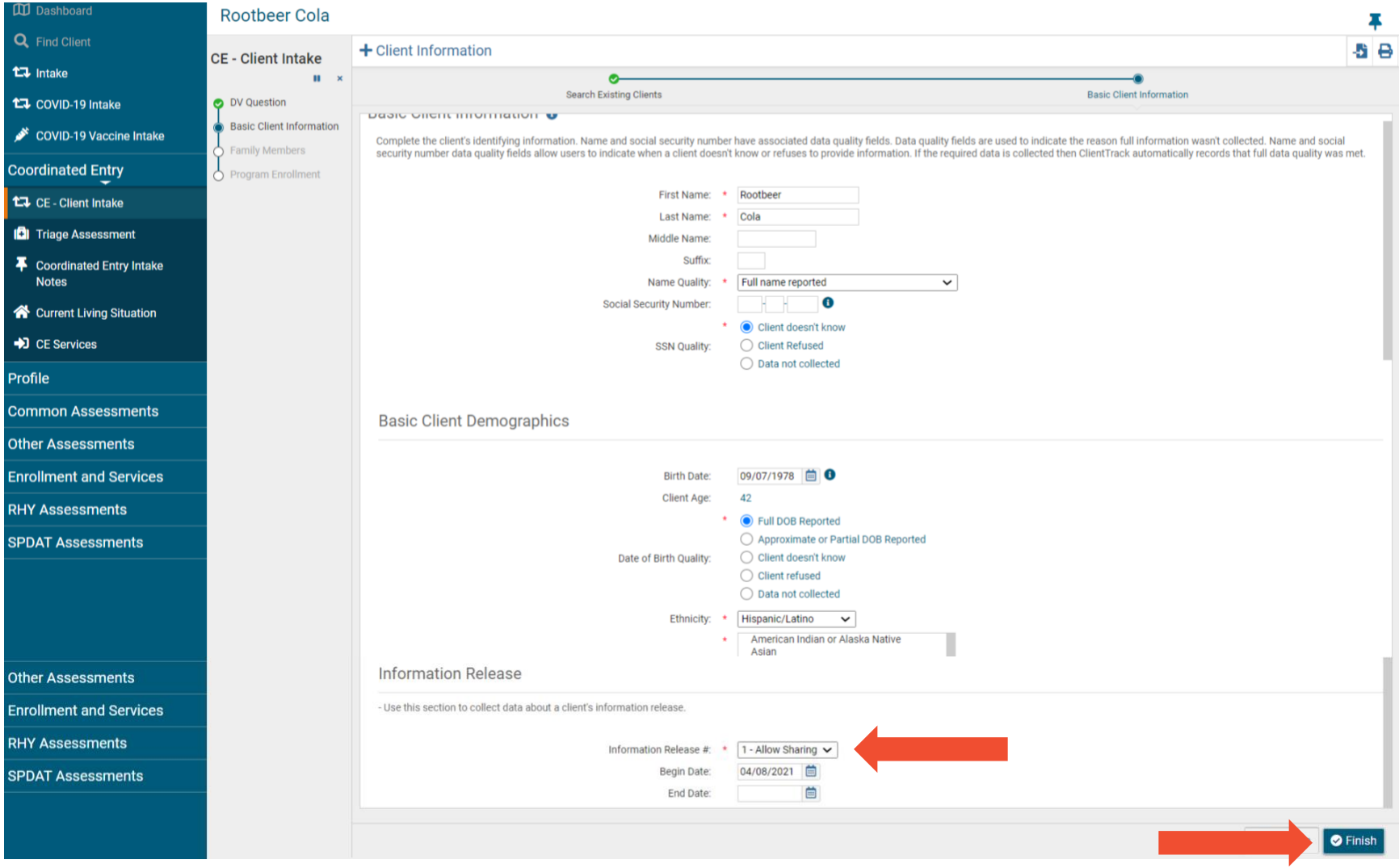


11. Search for the client once more, then click Next



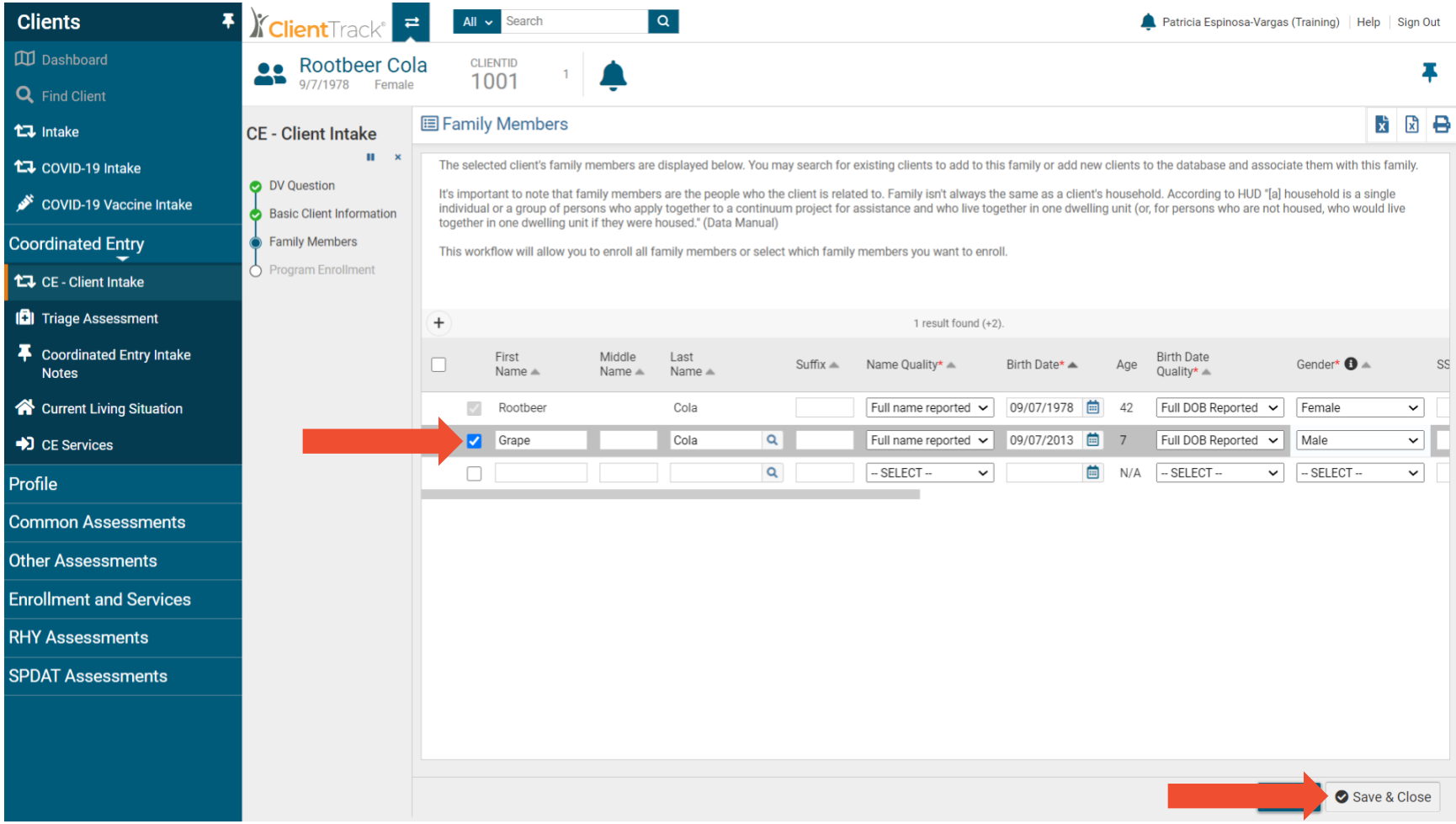
Connect to Home Coordinated Entry System Policies and Procedures

12. Complete the Client/Head of Household's profile, then click Finish to move on to the next screen
    - Be sure to read the following before moving on as it relates to Consent/Information Release: *"Do I have your permission to enter your information into the Eastern Pennsylvania secure data system called HMIS?"*



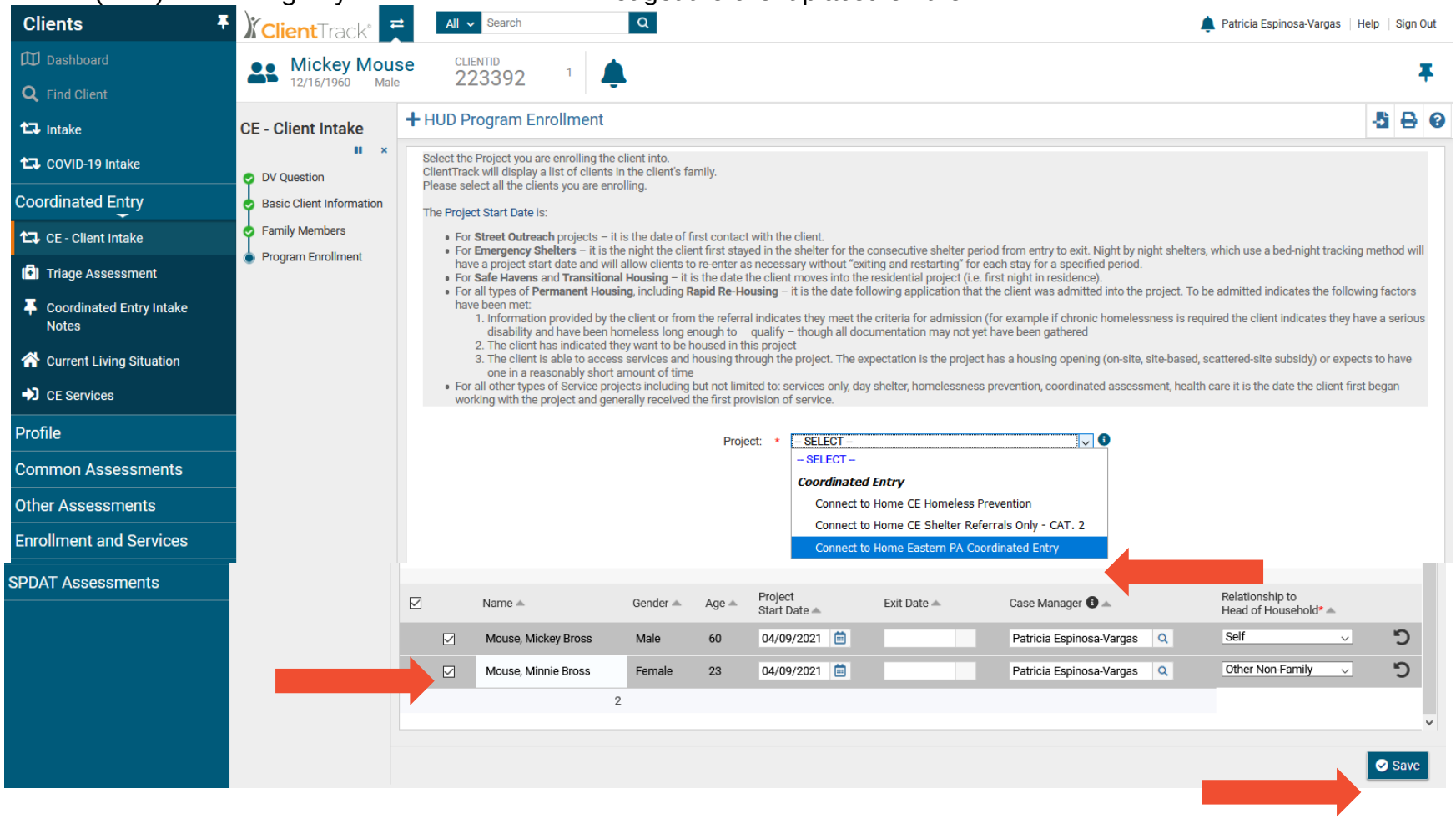
Connect to Home Coordinated Entry System Policies and Procedures

13. Add any additional Household members, then click Save & Close when complete



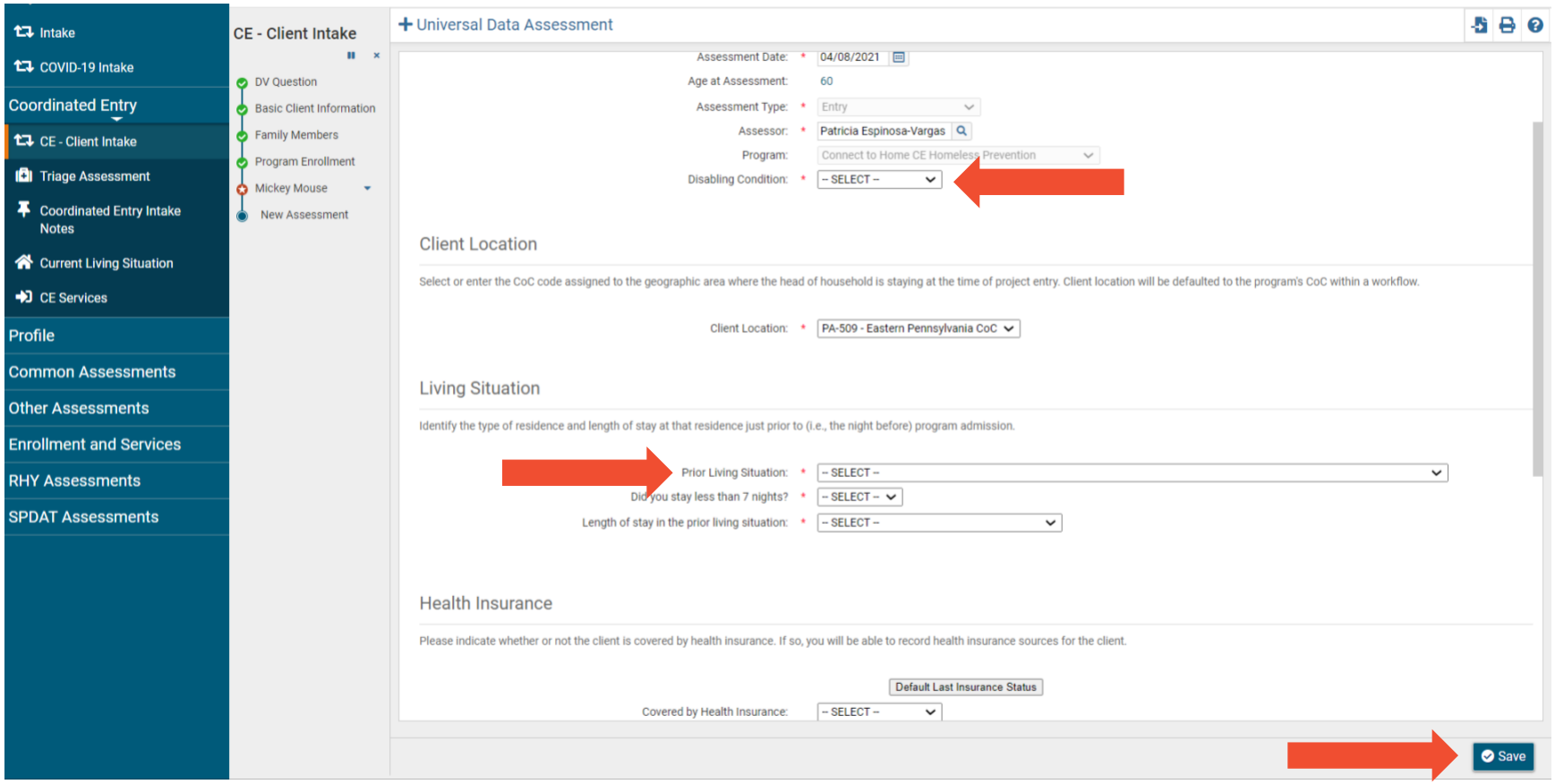
Connect to Home Coordinated Entry System Policies and Procedures

14. Choose the **Connect to Home Eastern PA Coordinated Entry** project to enroll the client in to, then select all Household Members needing assistance/enrolled, Click Save when complete
    - Note: You MUST select this enrollment for those eligible for a VI-SPDAT/Placement on the By Name List (BNL)…selecting any other enrollment will not get the client placed on the BNL

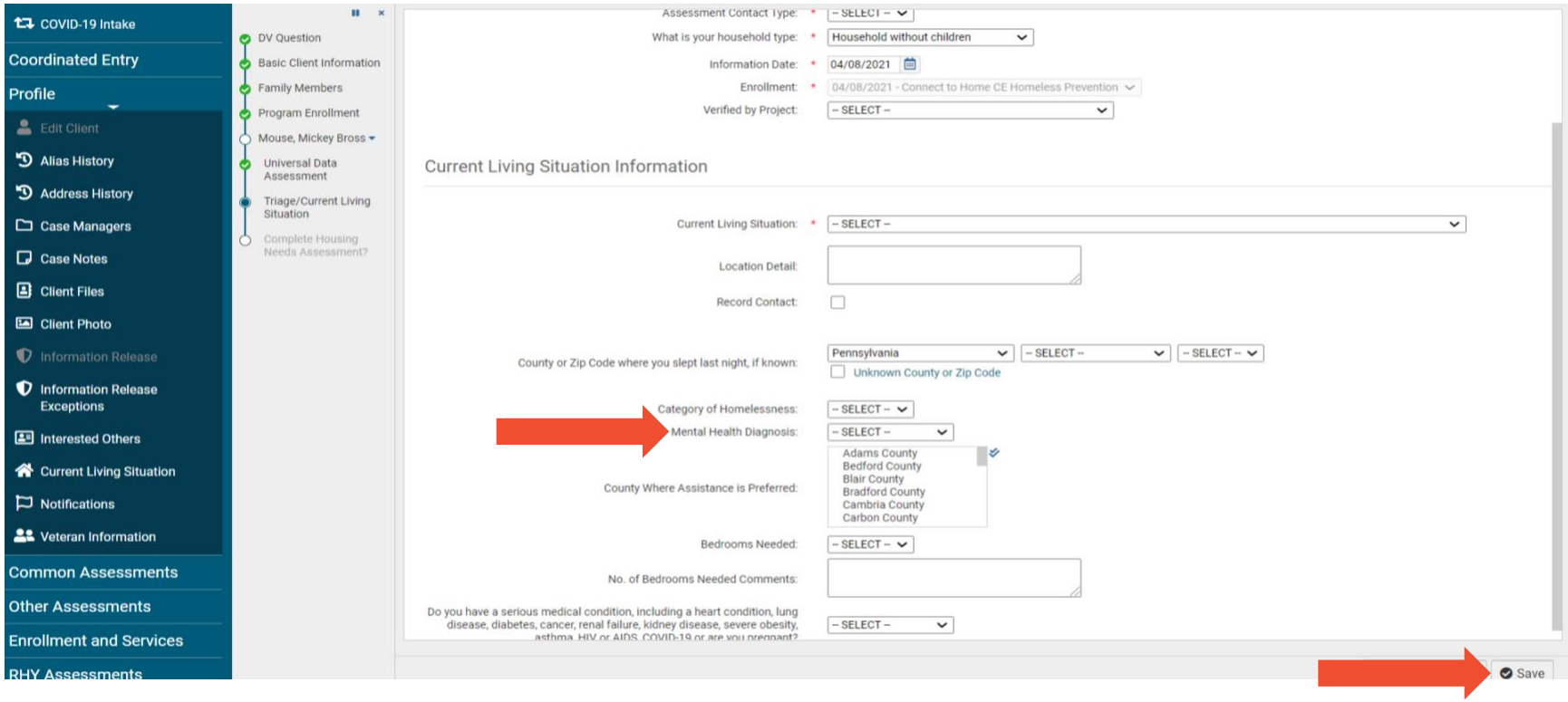


Connect to Home Coordinated Entry System Policies and Procedures

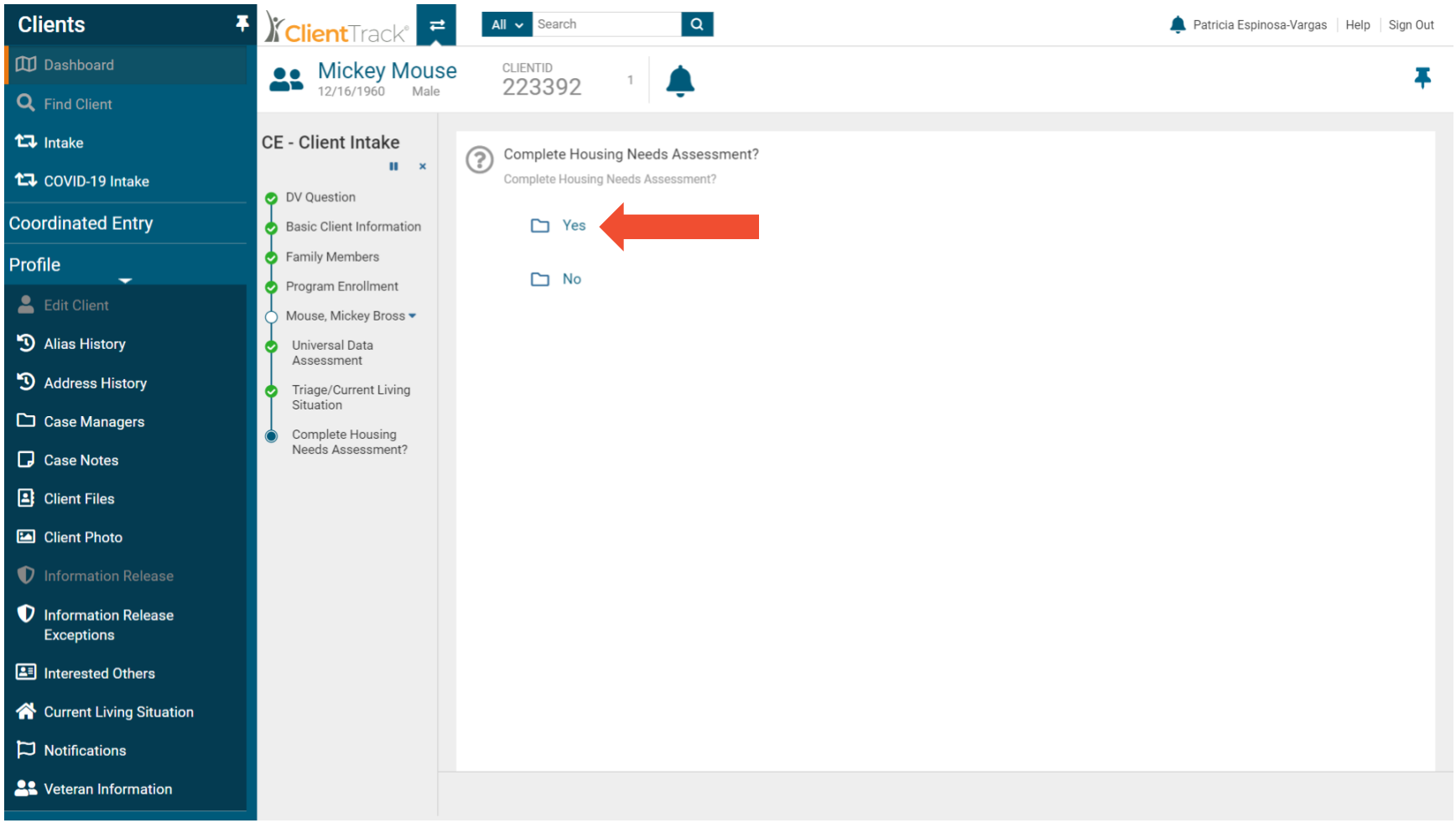
15. Complete the Universal Data Assessment, click Save when complete
    - Disabling Condition: Read the following and answer accordingly…*"Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?"*
    - Prior Living Situation: This response to this question should reflect where the client slept last night
        - Note: depending on their housing situation last night, different fields/questions will populate that are required to be answered
    - Health Insurance: This question is not required, as such, please skip it



16. Complete the Triage Assessment, click Save when complete
    a. Assessment Contact Type: For 211, the response should always be Phone, For Access Sites it will likely be In-Person
    b. Current Living Situation: Where the client expects to sleep **tonight** (depending on the response, additional questions will populate)
    c. Category of Homeless: Leave this Blank, this is not a field that the Eastern COC uses
    d. Mental Health Condition: Please read the following, then choose the appropriate response…*"Do you have a mental health diagnosis that impedes your ability to maintain housing or employment?"*
    e. County or Zip Code if known: Please enter the client's current city/county/zip code
    f. County where assistance is preferred: Client's may opt to be housed in their current county of residence, or another county, if a client states that they are willing to be housed anywhere, please attempt to narrow it to their surrounding counties, or at least, counties in which it is realistic for them to relocate to (do they have transportation to get there if offered assistance?)
    g. Bedrooms Needed: Please ask and respond accordingly (you may enter comments if appropriate)

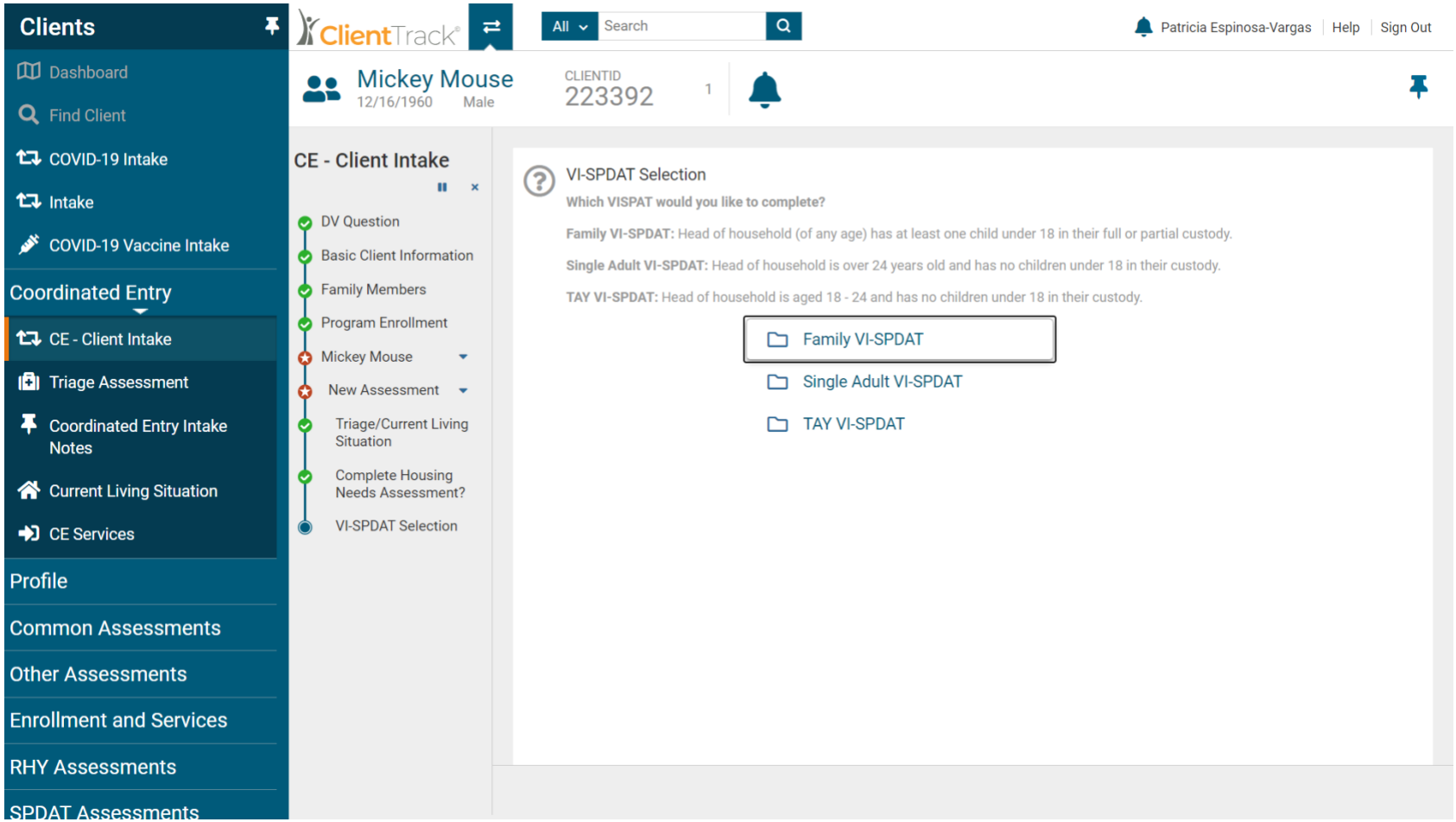


17. Click Yes to completing a Housing Needs Assessment



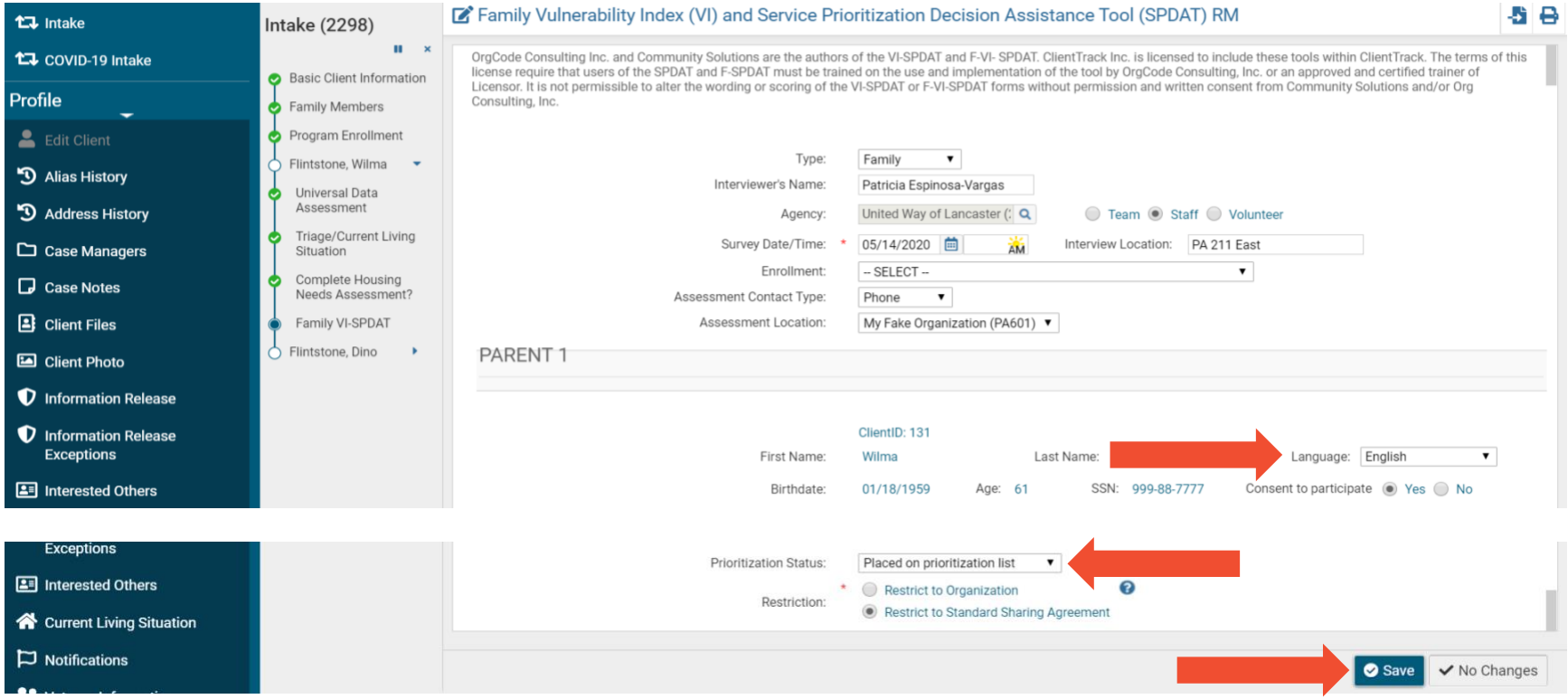
Connect to Home Coordinated Entry System Policies and Procedures

18. You will be prompted to choose the correct VI-SPDAT, please choose accordingly
    - Single: Single individual, or Adult (ages 25 and older) only households, this includes adult couples with no minor children
    - Family: Households with a minor child in the household, ages 17 and younger
    - TAY (Single Youth): Unaccompanied youth/young adult (ages 24 and younger)



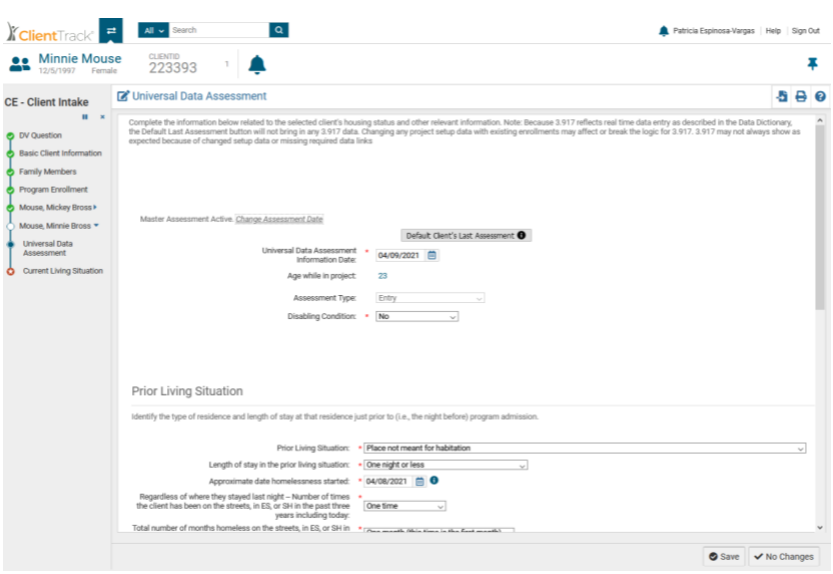
Connect to Home Coordinated Entry System Policies and Procedures

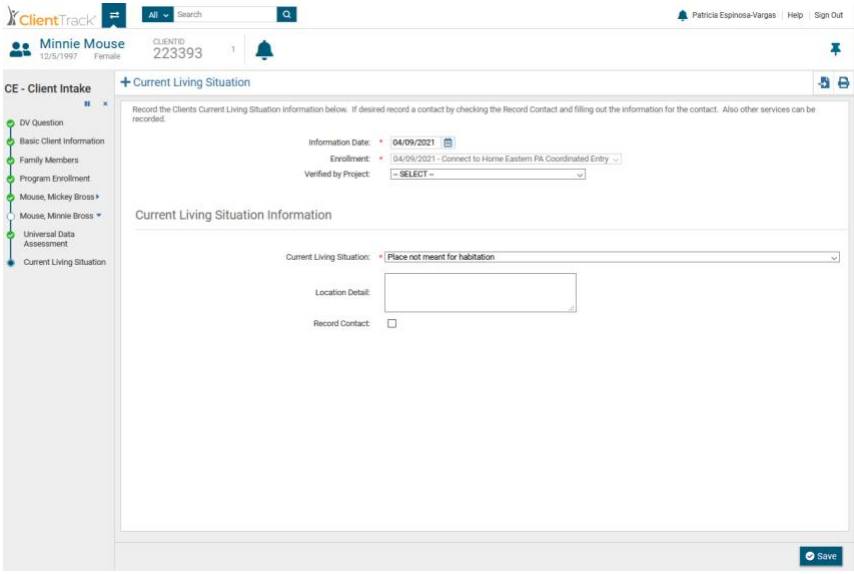
19. Read the following Script before fielding the VI-SPDAT: *"I have a brief survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a yes or a no, some questions required a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The more honestly you answer these questions, the better we can figure out how to assist you. The information collected goes into the Eastern Pennsylvania secure data system. If you do not understand a question, let me know, I would be happy to clarify. If it seems to me that you don't understand a question, I will do my best to explain it to you with you needing to ask for clarification."*
    a. Field the VI-SPDAT as normal, but please be sure to enter your Name, Agency, Interview Location, and choose the Language and Consent to Participate if these are not auto-populated for you
    b. Before you are finished, it is extremely important to note that at the end of the VI-SPDAT you MUST change the Prioritization Status to Placed on Prioritization List as this is how the client is placed on the By Name List (scores 0+)
    c. Click Save when finished



Connect to Home Coordinated Entry System Policies and Procedures

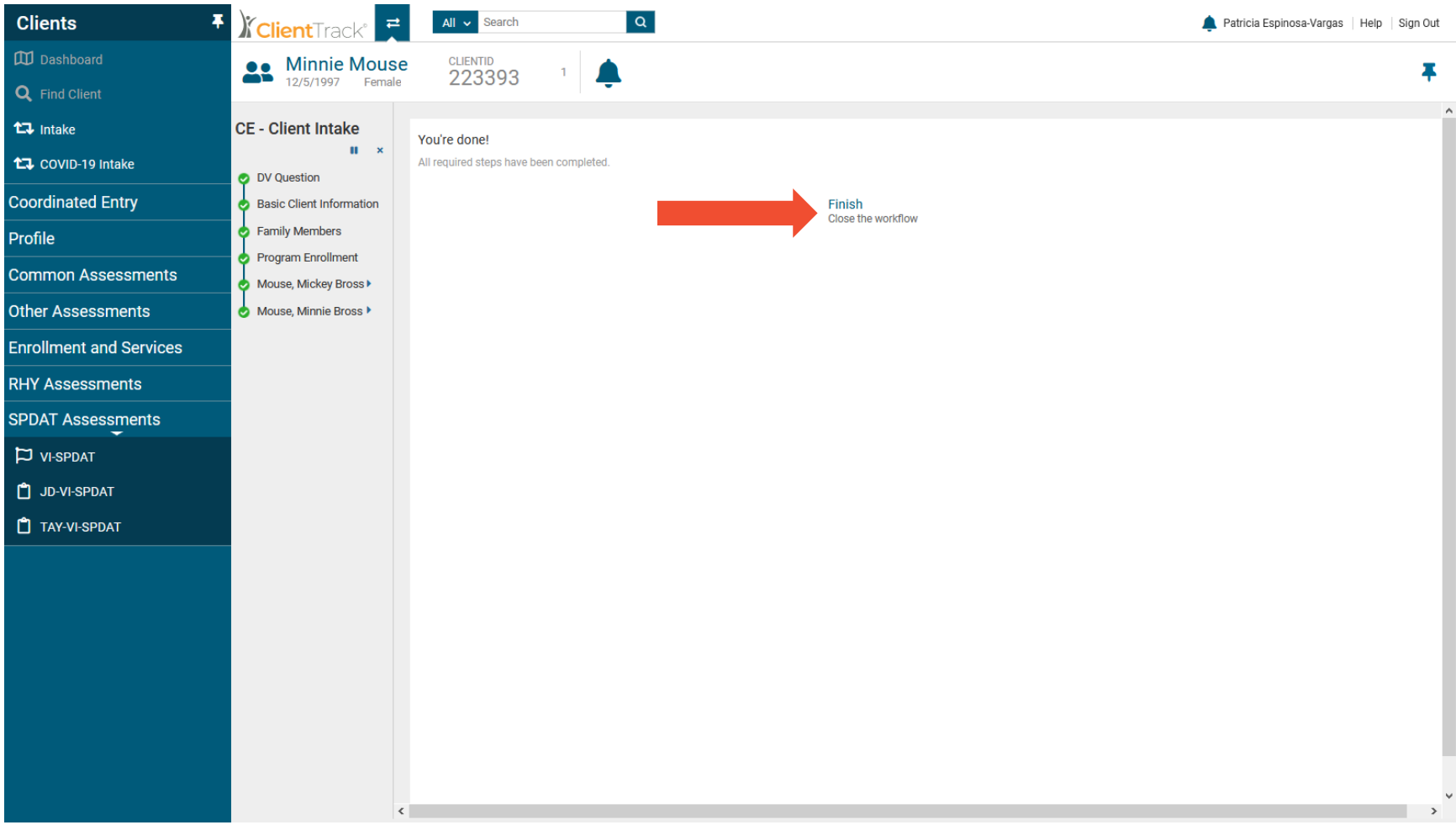
20. If there are no additional household members, go to Step 21
    If there are, complete the Universal Data Assessments and/or Current Living Situation for each member





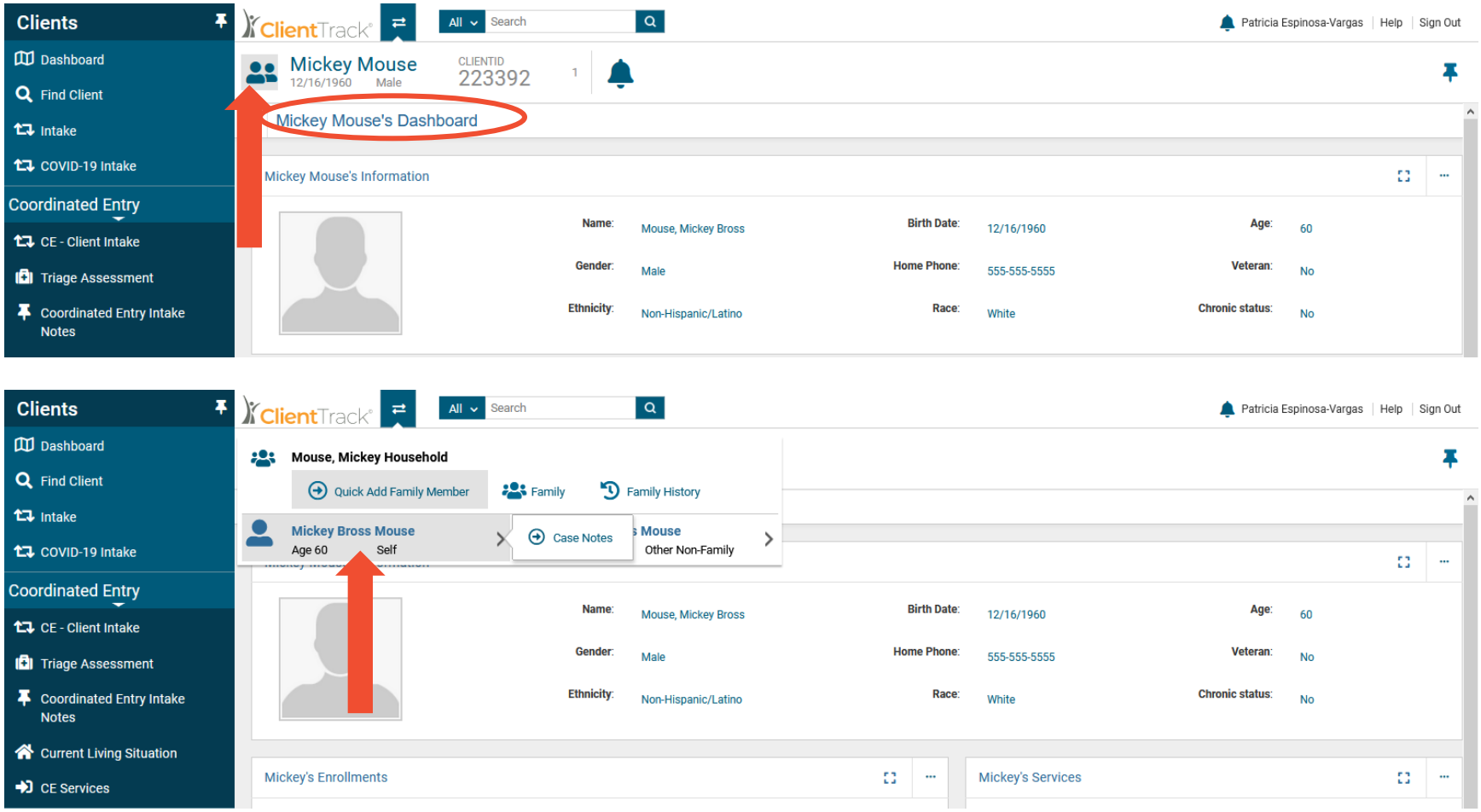
Connect to Home Coordinated Entry System Policies and Procedures

21. Click Finish to close the workflow

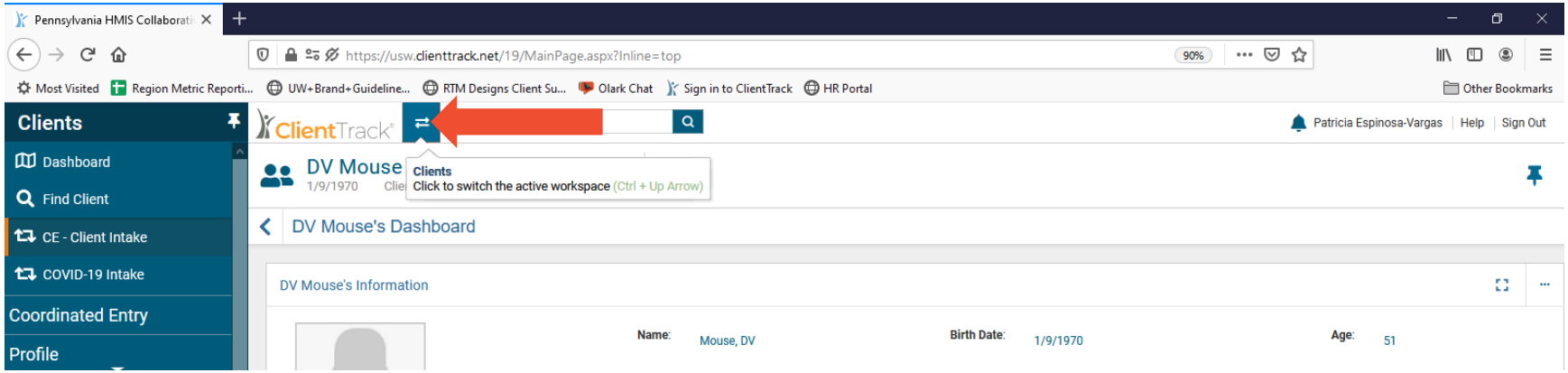


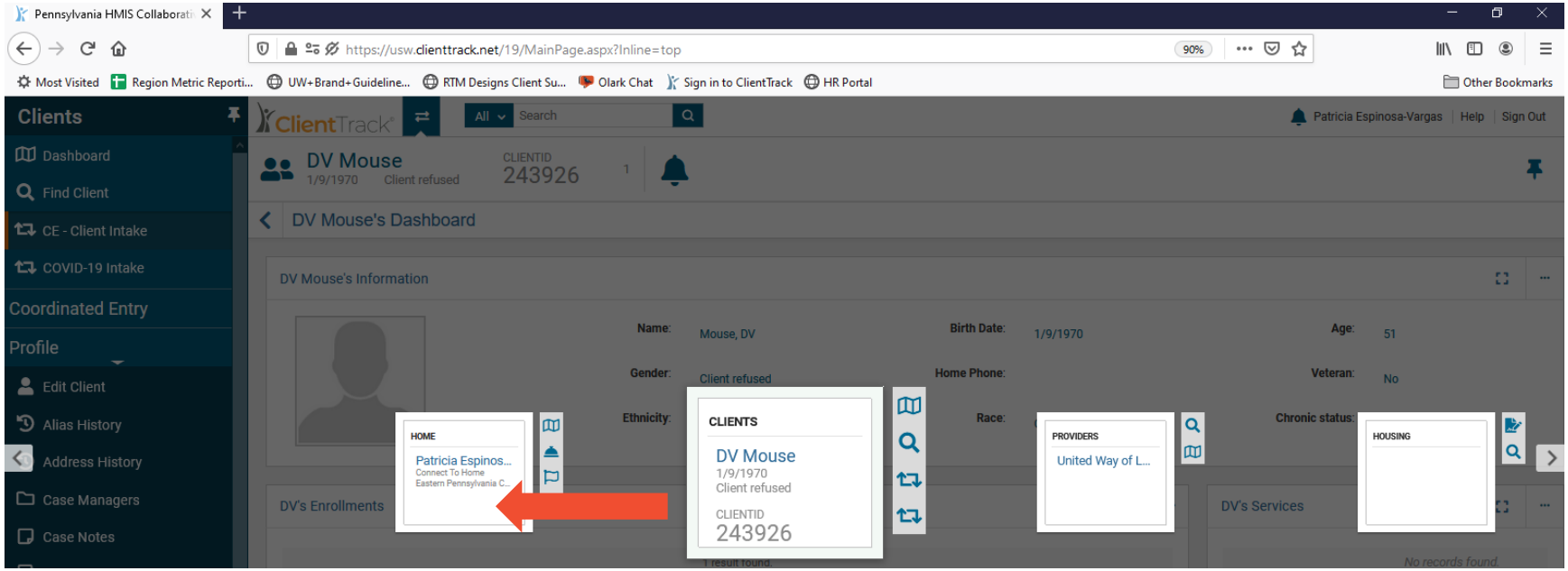
Connect to Home Coordinated Entry System Policies and Procedures

22. While back on the client's Dashboard, **verify that you are on the client/Head of Household dashboard** as currently, there may be a glitch in which the system will NOT automatically transfer you to the Head of Household's Dashboard, but may land you on the last household member's screen, to verify this
    - Look at the client's name, if this is not the head of household, click the people image at the top left
    - Then click the name of your client/head of household



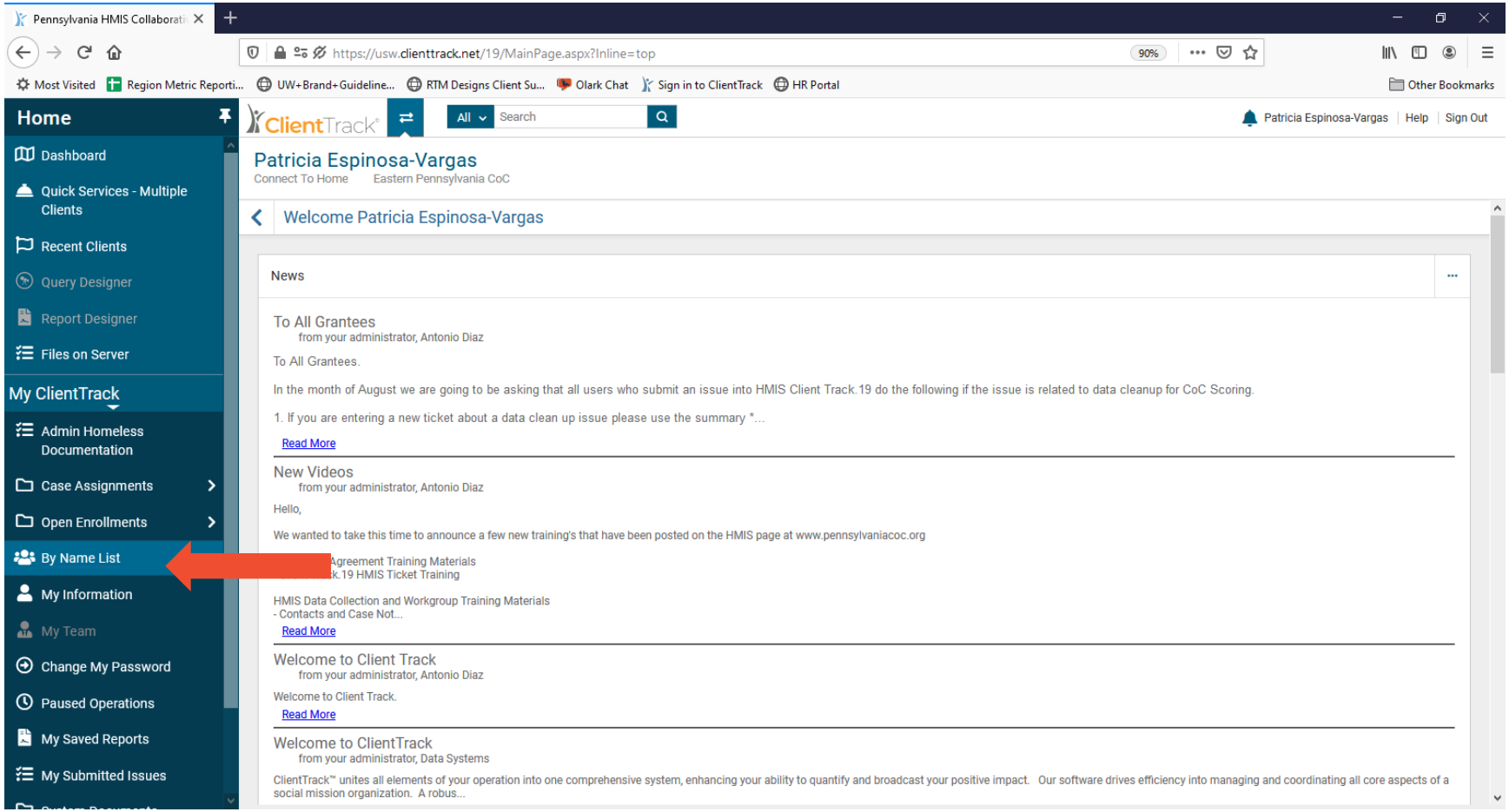
23. Please verify that the Client is now on the By Name List by doing the following:
    - Click the arrows to switch the workspace
    - Then, click Home





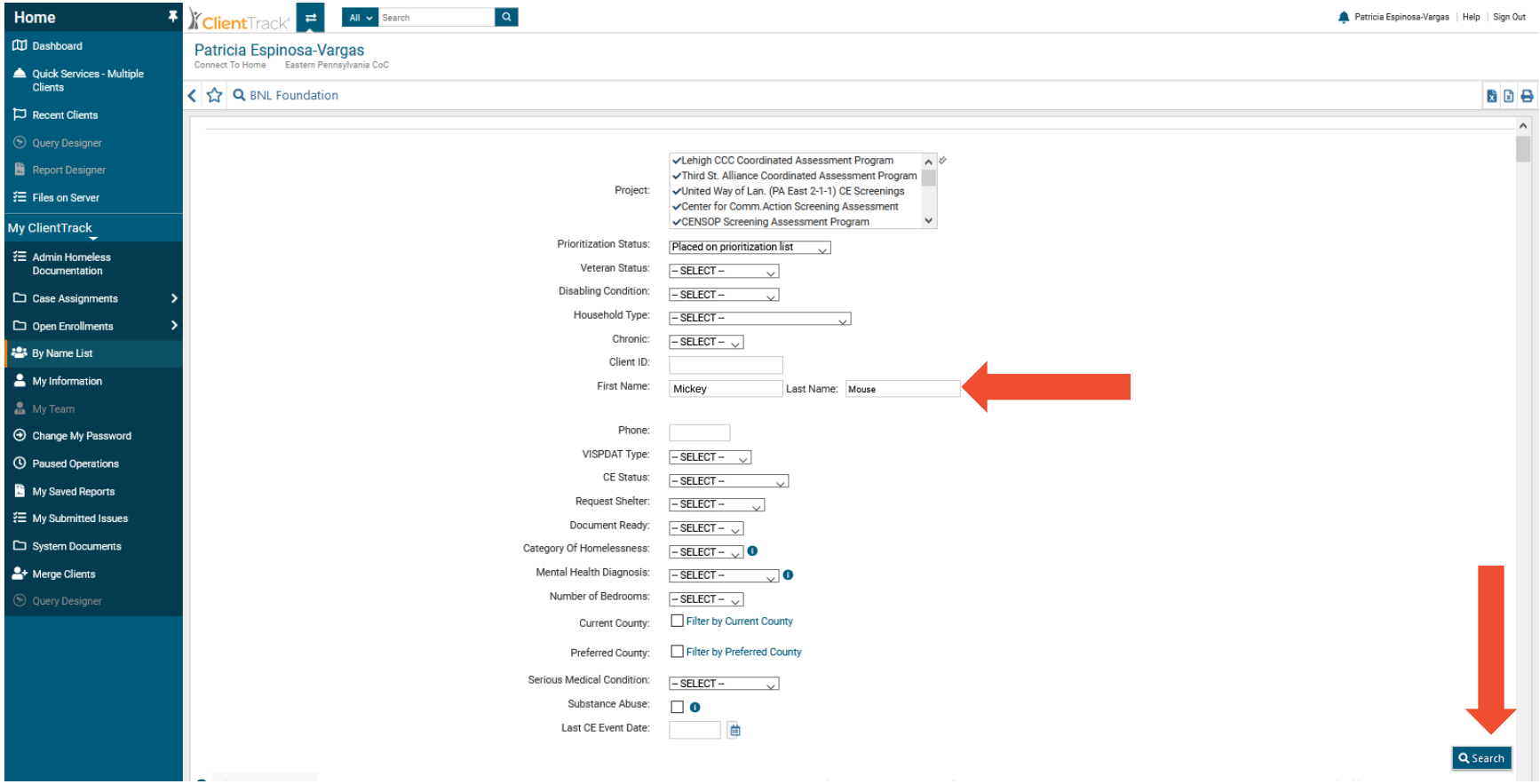
Connect to Home Coordinated Entry System Policies and Procedures

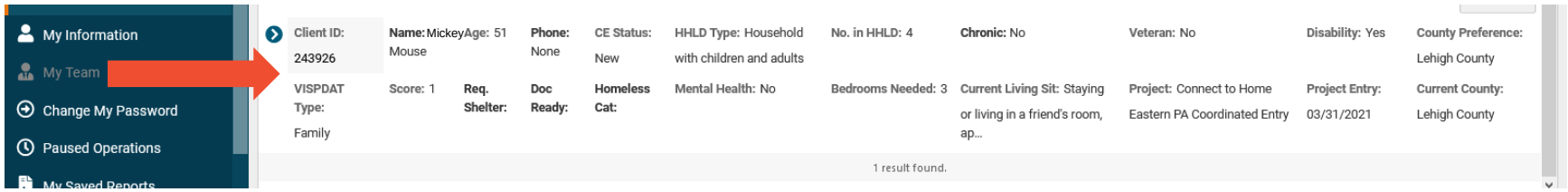
24. Click By Name List



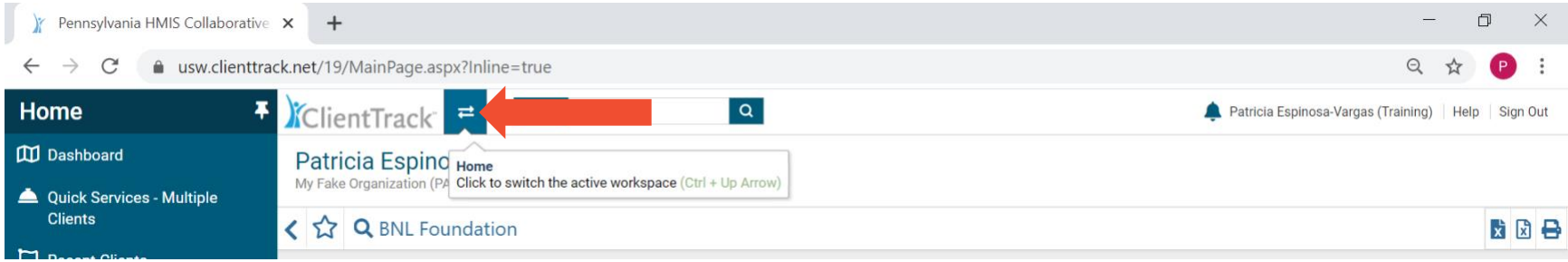
Connect to Home Coordinated Entry System Policies and Procedures

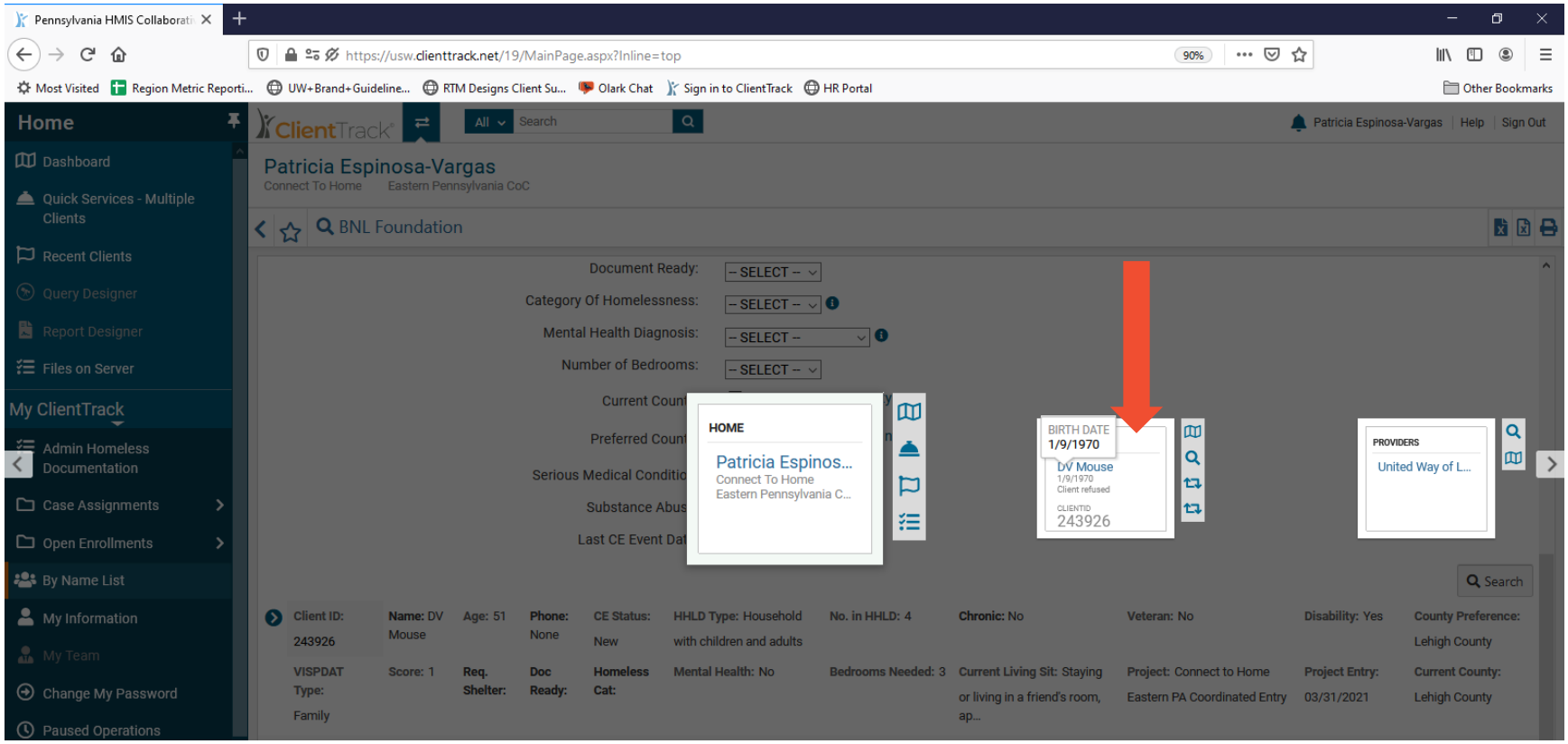
25. Search for your client on the By Name List, if you can see you client on the list, they have been successfully placed





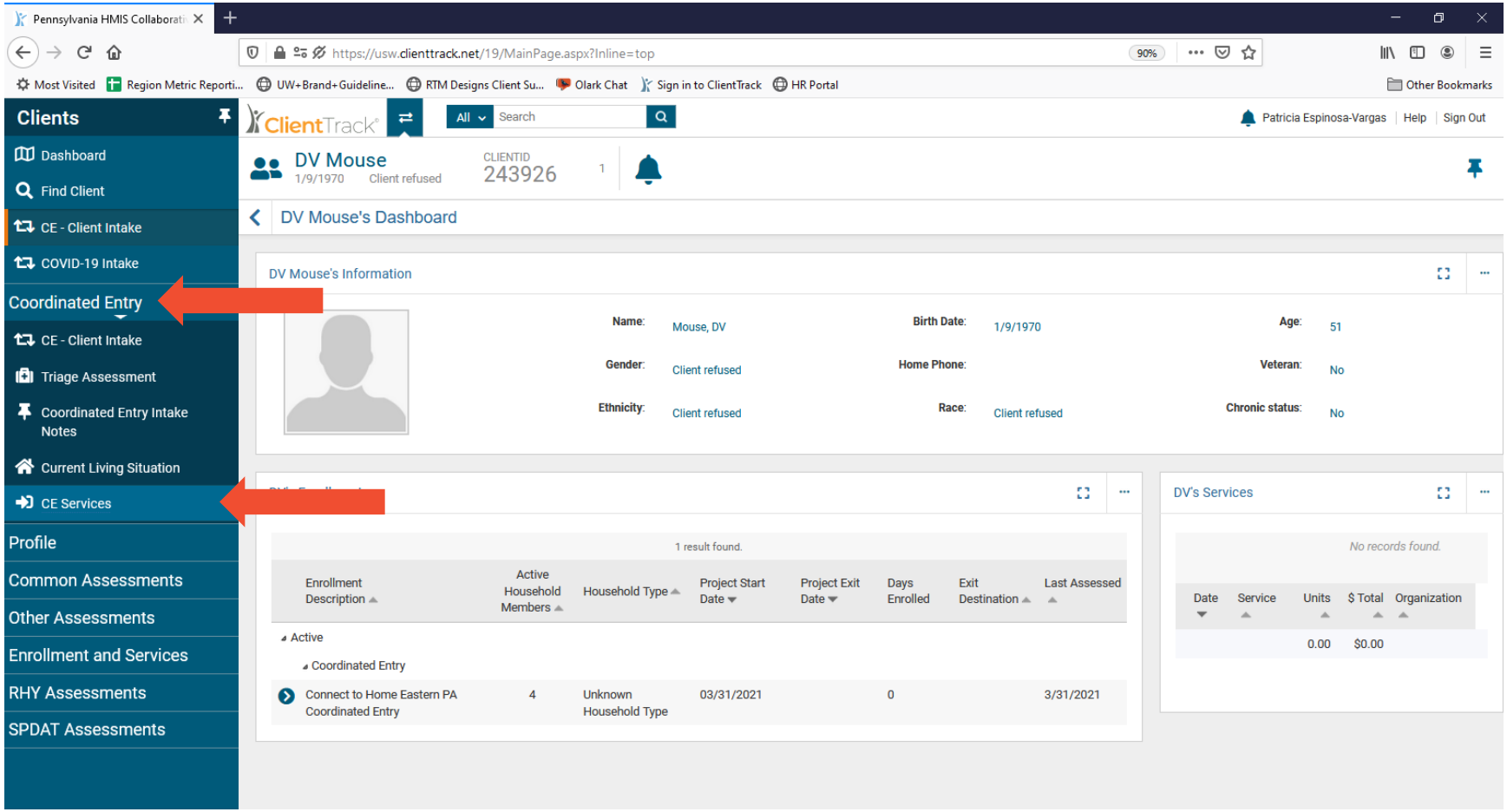
26. Return to the Client Workspace by clicking the arrows to switch back to your Client screen



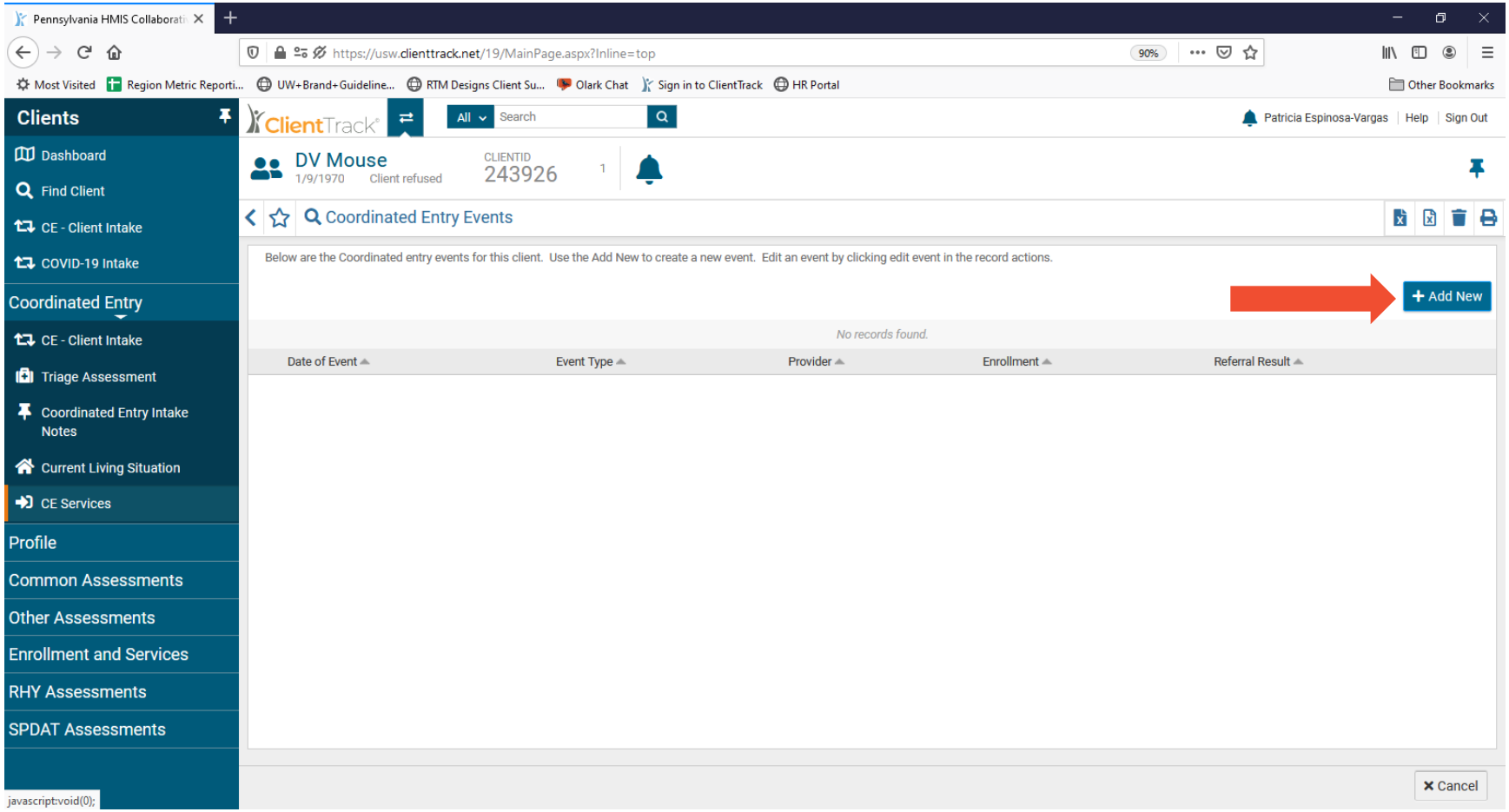


Connect to Home Coordinated Entry System Policies and Procedures

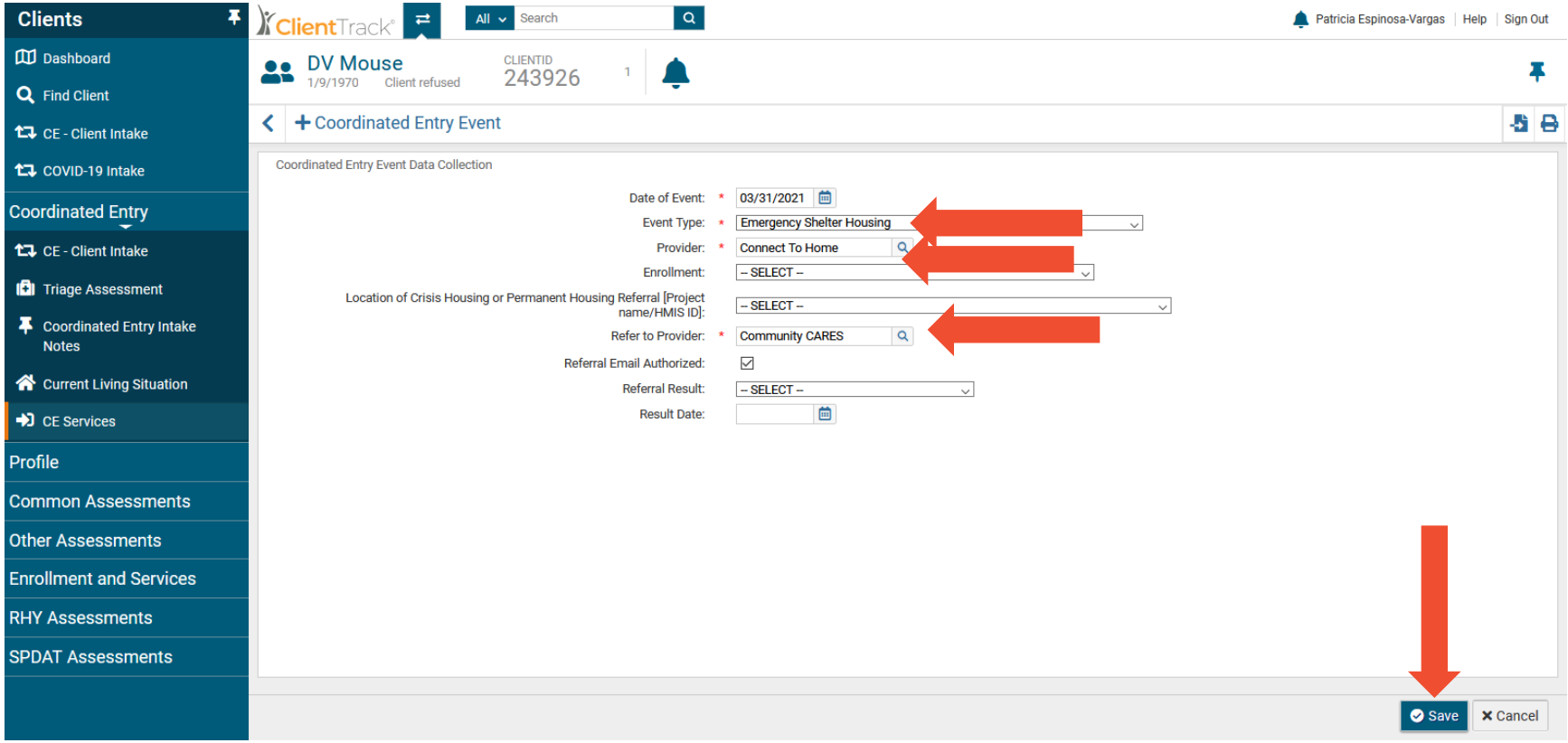
27. If making referrals for Shelter or Rental Assistance/Deposit, click CE Services under the Coordinated Entry tab/menu on the left
    - If the client is not needing/requesting Referrals, proceed to Step 32



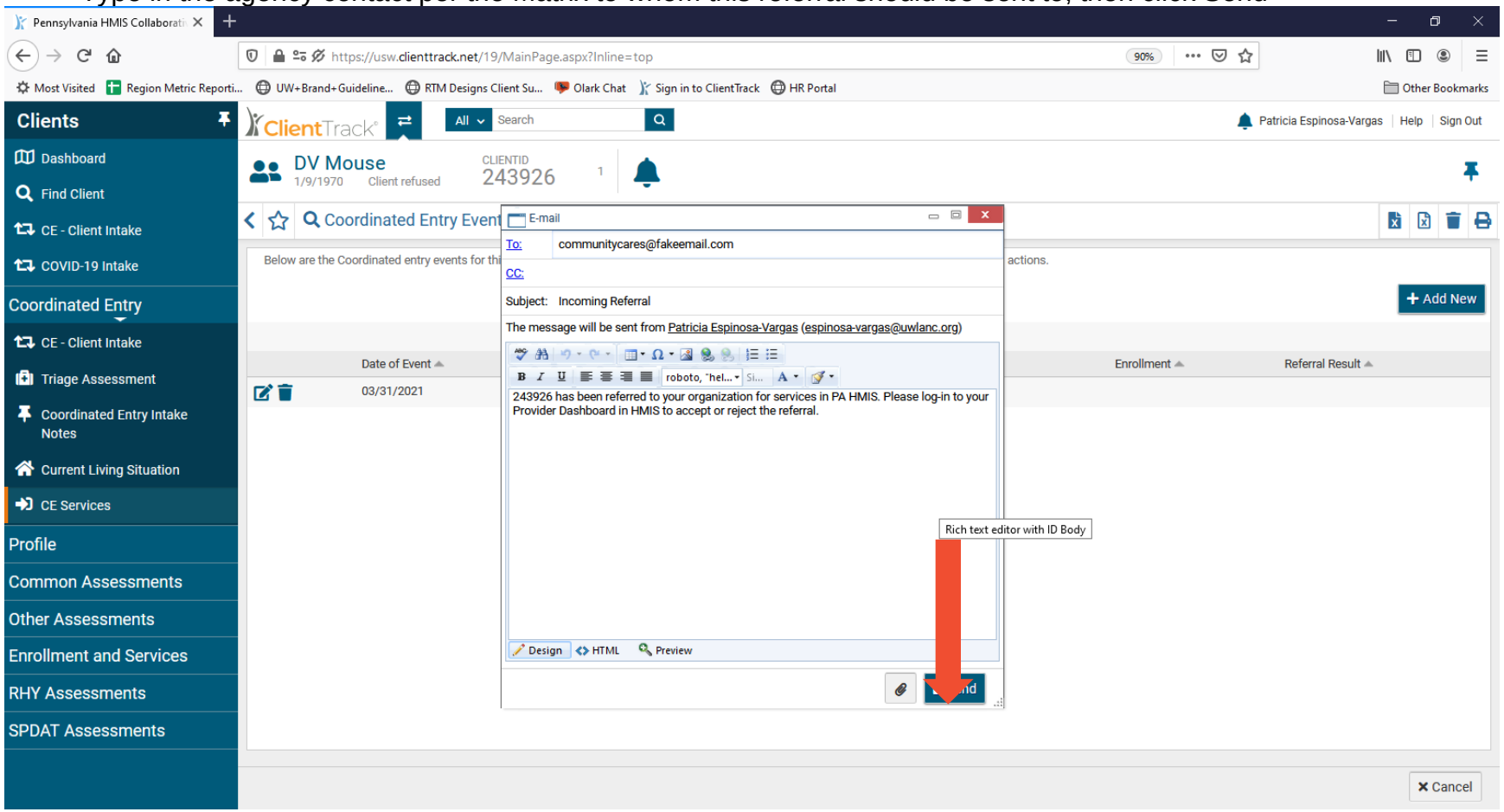
28. Click Add New



29. Please choose/click the following:
    a. Utilize the Matrix to first identify potential Emergency Shelter, Transitional Housing, Rental Assistance Providers, and to ensure the client meets any eligibility the Provider has listed
    b. Providers may be listed currently, in differing categories (in the near future this will be more precise, but for now, look for providers under multiple categories
    c. Locate the Provider you are attempting to refer to
    d. Click Email Authorized is this is an HMIS Provider that can log in to receive referrals, leave it blank if it is a non-HMIS provider
    e. Click Save to view the Email pop-up to then send your provider an email alert of this referral



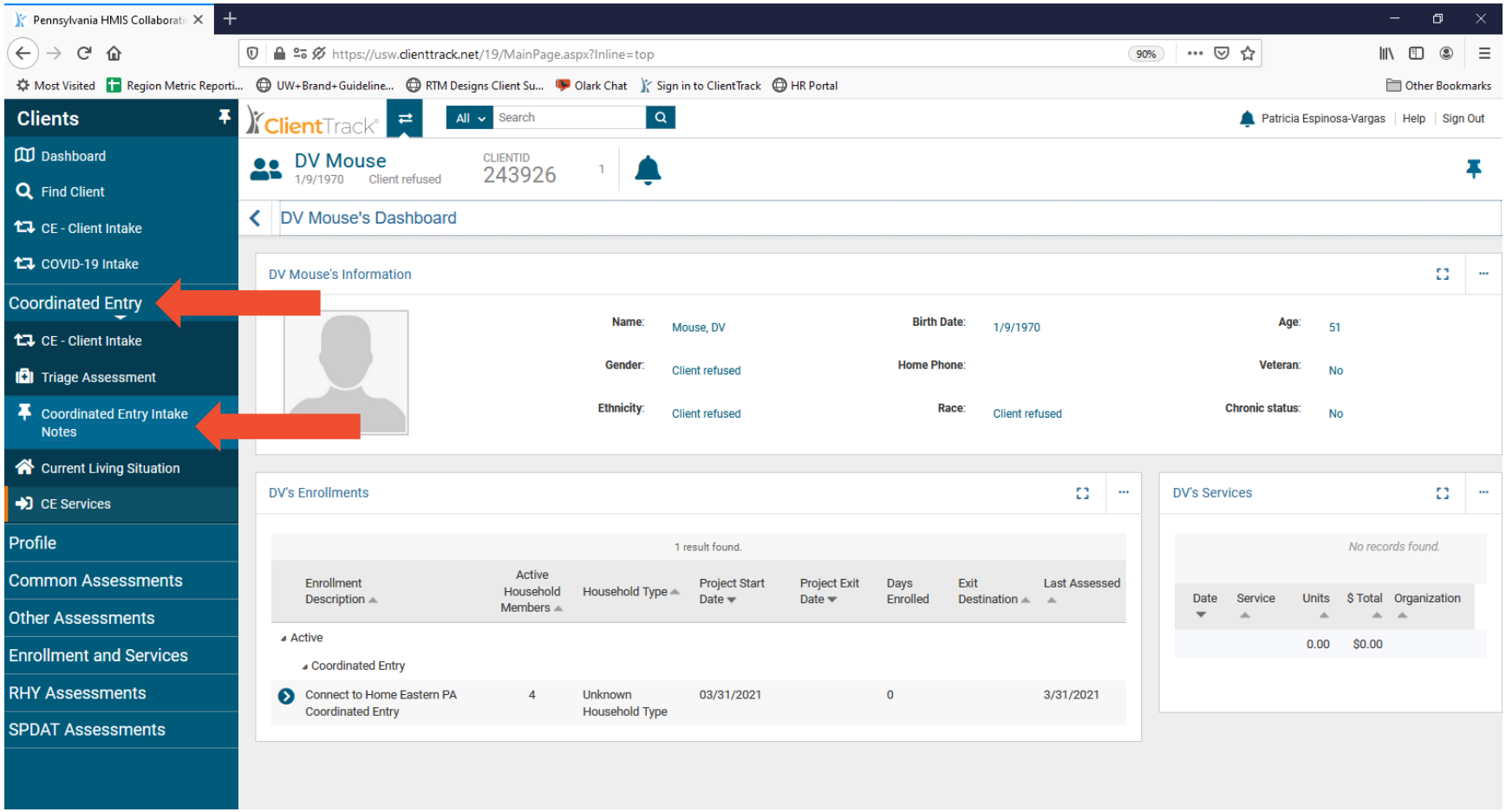
30. You will now need to create an email to send to the agency staff person listed on the Matrix as an alert of a referral
    - Type in the agency contact per the Matrix to whom this referral should be sent to, then click Send



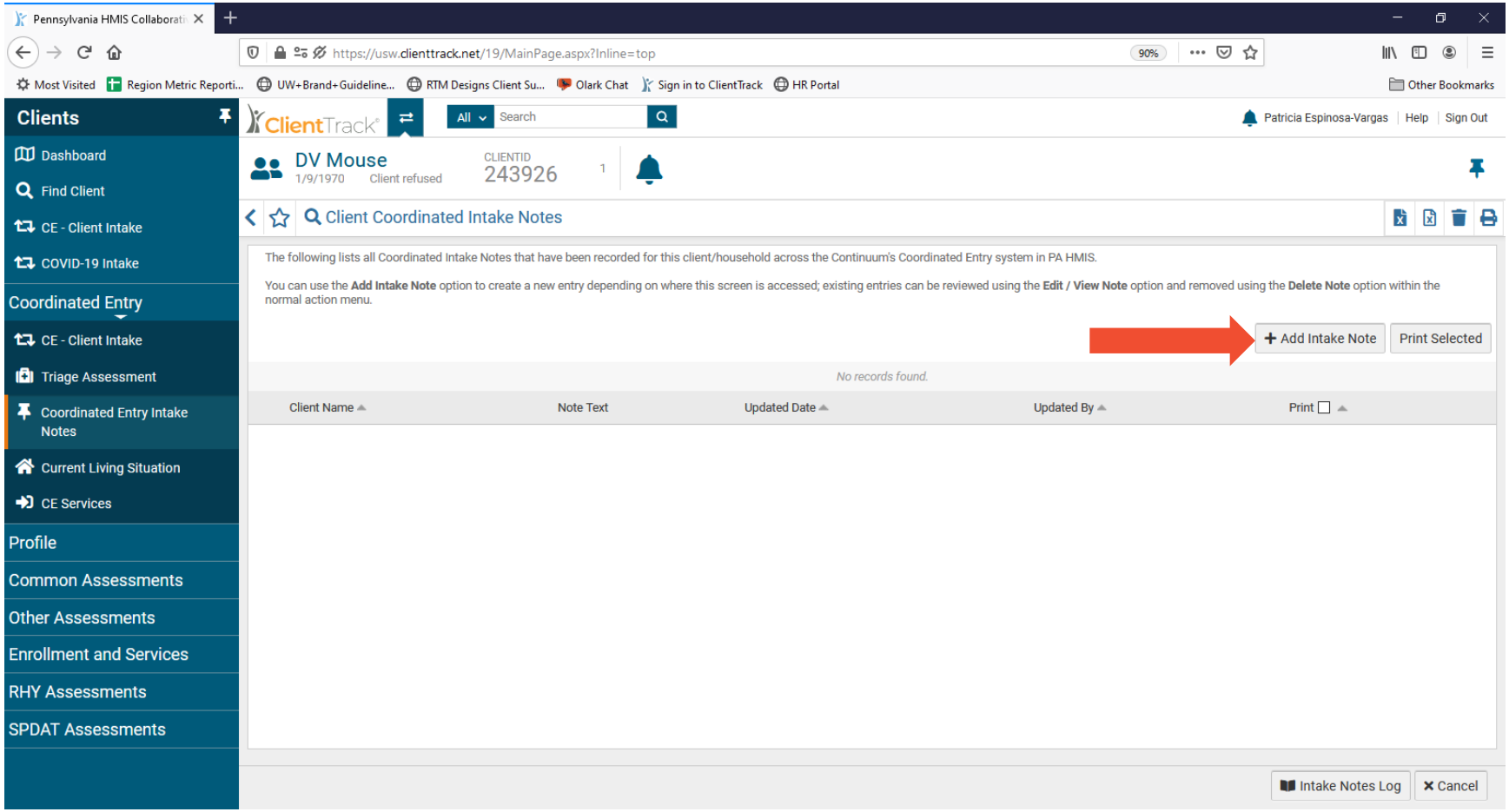
31. If multiple referrals need to be made, repeat the above steps to continue to add Referrals, when complete, click Cancel to return to the client's Dashboard

32. We must now add our Intake Notes, please Coordinated Entry Intake Notes under the Coordinated Entry tab

Connect to Home Coordinated Entry System Policies and Procedures

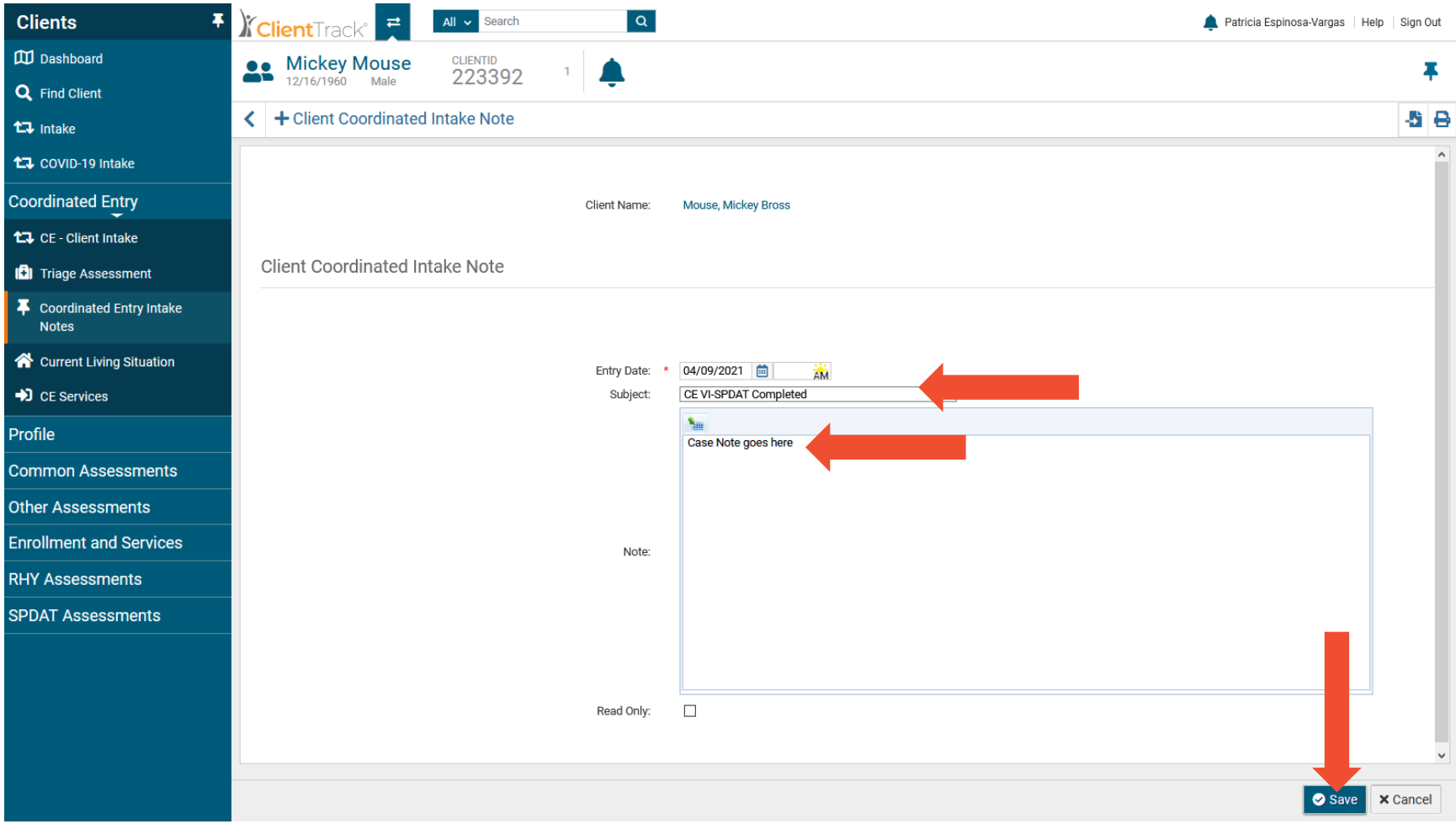


33. Click Add Intake Note



Connect to Home Coordinated Entry System Policies and Procedures

34. Add your Intake Note
    - Subject: Choose from the drop-down menu, CE VI-SPDAT Completed
    - Type your note
    - Click Save when complete, then click Cancel to return to the Dashboard



35. When ending the conversation with the Client, please read the following statement: *"Thank you, this completes the screening process. We have referred you to the emergency shelter providers in your area who will be contacting you as resources become available (Intake Specialist may provide name of the shelter only). Your name and contact information have also been placed on a prioritized list for other housing services. If your housing situation changes in the meantime, please contact us or call 211 to provide an update. (Coordinated Entry Specialist must provide 211 as an alternative way to connect with CE).*

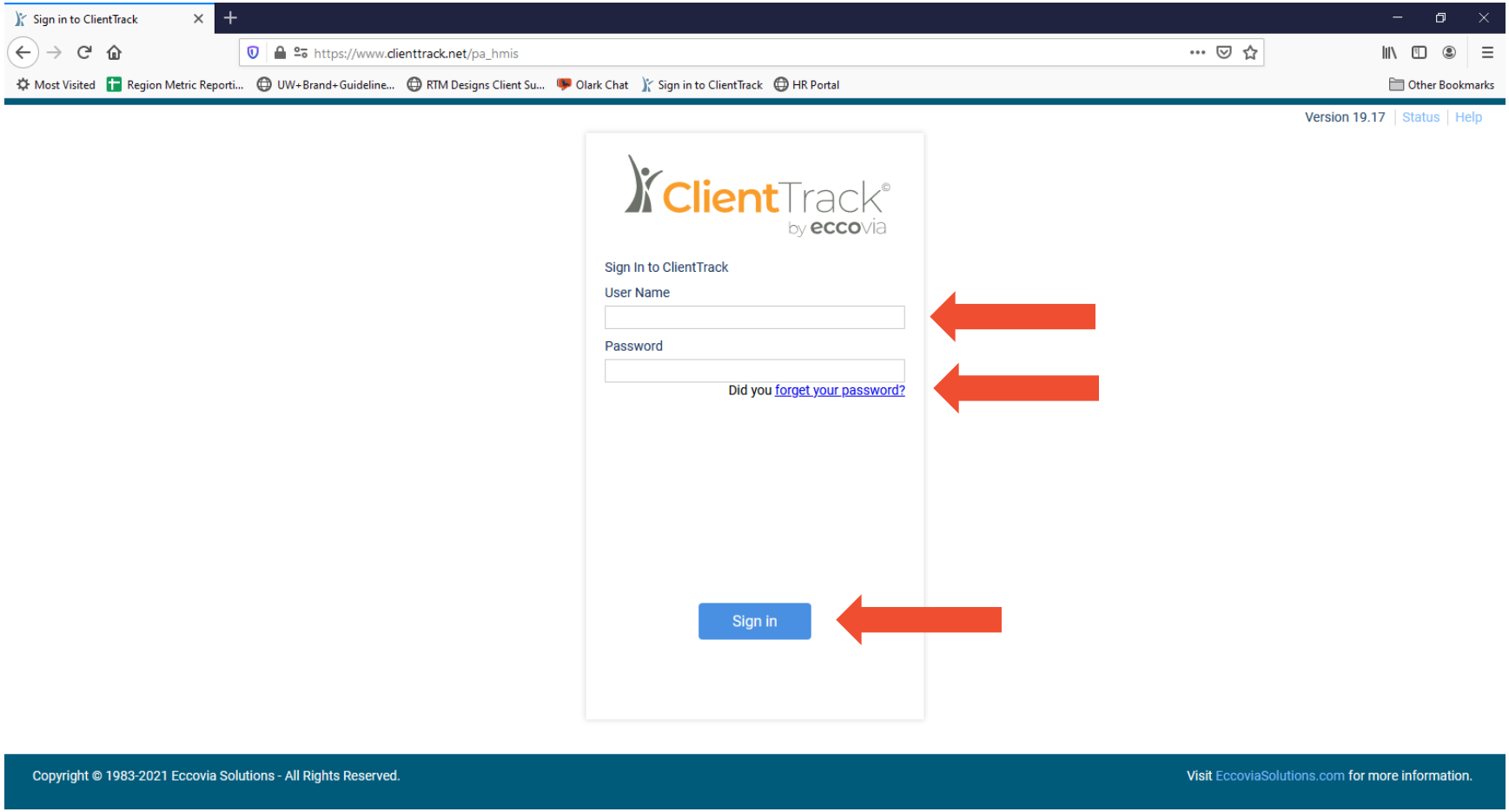
    211 Only: Please add the following to the above statement: *"Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."*

Connect to Home Coordinated Entry System Policies and Procedures

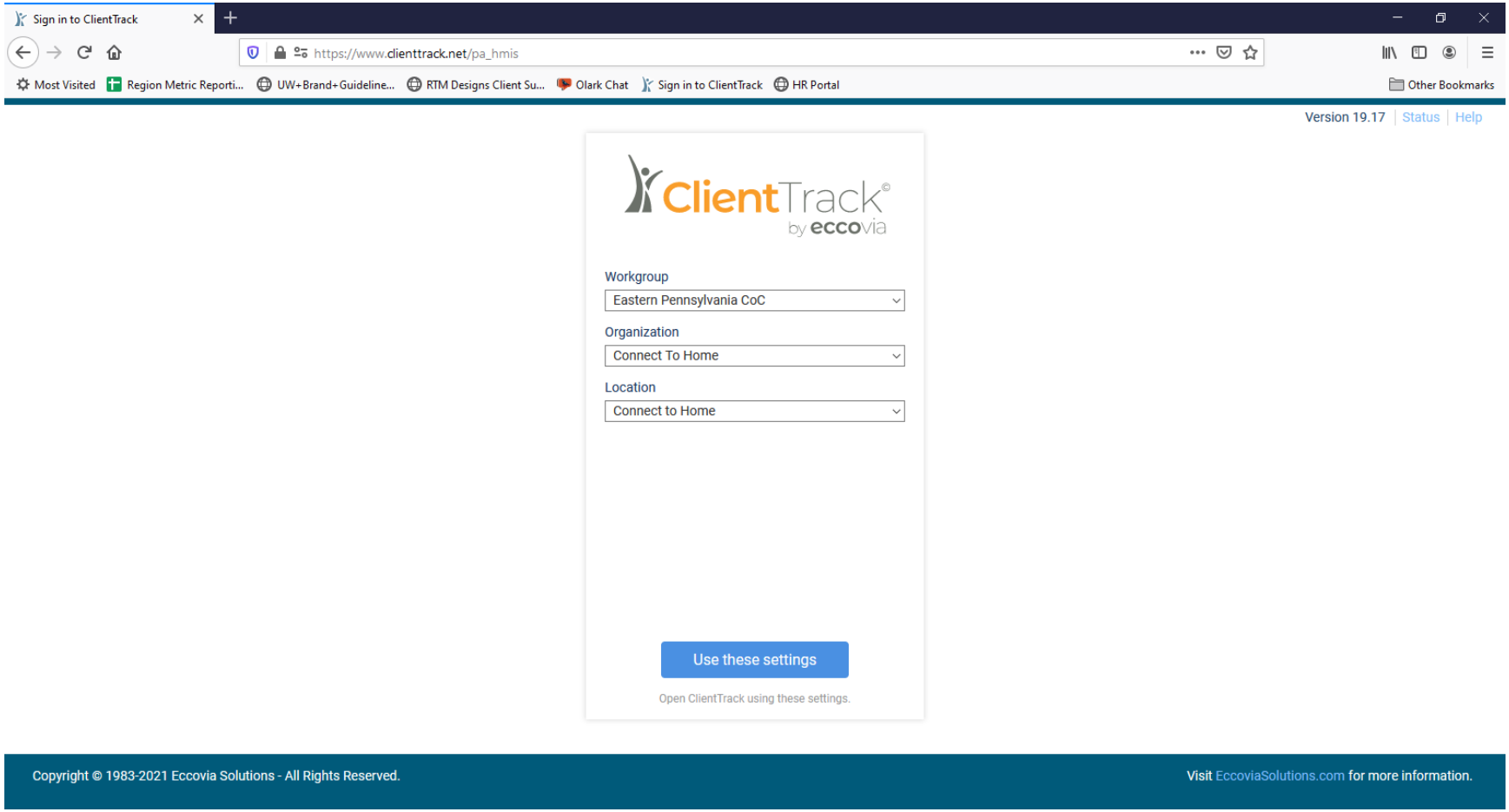
Coordinated Entry Intake for Households at Imminent Risk of Homelessness (HUD Categories 2 & 3)

This process should be followed when a client, whom is Category 2 (at-risk of homelessness), Category 3 (youth ages 24 and younger) and are seeking shelter referrals but are not yet literally homeless (Category 1) or fleeing DV (Category 4) and not eligible for a VI-SPDAT.

1. Log-in with your Username and Password, click Sign-In

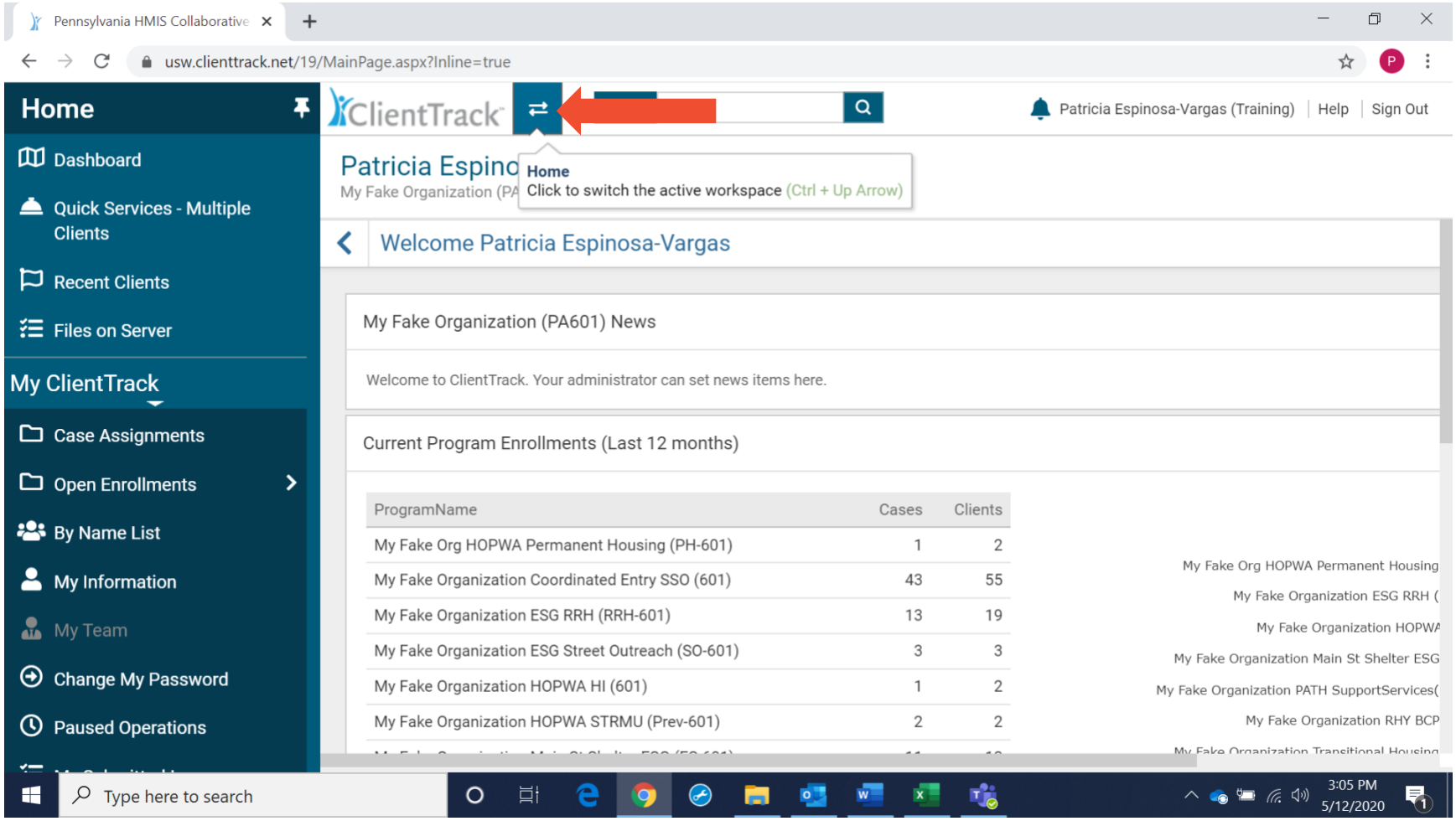


2. Be sure to be logged in to, then click Use these settings:
   - Workgroup: Eastern Pennsylvania COC
   - Organization: Connect To Home
   - Location: Connect To Home



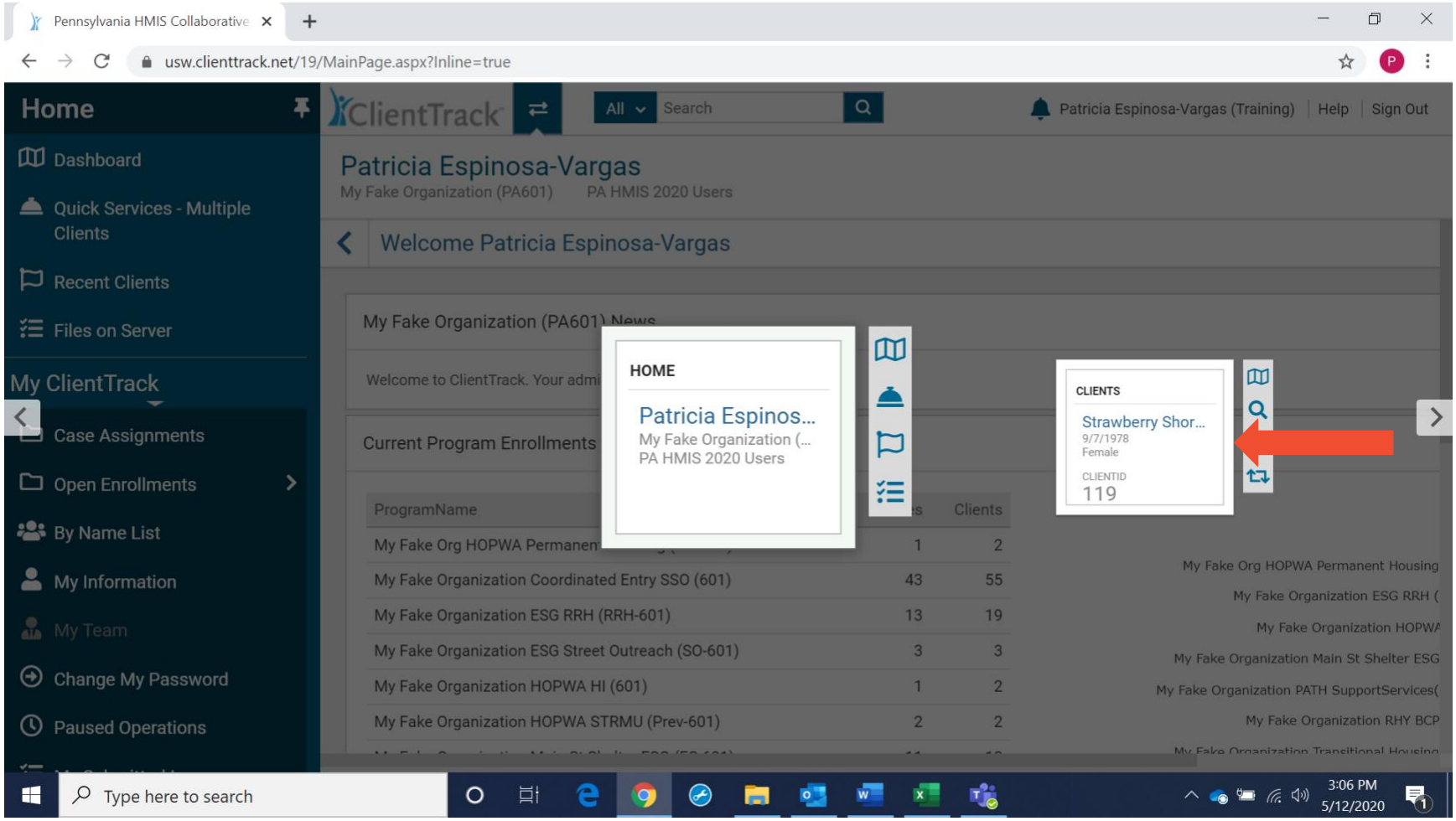
Connect to Home Coordinated Entry System Policies and Procedures

3. While on the Home screen, click to Double Arrows to switch to a different Workspace

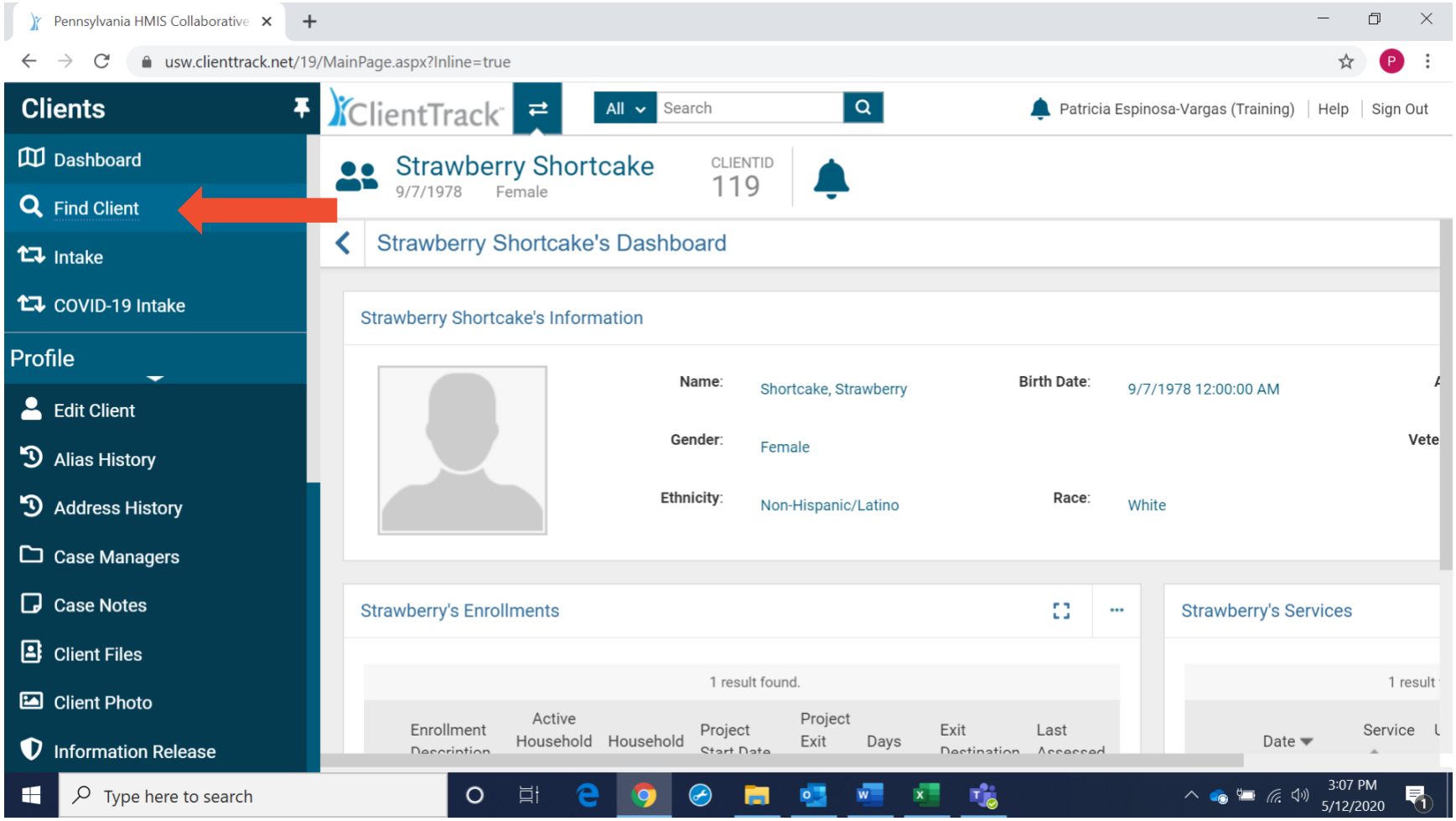


Connect to Home Coordinated Entry System Policies and Procedures

4. Click the Clients Workspace (you should see a snapshot of the previous client you searched for)

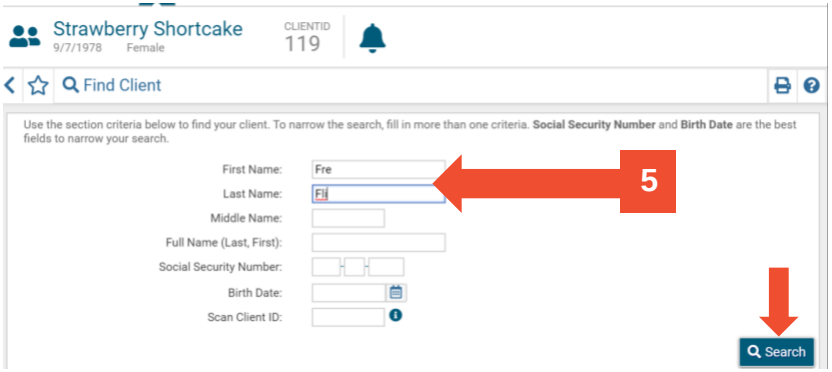


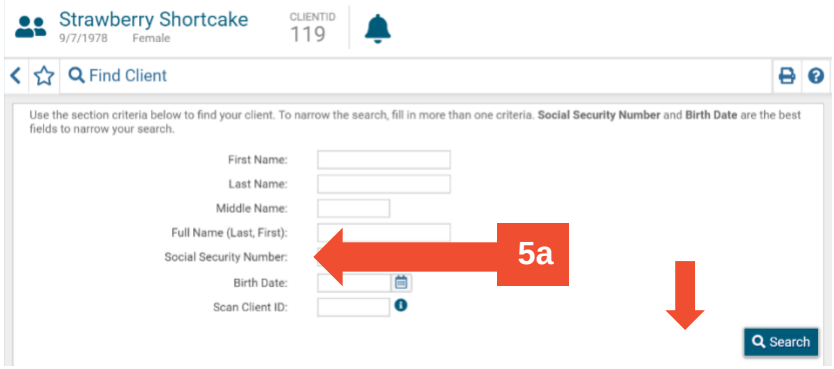
5. While at the Client Dashboard screen, click Find Client

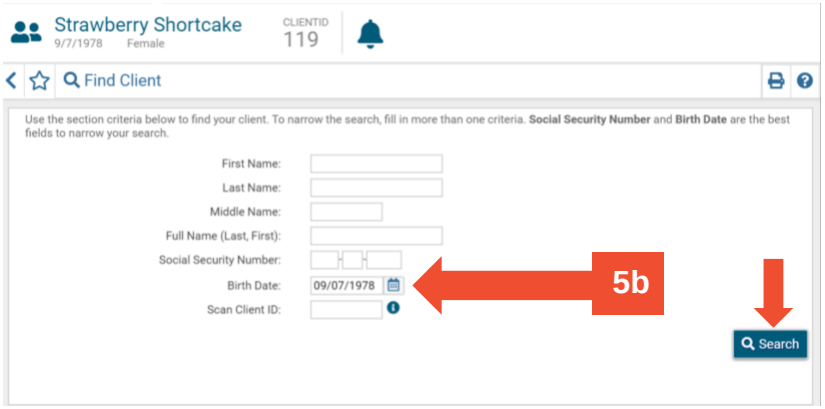


Connect to Home Coordinated Entry System Policies and Procedures

6. Search for the client by the first 3 letters of their First and Last names
   - If no results, please clear the letters of their name and search by their Social Security Number
   - If still no results, clear their Social Security Number and search by their Date of Birth

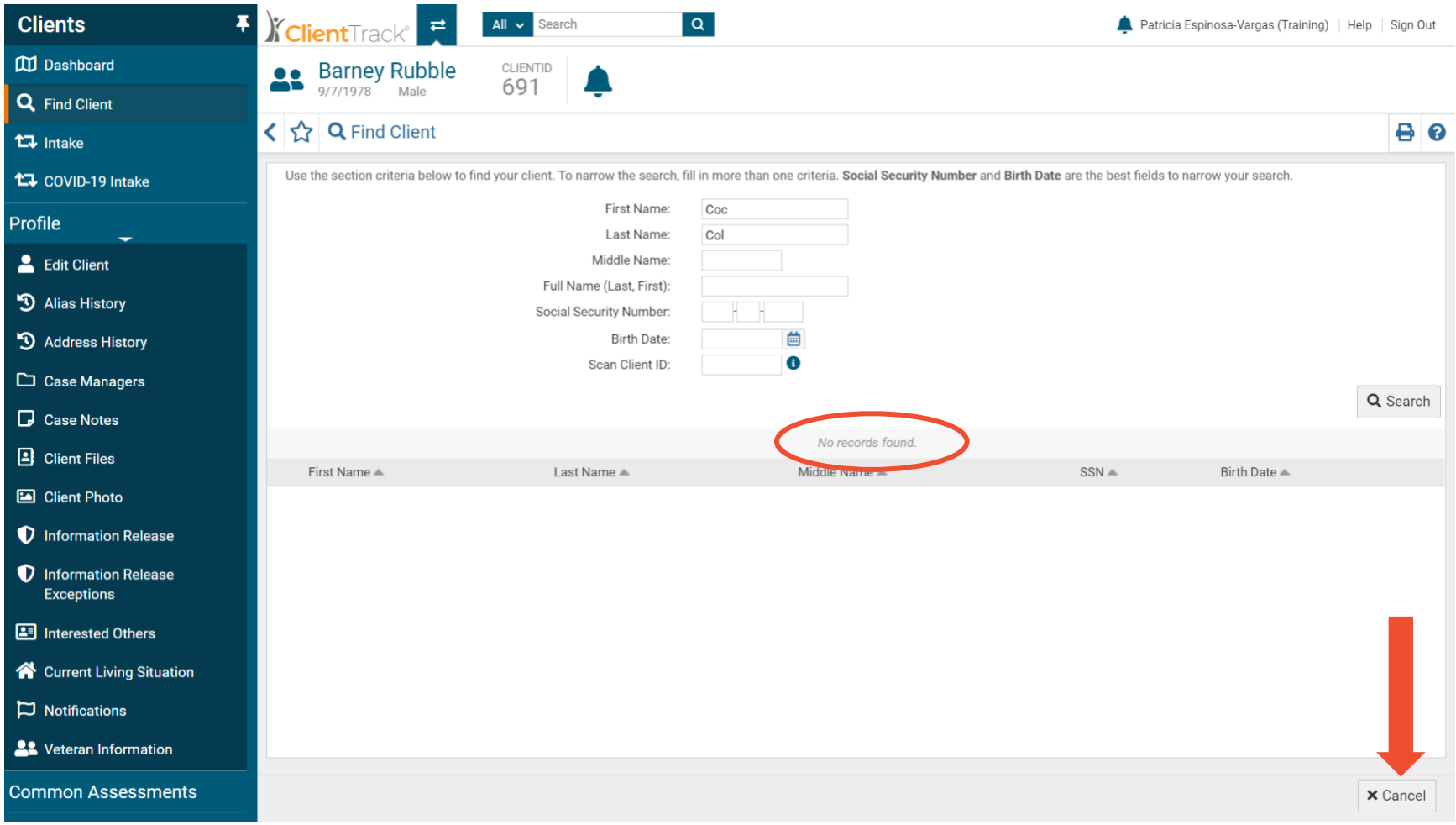




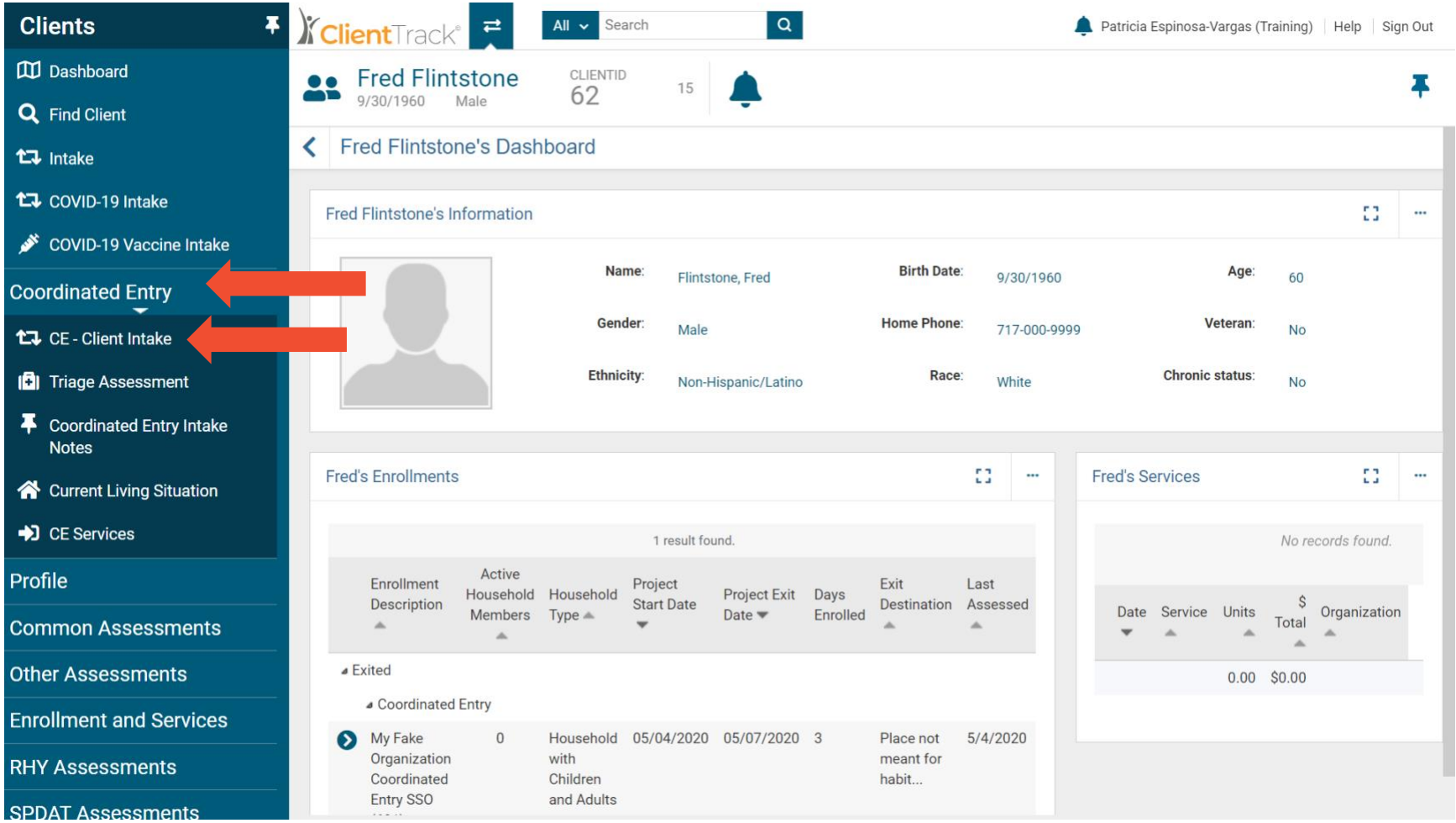


Connect to Home Coordinated Entry System Policies and Procedures

7. If the client is NOT the system, click Cancel to return to the Dashboard
   - **Note: If the client is already in the system**, click their name to load their profile, view their case notes and active enrollments to ensure that they are not currently on the By Name List (unless they are Category 4/DV which may be referred to Homeless Prevention while being active on the BNL); additionally, complete a "profile check" to validate/confirm existing information including phone number and current household members if any…then, proceed to Step 8

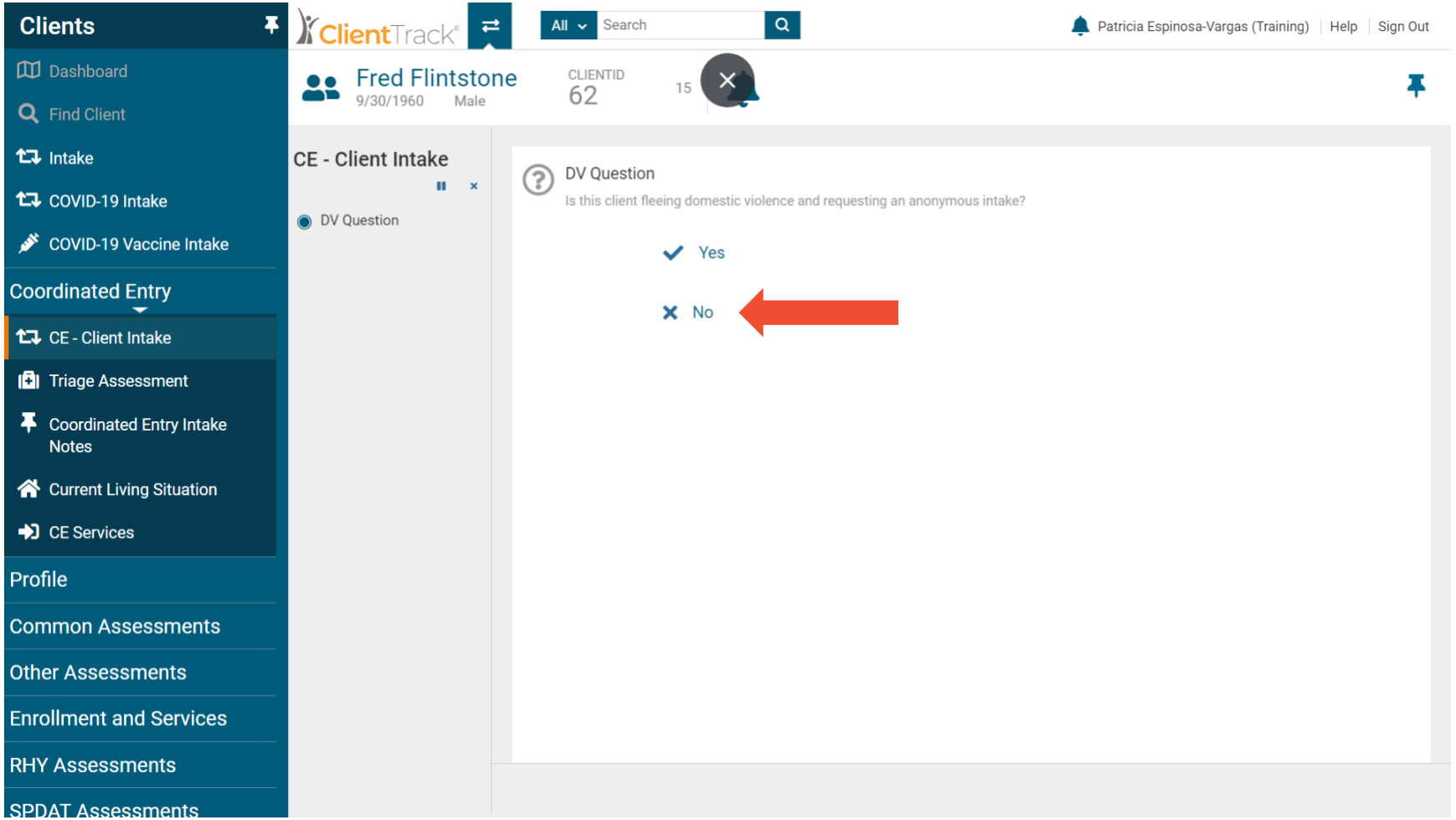


8. Click Coordinated Entry, then click CE - Client Intake



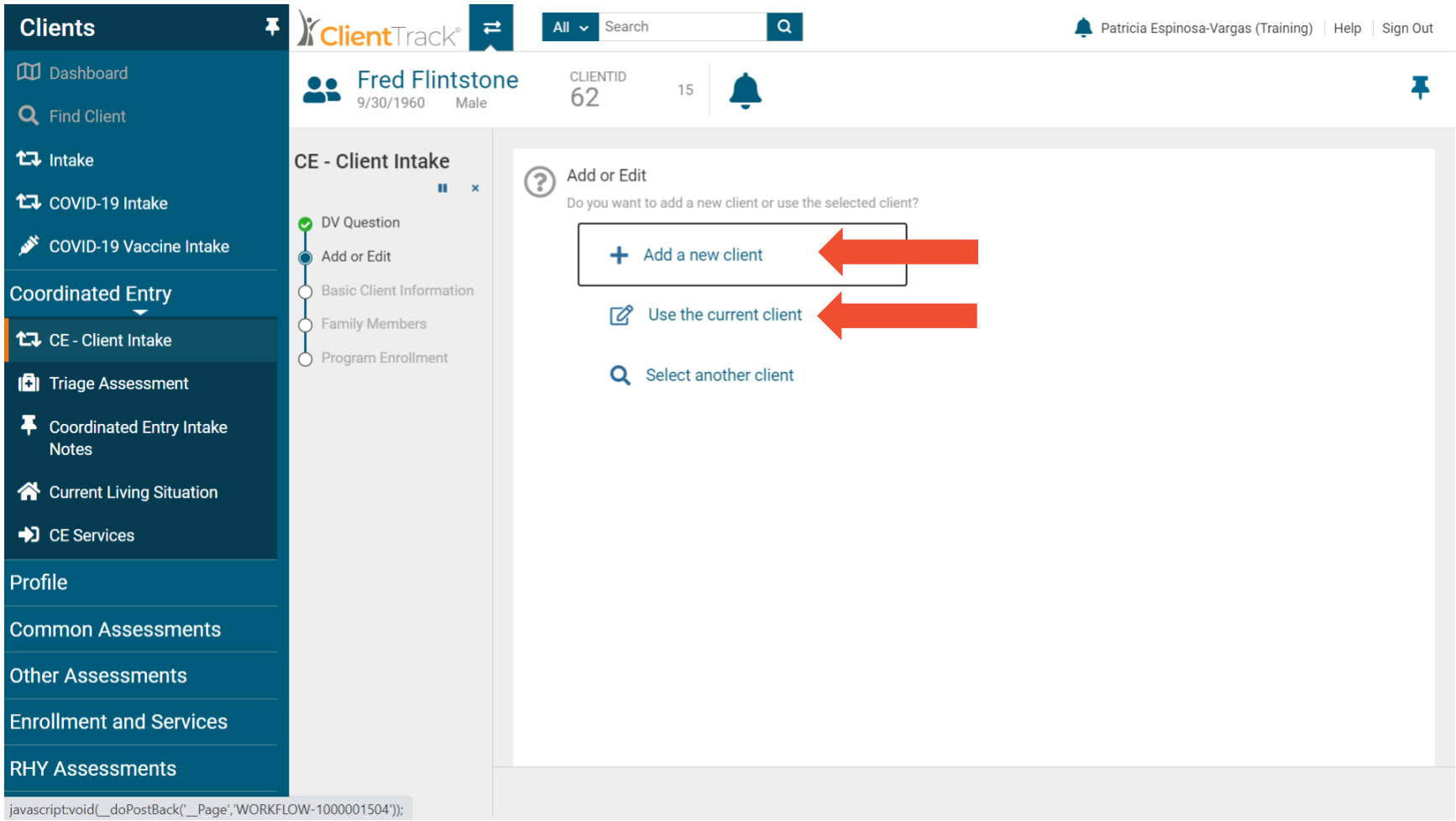
Connect to Home Coordinated Entry System Policies and Procedures

9. Answer the Domestic Violence (DV) question
   - Note: In this tutorial it is assumed that the client is NOT fleeing DV, as such the answer will always be No
     - If the client IS fleeing, this tutorial does NOT apply, please exit and conduct a full intake/VI-SPDAT

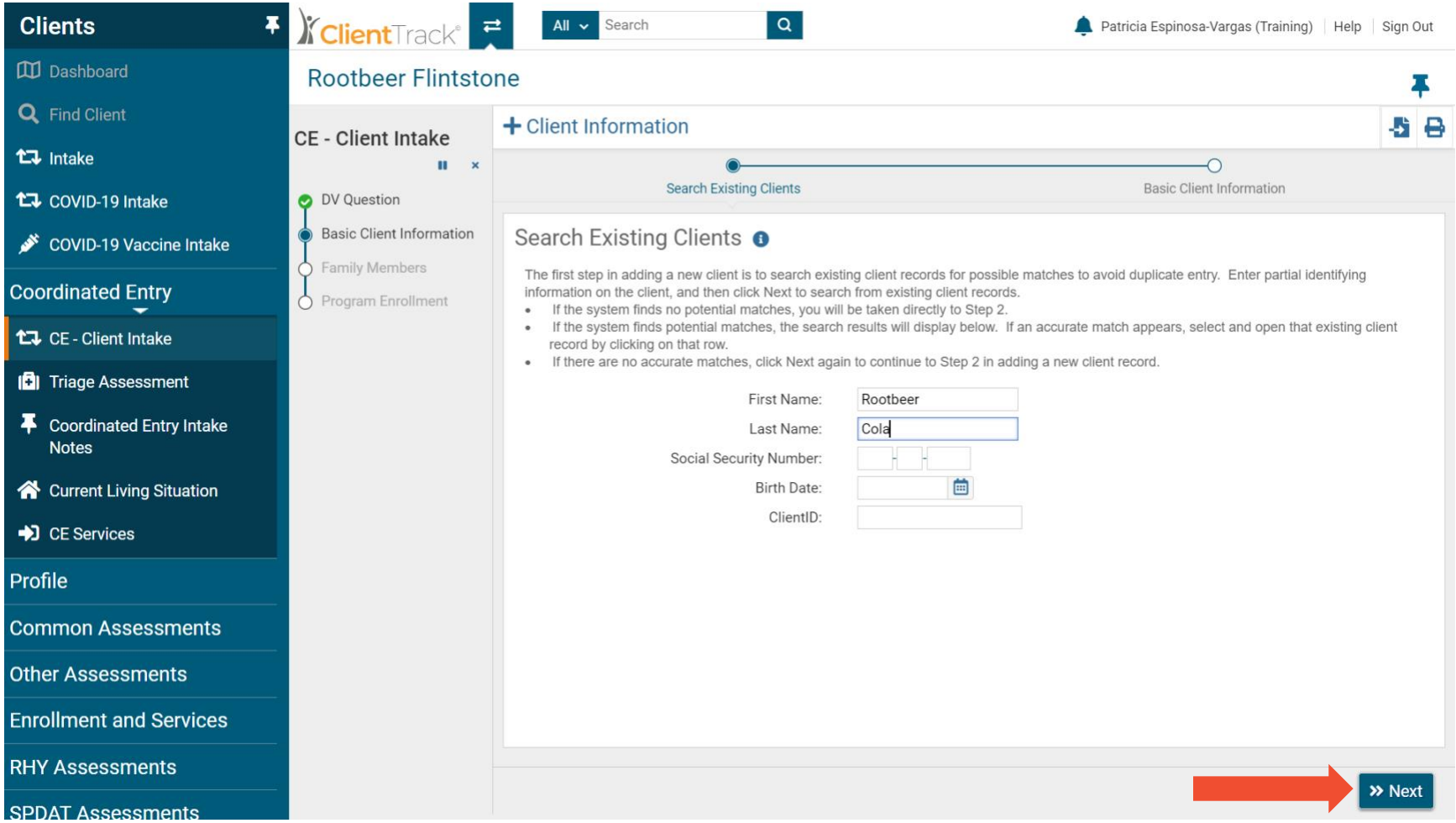


Connect to Home Coordinated Entry System Policies and Procedures

10. If the client was not in the system as you searched previously, click Add New Client
    - If they were, and you already loaded their client dashboard, click Use the Current Client

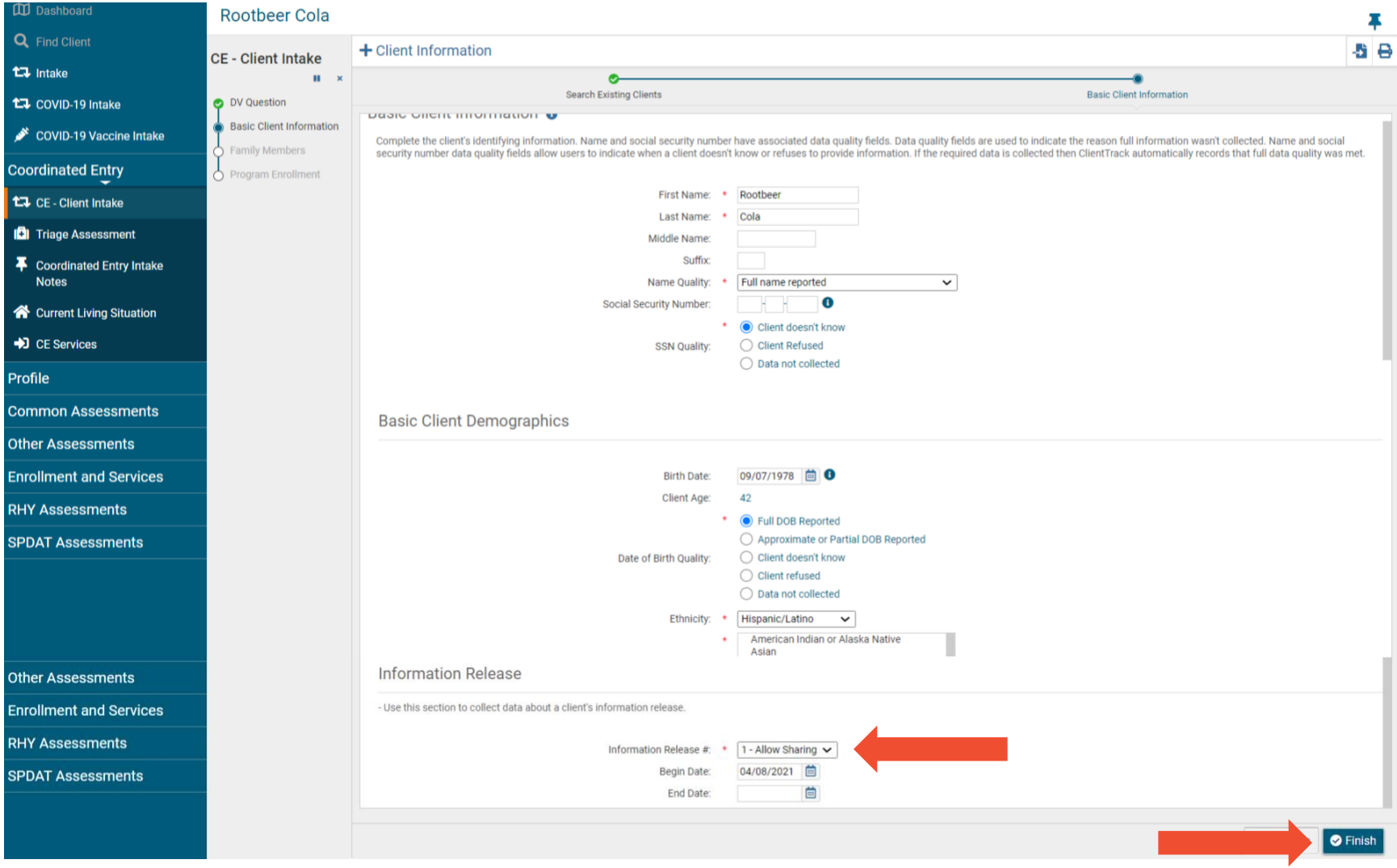


11. Search for the client once more, then click Next

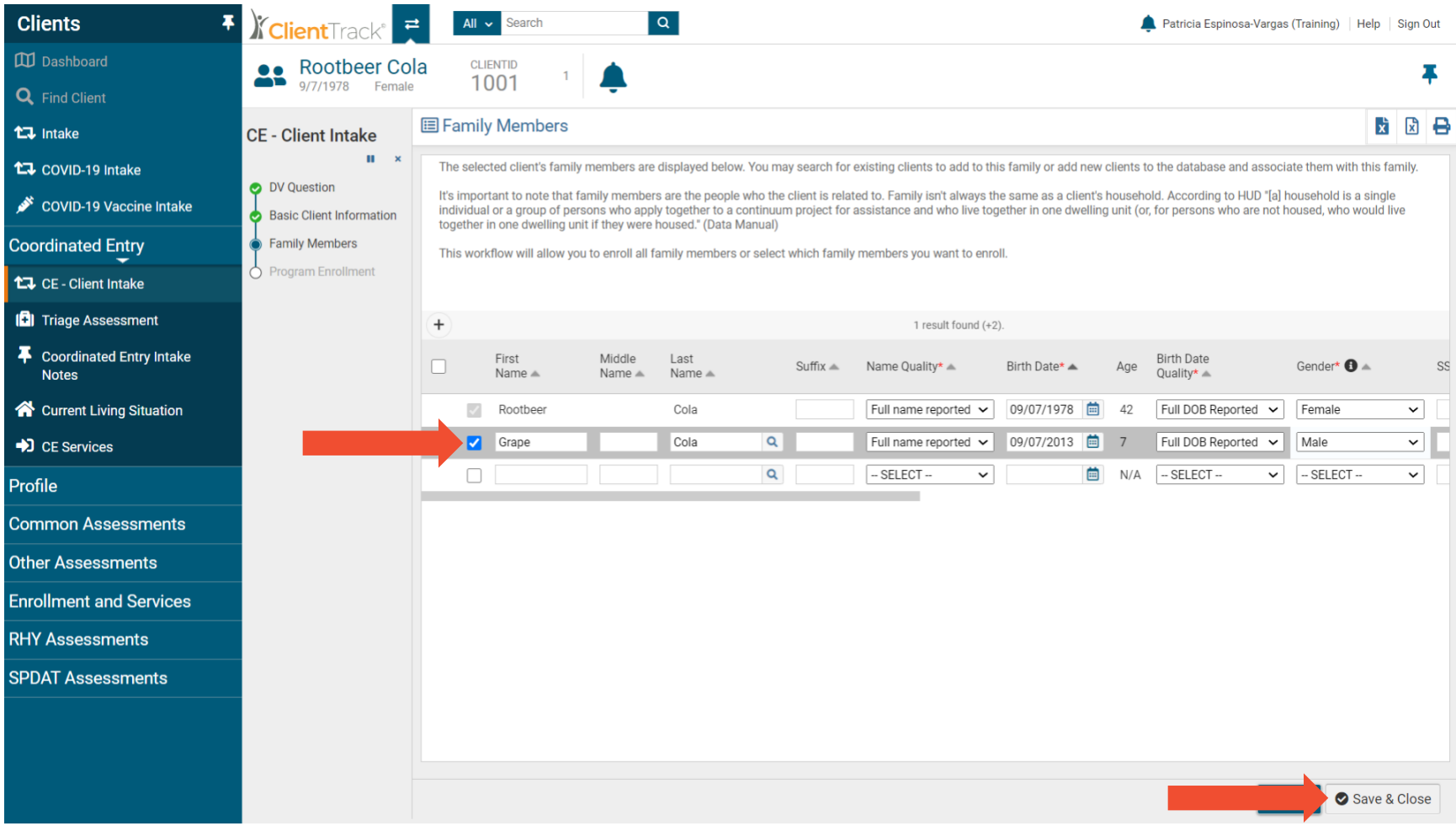


Connect to Home Coordinated Entry System Policies and Procedures

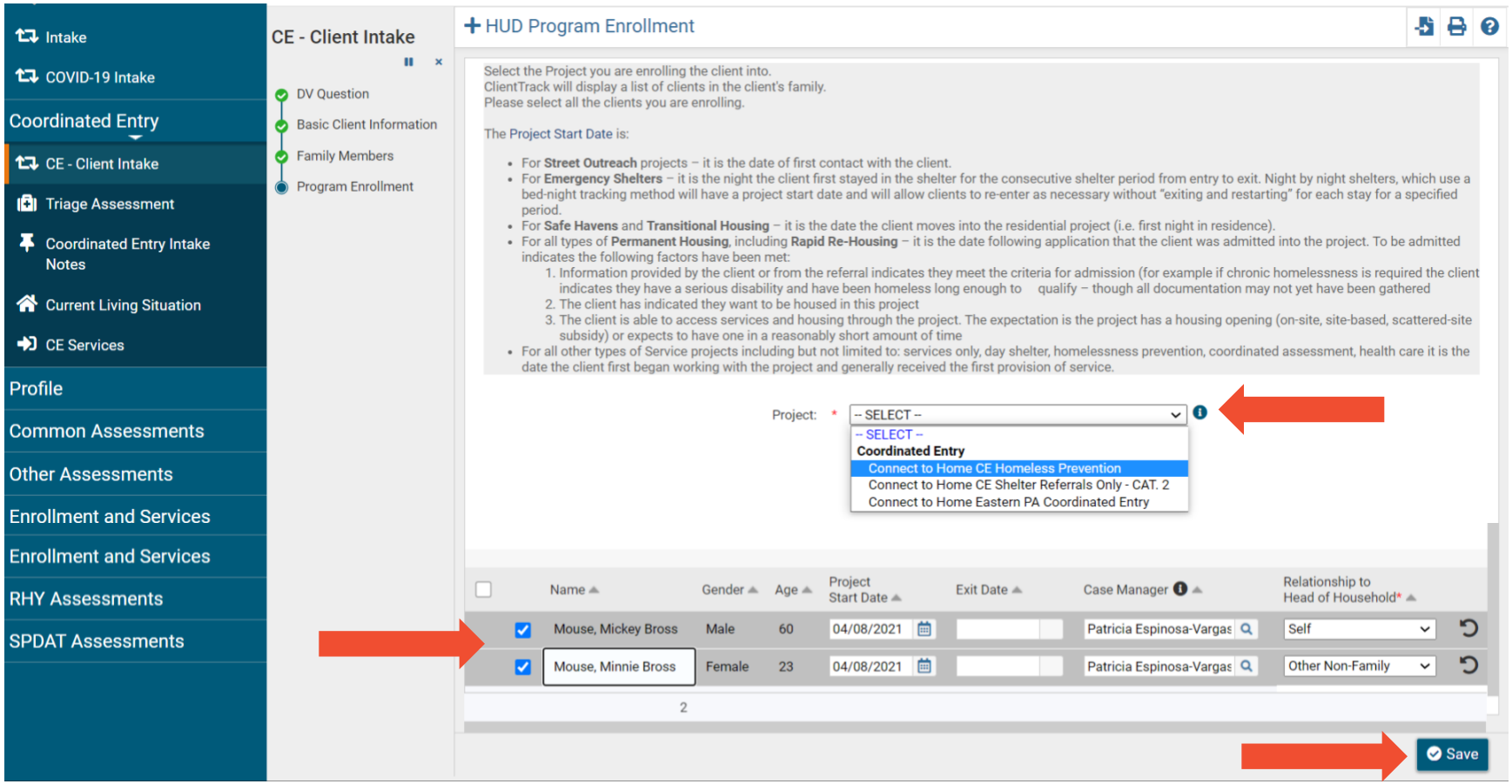
12. Complete the Client/Head of Household's profile, then click Finish to move on to the next screen
    - Be sure to read the following before moving on as it relates to Consent/Information Release: *"Do I have your permission to enter your information into the Eastern Pennsylvania secure data system called HMIS?"*



13. Add any additional Household members, then click Save & Close when complete

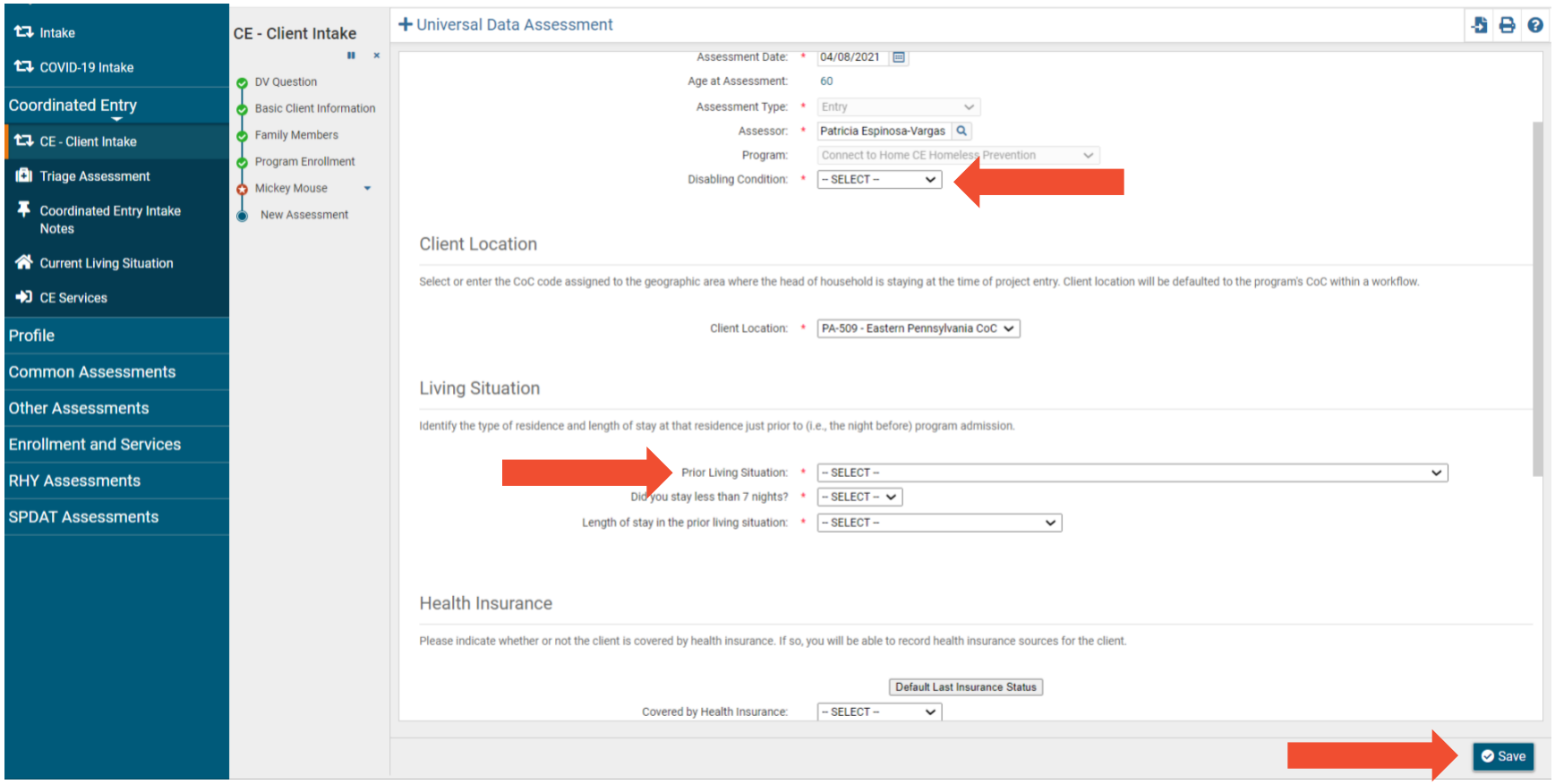


14. Choose the Project the client is being enrolled into, then select all Household Members needing assistance/enrolled, Click Save when complete
    - **Connect to Home CE Homeless Prevention**: If client meets the criteria for rental assistance referrals (is at risk of homelessness/losing their housing in14 days or less for all populations)
        - *Note: Client may, in addition to Prevention Referrals, obtain Shelter Referrals under this enrollment if requested and they meet the Shelter Referrals criteria (see bullet below)*
    - **Connect to Home CE Homeless Prevention CE Shelter Referrals Only – CAT. 2**: If client meets the criteria for Shelter Referrals (is at 14 days or less of losing their housing for the general population; 30 if Veteran) but not needing Prevention

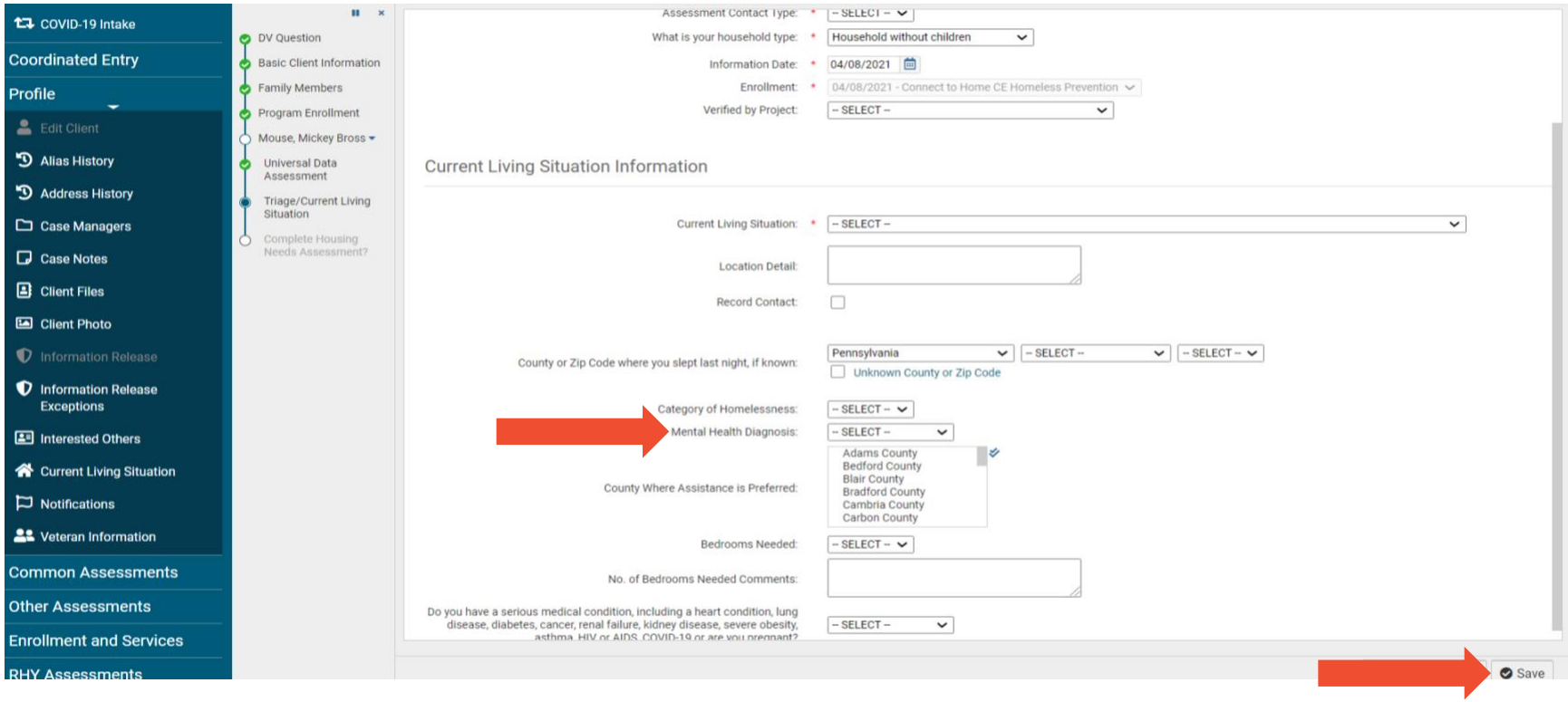


Connect to Home Coordinated Entry System Policies and Procedures

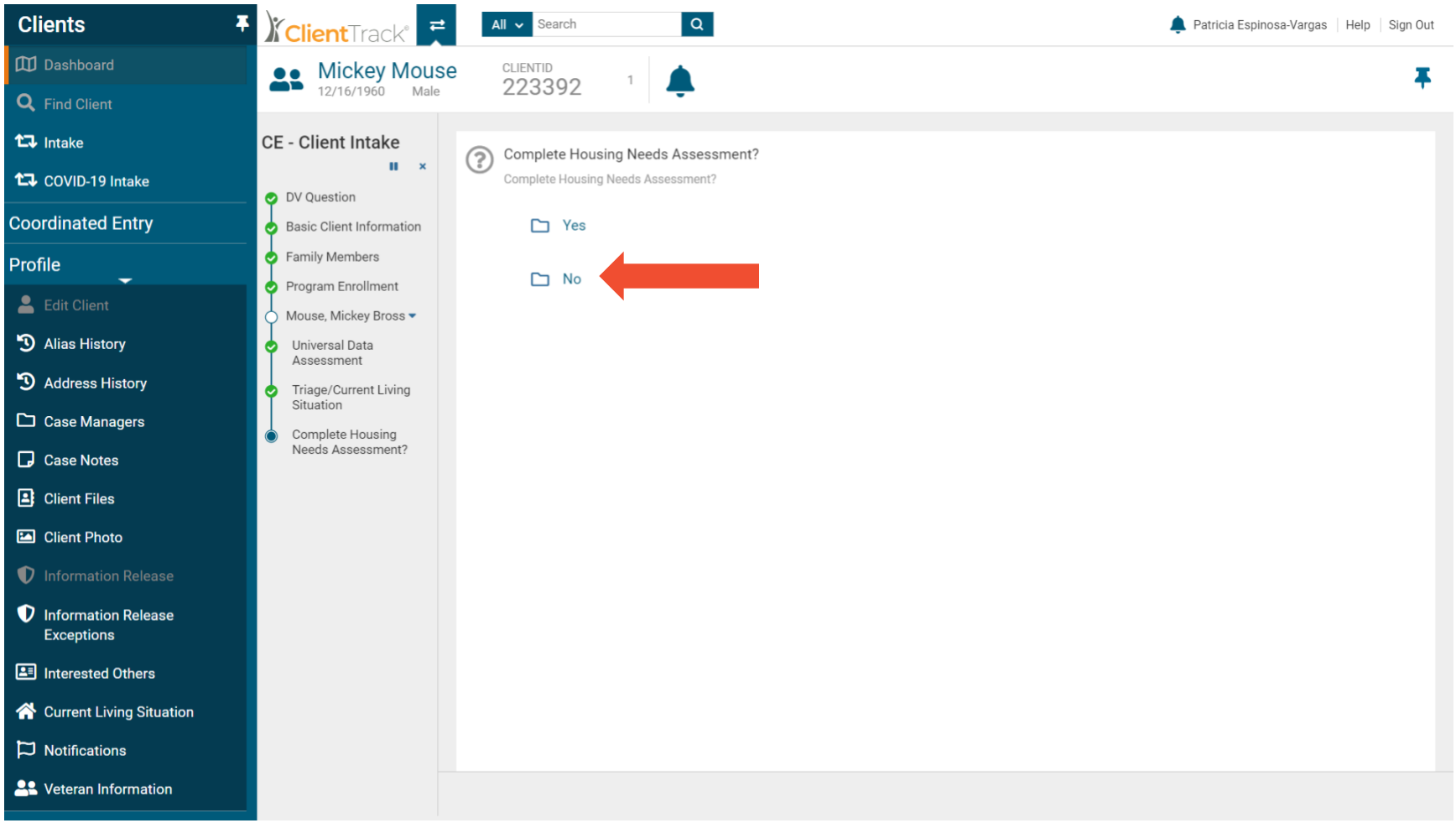
15. Complete the Universal Data Assessment, click Save when complete
    - Disabling Condition: Read the following and answer accordingly…*"Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?"*
    - Prior Living Situation: This response to this question should reflect where the client **slept last night**
      - Note: depending on their housing situation last night, different fields/questions will populate that are required to be answered
    - Health Insurance: This question is not required, as such, please skip it



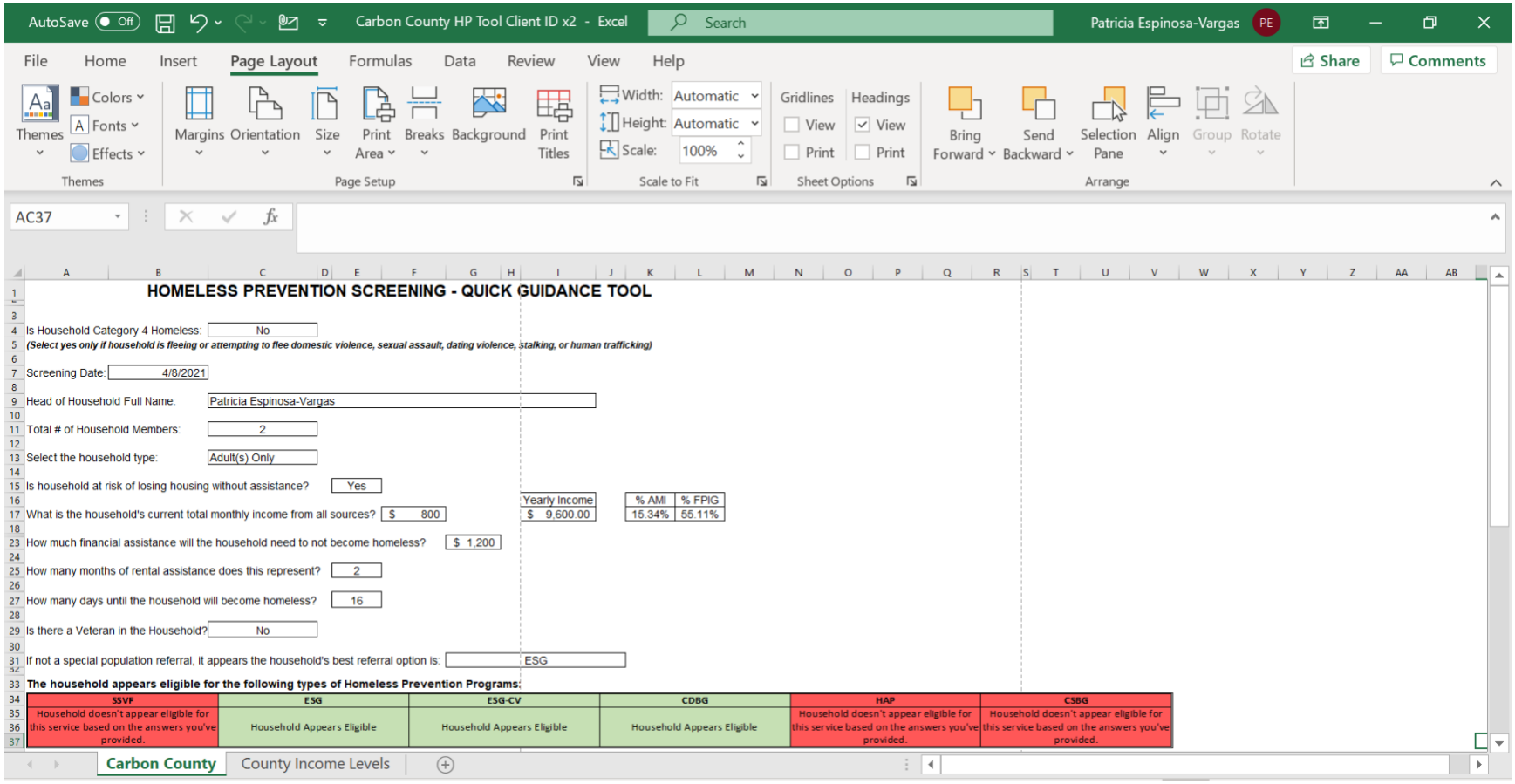
16. Complete the Triage Assessment, click Save when complete
    h. Assessment Contact Type: For 211, the response should always be Phone, For Access Sites it will likely be In-Person
    i. Current Living Situation: Where the client expects to sleep **tonight** (depending on the response, additional questions will populate)
    j. Category of Homeless: Leave this Blank, this is not a field that the Eastern COC uses
    k. Mental Health Condition: Please read the following, then choose the appropriate response…*"Do you have a mental health diagnosis that impedes your ability to maintain housing or employment?"*
    l. County or Zip Code if known: Please enter the client's current city/county/zip code
    m. County where assistance is preferred: Client's may opt to be housed in their current county of residence, or another county, if a client states that they are willing to be housed anywhere, please attempt to narrow it to their surrounding counties, or at least, counties in which it is realistic for them to relocate to (do they have transportation to get there if offered assistance?)
    n. Bedrooms Needed: Please ask and respond accordingly (you may enter comments if appropriate)



17. Click No to completing a Housing Needs Assessment

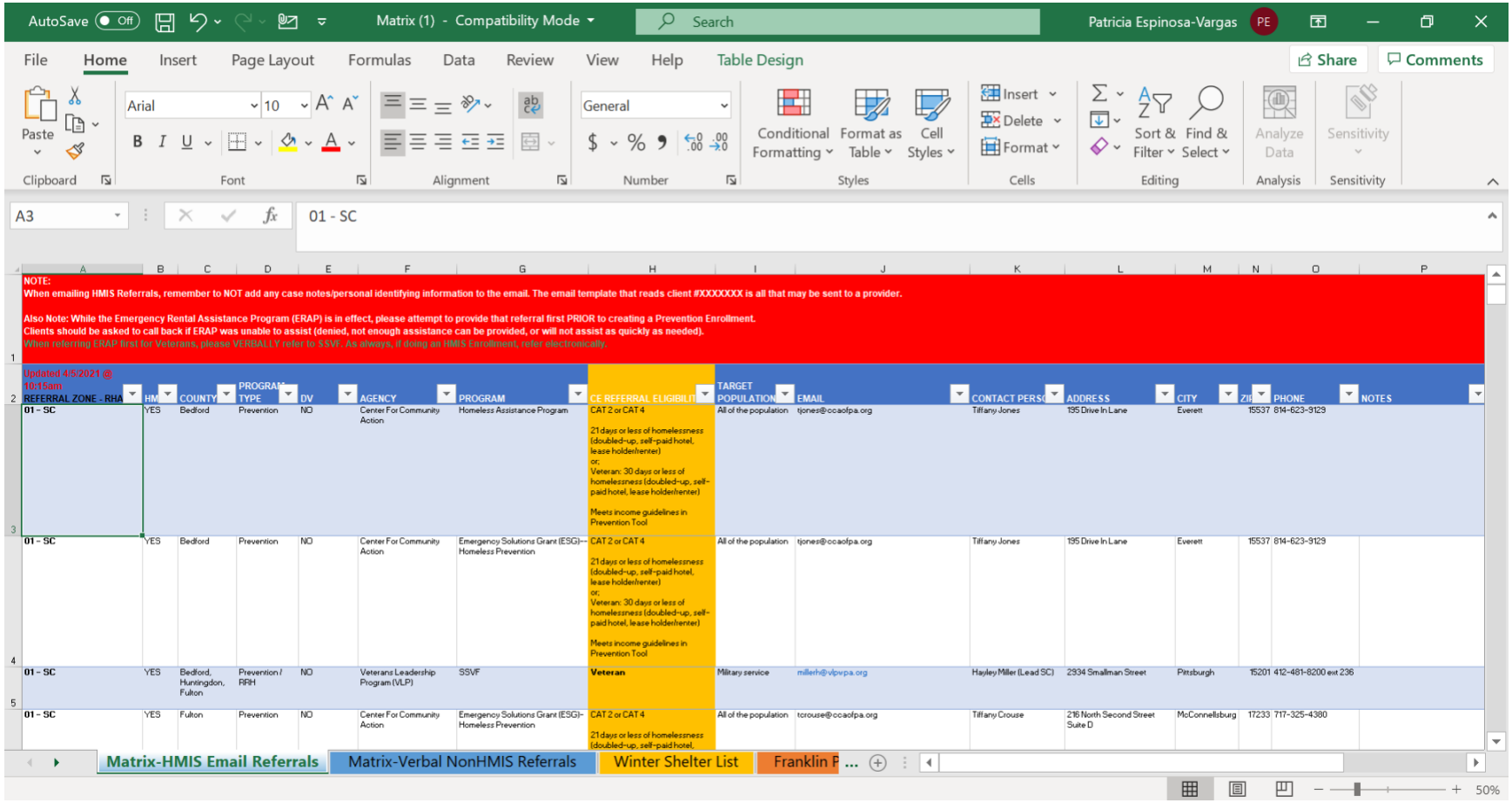


18. If the client is only seeking Shelter Referrals (no Prevention Referrals), go to Step 19
    If the client is seeking Prevention Referrals, field the Prevention Tool for the client's county (https://drive.google.com/drive/folders/12fhc5eL0YCVvGyqyw72yq0YNR6eKVj71)
    - This tool will guide you on validating that the client us under the income guidelines for many funding streams
      - This tool must be used for all clients that are in a rental…if a client is in a self-paid hotel, or doubled-up and looking for deposit assistance this tool should still be fielded as well



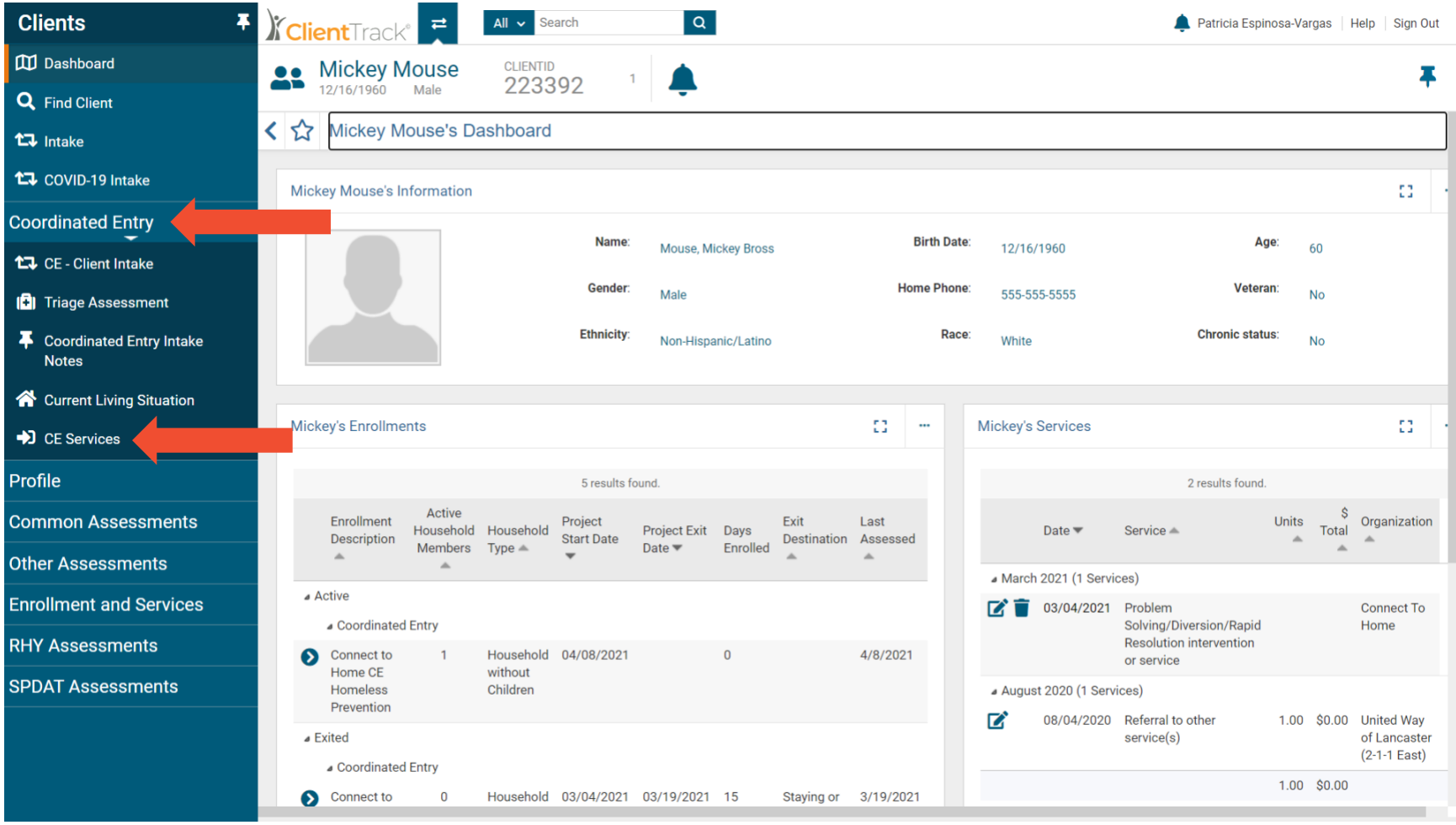
Connect to Home Coordinated Entry System Policies and Procedures

19. Utilize the Referral Matrix to determine appropriate referrals for Shelter and/or Prevention (the latter, based on the Prevention Tool) and search for the appropriate referrals

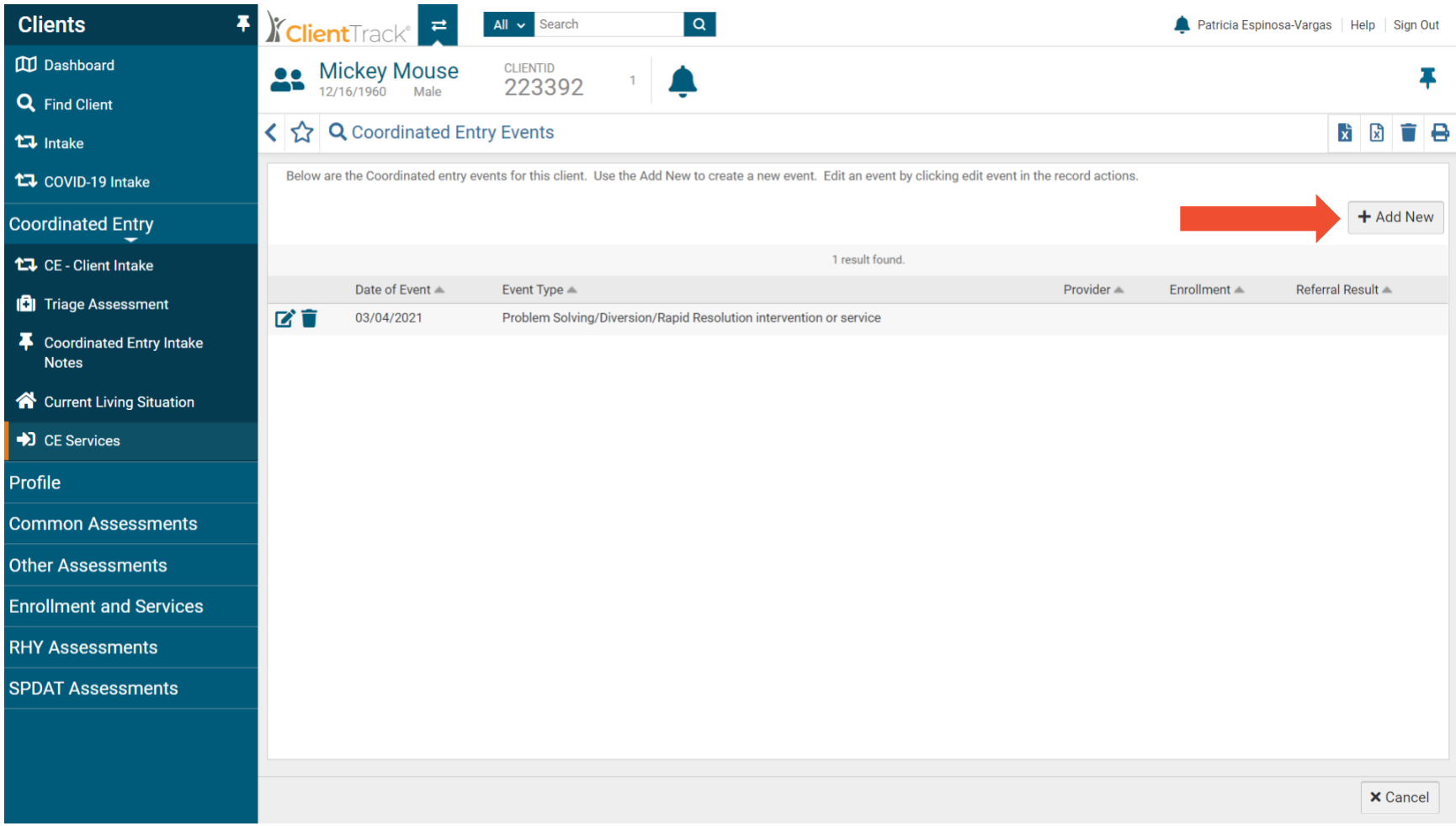


Connect to Home Coordinated Entry System Policies and Procedures

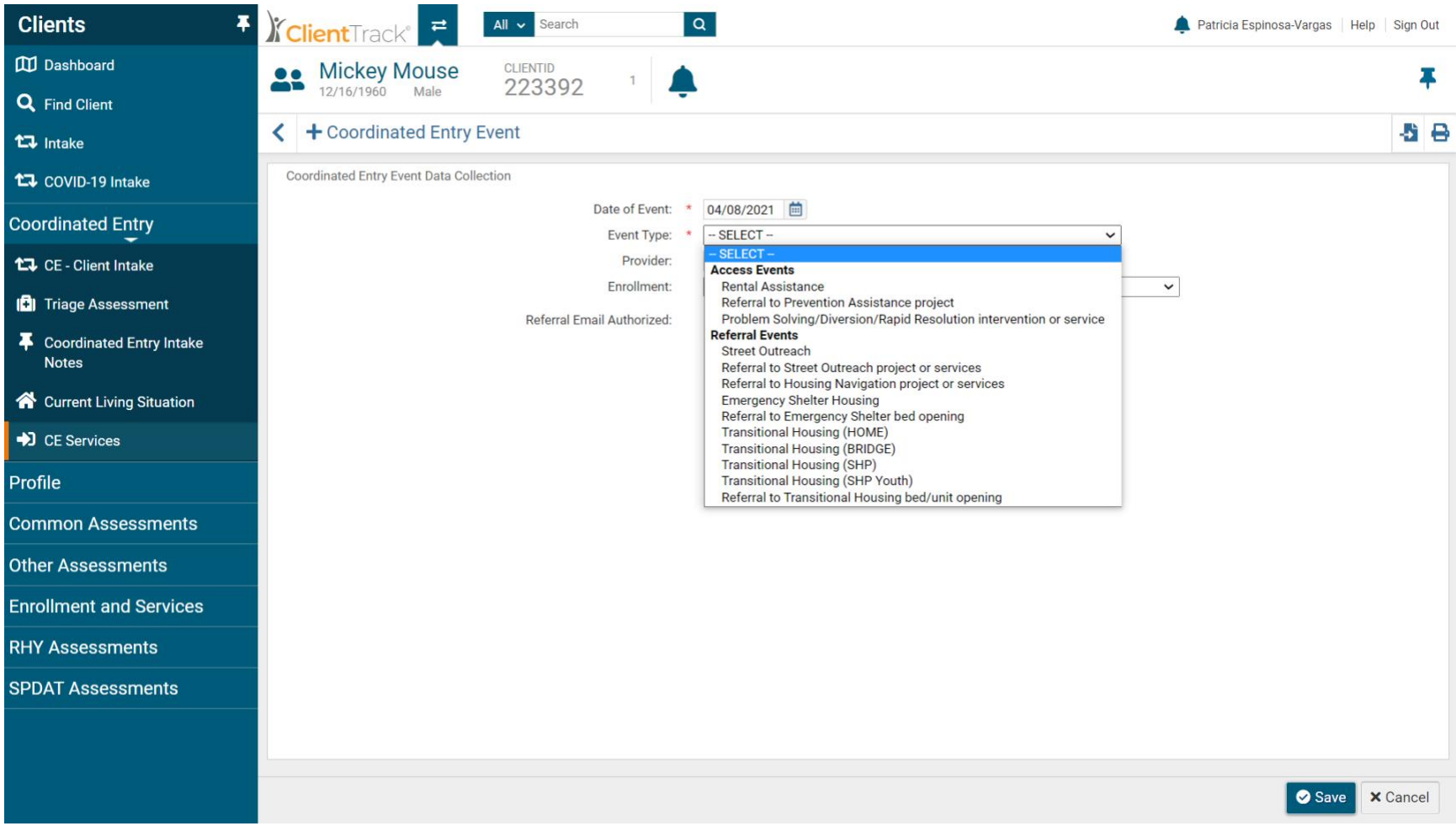
20. To add referrals, Click Coordinated Entry, then click CE Services



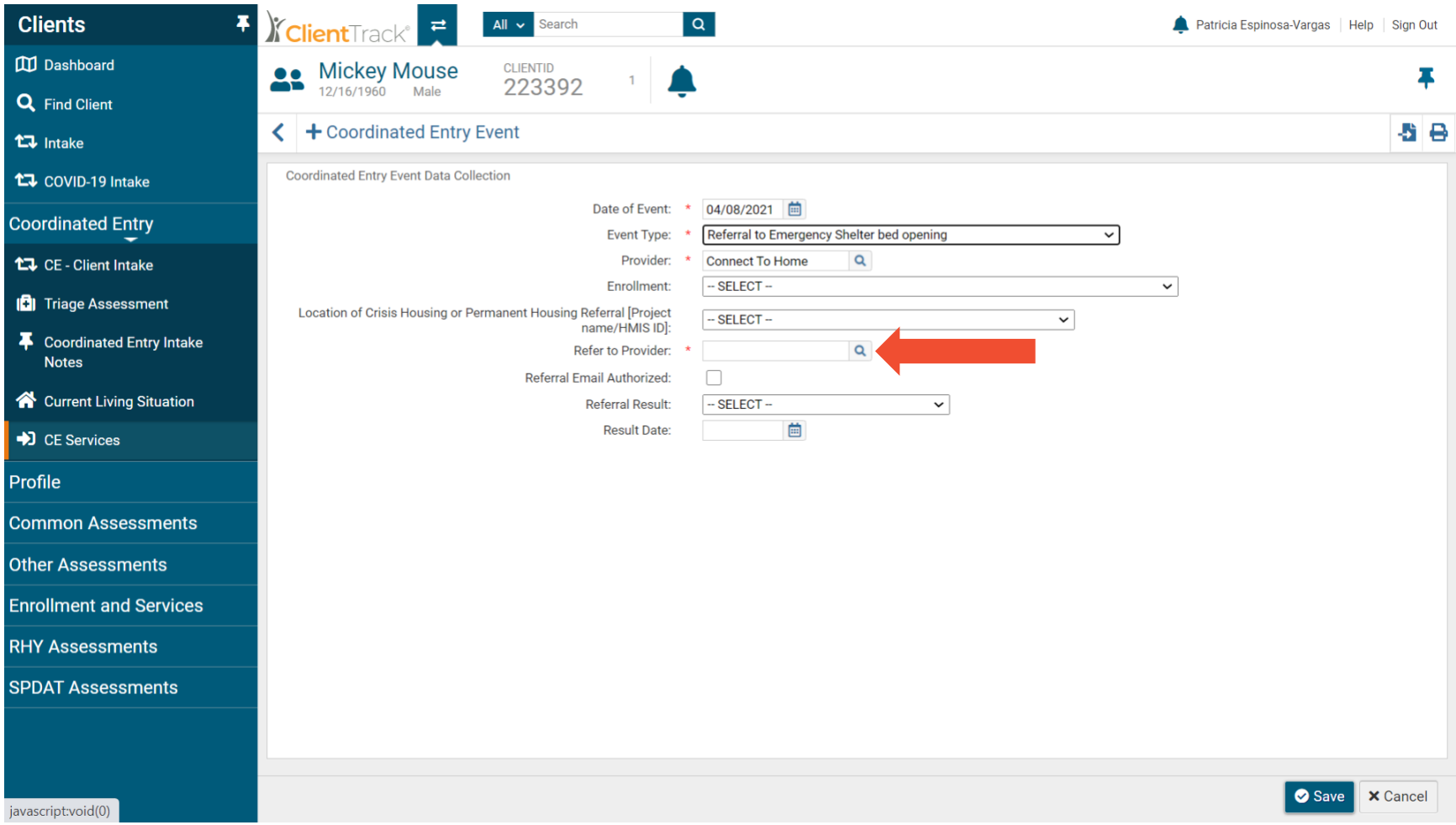
21. Click Add New



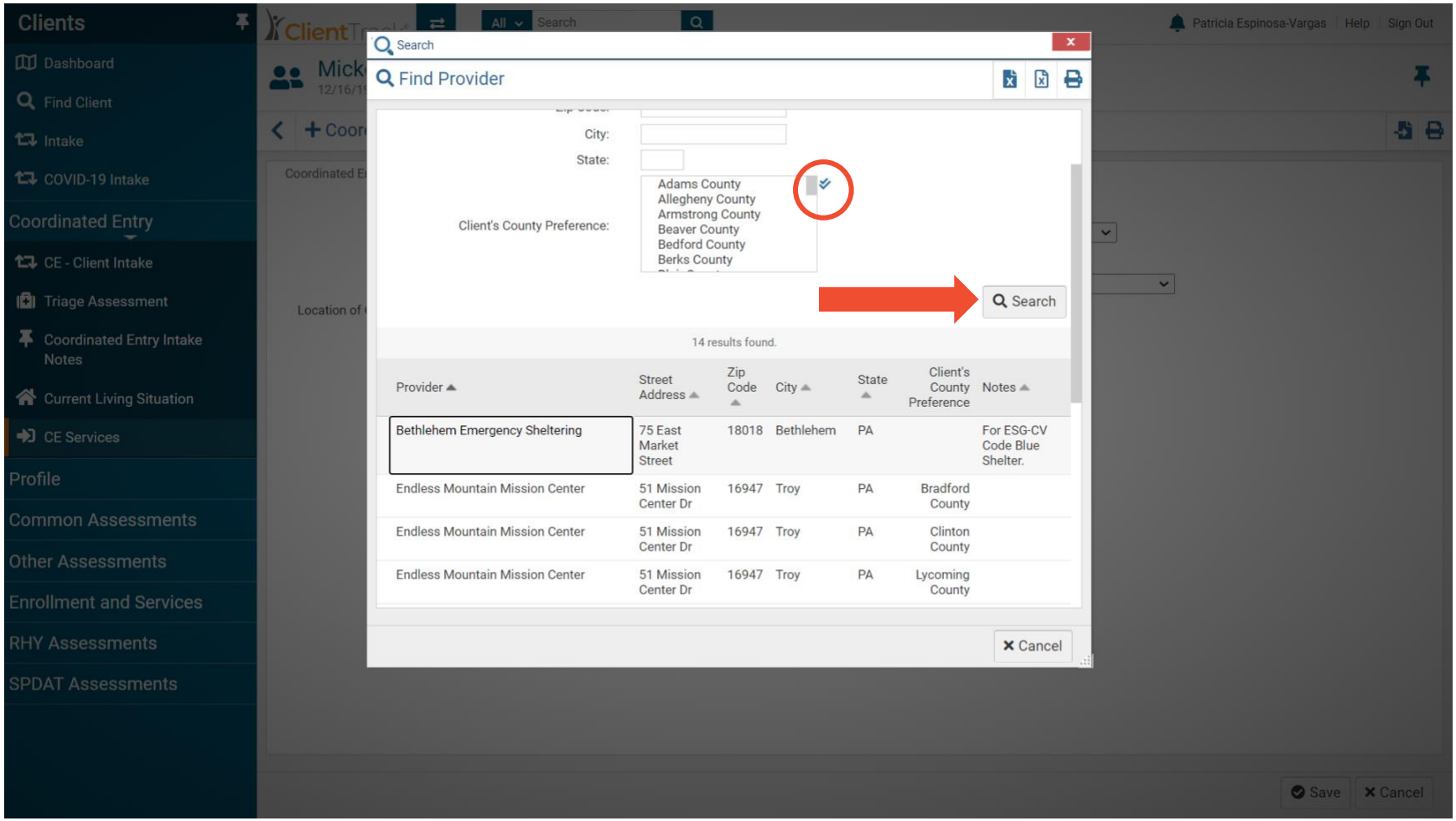
22. Choose the appropriate referral category



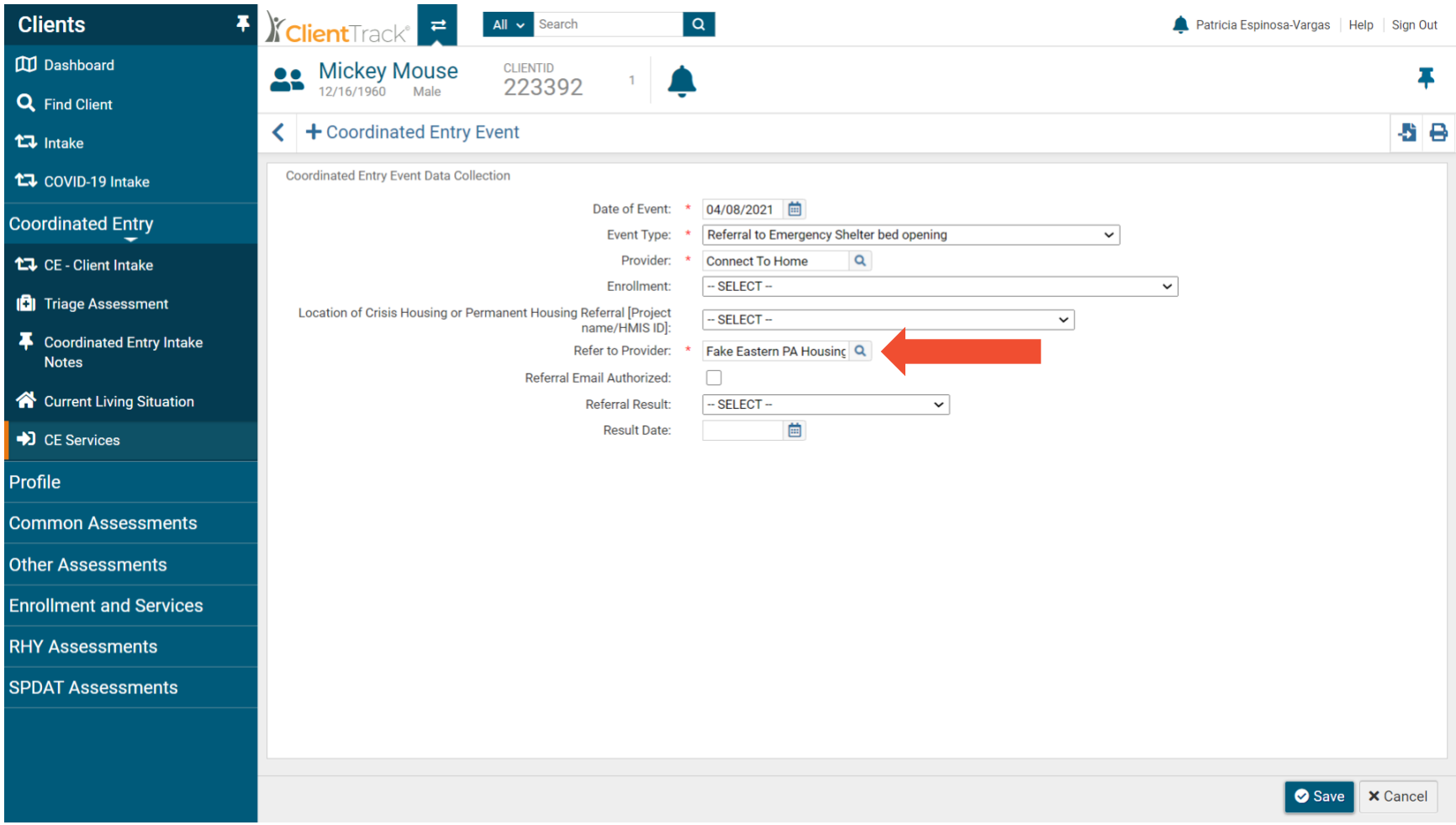
23. Click the magnifying glass next to Refer to Provider to conduct a Provider Search



24. Click Search to search for your Provider (it is recommended to leave all fields blank)
    - Note: As of this writing, a glitch in the system may occur in which no results will populate, if this is your case, click (to select), then unclick (to deselect) the arrows to the right of the Counties displayed, then click Search again (this should now populate Providers)

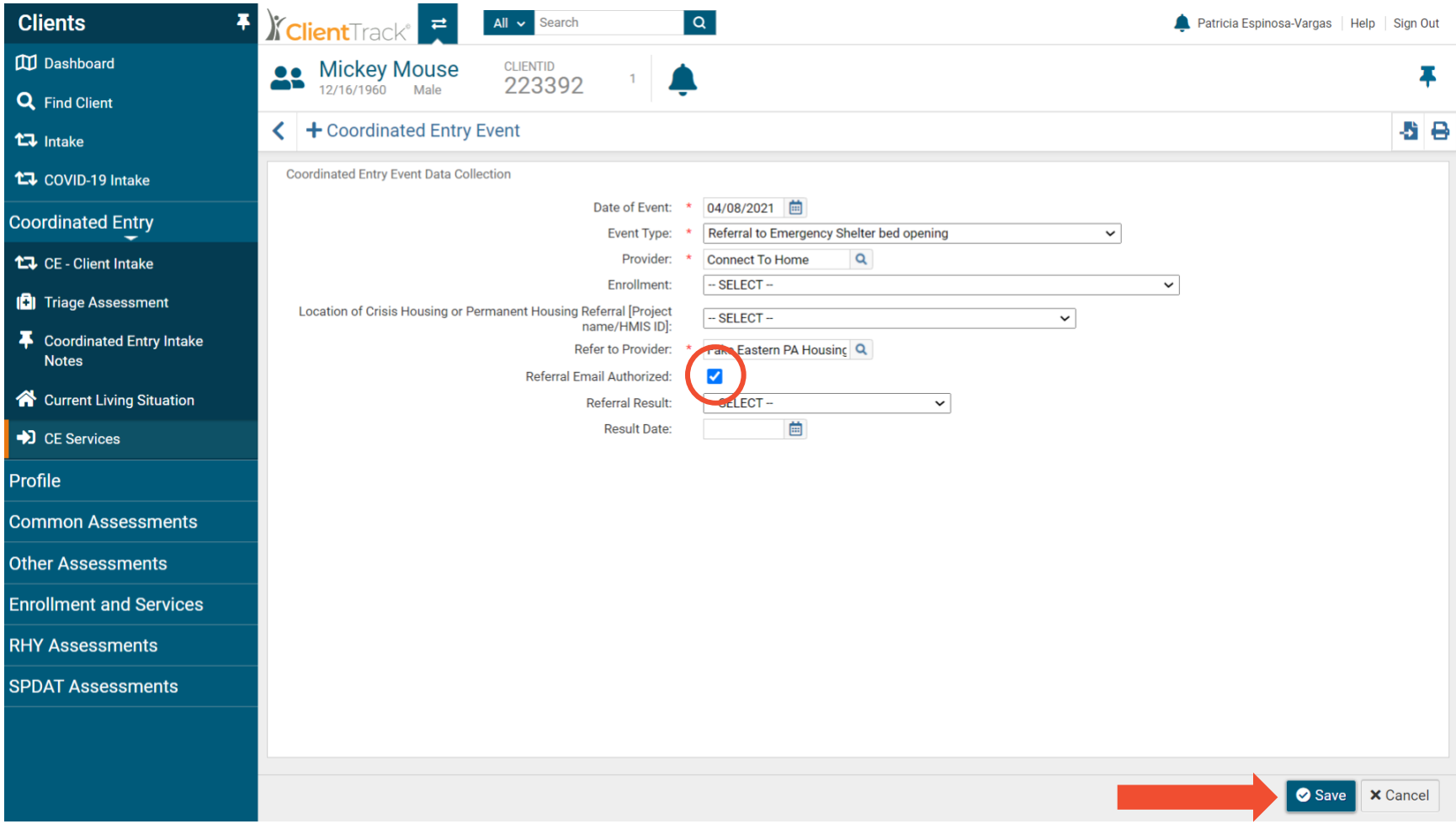


25. Once you have found your Provider, click the Provider Name and it will load into the Referral Dashboard

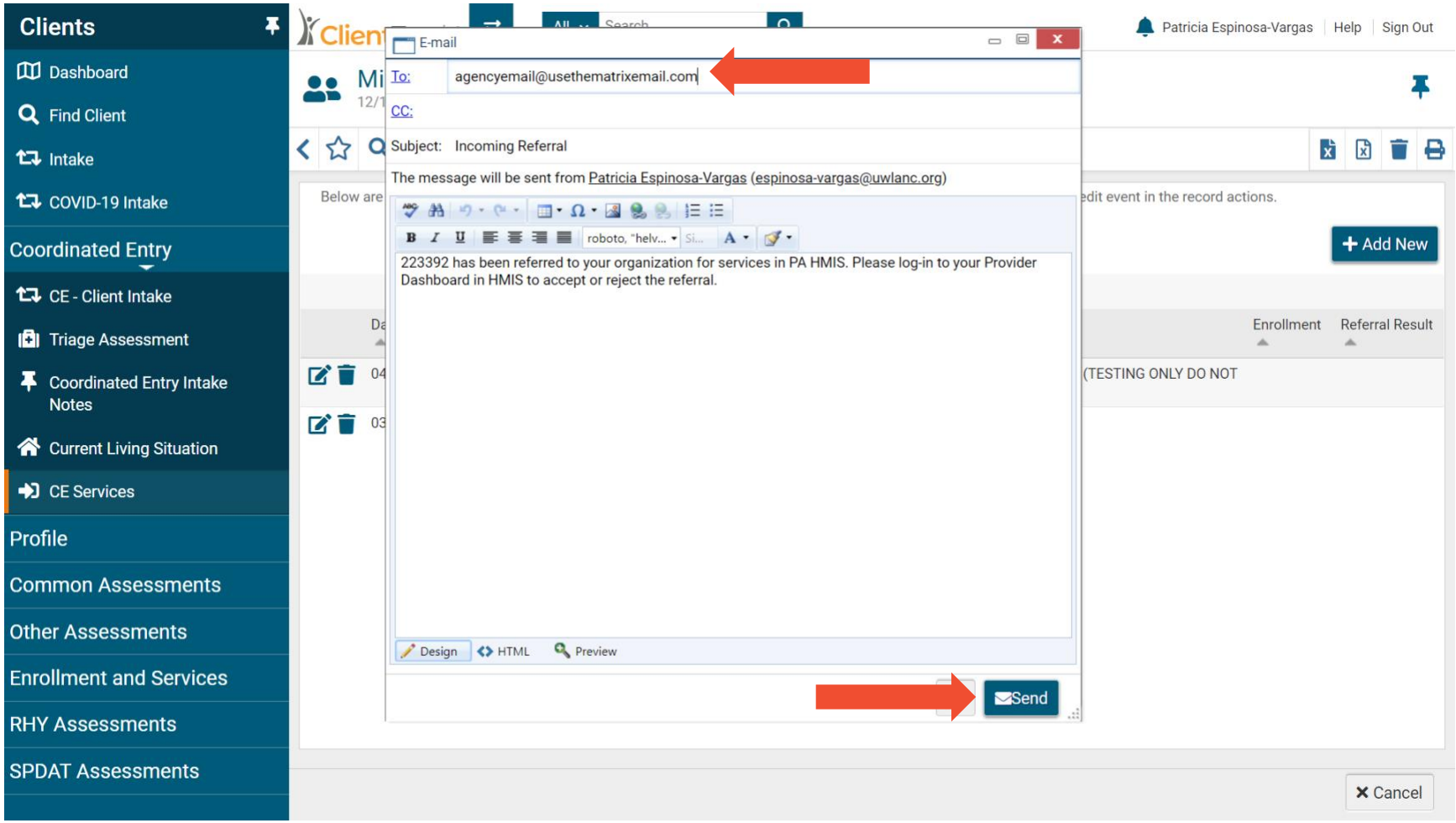


Connect to Home Coordinated Entry System Policies and Procedures

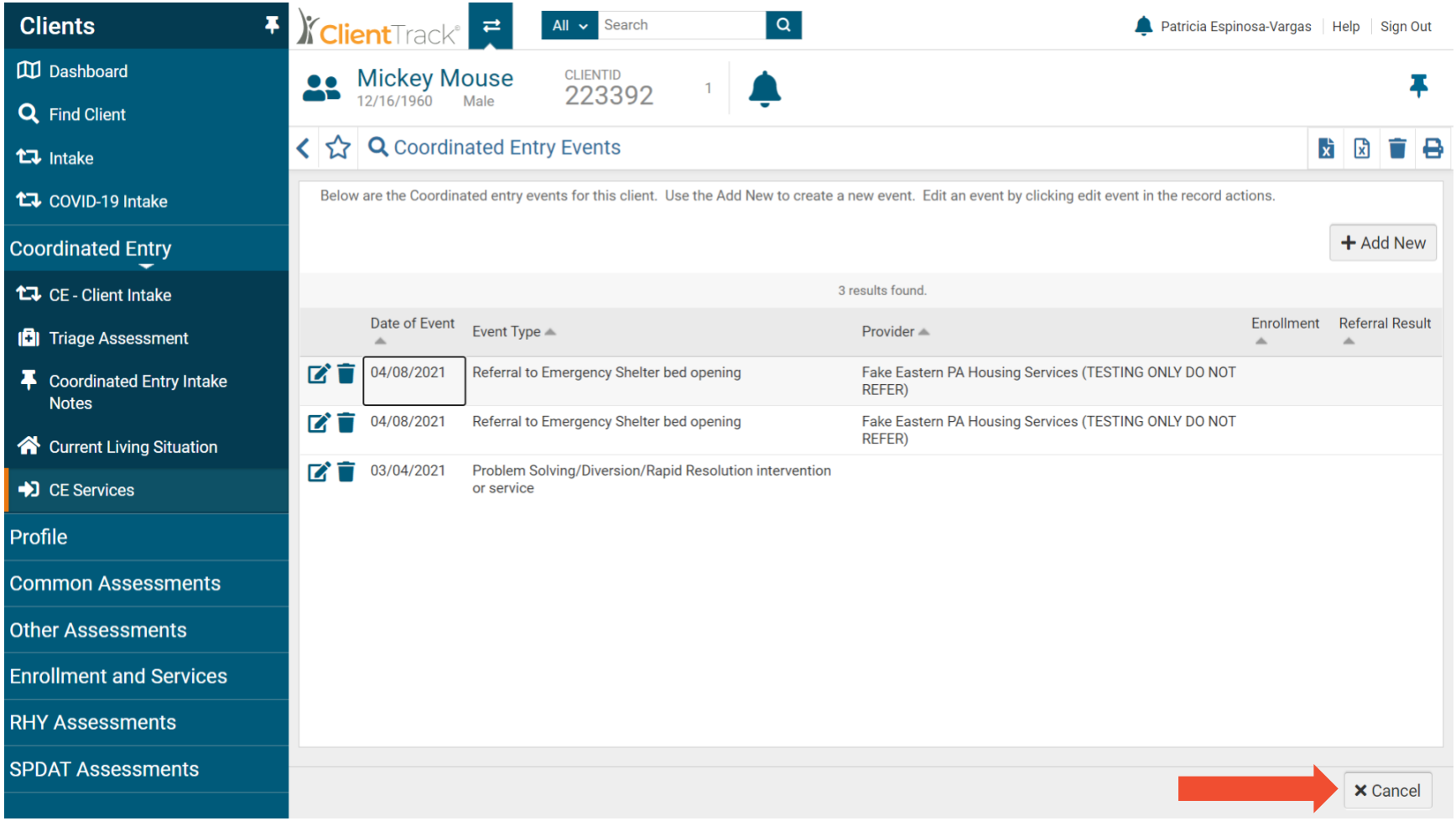
26. Providers that are HMIS Participants (as indicated in the Matrix) will require an email alert, as such, click the Referral Email Authorized check box, then click Save to proceed
    - Providers that are NOT HMIS Participants may NEVER receive an email alert, as such, DO NOT click the Referral Email Authorized check box…simply click Save to proceed



27. For those HMIS Providers receiving an email, an email will populate, using the Matrix, type in the agency email address that this referral should be sent to, then click Send
    - Note…you may not type anything else in the body of the email as to protect client's Privacy…agencies must log-in to view the referral and case notes
    - Repeat the above Steps if making more than 1 referral

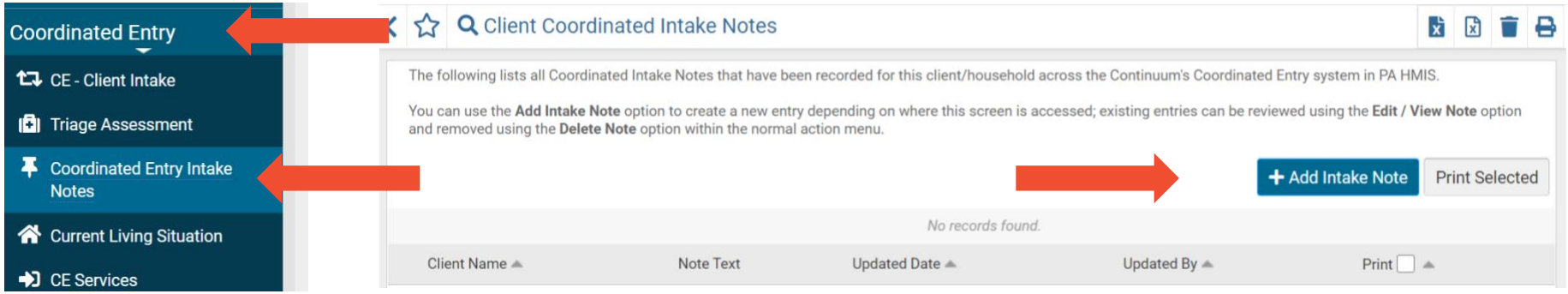


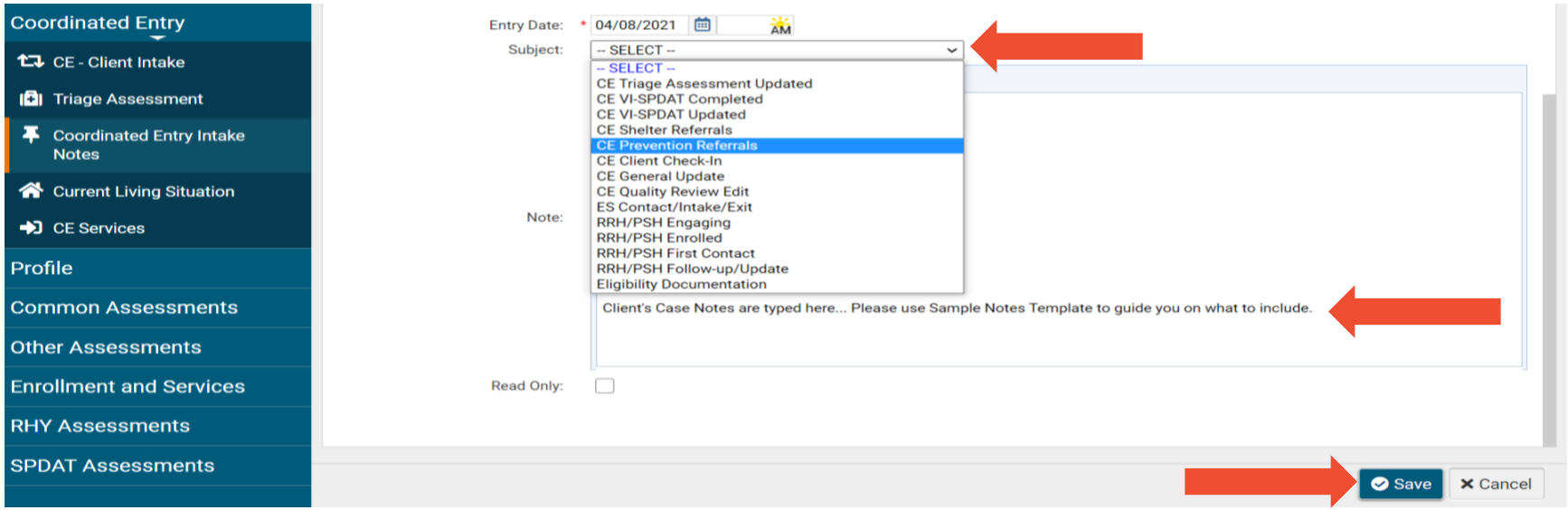
28. When complete, click Cancel to return to the Dashboard



Connect to Home Coordinated Entry System Policies and Procedures

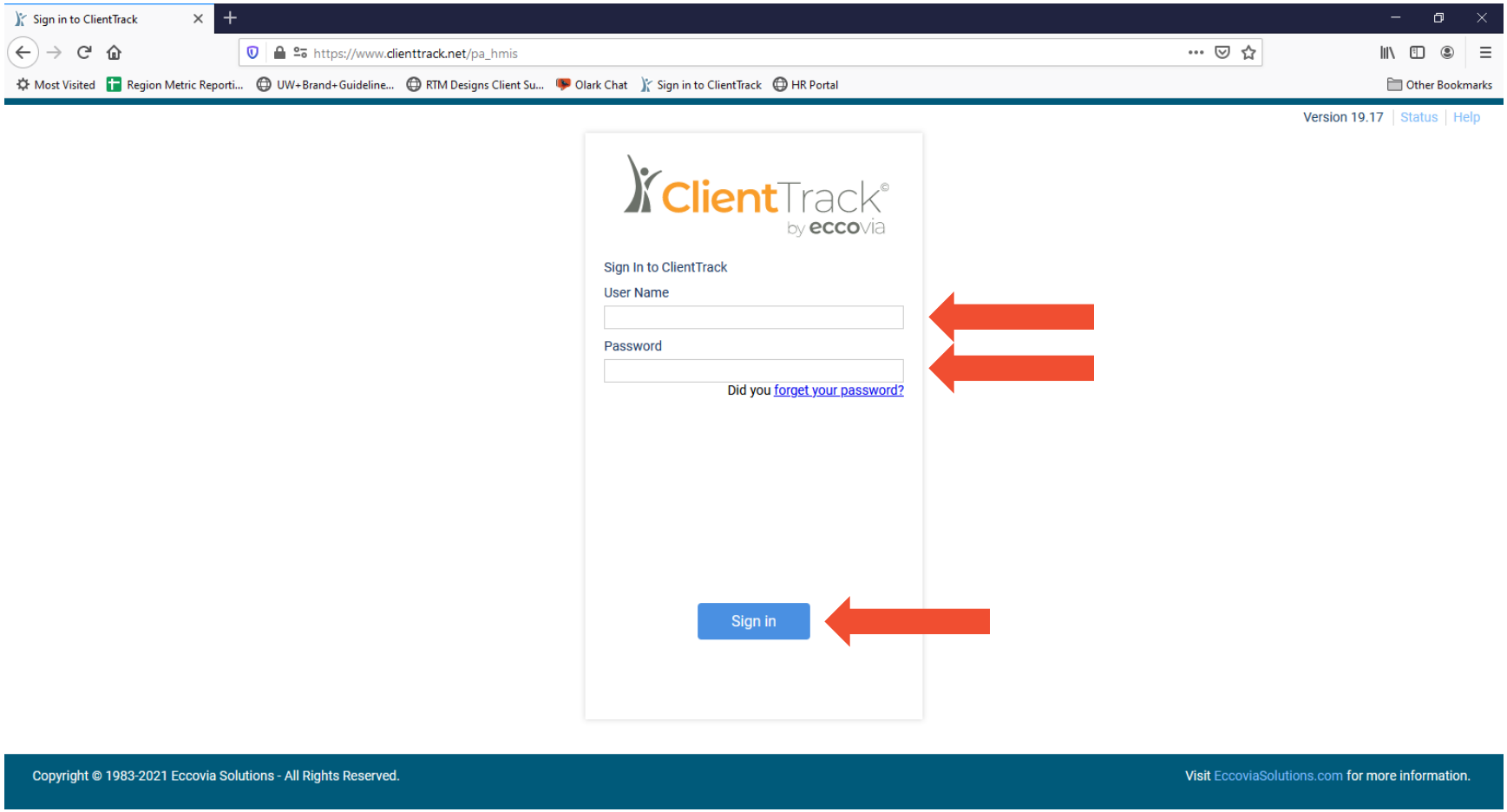
29. Add your Case Note:
    - Click Coordinated Entry
    - Click Coordinated Entry Intake Notes
    - Click Add Intake Note
    - Choose the appropriate Subject
    - Type your note (use Sample Notes templates for guidance on what to include)
    - Click Save when complete



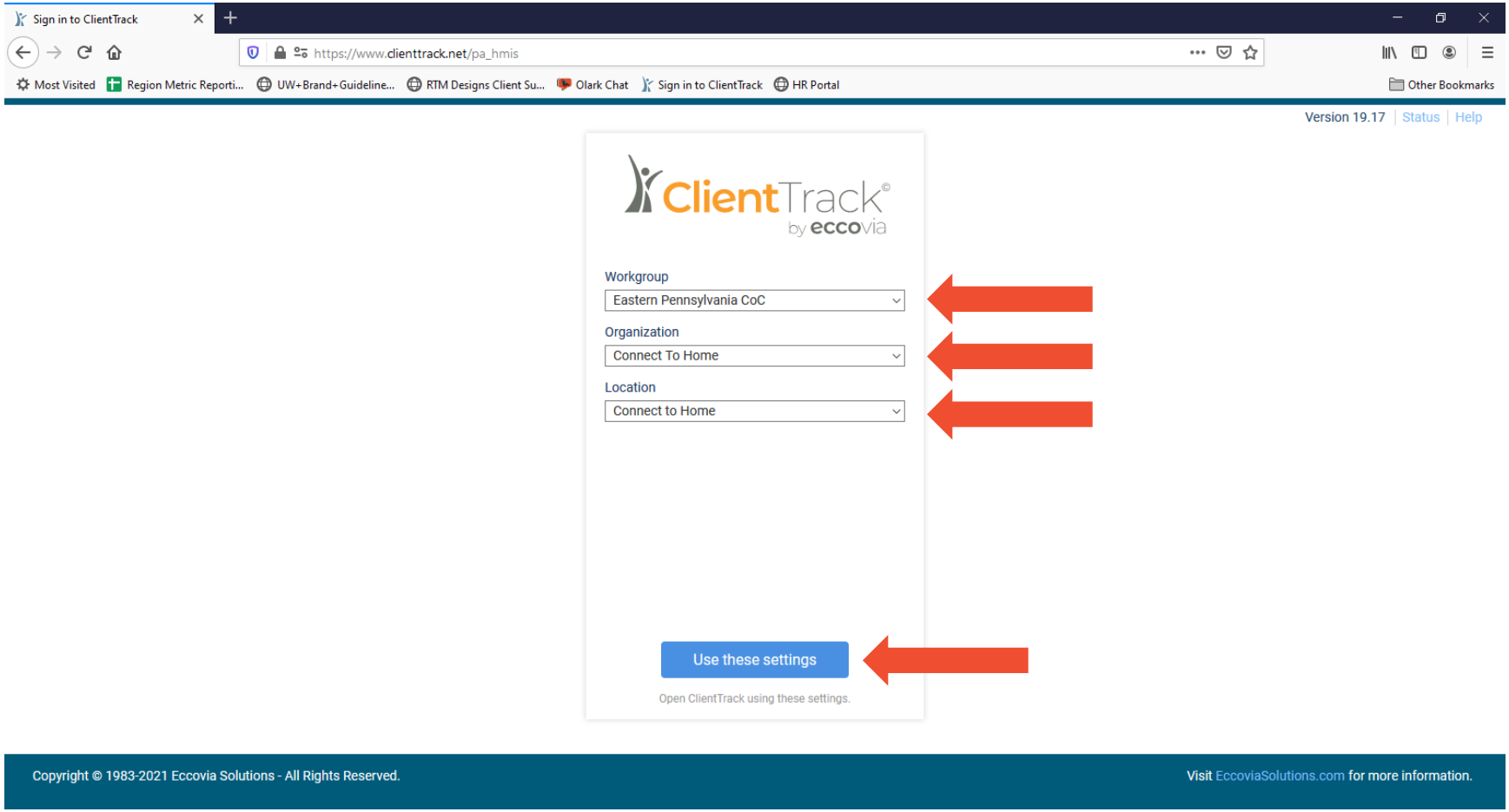


Coordinated Entry Intake for a Household Fleeing Domestic Violence That Wishes to Remain Anonymous (No Personally Identifying Information Entered into PA HMIS)

1. Log-in to https://www.clienttrack.net/pa_hmis with your Username and Password, click Sign-In

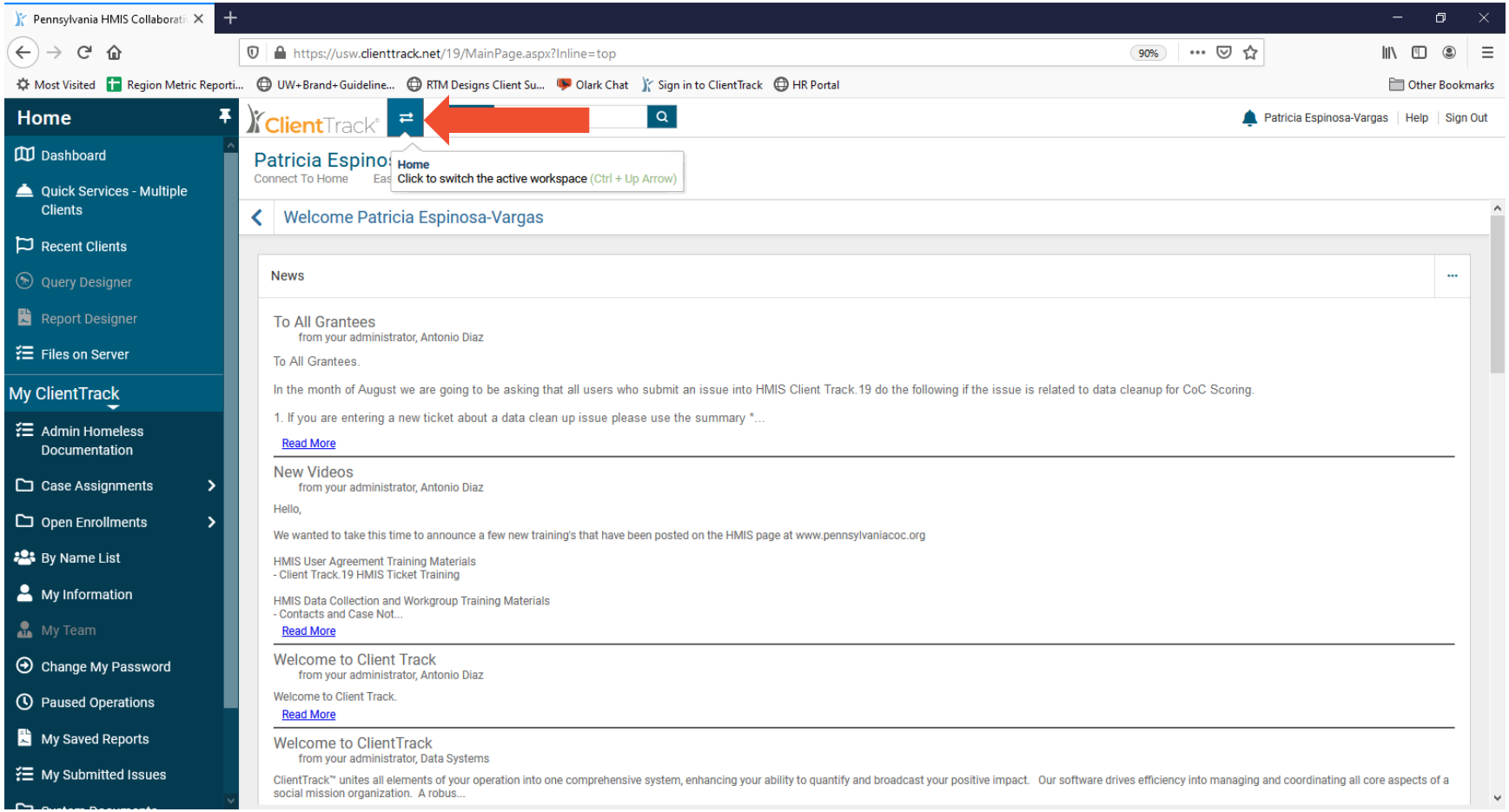


2. Be sure to be logged in to, then click Use these settings:
   - Workgroup: Eastern Pennsylvania COC
   - Organization: Connect To Home
   - Location: Connect To Home

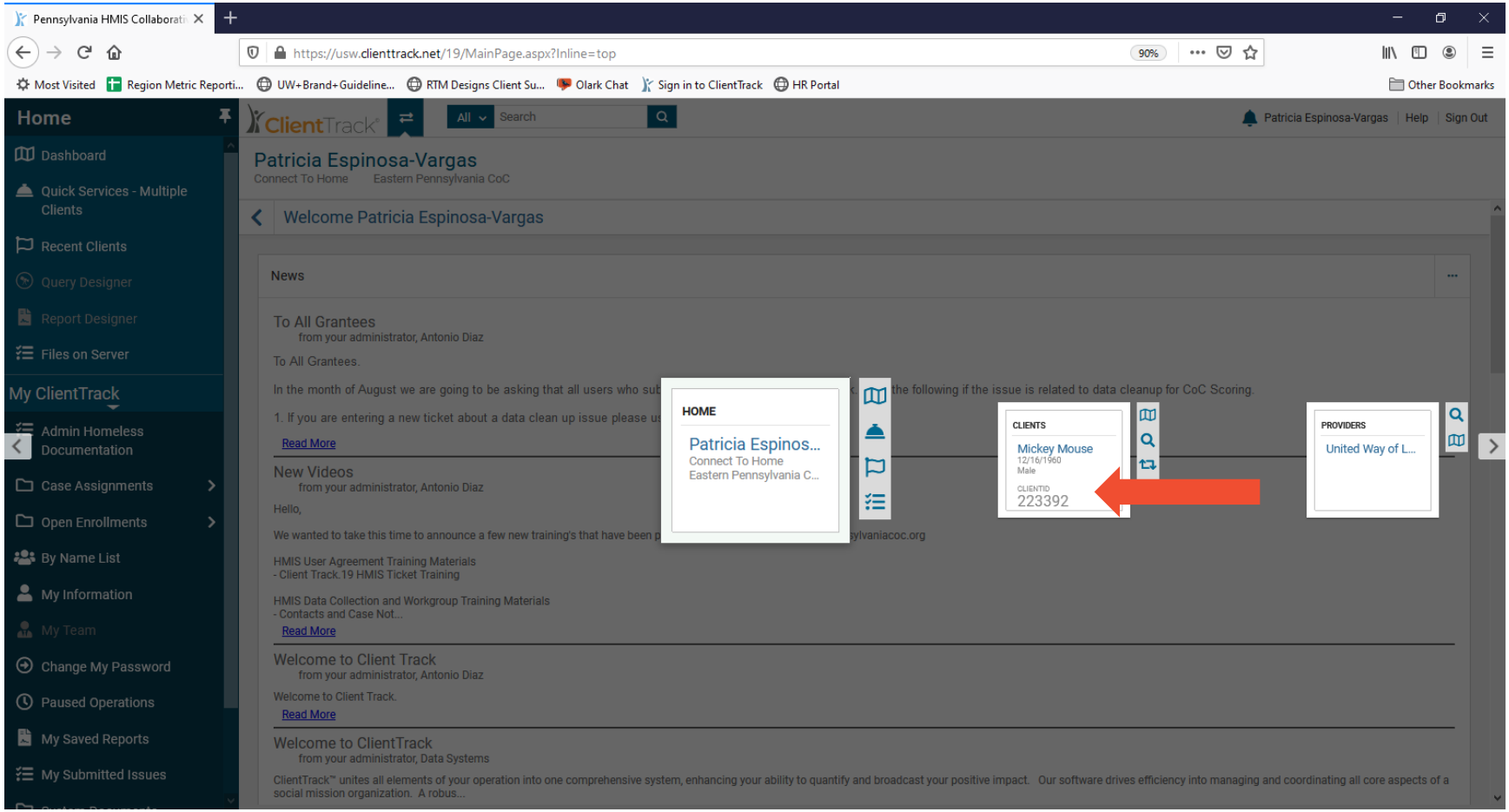


Connect to Home Coordinated Entry System Policies and Procedures

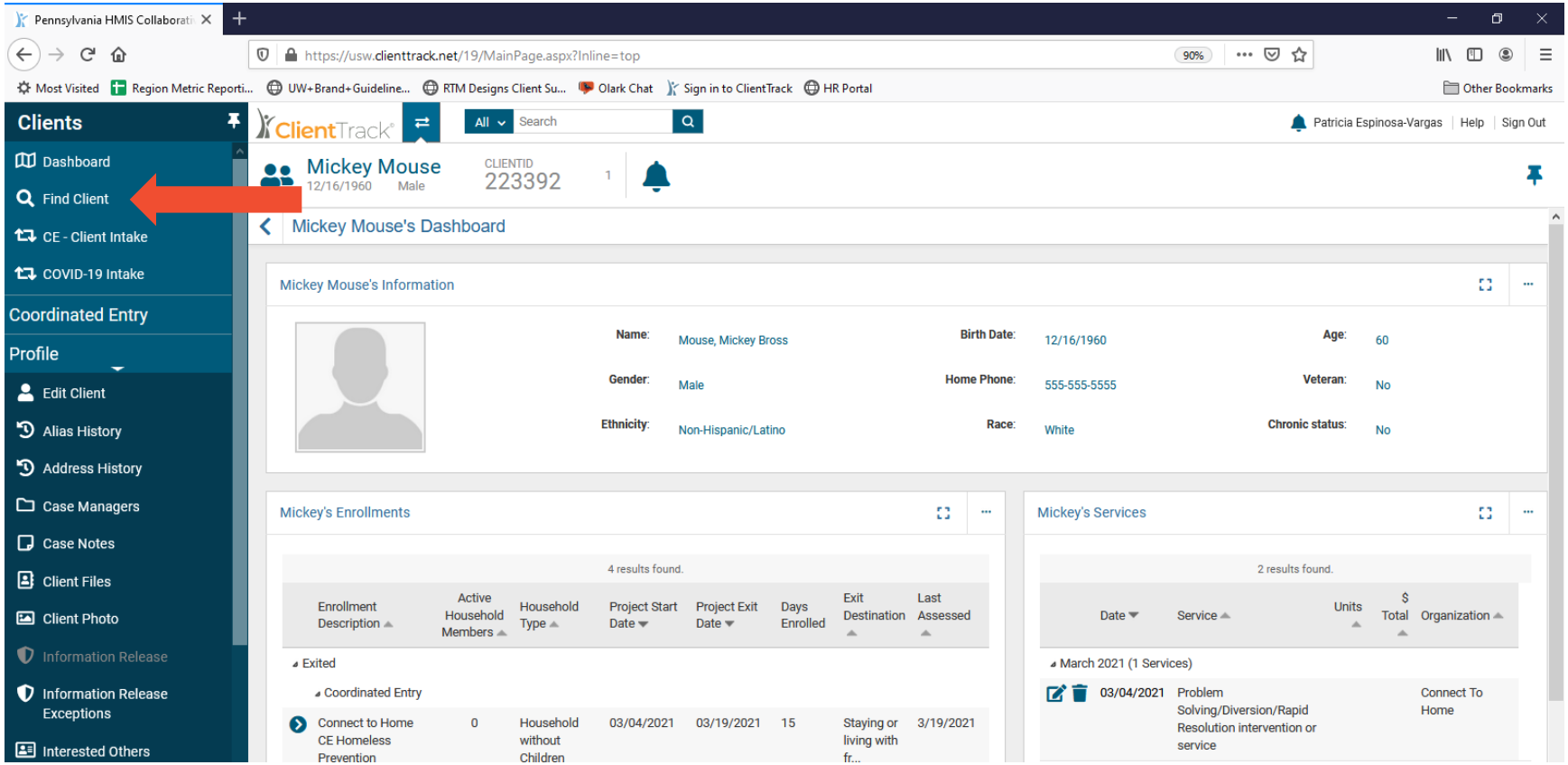
3. While on the Home screen, click to Double Arrows to switch to a different Workspace



4. Click the Clients Workspace (you should see a snapshot of the previous client you searched for)



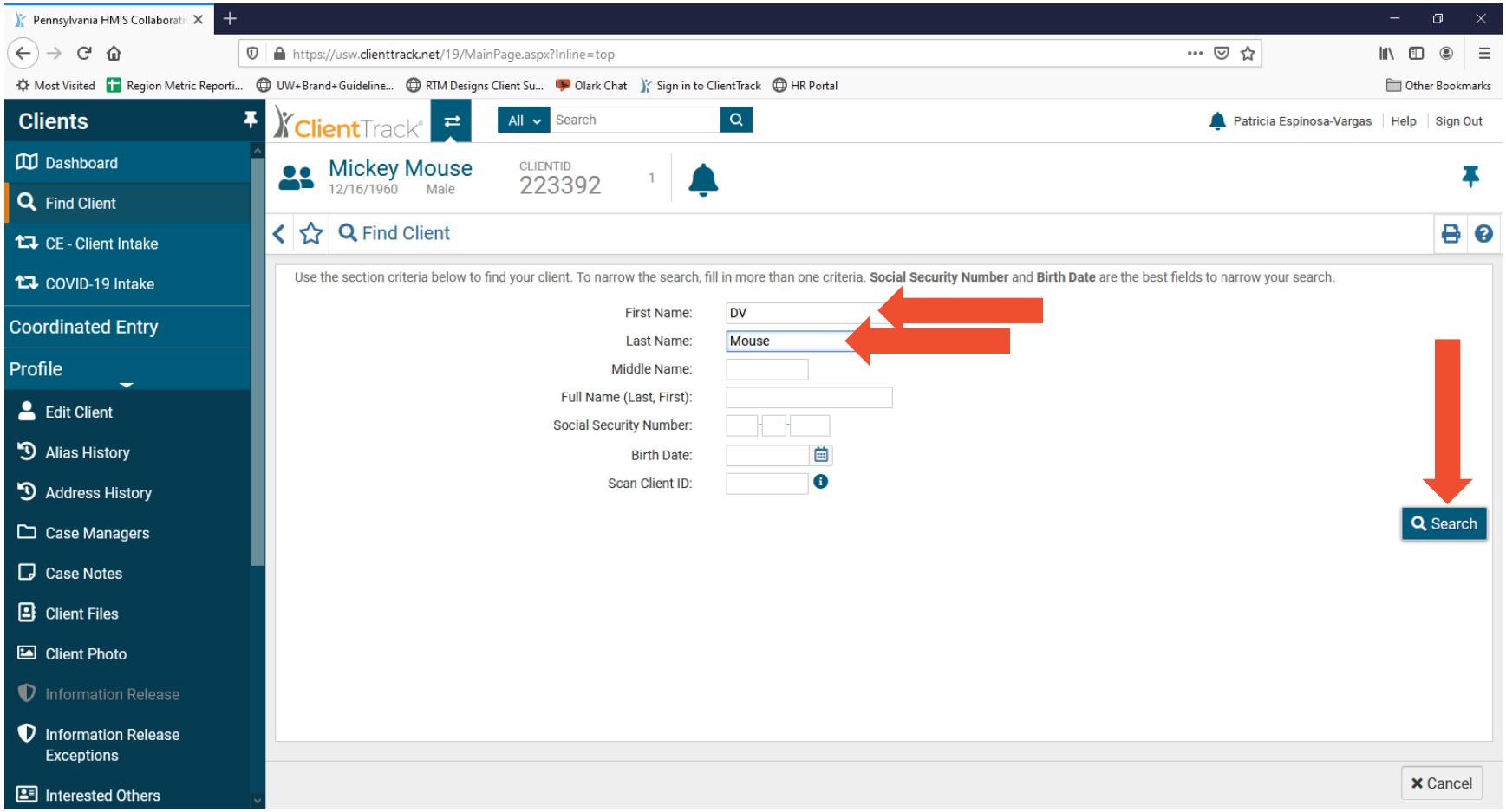
5. While at the Client Dashboard screen, click Find Client



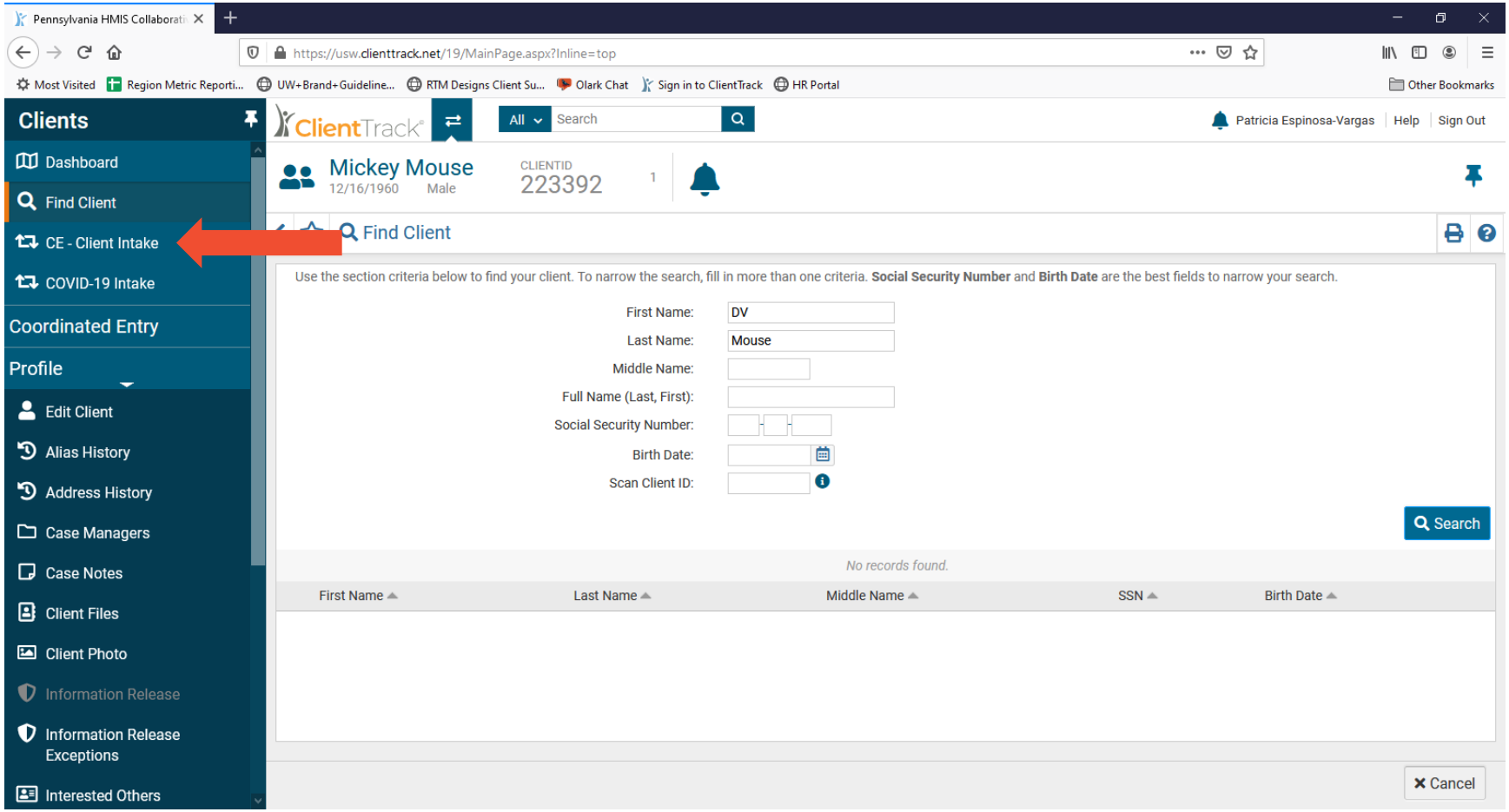
Please read the following: ***"You have chosen to have your information into our secure data system anonymously, we must ask that you now choose a passcode. This passcode will be used to identify you as services reach out. You may choose any alphanumeric passcode as long as it has not been chosen by someone else, and it is not related to your name. What passcode would you like to be identified by?"***

Connect to Home Coordinated Entry System Policies and Procedures

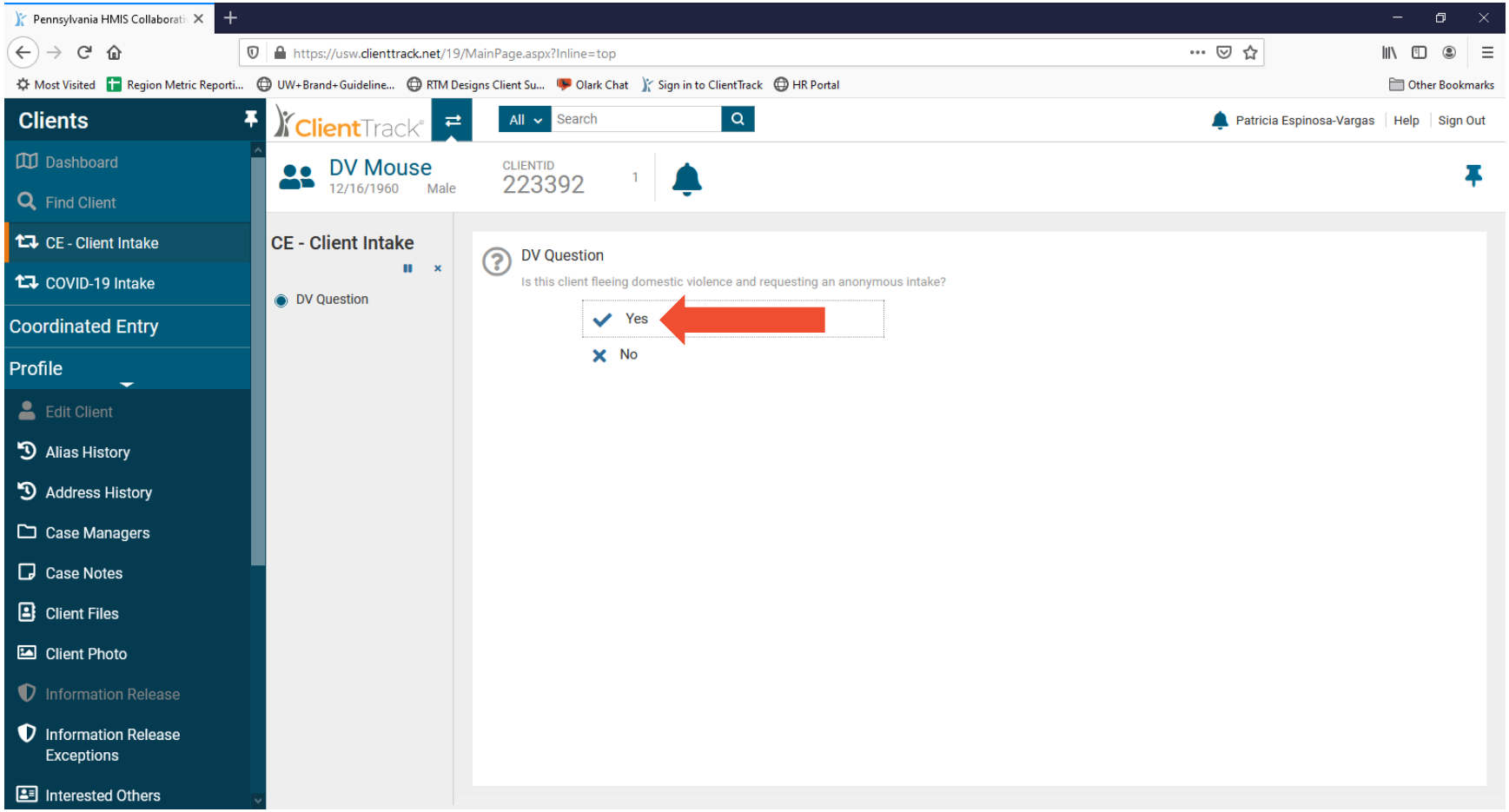
6. Search HMIS by the following:
   - First Name: DV
   - Last Name: Their chosen passcode
   - Click Search
     - If a client in HMIS already has this passcode, please ask that the client choose another one



7. Assuming no results were found, Click CE – Client Intake

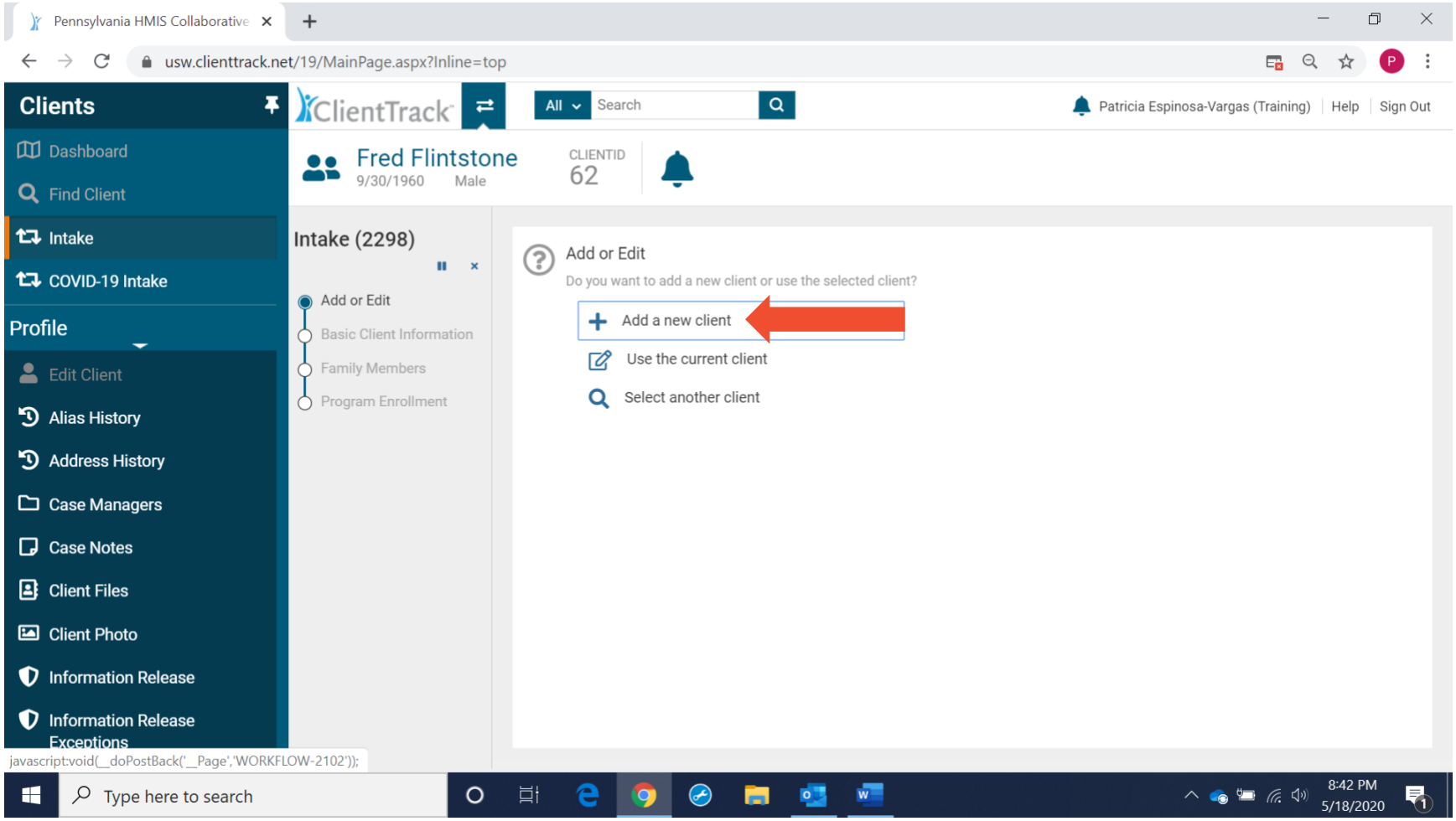


8. Click Yes to the DV Question if the client is fleeing domestic violence and requesting an anonymous intake



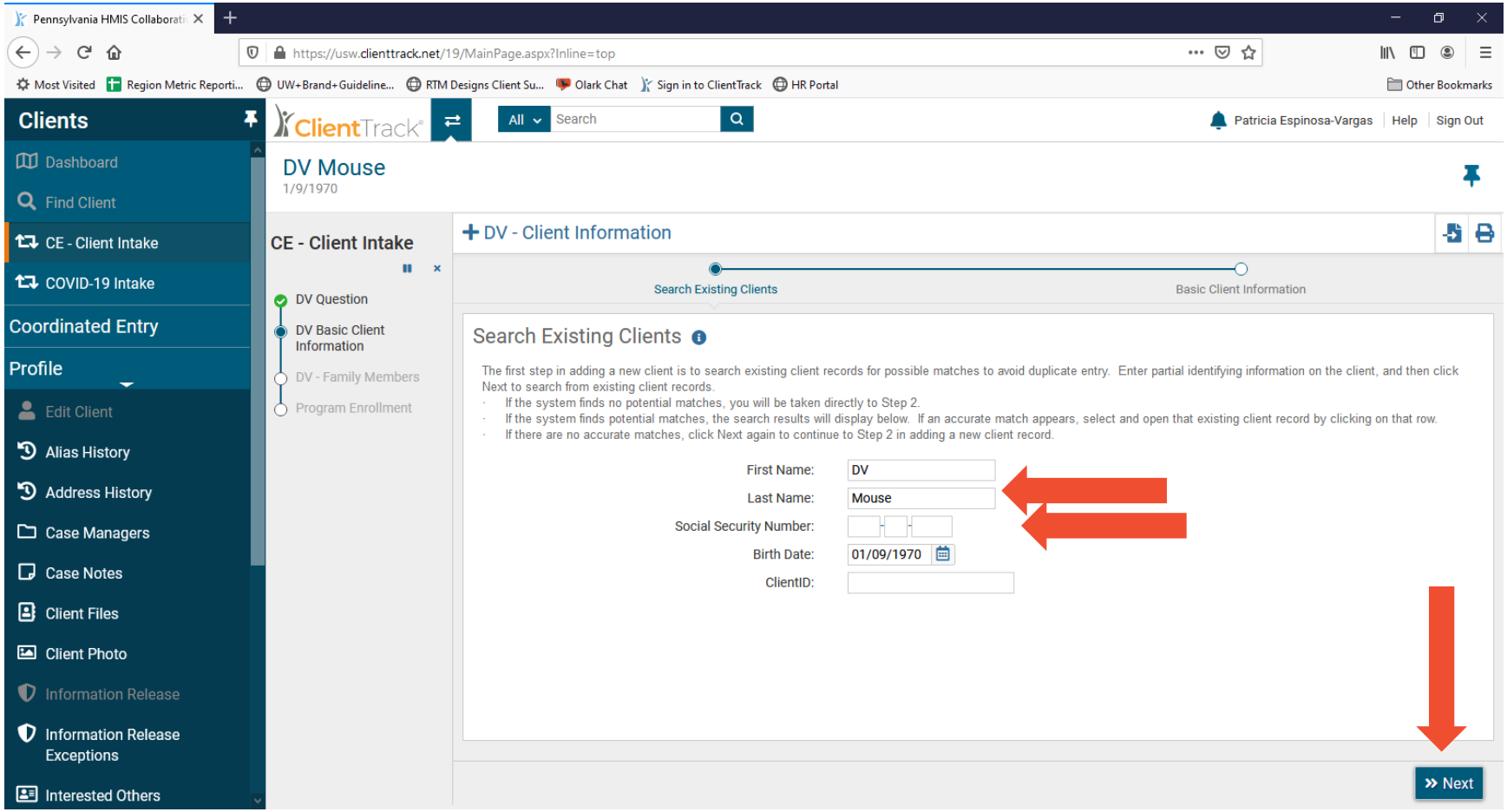
Connect to Home Coordinated Entry System Policies and Procedures

9. Click Add a new client
   - This is assuming the client was not already in the system with their passcode…if they were, and you located them through the Find Client search, click Use the current client



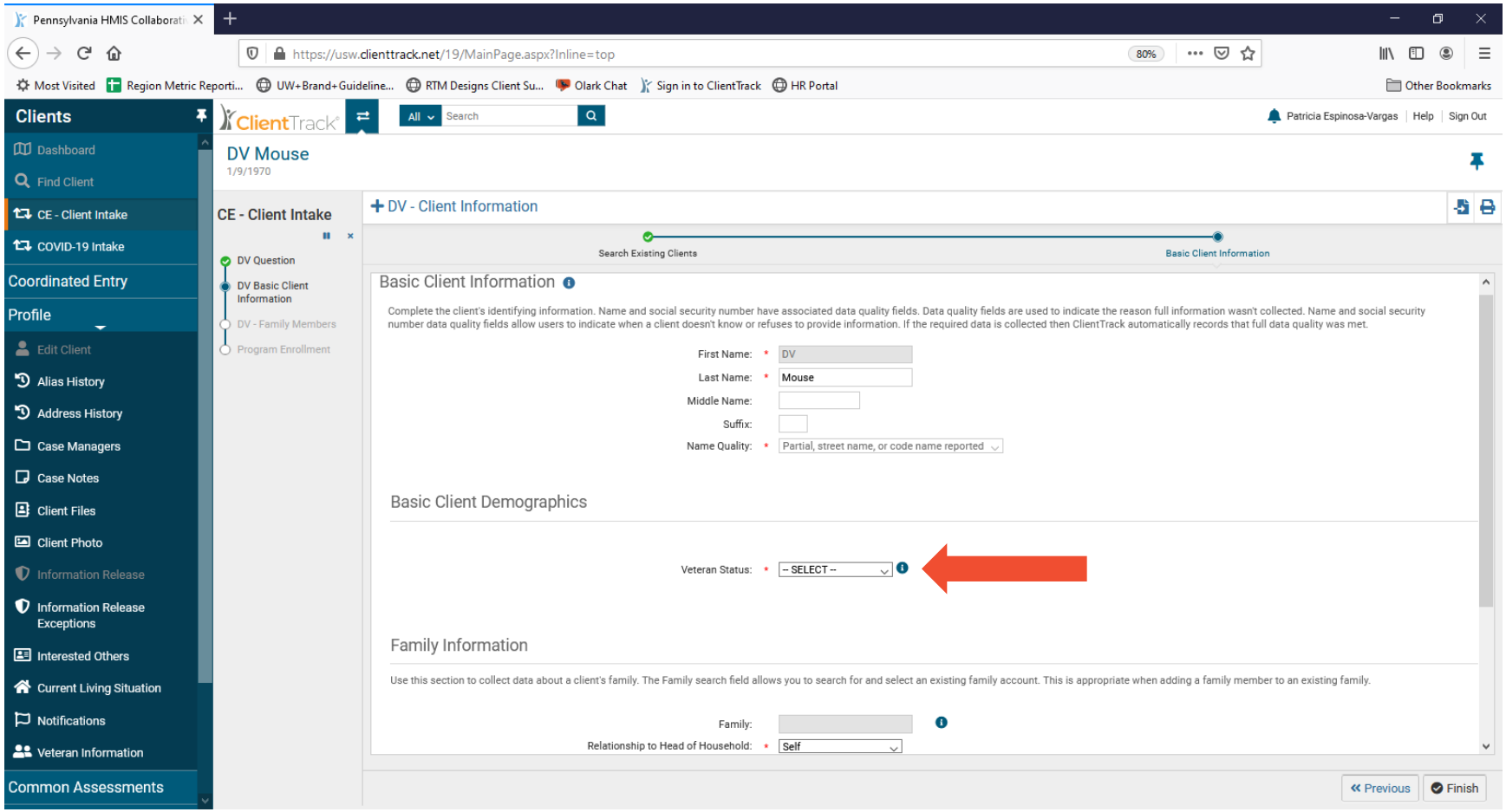
Connect to Home Coordinated Entry System Policies and Procedures

10. Search the system one more time, then click Next:
    a) First Name: The letters DV will pre-populate as the client's First Name, please do not edit this
    b) Last Name: Type in the client's chosen Passcode
    c) Birth Date: A fictitious date of birth (01/09/1970) will pre-populate, please do not edit this
    d) Leave Social Security Number and Client ID blank



Connect to Home Coordinated Entry System Policies and Procedures

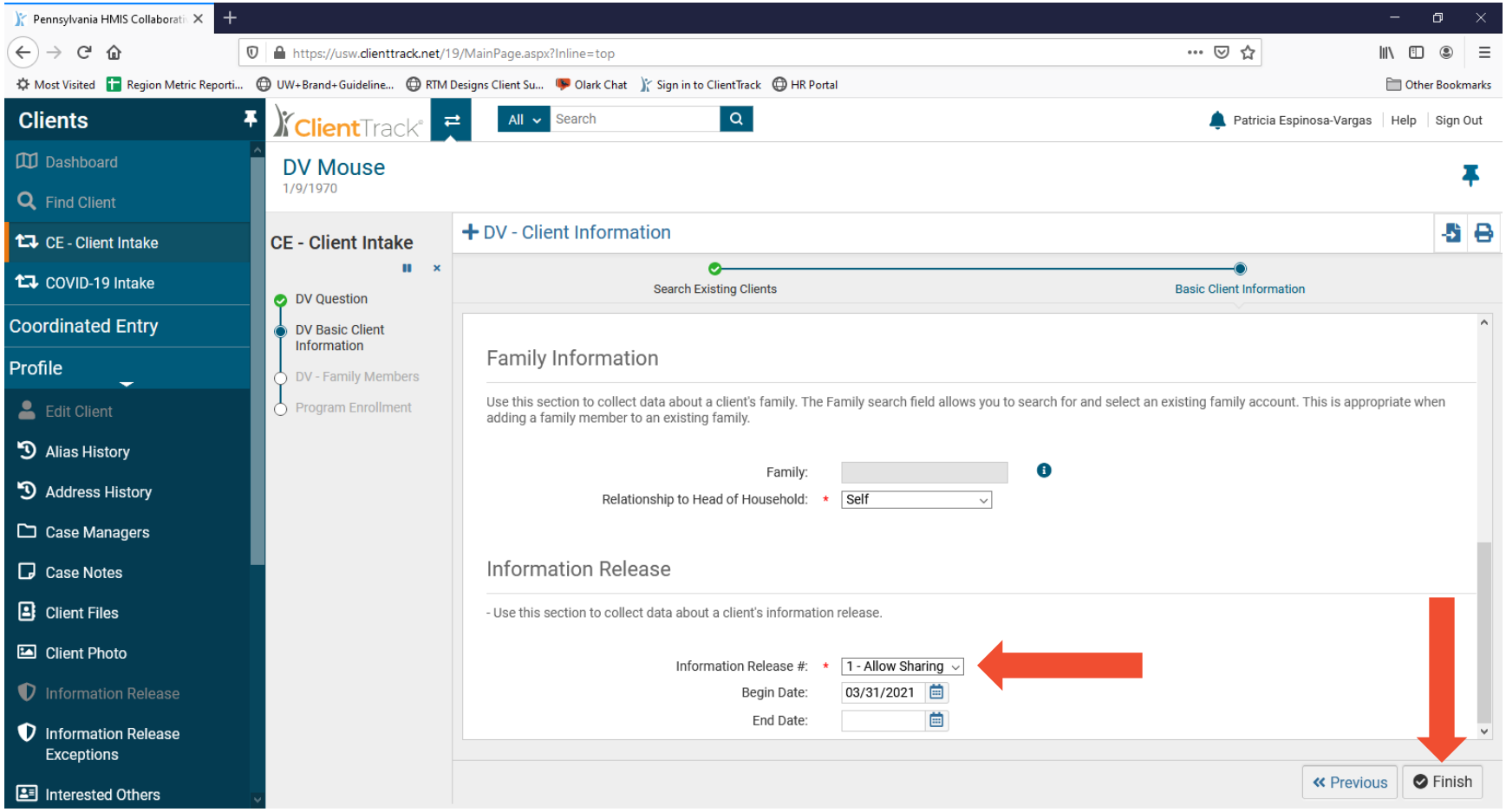
11. With an Anonymous DV Intake demographics are all extracted from the intake, however, we must ask if the client/household has military service. Please read the following, then choose the appropriate response…
"The following question you may choose to refuse to answer if you feel that it is potentially identifying: Are you or anyone in your household a veteran or active duty?"



Connect to Home Coordinated Entry System Policies and Procedures

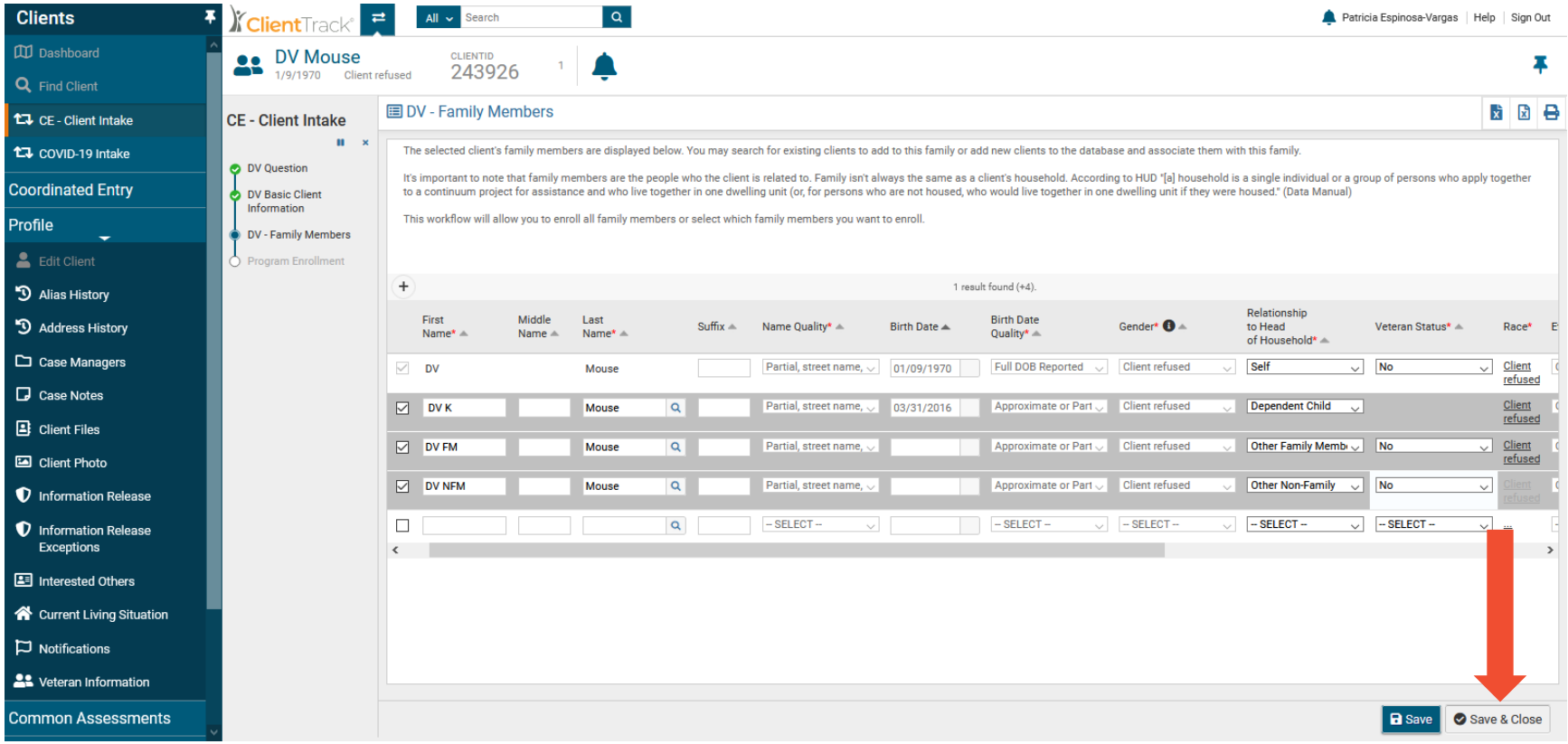
12. Before moving on to the next screen, we must obtain consent for entry into HMIS, choosing the appropriate Sharing after reading the following: ***"Do I have your permission to enter your information into the Eastern Pennsylvania secure data system called HMIS and potentially place your name on the By Name prioritization list for housing services?"***

- Client Consents Fully: 1-Allow Sharing
- Client opts out of HMIS: 2-No Sharing
  - Note: A client whom opts out of HMIS may still receive shelter referrals verbally (i.e. not electronically)
- Click Finish when complete



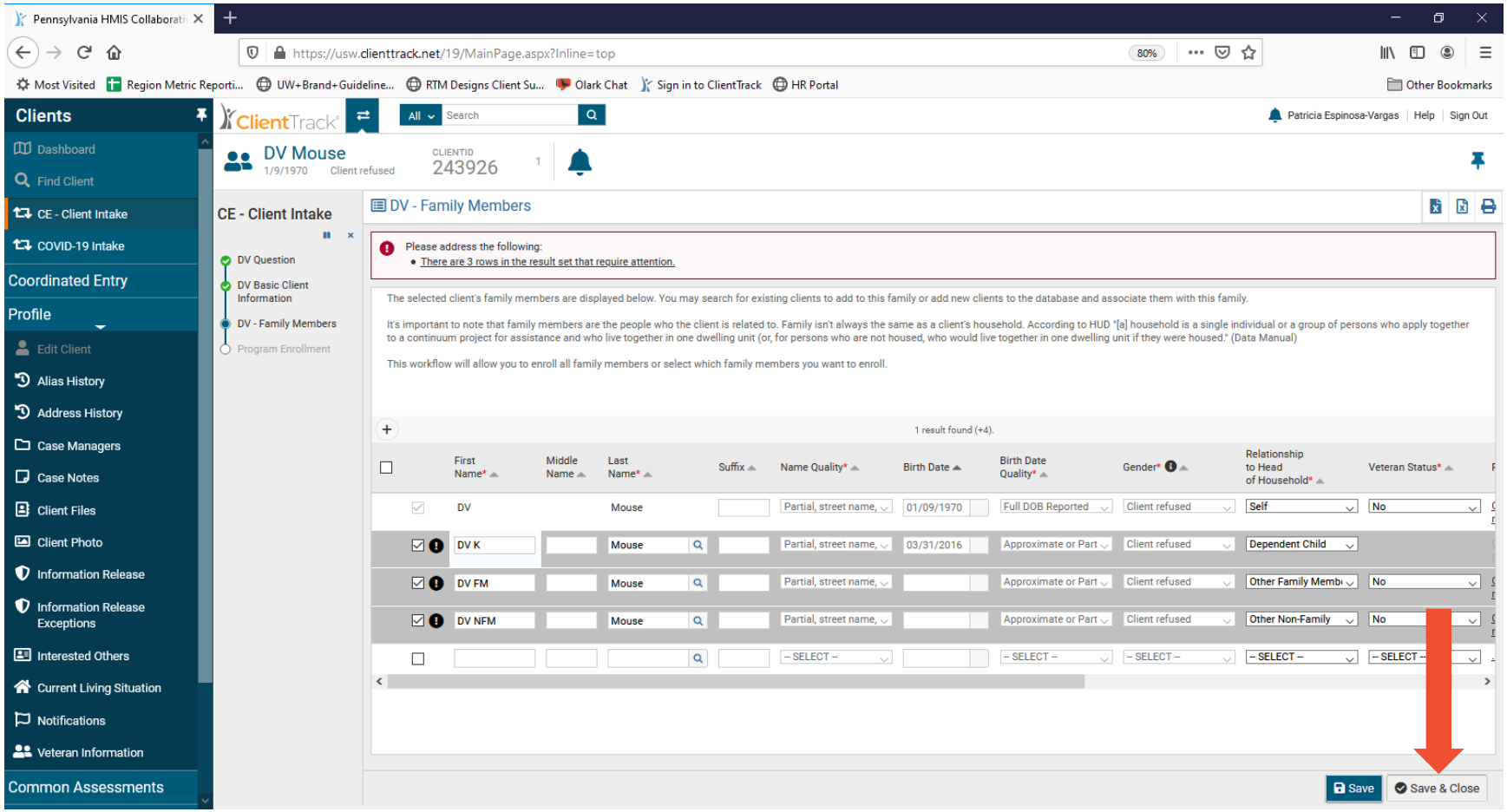
Connect to Home Coordinated Entry System Policies and Procedures

13. In the Family Members section we may ONLY indicate 1 minor child (even if the client has 5) and 1 Family member (even if the client has 2 with them), this is to not make them potentially identifiable as it relates to family size. Familial information being entered may ONLY be entered the following way:
    - Has a child or multiple children:
        - First Name: **DV K** Last Name: Client's chosen passcode Relationship to Head of Household: Dependent Child
    - Has a Spouse or Relatives:
        - First Name: **DV FM** Last Name: Client's chosen passcode Relationship to HOH: Other Family Member (never Spouse)
    - Has a Friend of Non-Family Member:
        - First Name: **DV NFM** Last Name: Client's chosen passcode Relationship to HOH: Other Non-Family
    - Please note that Veteran Status must be completed for persons not listed as a child, click Save & Close when complete



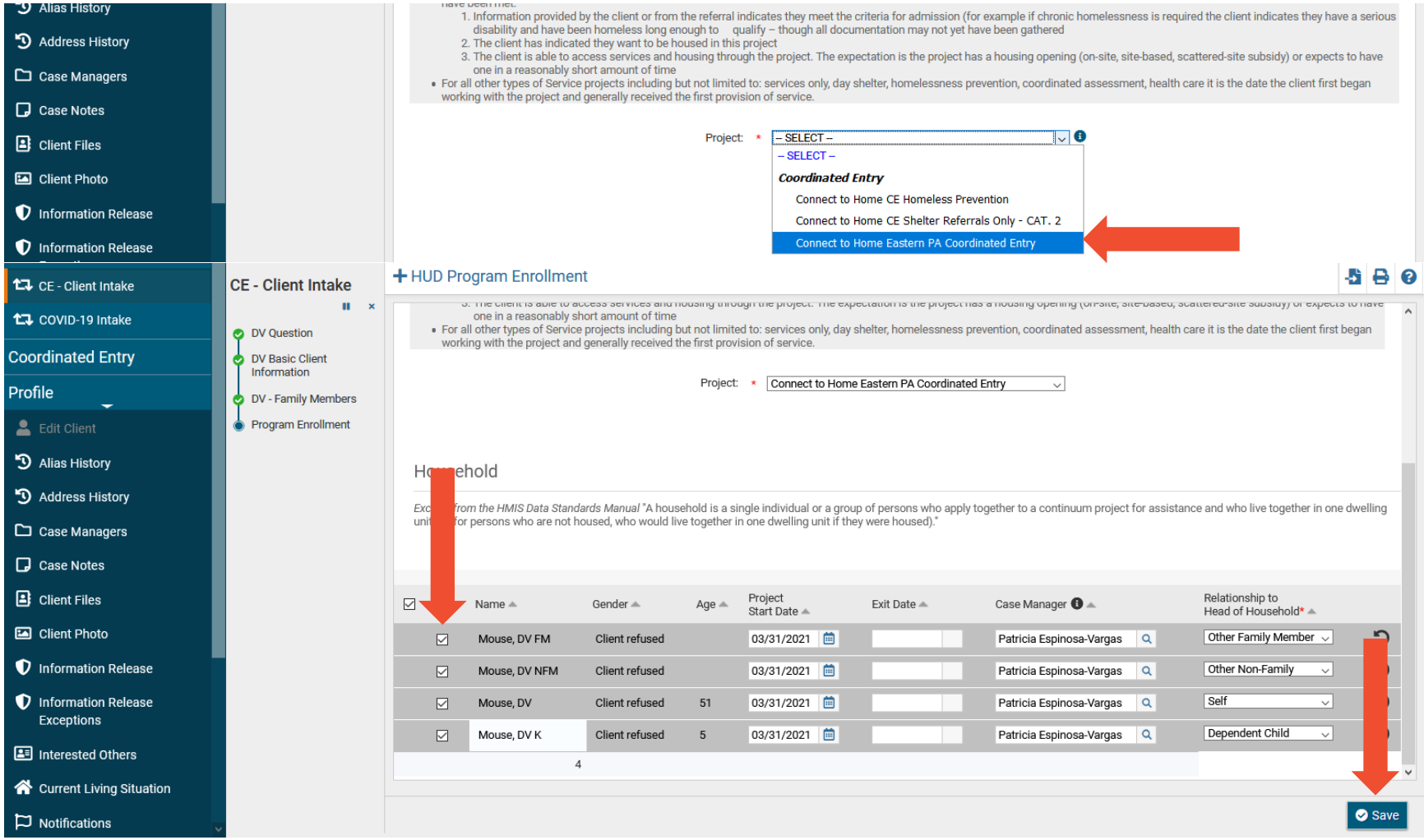
Connect to Home Coordinated Entry System Policies and Procedures

14. You may be directed to the same screen, if you see exclamation points, hover over them, chances are it's simply alerting you to similar names in the system, if that is the case, click Save & Close again to continue
    - Note: For a child (DV K), a fictious birthdate will populate, for additional household members, no date of birth is entered (aside from the fictious Head of Household birthdate)



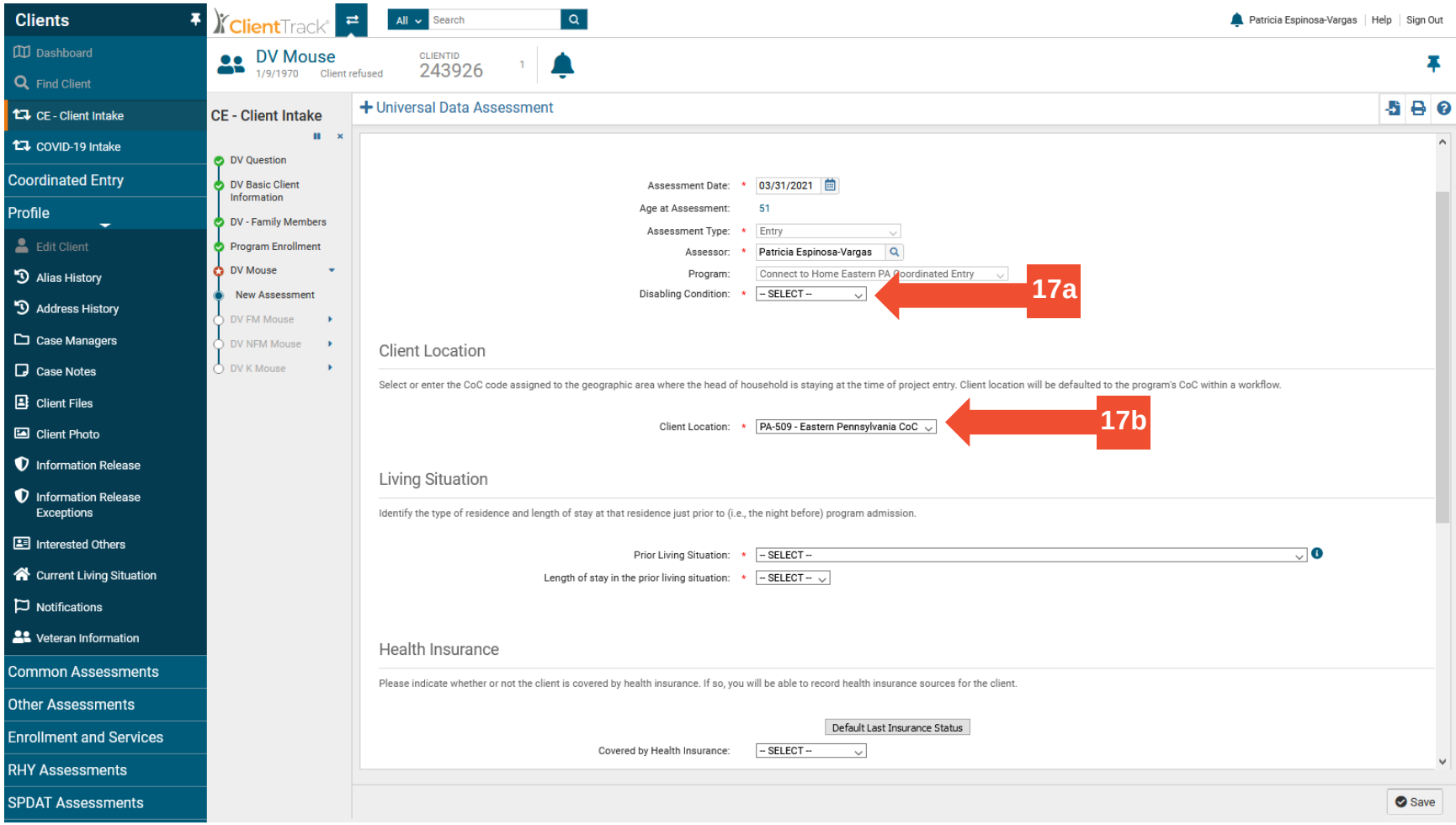
Connect to Home Coordinated Entry System Policies and Procedures

15. Choose the Connect to Home Eastern PA Coordinated Entry option (the other options are related to those NOT completing a VI-SPDAT)
    - Once you choose this option, you will be prompted to select/enroll household members seeking services into the HUD Enrollment, click Save when complete



Connect to Home Coordinated Entry System Policies and Procedures

16. Complete the Universal Data Assessment
    a. Disabling Condition: Please read the following, then choose the appropriate response…
    "The following question you may choose to refuse to answer if you feel that it is potentially identifying: Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?"
    b. Client Location should default to Eastern Pennsylvania CoC

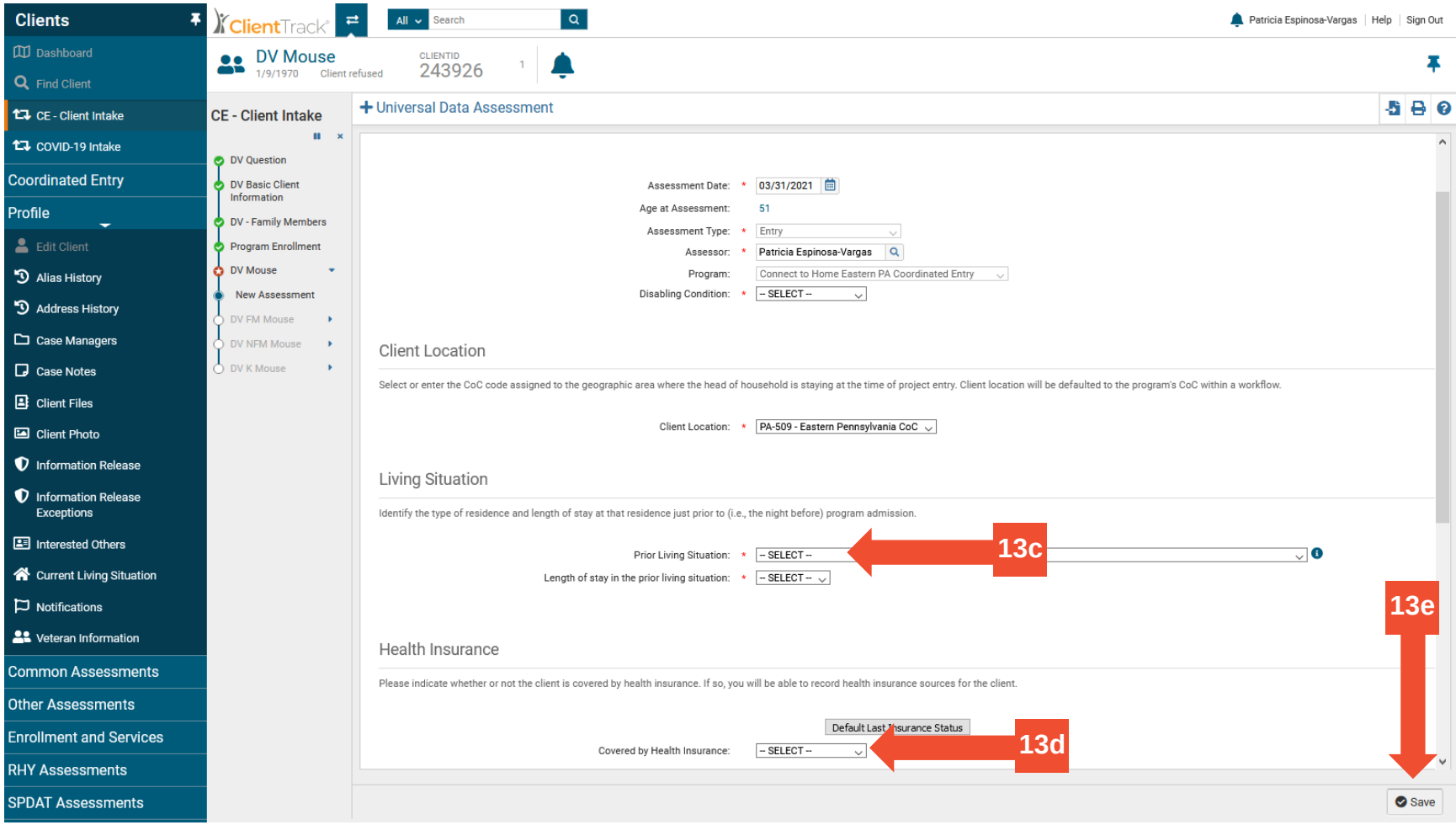


    c. Complete the Living Situation, please note that this question may differ to how we interpreted it in the past. **This response to this question should reflect where the client slept <u>last night</u>**

Connect to Home Coordinated Entry System Policies and Procedures

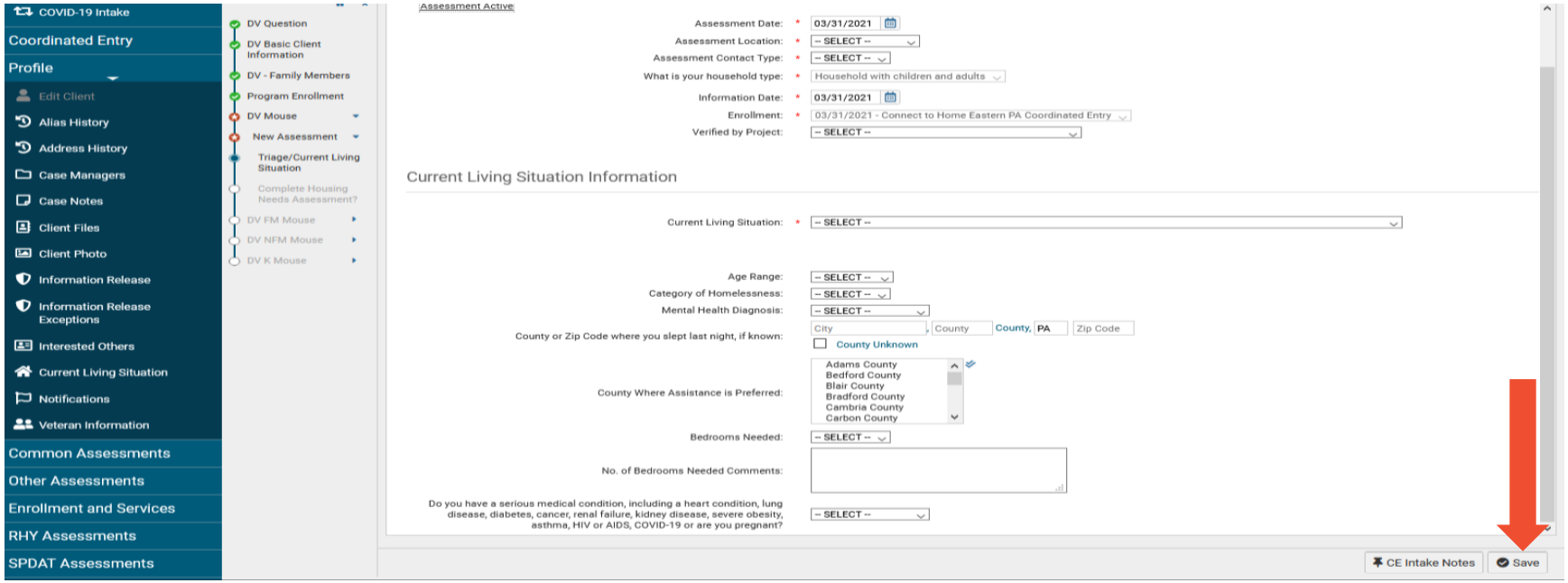
- Note: depending on their housing situation last night, different fields/questions will populate that are required to be answered

d. Health Insurance: This question is not required to be asked, please leave it blank
e. Click Save to move to the next screen

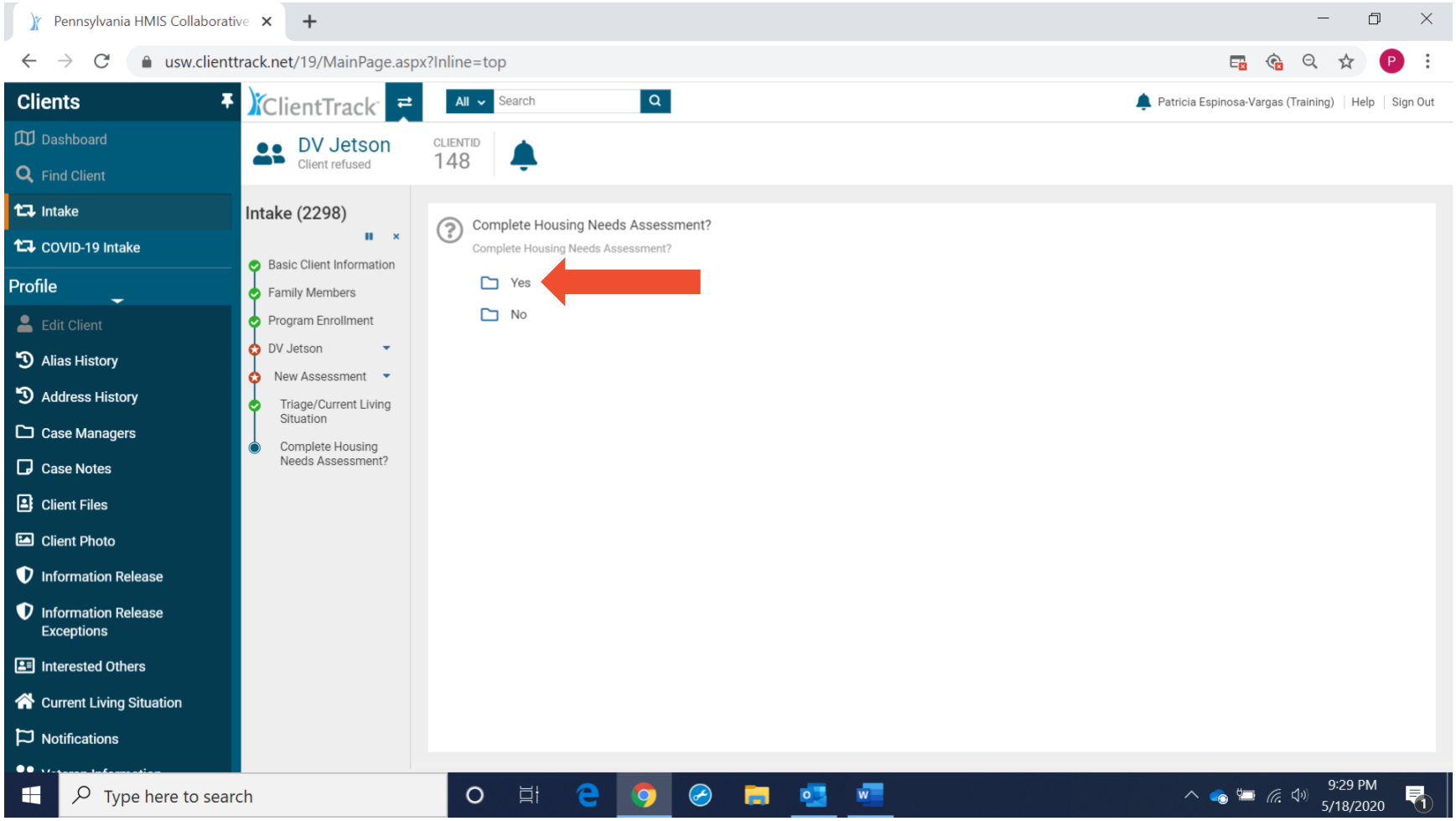


Connect to Home Coordinated Entry System Policies and Procedures

17. Complete the Triage Assessment
    a. Assessment Contact Type: For 211, the response should always be Phone, For Access Sites it will likely be In-Person
    b. Current Living Situation: Where the client expects to sleep **tonight** (depending on the response, addition fields/questions will populate that are required to be answered)
    c. Age Range: Please notate the client's age range, this is helpful to identify services for Youth (18-24) for example
    d. Category of Homeless: Leave this Blank, this is not a field that the Eastern COC uses
    e. Mental Health Condition: Please read the following, then choose the appropriate response…
       "The following question you may choose to refuse to answer if you feel that it is potentially identifying: Do you have a mental health diagnosis that impedes your ability to maintain housing or employment?"
    f. County or Zip Code if known: Please enter the client's current city/county/zip code
    g. County where assistance is preferred: Client's may opt to be housed in their current county of residence, or another county, if a client states that they are willing to be housed anywhere, please attempt to narrow it to their surrounding counties, or at least, counties in which it is realistic for them to relocate to (do they have transportation to get there if offered assistance?)
    h. Bedrooms needed: Please ask and respond accordingly (you may enter comments if appropriate)
    i. Disability related question: Please ask as it is written and respond accordingly
    j. Click Save when complete

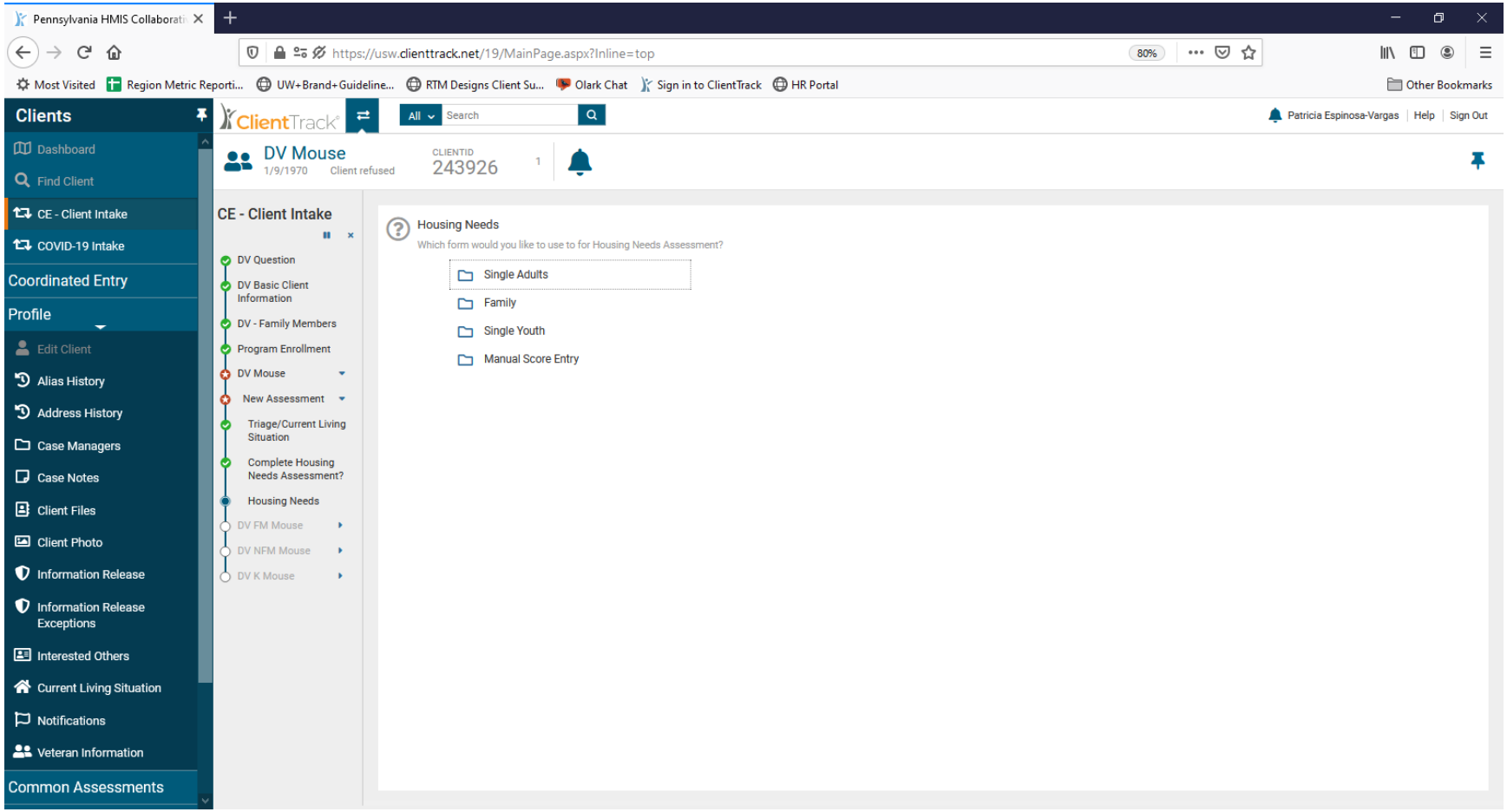


18. Click Yes for a Housing Needs Assessment



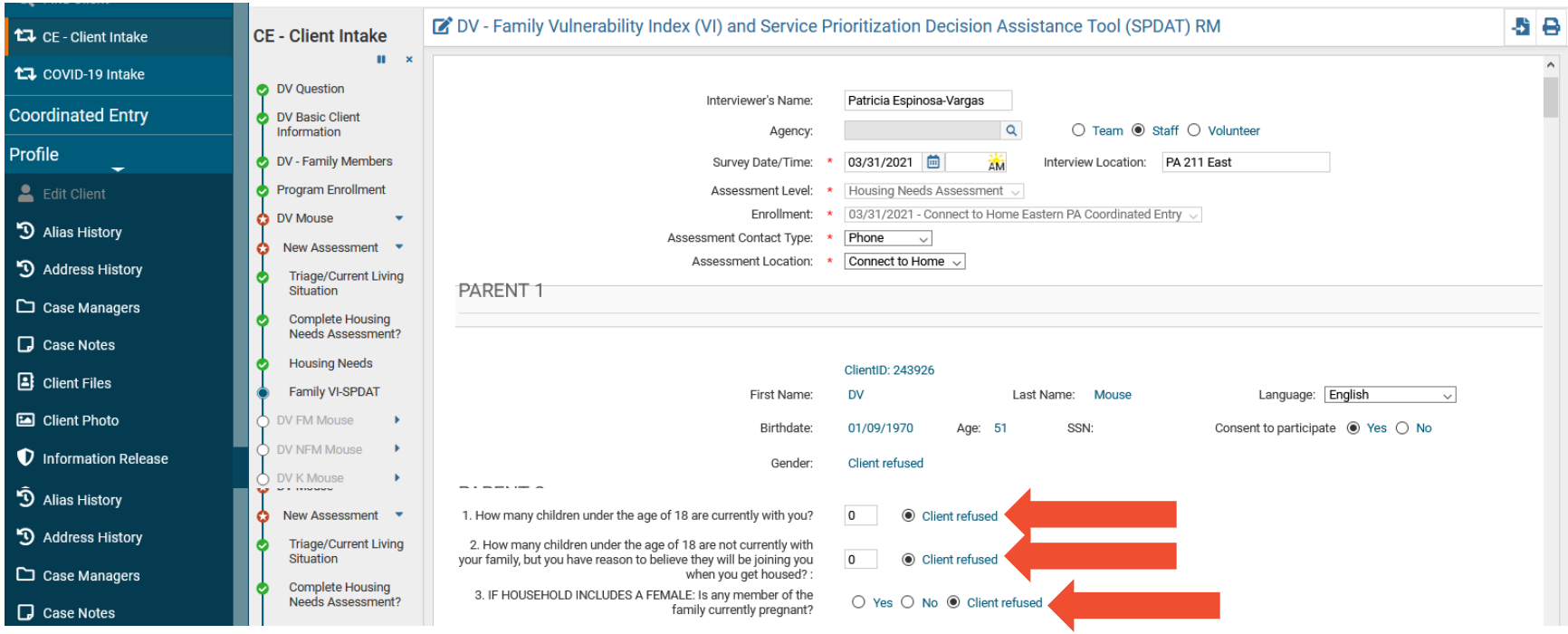
Connect to Home Coordinated Entry System Policies and Procedures

19. Choose the correct VI-SPDAT type to field
    - Single: Single individual, or Adult (ages 25 and older) only households, this includes adult couples with no minor children
    - Family: Households with a minor child in the household, ages 17 and younger
    - Single Youth: Unaccompanied youth/young adult (ages 24 and younger)
    - Please never select Manual Score Entry, that is not relevant to the Eastern COC



Connect to Home Coordinated Entry System Policies and Procedures

20. Read the following Script before fielding the VI-SPDAT: ***"I have a brief survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a yes or a no, some questions required a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The more honestly you answer these questions, the better we can figure out how to assist you. The information collected goes into the Eastern Pennsylvania secure data system. If you do not understand a question, let me know, I would be happy to clarify. If it seems to me that you don't understand a question, I will do my best to explain it to you with you needing to ask for clarification."***
    - Add your Name, Staff, and Interview Location
    - Add the Assessment Contact Type and Assessment Location
    - Choose the Client's Preferred Language
    - Choose Yes to Consent to Participate
    - If completing a Family VI-SPDAT, please mark **Client Refused for questions 1, 2 and 3**
    - Field the rest of the VI-SPDAT as normal

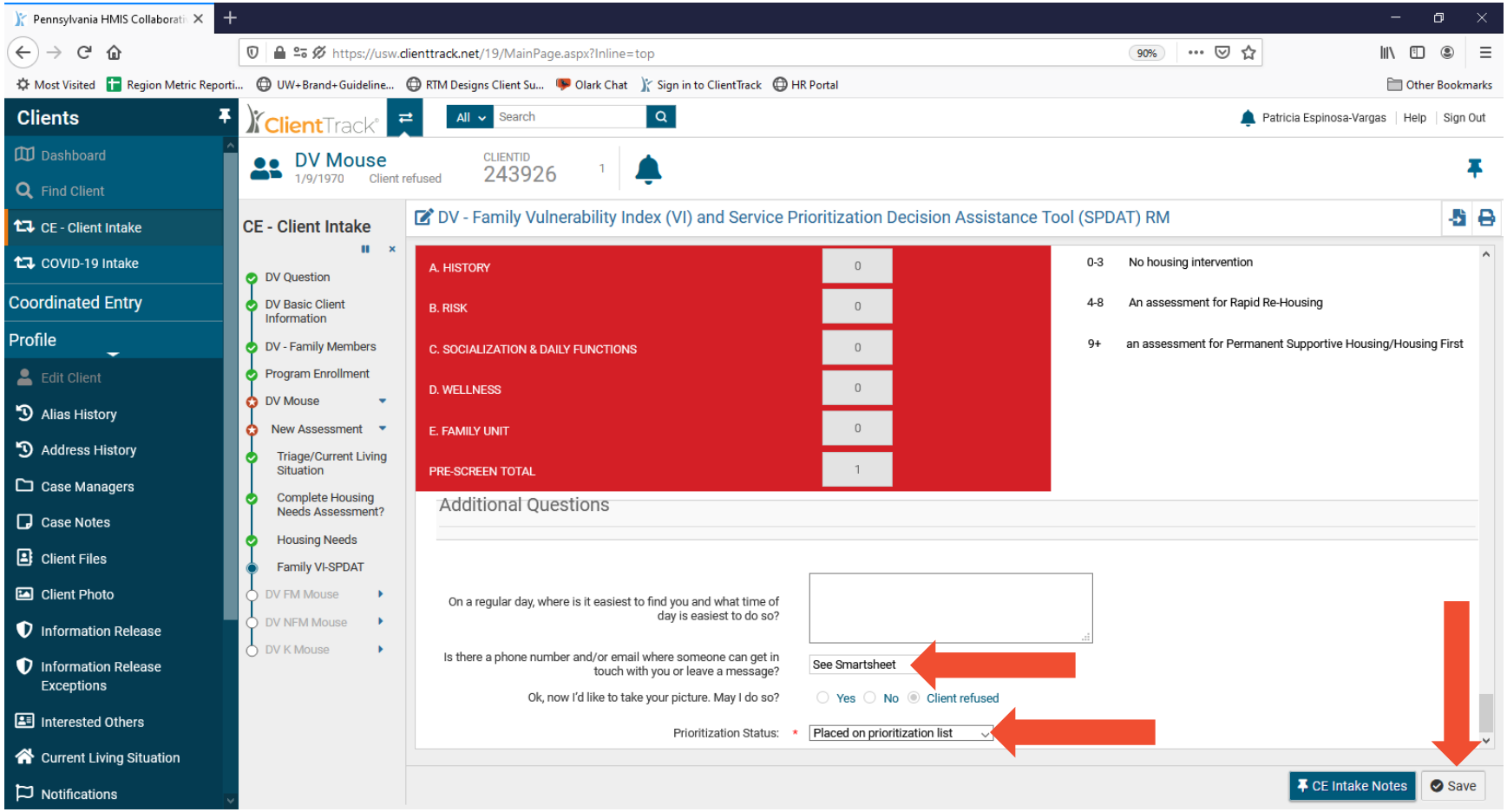


At the bottom of the SPDAT (Additional Questions) please choose/type the following:

- Is there a phone number and/or email someone can get in touch with you or leave a message?: **See Smartsheet** (if you did not already add the client's contact information to the Smartsheet, please do so now)

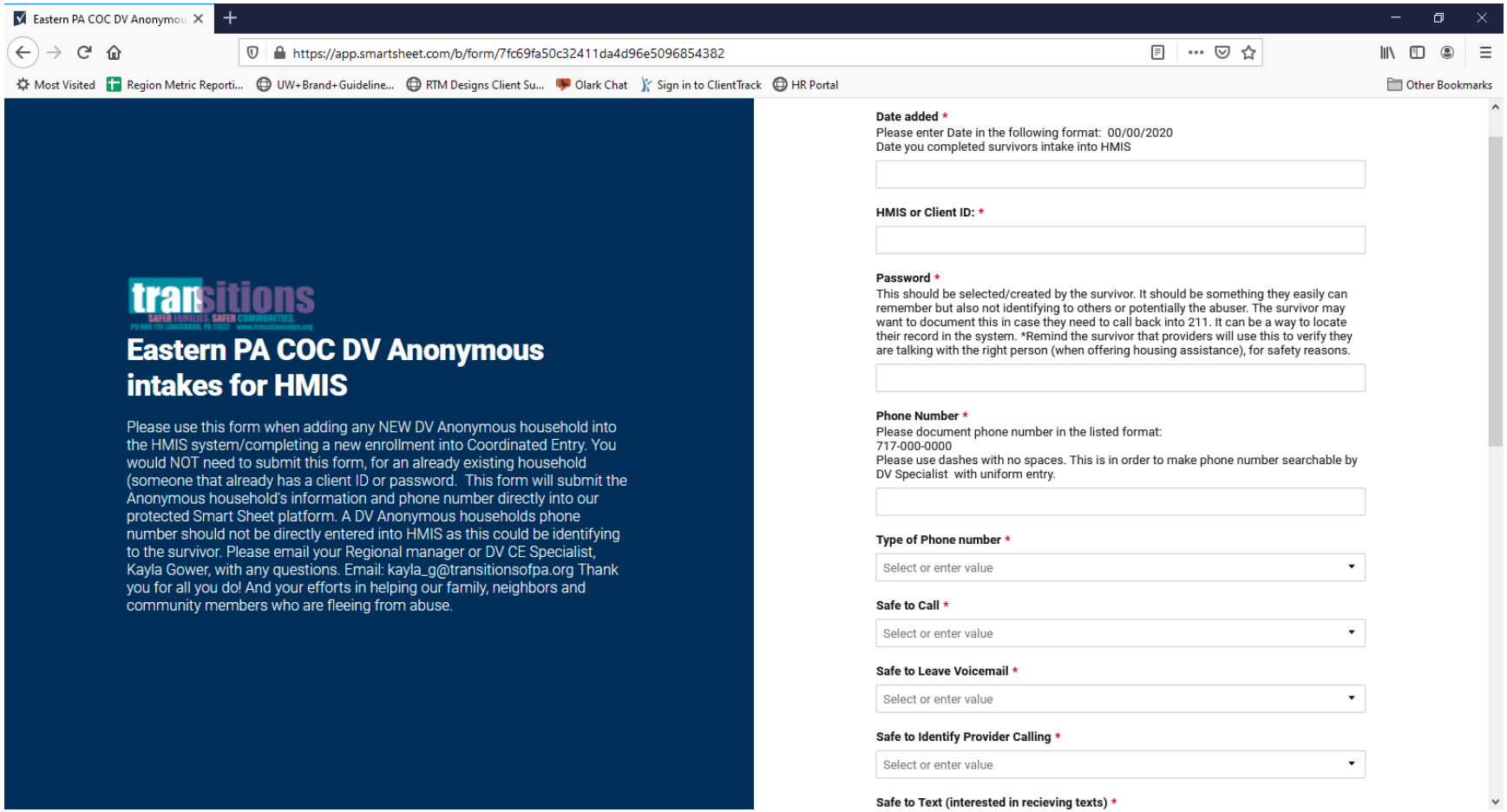
Connect to Home Coordinated Entry System Policies and Procedures

- Prioritization Status: Placed on prioritization list
- Click Save when complete



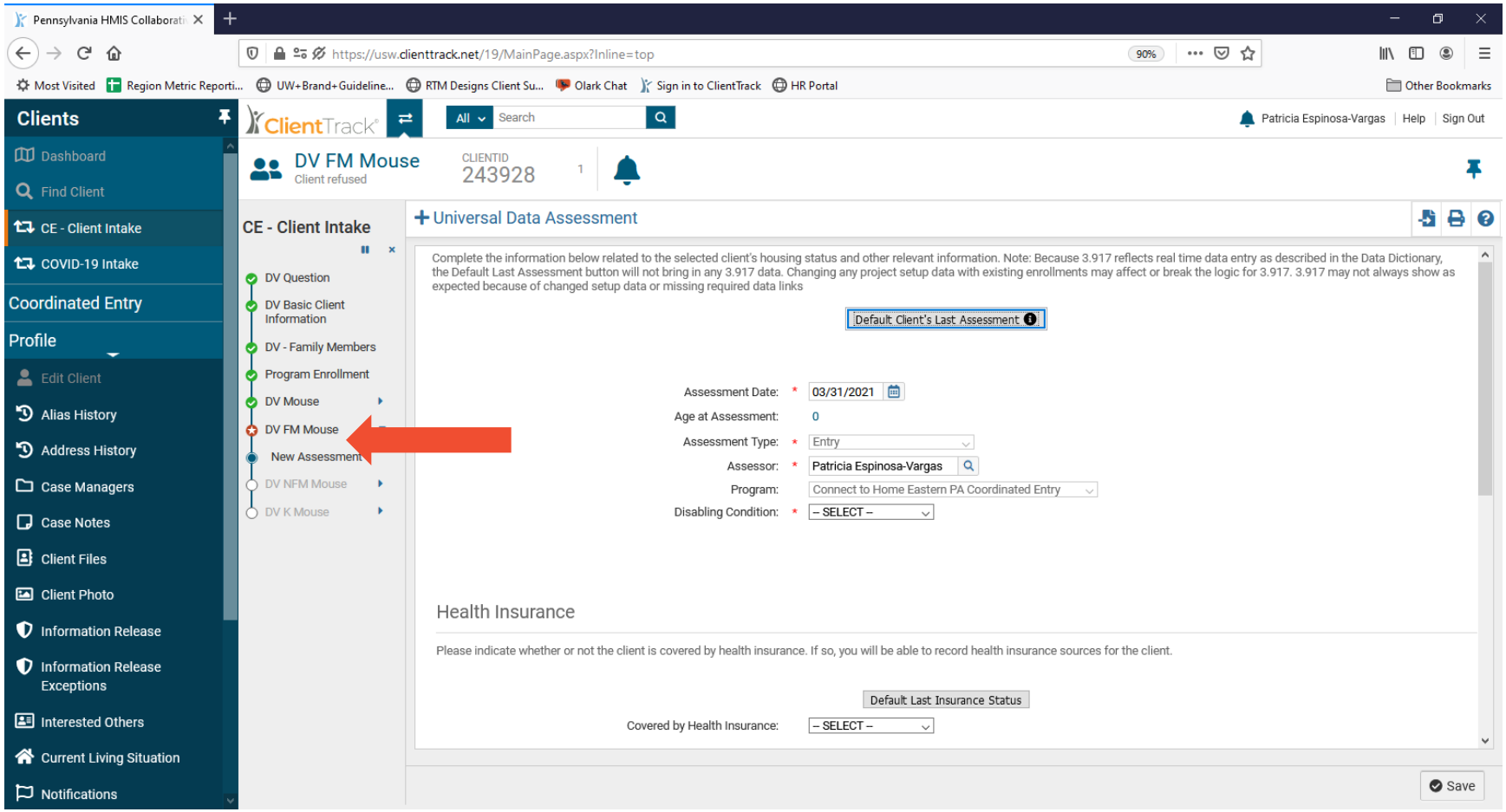
Connect to Home Coordinated Entry System Policies and Procedures

21. Open Smartsheet to enter the client's contact information, completing all fields, then click Submit when finished (https://app.smartsheet.com/b/form/7fc69fa50c32411da4d96e5096854382)
    - Note: For safety purposes, a client's contact information may only be housed in this sheet, it may not appear anywhere in HMIS

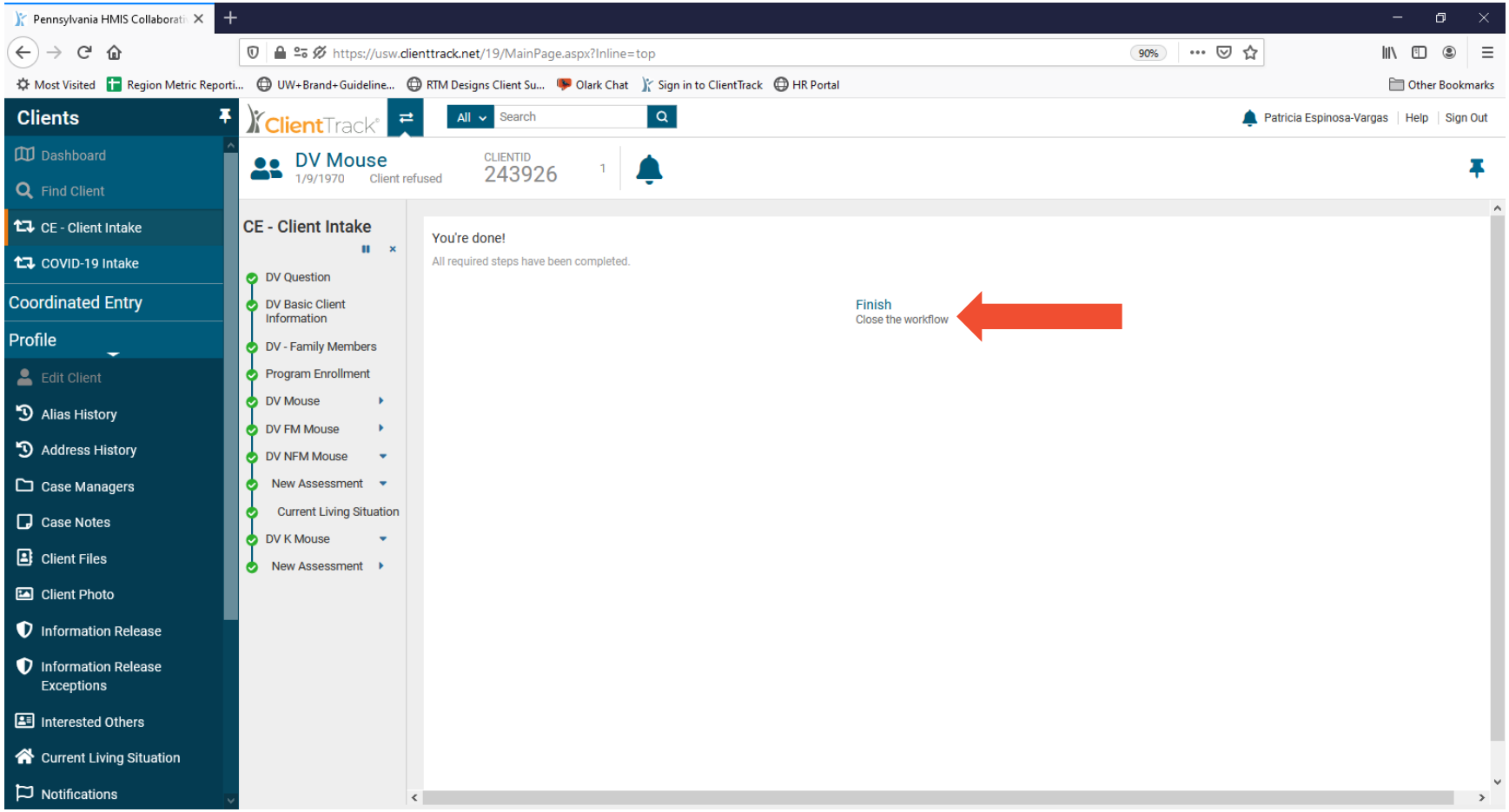


Connect to Home Coordinated Entry System Policies and Procedures

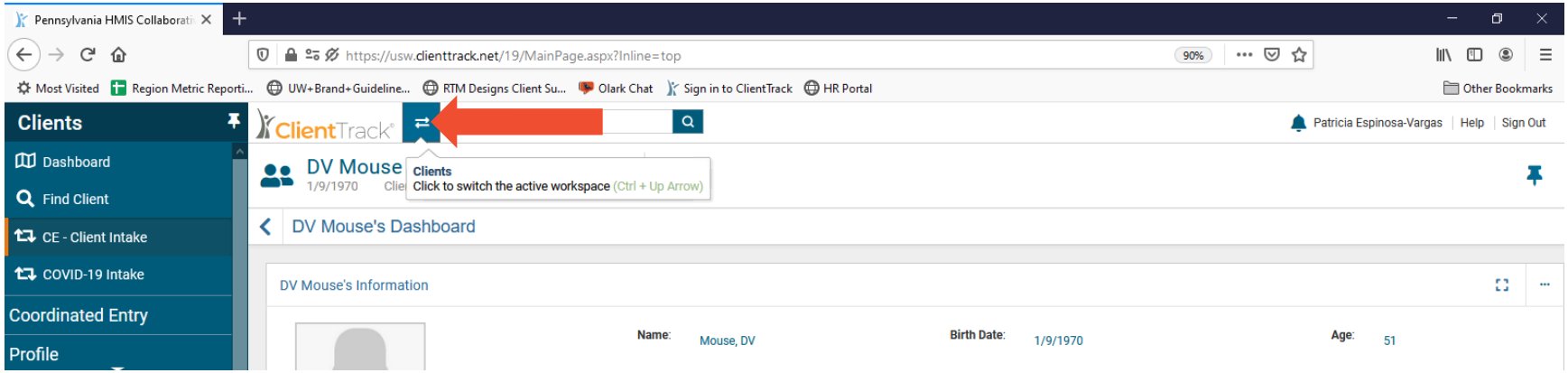
22. Moving back to HMIS, please complete the Universal Data Assessment and Current Living Situation for any additional household members you included in the enrollment (i.e. 1 child, 1 relative, 1 other family member if they had them present in their household)
    - In this example, on the left, it can be seen that we are completing this assessment for DV FM Mouse as indicated by the "star"

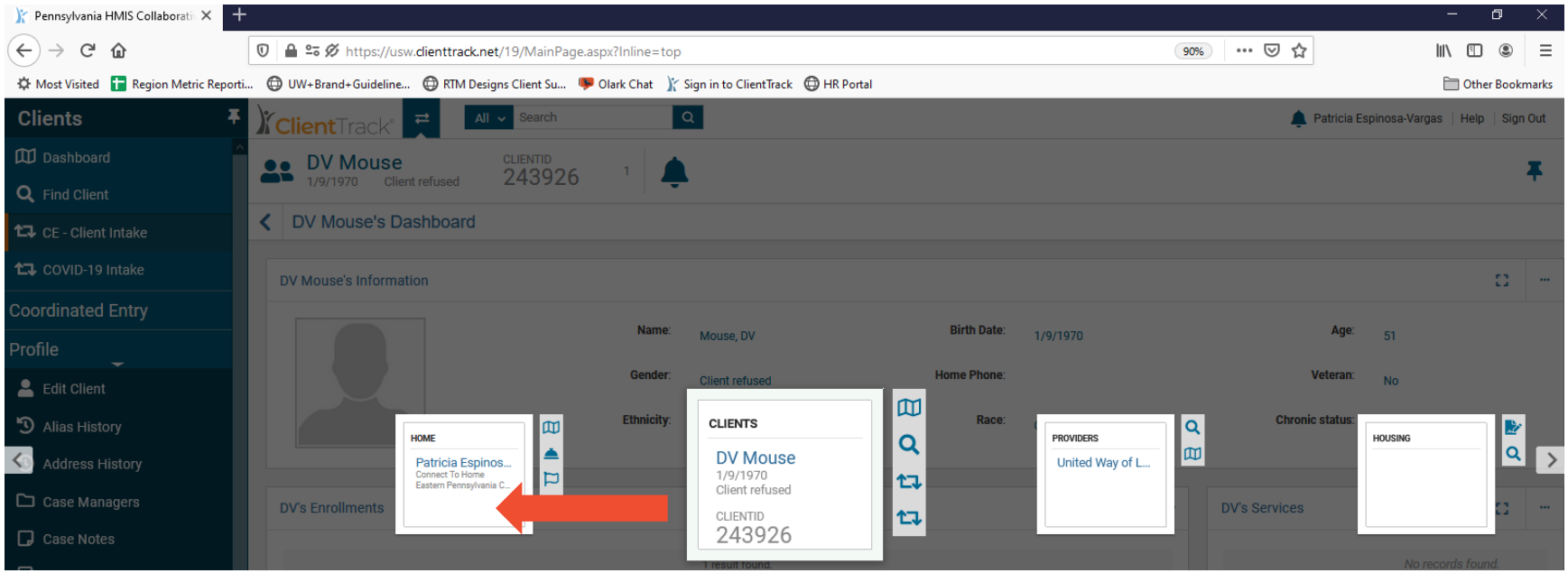


23. Click Finish to close the workflow



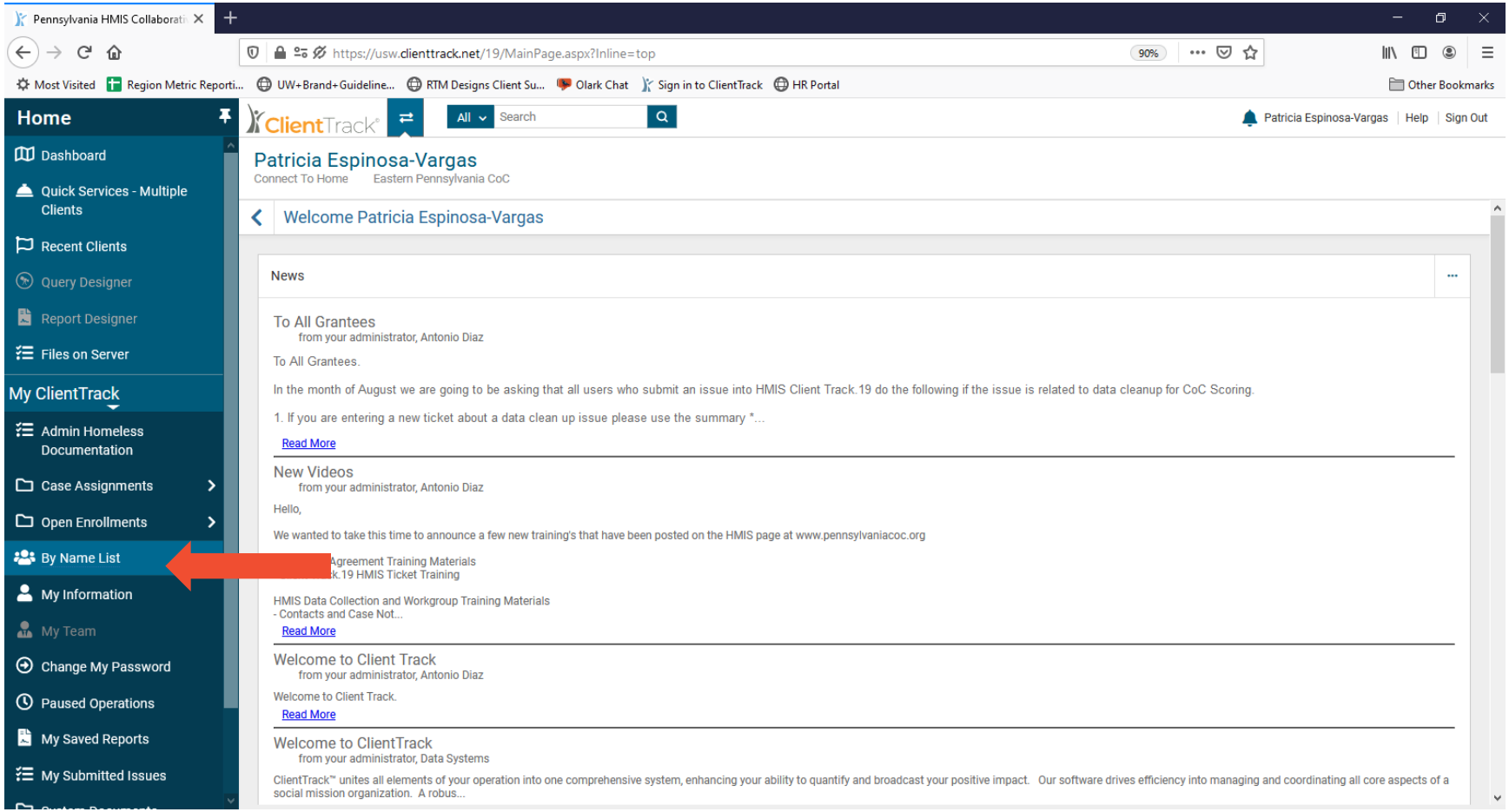
24. Please verify that the Client is now on the By Name List by doing the following:
    - Click the arrows to switch the workspace
    - Then, click Home





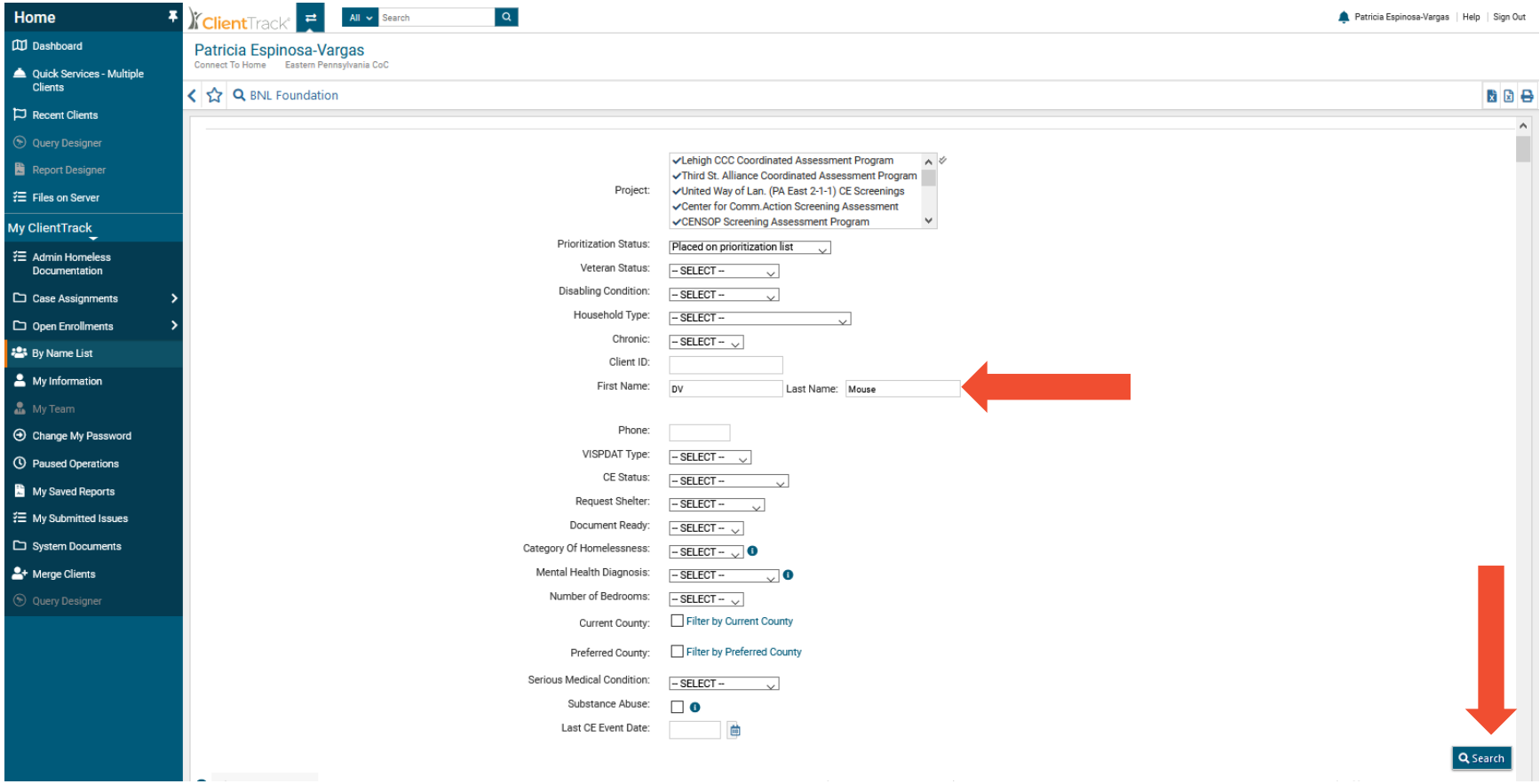
Connect to Home Coordinated Entry System Policies and Procedures

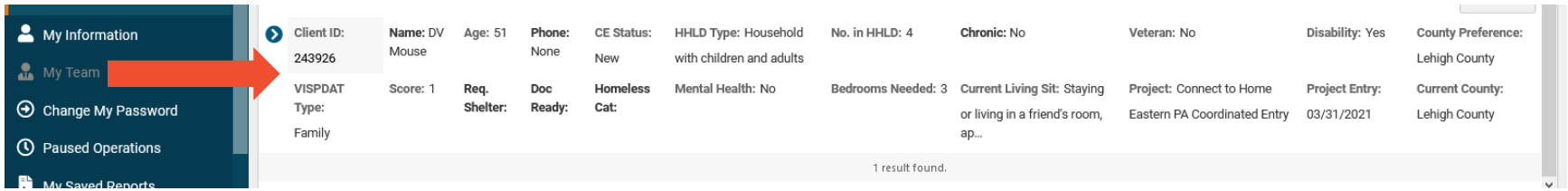
25. Click By Name List



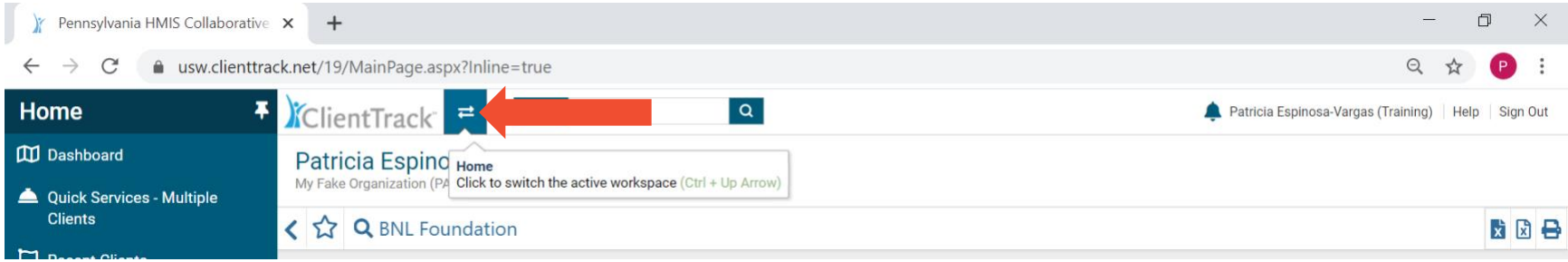
Connect to Home Coordinated Entry System Policies and Procedures

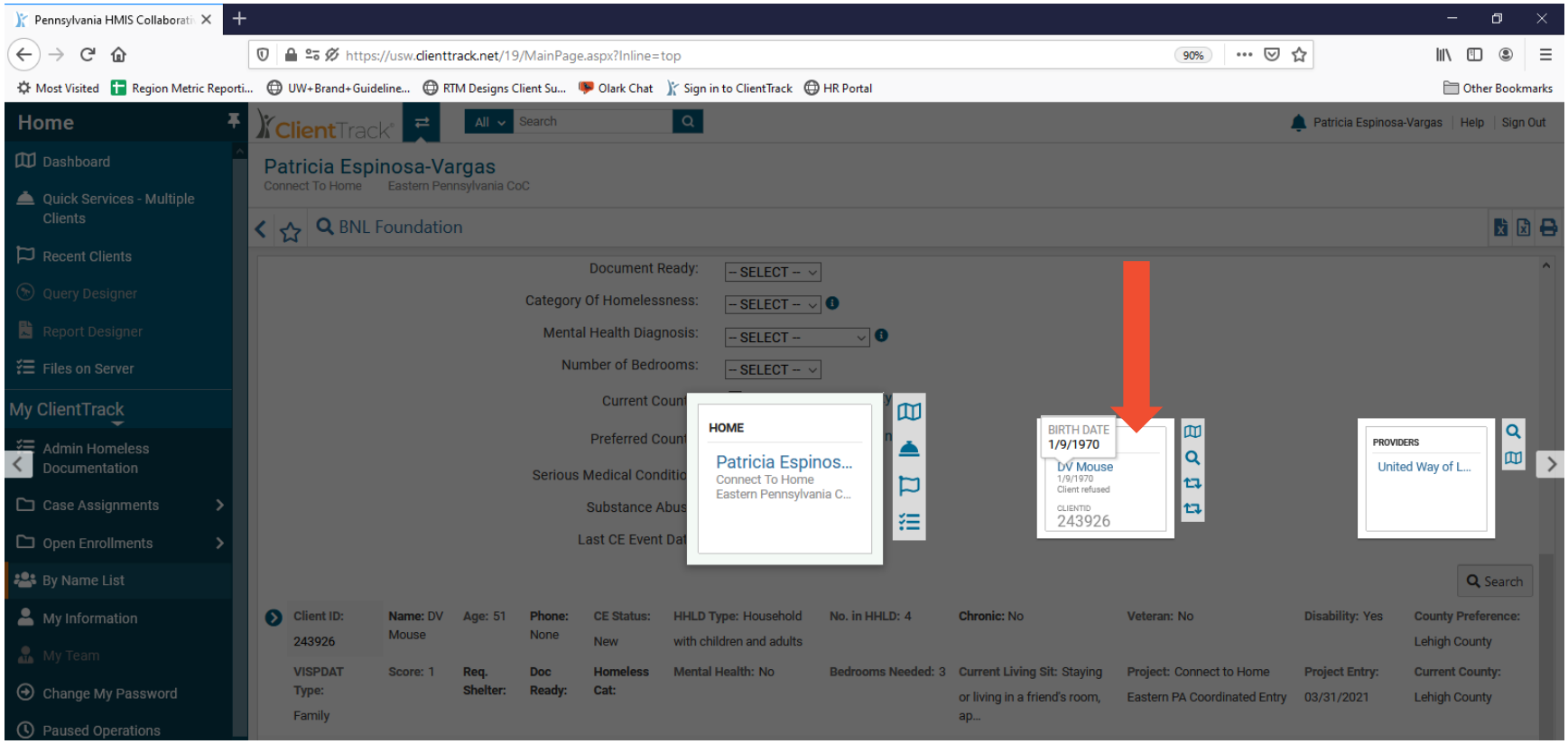
26. Search for your client on the By Name List, if you can see you client on the list, they have been successfully placed





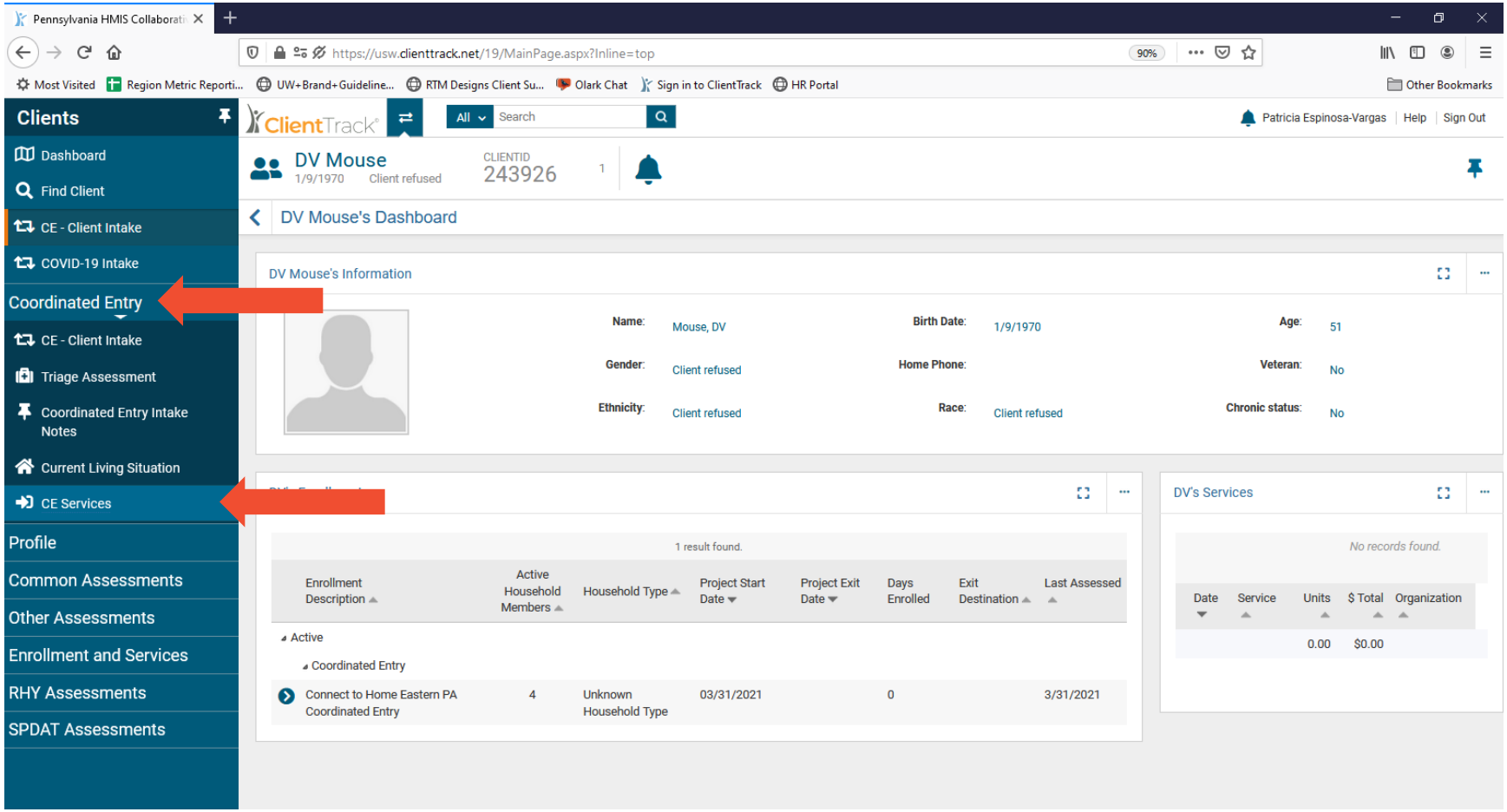
27. Return to the Client Workspace by clicking the arrows to switch back to your Client screen



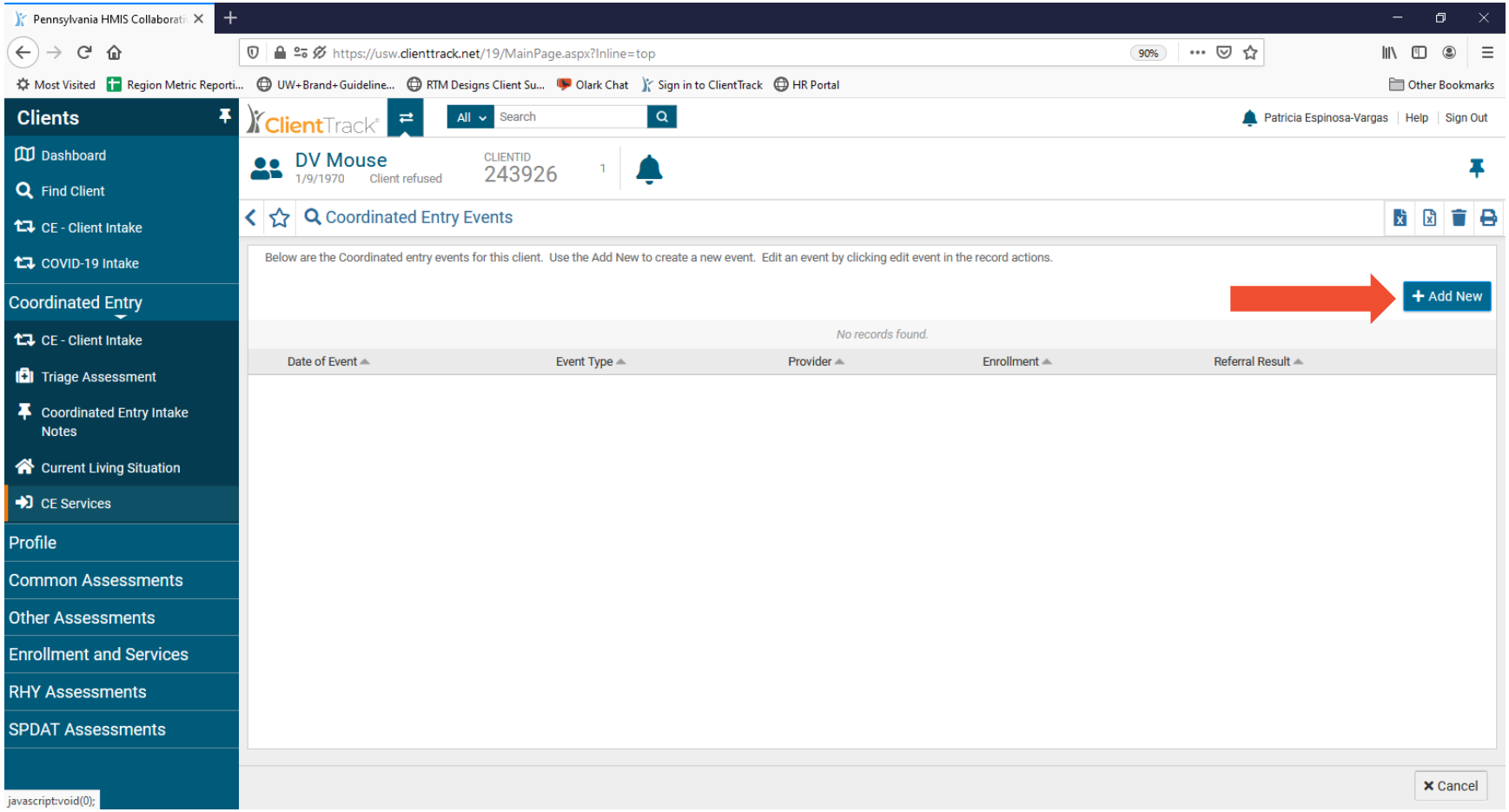


Connect to Home Coordinated Entry System Policies and Procedures

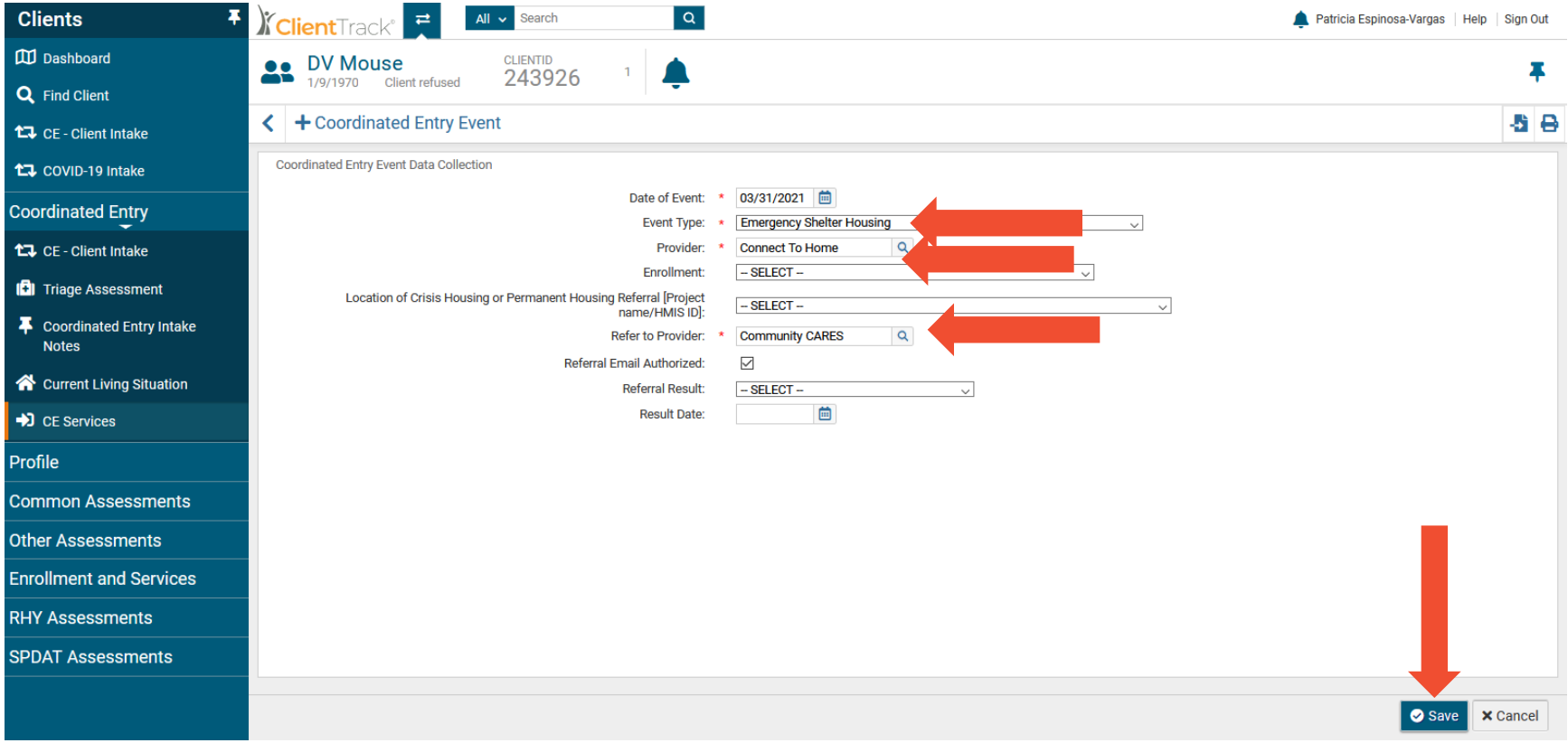
28. If making referrals for Shelter or Rental Assistance/Deposit, click CE Services under the Coordinated Entry tab/menu on the left
    - If the client is not needing/requesting Referrals, proceed to Step 33



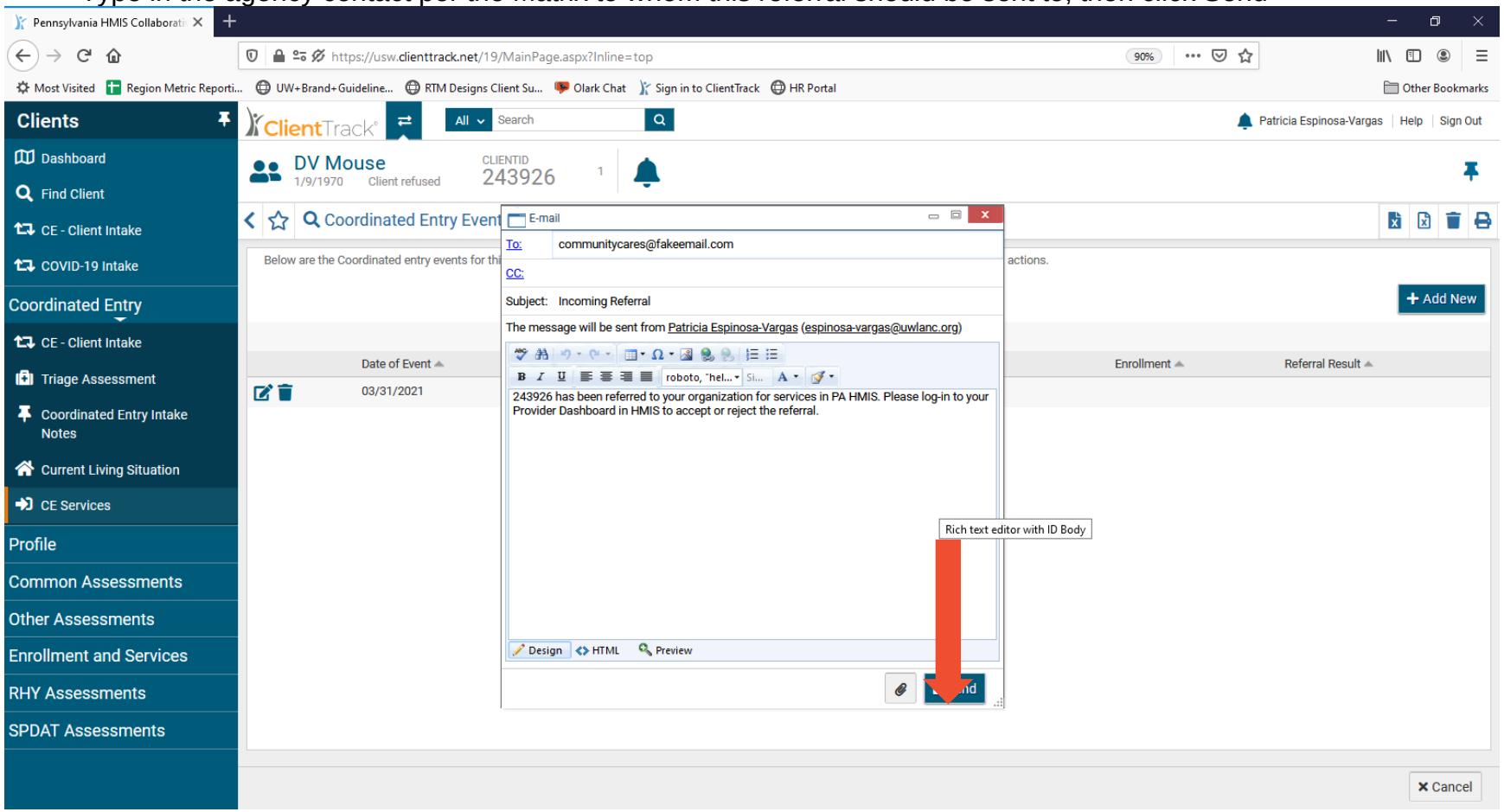
29. Click Add New



30. Please choose/click the following:
    f. Utilize the Matrix to first identify potential Emergency Shelter, Transitional Housing, Rental Assistance Providers, and to ensure the client meets any eligibility the Provider has listed
    g. Providers may be listed currently, in differing categories (in the near future this will be more precise, but for now, look for providers under multiple categories
    h. Locate the Provider you are attempting to refer to
    i. Click Email Authorized is this is an HMIS Provider that can log in to receive referrals, leave it blank if it is a non-HMIS provider
    j. Click Save to view the Email pop-up to then send your provider an email alert of this referral



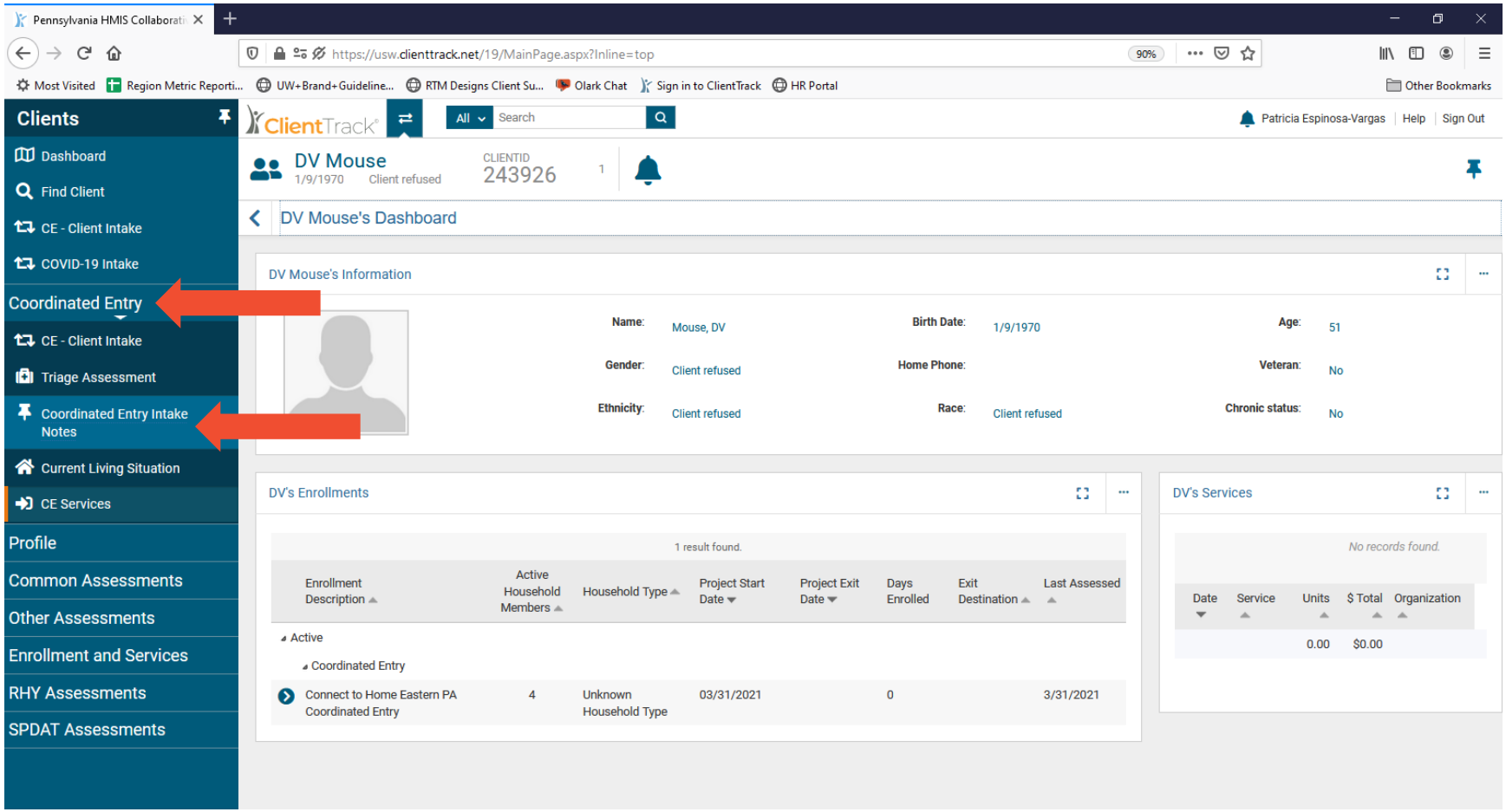
31. You will now need to create an email to send to the agency staff person listed on the Matrix as an alert of a referral
    - Type in the agency contact per the Matrix to whom this referral should be sent to, then click Send



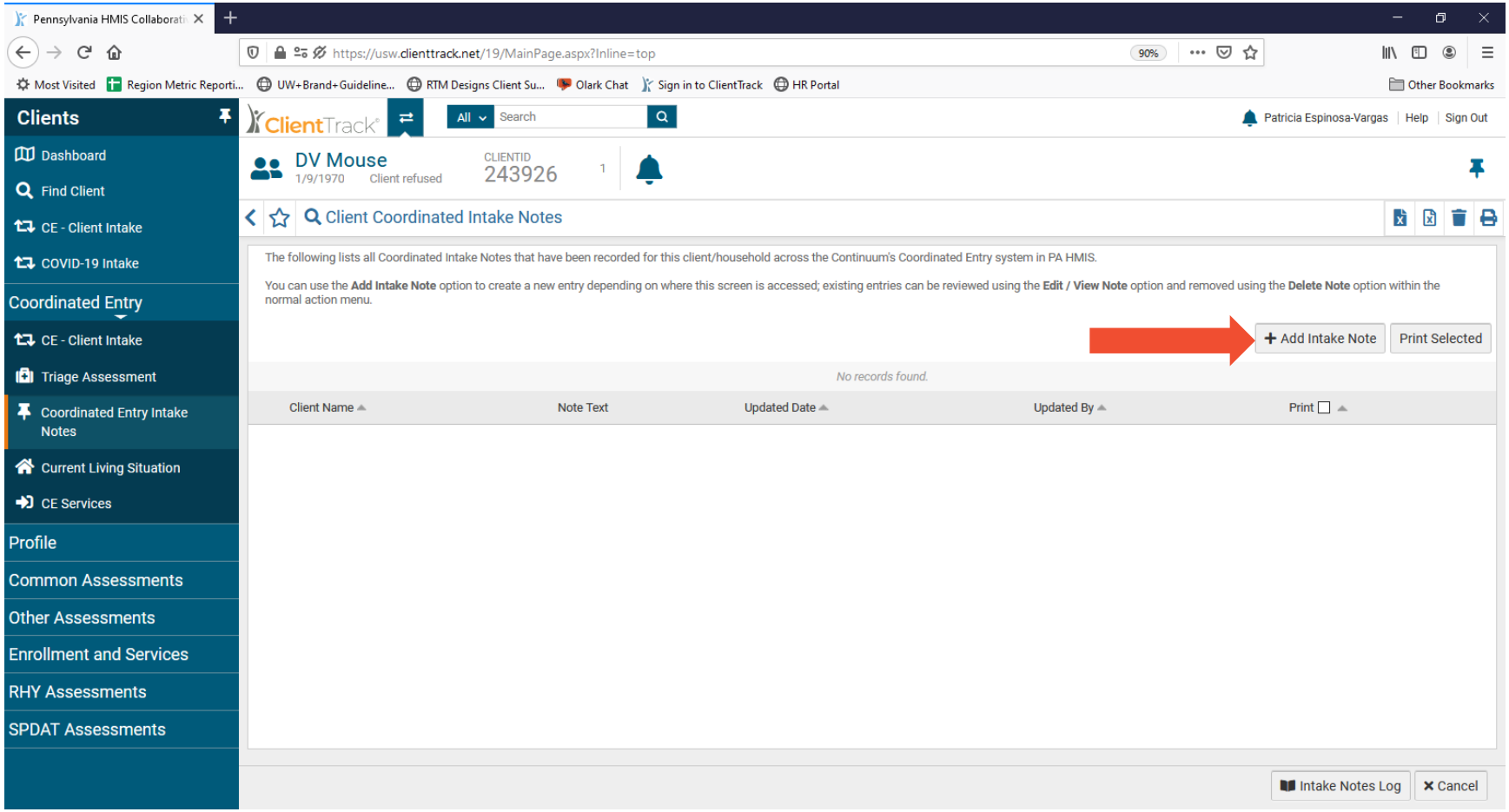
32. If multiple referrals need to be made, repeat the above steps to continue to add Referrals, when complete, click Cancel to return to the client's Dashboard

33. We must now add our Intake Notes, please Coordinated Entry Intake Notes under the Coordinated Entry tab

Connect to Home Coordinated Entry System Policies and Procedures

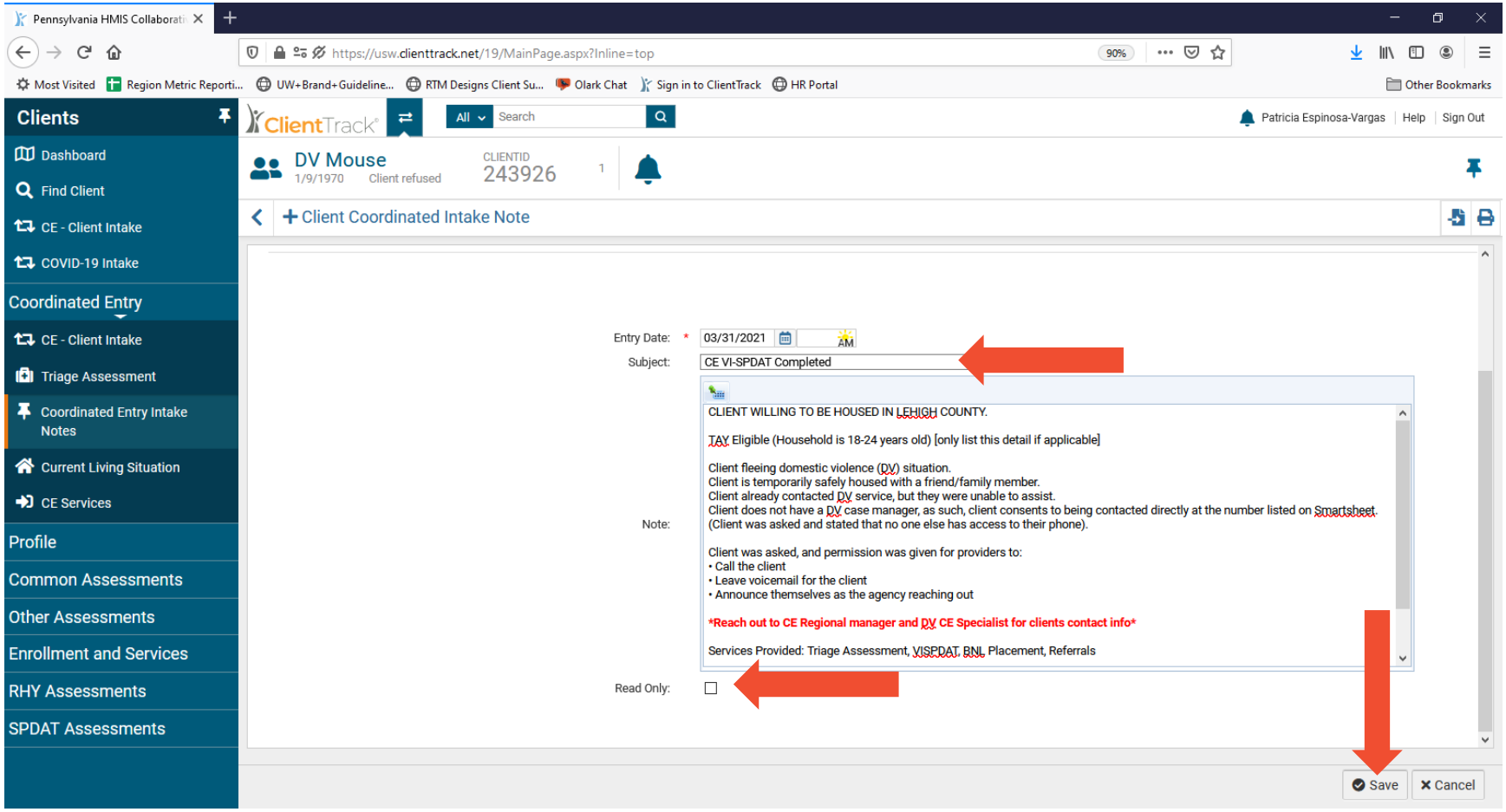


34. Click Add Intake Note



Connect to Home Coordinated Entry System Policies and Procedures

35. Add your Intake Note following the approved Anonymous DV Notes method (if you do not have access to this document for approved notes, please reach out to your Regional Manger for guidance). As a rule, absolutely no personal identifying information may be include in the note. This means, no gender, no name, no phone number, etc.
    - Subject: Choose from the drop-down menu, the appropriate selection CE VI-SPDAT; or CE Prevention Referral; or CE Shelter Referral
    - Click Read Only
    - Click Save when complete, then click Cancel to return to the Dashboard



36. When ending the conversation with the Client, please read the following statement: ***"Thank you, this completes the screening process. We have referred you to the emergency shelter providers in your area who will be contacting you as resources become available (Intake Specialist may provide name of the shelter only). Your name and contact information have also been placed on a prioritized list for other housing services. If your housing situation changes in the meantime, please contact us or call 211 to provide an update. (Coordinated Entry Specialist must provide 211 as an alternative way to connect with CE).***

    211 Only: Please add the following to the above statement: ***"Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."***

Connect to Home Coordinated Entry System Policies and Procedures

Sample Domestic Violence Notes

ANONYMOUS DV CLIENT (Client's name in HMIS - First Name: DV • Last Name: Passcode)

1. **Start with always including that client has fled, or is attempting to flee**
   Never detail a survivors story in the 211 Database or HMIS. One because it can be personally identifying and two because a survivor should never have to "prove" abuse. Disclosing the abuse is enough to meet eligibility. If a survivor chooses to share their story, remember to; listen, validate their feelings, ensure them that this is wrong and you are sorry they have had to experience this abuse. Abuse is never okay and it's not the survivors' fault!
   a. **Why:** It is helpful for providers/queue managers to know if this is an active situation

2. **Where they slept last night**
   a. **Why:** While every housing situation is treated as critical, someone sleeping on the streets may be considered to be a slightly more of an urgent need over someone temporarily housed

3. **Reference DV Hotline**
   Make sure there is a conversation about safety. Is there an active safety crisis? We want those warm hand offs to be offered when appropriate but make sure the survivor isn't solely calling for housing. It may be more beneficial for the survivor to complete the VISPDAT assessment prior to the warm hand off. After the survivor can feel some relief that they have gained access to those basic housing resources; then they may be able to focus on those higher levels of need; such as wellness and emotional healing
   a. **Why:** We must do our due diligence in asking at the very minimum if a client has reached out to a DV/Sexual Assault/Sex Trafficking hotline, etc.…documenting it is helpful for providers and queue managers to know the level of service a client is willing to consider or has considered

4. **Reference a DV Case Manager/Point of Contact**
   a. **Why:** For safety reasons, DV case managers are always the preferred method of contact, but recognizing that it is not always possible, we should mention when it is not an option, then confirming with the client that in the absence of a DV case manager, they consent to being contacted directly by a provider; this is only documented in Smartsheet
      - **Where to document Contact Information:** Use the Smartsheet link: https://app.smartsheet.com/b/form/7fc69fa50c32411da4d96e5096854382 to document the contact information, but know that we need to provide the autonomy/choice to define safety, danger and what is threatening for themselves

5. **Permission**

a. **Why:** The DV Specialist and Regional Managers should know when it is ok to contact a client and by what method, as well as how they should address the person calling…without this information, it may jeopardize the client not receiving services as quickly as possible if the client's phone is not safe to call, or if a client does not know who the provider is, they may think it's a prank or scam call
    - **Reminder:** As victim service providers start to utilize Rapid Funds (PCADV Bonus funds), they may receive calls from advocates on a blocked number or shows up as " No caller ID", to offer housing assistance. Knowing if we can leave a voicemail will be important as consumers may not answer a blocked number.

6. **Services & Referrals Offered by Intake Specialist and by whom**
    a. **Why:** A checks and balances that we have done all of the work required of Specialists

ANONYMOUS DV (First Name: DV • Last Name: Passcode)

SUBJECT/REGARDING: CE VI-SPDAT Completed

NOTE:
HMIS ID#123456
CLIENT WILLING TO BE HOUSED IN BLAIR AND CARBON COUNTIES.

TAY Eligible (Household is 18-24 years old) ***[only list this detail if applicable]***

Client fleeing domestic violence (DV) situation.
Client is temporarily safely housed with a friend/family member. (or: Client housed currently with their abuser.; or: Client in a rental, at-risk for eviction.; or: Client in a DV shelter., etc…)
Client already contacted DV service, but they were unable to assist.
Client does not have a DV case manager, as such, client consents to being contacted directly at the number listed on Smartsheet. (Client was asked and stated that no one else has access to their phone).

Client was asked, and permission was given for providers to:
- Call the client
- Leave voicemail for the client
- Announce themselves as the agency reaching out

Reach out to CE Regional manager for clients contact info

Services Provided: Triage Assessment, VISPDAT, BNL Placement, SmartSheet, Referrals

PEV, 211

Connect to Home Coordinated Entry System Policies and Procedures

ANONYMOUS DV (First Name: DV • Last Name: Passcode)

SUBJECT/REGARDING: CE VI-SPDAT Completed

NOTE:
HMIS ID#123456
CLIENT WILLING TO BE HOUSED IN MONROE COUNTY ONLY.

Client fleeing domestic violence (DV) situation.
Client is still housed with abuser.
Client initially unwilling to contact DV hotline, but agreed to take down number (did not want warm transfer).
Client does not have a DV case manager, as such, client consents to being contacted directly at the number listed on Smartsheet. (Client was asked and stated that their abuser does have access to their phone). Client indicated that it is best to call Monday-Friday, between 9am-1:30pm when their abuser is at work, or email them at the address included on Smartsheet.

Client was asked, and permission was given for providers to:

- Call the client (between hours listed above)
- Email the client (abuser does not have access to this)
- Announce themselves as the agency reaching out—after validating HMIS ID number or Password

*Note: Client asks that providers NOT leave a message.

Reach out to CE Regional manager for clients contact info

Services Provided: Triage Assessment, VISPDAT, BNL Placement, SmartSheet, Referrals

PEV, 211

PUBLIC/NON-ANONYMOUS DV (First Name: Patricia • Last Name: Espinosa-Vargas DV)

1. **Never document abuse**
   A public/non-anonymous DV Survivor will be entered into HMIS with their name and full details as it relates to their housing situation, however, under no circumstances should abuse be documented in HMIS. If a survivor chooses to share their story, remember to; listen, validate their feelings, ensure them that this is wrong and you are sorry they have had to experience this abuse. Abuse is never okay and it's not the survivors' fault!
   a. **Why:** Because the client has chosen to be entered in "publicly" we still want to protect their privacy and not disclose abuse that was shared with us.

2. **The only option to designate that the client is a Survivor will be by placing the letters DV at the end of their last name AND placing the term CAT4 at the top of their Case Note**

PUBLIC/NON-ANONYMOUS DV (First Name: Patricia • Last Name: Espinosa-Vargas DV)

SUBJECT/REGARDING: CE VI-SPDAT Completed

NOTE:
CAT4

Patricia Espinosa-Vargas DV, HMIS ID#123456
717-111-1111
Allentown, Lehigh County, 18102

CLIENT WILLING TO BE HOUSED IN LEHIGH AND NORTHAMPTON COUNTIES ONLY.

Client and her two children (males, ages 6 and 2) and currently staying with her mother but can't stay there for much longer. She believes that she will have to leave on August 31, 2020. Client reports that she has no other family or friends that she can stay with when she leaves.

Client reports that she is employed, earning $13.00/hour and working 25/hours per week. Additionally, she receives Child Support of $80.00/week.

Client was not interested in shelter referrals at this time. Client was interested in Prevention/Rental Assistance referrals. This Specialist advised if the client changes her mind and wants shelter referrals, to call back to 211.

Services Provided: Triage Assessment, VISPDAT, BNL Placement, Referrals
Referrals Provided: ABC Rental Assistance

PEV, 211

Connect to Home Coordinated Entry System Policies and Procedures

Connect to Home Coordinated Entry Open and Exited Enrollment Tasks

Note: It is imperative that every single time someone contacts Coordinated Entry that we do a "Profile Check" and update or add any missing or relevant information from their previous contact with Coordinated Entry.

EXITED FROM ENROLLMENT (Not Homeless)

- **Checking their status or minor (but important) update such as phone number, nothing else having changed**
  1. Add a case note summarizing the conversation
  2. If updated phone number or other minor change, make that appropriate change
  - ★ *Do not enter a new enrollment, do not go through a new intake, do not add a new current living situation*

- **Requests new referrals, housing situation is still not yet literally homeless** *(note: this may include situations such as previously in a rental to now being doubled-up)*
  1. If last contact/enrollment was 90 days or less from this current contact, simply add new referrals (if possible) and add a case note
  2. If more than 90 days from last contact/enrollment, click CE-Client Intake and go through a new intake (make referrals if possible and add a case note)

- **Has a new housing/living situation (is now Category 1 (Literally Homeless) or Category 4 (DV)**
  1. Click the CE-Client Intake button and add a new intake, complete all screens including HUD Enrollment, Universal Data, Triage Assessment, etc.
  2. Complete a new VI-SPDAT or update an existing one if appropriate
  3. Make Referrals (if requested and possible)
  4. Add a case note

IMPORTANT: With every contact from someone whom is on the By Name List, please check to see if they have listed a Preferred County/ies of Preference by doing the following:
1. Under the CE Tab, click Triage Assessments
2. Click to view their most recent Triage Assessment
3. If no County/Counties of Preference is listed…
4. Return to the Dashboard and click the Action Button to Edit the CE Intake Workflow to Add their Preferred County/ies

ACTIVE ON THE BNL/OPEN ENROLLMENT
(Category 1 & 4 – Literally Homeless)

- **Checking their status, nothing else changed**
  1. Verify the client is on the BNL with an active/open Coordinated Entry enrollment
  2. Assuming the client is on the BNL…ask the client the following:
     - "Where do you expect to sleep tonight?"
  3. Review with the client (while on the BNL) the county/counties they are currently waiting for services in
  4. Add a Current Living Situation from the Coordinated Entry tab with the response to where the client expects to sleep tonight
  5. Add a Coordinated Entry Intake Note

- **Change of Phone Number, nothing else changed**
  1. Verify the client is on the BNL with an active/open Coordinated Entry enrollment
  2. Assuming the client is on the BNL…ask the client the following:
     - "Where do you expect to sleep tonight?"
  3. Review with the client (while on the BNL) the county/counties they are currently waiting for services in
  4. Update phone number in the Client Profile AND within the VI-SPDAT
     - If DV-Anon, please ignore this and immediately contact the Regional Manager with the change so they may add to Smartsheet
  5. Add a Current Living Situation from the Coordinated Entry tab with the response to where the client expects to sleep tonight
  6. Add a Coordinated Entry Intake Note

- **Requests new referrals or Changed their county/zip code/current living situation**
  1. Verify the client is on the BNL with an active/open Coordinated Entry enrollment
  2. Edit the CE Intake Workflow (on the client's Dashboard, click the Action Button to select "Edit CE Intake Workflow", updating all appropriate questions—be sure to change the county/zip code if appropriate)
     - Change the Information Date to today's date
  3. Make Referrals (if possible)
  4. Add a Coordinated Entry Intake Note (include change of county/zip if appropriate)

Connect to Home Coordinated Entry System Policies and Procedures

Appendix A: Connect to Home Coordinated Entry System of Eastern PA Partnership Agreement

The Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness in the following counties: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming. Participation in CES is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants (including those administered by the Commonwealth of Pennsylvania) and is strongly encouraged for all other housing and service providers in order to ensure equitable and coordinated access for all.

By signing this agreement, CES partners agree to work with other CES funders, service providers and referral partners throughout the thirty-three county CoC region under a shared set of guiding principles, roles, and responsibilities as follows.

I. Guiding Principles

The Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) is guided by the following principles:

- Every person experiencing homelessness should be treated with dignity, respect and kindness, and have their rights to privacy, confidentiality and safety honored.
- By coordinating entry to housing and services for people experiencing homelessness, more families and individuals can exit from homelessness to permanent housing with stability as quickly, efficiently and effectively as possible.
- Coordinated entry is inclusive of all populations experiencing homelessness, including families, youth, veterans, survivors of domestic violence, people with disabilities, people with mental illness, recent immigrants and people identifying as LGBTQIA.
- Coordinated entry protects the safety and confidentiality of people fleeing/attempting to flee and survivors of domestic violence while simultaneously providing them with access to housing and services.
- Coordinated entry embraces a housing first approach to ending homelessness in which people are housed as quickly as possible without preconditions or service participation requirements.
- People experiencing homelessness are prioritized for appropriate housing and services based on their vulnerability and severity of need using an evidence-based assessment tool rather than on a “first come, first served” basis.
- People experiencing homelessness are not denied access to coordinated entry assessment and referral because of perceived barriers to housing and services such as sobriety, income level, mental health status or other factors.
- Coordinated entry should be aligned with affordable housing, veteran affairs, child welfare, health, mental health, education, legal, judicial, and other public systems to the greatest extent allowed by law and policy.
- Coordinated entry is a continually evolving system that requires a commitment to ongoing learning, evaluation, and quality improvement.

- Ongoing coordinated entry planning efforts strive to incorporate diverse stakeholder voices and needs, including those of people with the lived experience of homelessness.
- The long-term financial sustainability of coordinated entry requires the commitment and alignment of federal, state, local and private funding sources.

II. Roles

Each Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) partner organization has one or more of the roles set forth in the Coordinated Entry Policies and Procedures. All Operations Partner roles (Call Center, Access Sites and Regional Managers) have been assigned through competitive RFP processes, approved by the CoC's elected Governing Board, and implemented to the greatest extent that funding resources and/or partner organization in-kind contributions allow.

III. Responsibilities

Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) partner organizations share the following responsibilities:

- Compliance with all CES processes, policies and procedures detailed in the **Eastern PA CoC Coordinated Entry System Policies and Procedures Manual**, including policies related to referral, grievance, prioritization, data sharing, and client confidentiality, among others.
- Compliance with all PA HMIS processes, policies, and procedures.
- Ensure that people experiencing or at imminent risk for homelessness understand how the CES system works.
- Make appropriate staff available for regular CES trainings and meetings.
- Distribute CES marketing and outreach materials.
- Compliance with all applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:
    - Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
    - Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
    - Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
    - Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.
    -

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

IV. Termination of Agreement

Any party may terminate their participation in this agreement with written notification to the appropriate CES Regional Manager and the Eastern PA CoC Coordinated Entry Committee Chairperson. Referral partners must give at least 30 days notice of termination. Access Sites must give at least 60 days notice before ceasing operations. Organizations employing Regional Managers must give at least 90 days notice in order for the CoC to identify and select a new organization to employ a Regional Manager.

Participation in the Eastern PA CoC Coordinated Entry System is a requirement of certain funders, including HUD's CoC and ESG programs. Termination of this agreement may negatively impact the Partner's ability to obtain and/or retain funding.

V. Expenses

Unless the CoC has provided grant funding to a CES Operations Partner organization through separate contract, all expenses incurred by the participants of the Eastern PA Coordinated Entry System are the responsibility of the Partner.

VI. Agreement

The signature of the Executive Director/Chief Executive Officer or designee of the Partner Organization indicates agreement with the terms set forth in this Partnership Agreement.

By signing this Agreement, I understand and agree to the terms within on behalf of my organization.

Name of Organization:

Name and Title of Signer:

Signature **Date**

Agreed to and accepted on behalf of the Eastern Pennsylvania Continuum of Care.

President, Eastern Pennsylvania Continuum of Care Board **Date**

Appendix B: Connect to Home Coordinated Entry Referral Zone Map

County	Zone	Region
Adams	3	South Central
Bedford	1	South Central
Blair	2	South Central
Bradford	8	Northern Tier
Cambria	2	South Central
Carbon	9	Pocono
Centre	4	South Central
Clinton	8	Northern Tier
Columbia	6	Central Valley
Cumberland	7	Central Valley
Franklin	3	South Central
Fulton	1	South Central
Huntingdon	1	South Central
Juniata	5	Central Valley
Lebanon	7	Central Valley
Lehigh	10	Lehigh Valley
Lycoming	8	Northern Tier
Mifflin	5	Central Valley
Monroe	9	Pocono
Montour	6	Central Valley
Northampton	10	Lehigh Valley
Northumberland	6	Central Valley
Perry	7	Central Valley
Pike	9	Pocono
Schuylkill	6	Central Valley
Snyder	5	Central Valley
Somerset	2	South Central
Sullivan	8	Northern Tier
Susquehanna	8	Northern Tier
Tioga	8	Northern Tier
Union	5	Central Valley
Wayne	9	Pocono
Wyoming	8	Northern Tier

Zone	County	Region
1	Bedford	South Central
	Fulton	
	Huntingdon	
2	Blair	
	Cambria	
	Somerset	
3	Adams	
	Franklin	
4	Centre	
5	Juniata	Central Valley
	Mifflin	
	Snyder	
	Union	
6	Columbia	
	Montour	
	Northumberland	
	Schuylkill	
7	Cumberland	
	Lebanon	
	Perry	
8	Bradford	Northern Tier
	Clinton	
	Lycoming	
	Sullivan	
	Susquehanna	
	Tioga	
	Wyoming	
9	Carbon	Pocono
	Monroe	
	Pike	
	Wayne	
10	Lehigh	Lehigh Valley
	Northampton	

Region	County	Zone
Central Valley	Columbia	6
	Cumberland	7
	Juniata	5
	Lebanon	7
	Mifflin	5
	Montour	6
	Northumberland	6
	Perry	7
	Schuylkill	6
	Snyder	5
	Union	5
Lehigh Valley	Lehigh	10
	Northampton	
Northern Tier	Bradford	8
	Clinton	
	Lycoming	
	Sullivan	
	Susquehanna	
	Tioga	
	Wyoming	
Pocono	Carbon	9
	Monroe	
	Pike	
	Wayne	
South Central	Adams	3
	Bedford	1
	Blair	2
	Cambria	2
	Centre	4
	Franklin	3
	Fulton	1
	Huntingdon	1
	Somerset	2

Appendix C: Connect to Home CES of Eastern PA Notice and Consent for Non-HMIS Participants

I, _____ [print first and last name], understand that the Eastern PA Coordinated Entry System (CES) is a partnership of agencies sharing information to provide a more coordinated homeless response system. I authorize that my information can be shared by CES partners to improve services for me. I also authorize that my information can be viewed by the CES Regional Managers for the purpose of system evaluation, which will help improve services offered to me and others in the CES region.

By initialing "yes" below and affixing my signature, or, when meeting via phone and permitting a CES Partner Agency staff to sign on my behalf, I agree that my information may be shared with other CES partners and System Administrators. I understand that agencies participating in CES may change from time to time and that a copy of the current list of agencies is available upon request.

Yes:___ (please initial)

Participant Signature: _____ Date: _____

OR Verbal Consent obtained by phone
CES Agency Staff Signature: _____ Date: _____

Description Of Information That Can Be Shared
This form authorizes identifying assessment information, including but not limited to the items listed below, to be routinely shared in the CES to better help me and/or my family.

- Family/Household Information (Names, Date of Birth, Race, Gender)
- Income and Benefits Information
- Education and Employment History
- Housing History and Barriers
- Homeless Status and History
- Veteran Status
- Program and Service Involvement and Contacts
- Health Information, including Physical Health and Behavioral Health (but not Case Records)
- Photo

Information From CES Screening and Assessment May Be Shared With:

- Social Service Agencies
- Housing Providers
- Veterans Services
- Shelter Programs
- Housing and Redevelopment Authorities
- Victim Services (including Domestic Violence) Agencies

Purpose Of Sharing

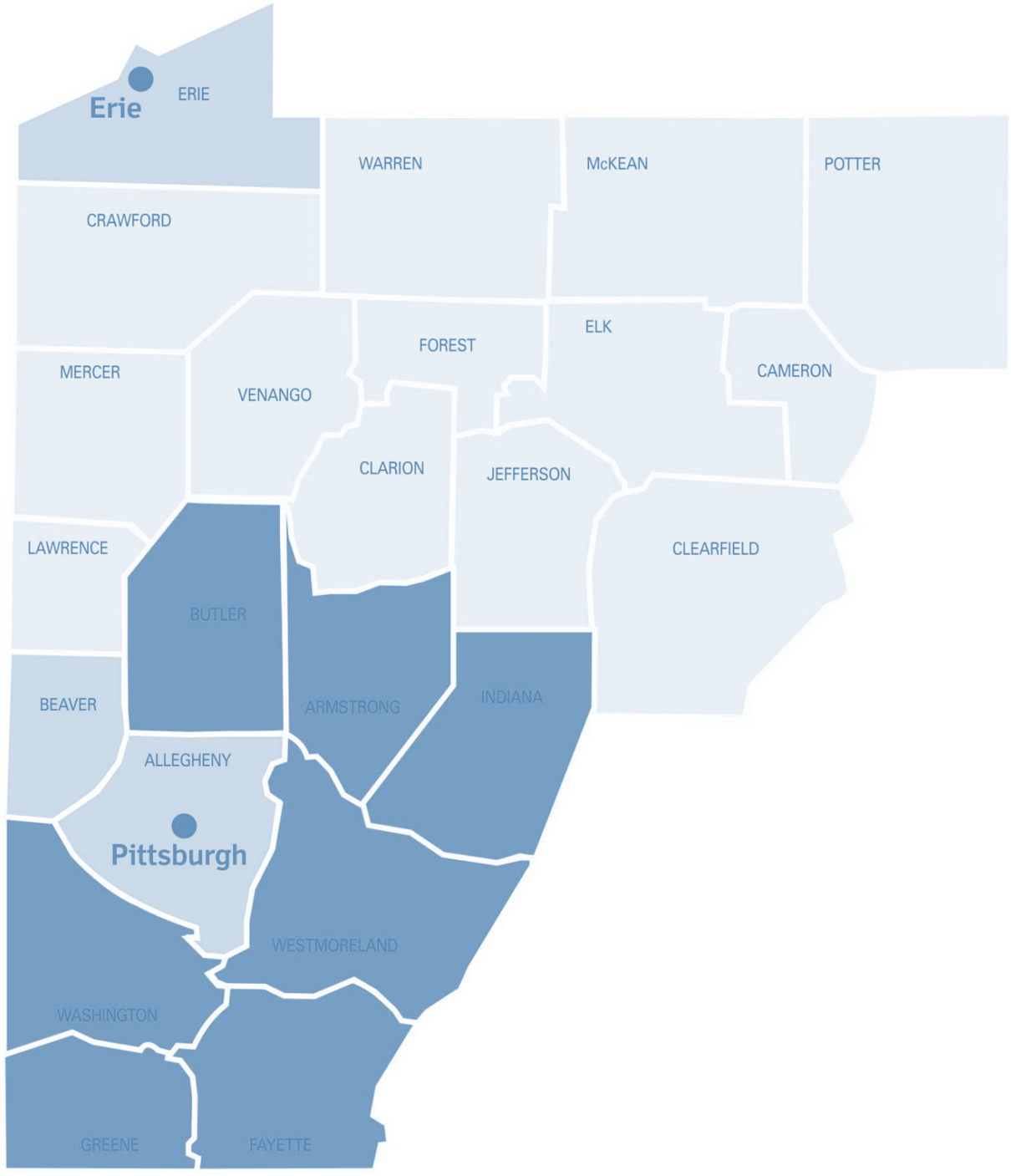
- Information from the CES screening and assessments will be shared for the purpose of:
- Assessing my program eligibility
- Prioritizing my need for services
- Linking me to the most appropriate services
- Evaluating CES services and system performance
- Evaluating service gaps, needs and duplication in CES

This authorization is voluntary and strictly for sharing information needed for entering and moving through the Coordinated Entry System and may NOT be used for any other purpose. The information collected, maintained, and stored by Eastern PA Continuum of Care, and shared with service providers, may include records relating to your behavioral and/or mental health, alcohol and drug abuse treatment, HIV/AIDS, and genetics.

This information is necessary for determining your eligibility for housing and services.

You will not be denied help if you do not want to sign this form or if you do not want to allow CES to share your personal information. You have the right to revoke this authorization at any time by giving verbal or written notice of revocation to the CES. Revoking this authorization will not affect any action taken or information shared prior to notice of revocation. You may have a copy of this authorization.

Western Pennsylvania Continuum of Care's Coordinated Entry Policies and Procedures Manual



Western PA CoC's CES Policies and Procedure Manual Table of Contents

Definitions 5
Goals and Guiding Principles 11
Key Components of the Coordinated Entry System (CES) 13
Component 1: General Structure 13
the Coordinated Entry System has been designed and administered by the Western CoC in the following structure with duties for each stakeholder outlined on the following pages. 14
..... 14
Coordinated Entry Stakeholder Roles and Responsibilities: 14
Component 2: Identification and Operation of Assessment Centers 16
Operating Standards for Assessment Centers: 16
Assessment Center Staff Training Requirements: 17
Component 3: Access to the Coordinated Entry System: 18
Operating Standards for CES Access: 18
Component 4: Assessment of Consumer Needs: 21
Understanding Coordinated Entry System Functions: 24
Component 5: Determining and Making Referrals 29
Operating Standards for Making Referrals 29
Operating Standards for Accepting Referrals and Housing Placements: 31
Component 6: Prioritization and Housing Prioritization List 31
Operating Standards for Making Housing Offers to Consumers Placed on Prioritization List: 32
Operating Standards for Consumer Follow – up and Maintaining the Prioritization List: 34
Component 7: Monitoring and Evaluation 35
Component 8: DATA MANAGEMENT 36
Component 9: Outreach and Marketing 37
How To Order Universal Advertisement Materials 38
Policy 40
Coordinated Entry Operating Standards 40
Policy 41
Housing Prioritization Policy for All CoC and ESG-Funded Projects 41
Policy 42
Prevention Services 42
Non-Discrimination and Affirmative Fair Housing Policy 44
Policy 47
Access/ Barriers Policy 47
Policy 48
Domestic Violence, Dating Violence, Sexual Assault & Stalking Management Policy 48
Policy 50
Fair and Equal Access Policy 50

Policy.....51
Evaluating and Updating Coordinates Entry Policies and Procedures.....51
Policy.....52
Application Questions 58

Overview Establishing Coordinated Entry is a complex and comprehensive endeavor. The Western PA Continuum of Care 601-Region also known as "One by One" is charged with standardizing a Coordinated Entry system across the region according to the priorities and particular needs of communities. These standards are intended to clarify and provide guidance around Coordinated Entry operations in the designated 601-Region. As systems and accompanying documents are developed, the Coordinated Entry System Leadership is committed to offering trainings and technical assistance as needed and determined. This Policy and Procedural Manual is a working document that will continue to be developed for years to come.

Purpose The One by One Coordinated Entry System (CES) purpose is to ensure that homeless households with the most severe service needs, longest periods of homeless history and most vulnerabilities are prioritized for housing assistance and receive those services within a very limited timeframe. The system is designed to guide housing providers' connection to homeless households who are most in need and to direct program funding allocations to meet the need. These policies and procedures will direct the implementation, governance and evaluation of coordinated entry in the Western Pennsylvania CoC geographic areas as noted above and will be reviewed no less than annually by the Western CoC Board of Directors. Items which will trigger an emergency review include HUD rule change, people unable to access to the system or be housed quickly, Natural Disaster. Only the Western Continuum of Care (CoC) Board of Directors can make changes to this document based on recommendations from the Coordinated Entry Committee of the CoC and the Coordinated Entry Lead Agency. A list of CoC Board and committee members and their contact information can be found at www.pennsylvaniacoc.org. All policies approved and adopted by the board are included at the end of this manual as Appendices.

Furthermore, in accordance with the ESG & CoC regulations, all programs that receive ESG or CoC funding are required to abide by the written Coordinated Entry procedures established by their prospective continuum of care. Agency program procedures should reflect the policy and procedures described in this document. The CoC Executive Board strongly encourages programs that do not receive either of these sources of funds to also accept and utilize these procedures and standards. The Western Pennsylvania Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the populations and subpopulations experiencing or at risk of homelessness within the geographic area claimed by the CoC:

Northwest Counties

- Cameron
- Clarion
- Clearfield
- Crawford
- Elk
- Forest
- Jefferson
- Lawrence

- McKean
- Mercer
- Potter
- Warren
- Venango

Southwest Counties

- Armstrong
- Butler
- Fayette
- Greene
- Indiana
- Washington
- Westmoreland

The mission *of One by One is to end homelessness through a coordinated community-based process of identifying needs and building an open and integrated system of housing and services that addresses those needs. As such, the purpose of the Western CoC is to:*

- *Promote a community-wide commitment to the goal of ending homelessness;*
- *Promote access to funding for efforts for rapidly re-housing homeless individuals and families;*
- *Promote access to and effective use of mainstream programs;*
- *Optimize self-sufficiency among individuals and families experiencing homelessness.*

In order to carry out this mission and its responsibilities as defined in the CoC Interim Rule (§ 578.7 Responsibilities of the Continuum of Care), One by One has established and is operating a Coordinated Entry System (CES) designed to coordinate program participant intake assessment and provision of referrals into the housing crisis response system for all households and populations. This system covers the CoC's 20 county geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. (24 CFR part 578.3)

Our Cause for the system (Who? What? Where?)
CES is a resource tool utilized by collaborating stakeholders to expand housing options for those experiencing homelessness.

Our Actions (What does the system do?)
Determine Eligibility
Empower Consumer Choice
Streamline process for everyone using the system

Our Impact (Changes for the better)
Reduce Homelessness significantly by 2021
Ensure most vulnerable persons are being served through prioritization

Ongoing enhancement of the system

- Coordinated Entry refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. The Target Populations for this process include people who are:

    - experiencing homelessness

    AND/OR

    - at imminent risk of homelessness

    AND/OR

    - fleeing/attempting to flee Domestic Violence

    People with housing issues outside of these categories should be referred to other prevention-oriented resources available in the community.

Key elements of coordinated entry include:

ACCESS

- A well-designed programmatic entry and/or access system across the geographic region
- Provides complete coverage over the entire geographic area claimed by the CoC
- Linked to local outreach programming
- Inclusive of all subpopulations, including those experiencing chronic homelessness, Veterans, families, youth and survivors of domestic violence
- Removes the delay in accessing emergency services such as shelter and includes a means for individuals to access these emergency services 24 hours per day
- Provides protocols to ensure the safety and confidentiality of individuals seeking assistance, including victims of Domestic Violence
- Ensures Fair and Equal Access to housing for all people located within the CoC's geographic area
- Provides comprehensive marketing of the system to ensure people throughout the CoC's geographical area are aware of the Coordinated Entry System and how to access it

ASSESSMENT

- The use of a standardized assessment tool to assess consumer needs
- Utilizes a person-centered approach
- Incorporates cultural and linguist competencies
- Contains a plan for the CoC to engage in ongoing planning with all stakeholders utilizing the Coordinated Entry process

PRIORITIZATION

- Prioritization of consumers with the longest length of time homeless and most barriers for housing opportunities available within the COC

REFERRAL

- Referrals, based on the results of the assessment tools, to ALL homelessness assistance programs (and other related programs when appropriate)
- Provides a referral protocol to ensure that the programs accept all eligible referrals and rejections are justified and rare
- Reduce, limit and remove barriers for individuals to access housing or services
- Ensure a housing first approach is used throughout the CoC
- Ensure that the process incorporates the participant's choice
- Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS) and utilizing that the information to guide homeless assistance planning and systems change

Definitions

There are many key terms used throughout this document. In order to ensure appropriate understanding, definitions of those key terms are provided here.

- **24/7 Emergency Services Referral Line:** The CoCs coordinated entry process does not delay access to emergency services such as shelter. The process includes a manner for people to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment processes. For example, people who need emergency shelter at night are able to access shelter, to the extent that shelter is available, and then receive an assessment in the days that follow, even if the shelter is the access point to the coordinated entry process. A listing of Referral Lines to be connected to emergency shelter can be found in Attachment B.

- **Access Points:** These are places, either virtual or physical, where individuals and families experiencing a housing crisis may present for initial referral and prescreening. These locations include the following but are not limited to:

    - Designated Coordinated Entry Assessment Centers and/or Auxiliary Agencies - a "no wrong door" approach in which a family or individual experiencing homelessness can present at any homeless housing and service provider in the geographic area but is referred and assessed with the same tool and methodology used throughout the Continuum.
    - Street outreach locations within the geographic area where individuals and families present needing access to homeless housing and services
    - Referral hotline systems (as available) that screen and directly connect callers to appropriate homeless housing and service providers in the geographic area
    - Mainstream Service Providers – Pre-screen and direct consumers to the designated Coordinated Entry Assessment Centers. Connections to appropriate assessment center are based off of questions asked in Attachment A - Prescreening and Referral Questionnaire.

- **At Risk of Homeless:** An individual or family who will imminently lose (within 14 days) their primary nighttime residence provided that no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing.

- **Auxiliary Agencies:** Service providers who have access to Client Track and the Coordinated Assessment Tool, but are not a Designated Assessment Center for their county. These providers include, but are not limited to, CoC, Emergency Solutions Grant, PATH, and Supportive Services for Veteran Families grantees. These agencies are not mandated to conduct coordinated entry assessments but can conduct coordinated entry assessments as needed and appropriate. Auxiliary agencies are trained on Coordinated Entry in Client Track and must only use the approved assessment tool and housing prioritization list. These agencies will connect consumers to the appropriate Coordinated Entry Assessment Center in their local community when they do not conduct the coordinated entry assessment themselves. Connections to the assessment center may be made over the phone or by walk-in.

- **Chronically Homeless:** An individual or family head of household has a diagnosable substance use disorder, serious mental illness, developmental disability, and post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

  AND

  Is currently living in a place not meant for human habitation, a safe haven, or in an emergency shelter.

  AND

  Has been homeless for at least 12 months. This includes:

  - at least 12 months of continuous homelessness living in a place not meant for human habitation, a safe haven, or in an emergency shelter;

    OR

  - Has experienced homelessness during at least 4 separate occasions in the last three years, where these 4+ occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in place not meant for human habitation, a safe haven, or in an emergency shelter. Stays in institutional care facilities for fewer than 90 days will not constitute as a break, but rather such stays are included in the 12 month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering institutional care facility.

- **Consumer:** Person at-risk or experiencing homelessness being served by the coordinated entry process.

- **Coordinated Entry Assessment Tool:** A uniform tool used to assess shelter and other emergency needs, identify housing resources and barriers and evaluate vulnerabilities to prioritize for assistance. The CoC's primary tool is built within Client Track/HMIS. An alternative paper format may be used when the online tool is not accessible.

Coordinated Entry Committee: This committee is designated by the CoC Board and is charged with the development and oversight of the Coordinated Entry System and Coordinated Entry Lead Agency. The committee meetings are informal in style with any voting items being managed through utilization of the Roberts Rules of Order. The committee will meet at least twice a year with additional meetings as necessary and be scheduled by the Committee Chairperson (s). The committee membership will be set annually in June, unless an assessment center has been changed, or a major event has happened to require membership changes. The committee is made up of the following types of attendees:

Chairperson (s): Appointed by the CoC Board to provide leadership over the committee and CES Lead Agency to ensure the progressive movement of the Coordinated Entry System. Does not own any voting rights on the committee.

2 Voting Members per each Western PA CoC Region: Each County within the CoC must appoint two voting members to join the committee, designation must also be submitted to the CE Lead Agency through the Local Housing Options Team or Housing Coalition. Committee memberships belong to the agency and not the individual person in case of employment changes. Members must attend a minimum of two meetings (in order to be an eligible voter on this committee) within the membership year, to assure their understanding of the CoC CE Process and must have completed HUD, HMIS, and CoC Coordinated Entry Required Trainings.

Knowledge Experts: Members with experience utilizing systems, or representatives of specialty groups (i.e. HMIS, assessment centers, housing providers, etc). Does not own any voting rights on the committee.

Coordinated Entry Lead Agency Representative: Assist in the development, implementation, and monitoring of Coordinated Entry policies and procedures, workflows, training documents, and data collection efforts as well as assist in identifying best practices for the system. This particular person does not own any voting rights on this committee.

- **Coordinated Entry Lead Agency:** The CoC has designated the Coordinated Entry SSO grantee as the Coordinated Entry Lead Agency. The Coordinated Entry Lead Agency is responsible for the implementation of the CoC's Coordinated Entry System and its Policies and Procedures, as well as monitoring and evaluating the overall coordinated entry system. The CE Lead Agency will provide regular updates to the CoC's Governing Board regarding the CoC funding supporting the Coordinated Entry System.

- **Coordinated Entry Policies and Procedures:** Policies and procedures will be reviewed twice within a year, coordinating with the 2 major CoC Board meetings in October and April. Items which will trigger an emergency review include HUD rule change, people unable to access to the system or be housed quickly, Natural Disaster. Any and all changes to the CE policies and procedures must be approved by the CoC Board before put into effect.

- **Designated Assessment Centers:** These are designated places by the Coordinated Entry Lead Agency where an individual or family in need of housing assistance can present and easily enter the CoC's Coordinated Entry System. Centers are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs.

People experiencing homelessness will be assessed and referred to appropriate homeless assistance programs by the Designated Assessment Center:

- There shall be a minimum of one designated **General Assessment Center (GAC)** per each Western PA CoC Community and these centers are tasked with assessing the housing needs of the general public and serve as the lead in the local community.
- The CoC recognizes the importance of confidentiality and safety for all persons fleeing or attempting to flee from domestic violence. Therefore, in addition to the before mentioned GAC for each community, an approved domestic violence agency in each community will be trained and prepared to conduct the assessments on all persons fleeing and/or attempting to flee from a domestic violence situation and these agency are designated as the **Domestic Violence Assessment Center (DVAC).** The CE Lead Agency shall be designated as the entity to determine the need for additional centers due to various specific community issues (to include barriers to transportation) and to ensure centers be easily accessed by individuals and families seeking homeless or homeless prevention services. Only those centers who have participated in the selection process to be an assessment center (including auxiliary agencies) by the Western CoC - which includes being selected by the CE Lead Agency, completing onboarding training requirements of the CoC and have signed a Memorandum of Understanding (MOU) (Attachment C) agreeing to the operational guidelines of the coordinated entry process will be permitted to complete the assessment tool and determine an individual's eligibility for homeless and at risk of homeless placement on the service priorities listing.

- **Domestic Violence Households:** An individual or family fleeing, or attempting to flee from domestic violence for whom no subsequent residence has been identified and the individual or family has no resources or support networks to obtain permanent housing. This also includes households affected by human trafficking.

- **Eligibility Documentation:**

  Certification documents are required by each program funder which are used to document, establish and verify homeless programs eligibility. The process of collecting these required documents should never be a barrier to the consumer being accepted and enrolled into the homeless service agency's programming. The CoC has chosen for the securing of eligibility documentation to be a collaborative effort between both the assessment center and provider. To the degree possible, the assessment center should start the initial process of collecting and uploading documents to the Clienttrack/HMIS-Coordinated Entry record to assist CES participating Providers with verifying the consumer eligibility. At the point when the assessment center is unsuccessful with securing eligibility document the responsibility then falls on the provider to collect and have on file all required documentation to meet their funder's eligibility requirements.

- **Emergency Mainstream Service Resources:** Each assessment center will connect with mainstream service providers. These resources include Medicaid, state Children's Health Insurance Program (CHIP), Veterans Health Care, Food Stamps, Temporary Aid for Needy Families (TANF), Supplemental Security income (SSI), Workforce Innovation Opportunity Act (WIOA), Substance Abuse Block Grant, Social Services Block Grant, and Welfare -to – Work. These mainstream resources may also act as a source or receiver of referrals.

Homeless: (This is HUD's complete definition. Providers must adhere to directives written in their program guidelines.)

Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

OR

- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and, hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals);

OR

- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 2: An individual or family who will imminently lose their primary nighttime residence provided that:

- The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

OR

- No subsequent residence has been identified;

AND

- The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

Category 3: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C.5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

- Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

- Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance;

AND

- Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment;

OR

Category 4: Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- Has no other residence;

AND

- Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing.

- **Homeless individual with a disability**: which can be found in Section 401(9) of the McKinney-Vento Act, as amended by the HEARTH Act and applies to the CoC Program Standards (including CES and eligibility to be considered chronically homeless) is as follows: An individual who is homeless, and has a disability that -- Is expected to be long-continuing or of indefinite duration; Substantially impedes the individuals ability to live independently; Could be improved by the provision of more suitable housing conditions; and is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post traumatic stress disorder, or brain injury or An individual who is homeless and has a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or An individual who has the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency of acquired immunodeficiency syndrome.

- **Housing Interventions:** Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).

- **Housing Prioritization List:** A prioritized waitlist of consumers in need of homeless assistance. Placement on this list is based off of the homeless assessment which takes into consideration the length of time homeless and the number of barriers experience by the household. All

available resources should be prioritized and offered to individuals at the top of the Housing Prioritization List, limited only by funding requirements

- **Interim Housing**: To be used only when the individual/family is Chronically Homeless and has accepted a unit/voucher for permanent housing but there is some other situation that prevents them from moving immediately into housing (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.). In such cases, where it has been determined to be absolutely necessary to keep the client engaged and moving towards housing, a temporary solution must be utilized and if transitional housing is used the client should then be identified upon move in to the permanent house as coming from "interim housing". This will enable that individual/household to be identified as chronically homeless at intake for reporting purposes based on the responses to the elements that will follow. Note: This housing is not a substitute for a waiting list or for any situation other than identified here._Interim Housing should never be recorded as a friend stay/doubled up situations, jail or institution stays.

- **Local Housing Option Team or Housing Coalition** – is a collaborative of social service agencies and other public and private organizations that serves Western PA communities and promotes safe, affordable, accessible **housing** choices for individuals and families. The CoC may look to these collaborative groups to support or approve the county's coordinated entry designations when requested by the CoC. This group may also submit training request to the CE Lead agency for the entire county.

- **Provider:** Organization that provides services or housing to people experiencing or at-risk of homelessness (e.g., shelters, transitional housing programs, permanent housing programs, rapid rehousing programs, etc.).

- **Program:** A specific set of services or a housing intervention offered by a provider.

- **Street Outreach**: Outreach that is designed to increase access and connection to services for people who are living unsheltered on the streets. Outreach includes the provision of urgent, non-facility based care to people who are unsheltered and unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Goals and Guiding Principles

The goal of the coordinated entry process is to provide each consumer with adequate services and supports to end their homelessness, with a focus on returning them to permanent housing as quickly as possible. Below are the guiding principles that will help the Western Pennsylvania CoC meet these goals.

- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated entry process. To capture this data accurately, all assessment staff and providers must enter data into Client Track/HMIS in accordance with the Pennsylvania Department of Community and Economic Development's HMIS Data Standards (see Attachment). Consumers' rights around data will always be made explicit to them and no consumer will be denied services for refusing to share their data.

- **Consumer Choice**: Consumers will be given information about the programs available to them and have choice about which programs they want to participate in. Assessments will

be updated as often as needed to reflect any change in preference by the Consumer. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated entry through forums, surveys, and other methods designed to obtain input on the effectiveness of the coordinated entry process. Best practices for a consumer choice approach include:

- Assist participants in clarifying their key values, challenges, and strengths
- Allow participants to drive the process of identifying goals
- Ask motivating questions to prompt participants to determine the best course of action and to take action when ready
- Inform participants of resources and opportunities in the community based on the assessment and expressed interests and desires of the participant
- Help participants understand the pros and cons of different approaches, and supporting them when they decide how best to meet their goals
- Make referrals to services in partnership with participants' motivation and timeline, on the assumption that the participant is the expert

- **Collaboration**: Because coordinated entry is being implemented CoC-wide, it requires a great deal of collaboration between the CoC, providers, mainstream assistance agencies (e.g., Department of Human Services, hospitals, funders, and other key partners). This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Entry Committee), consistently scheduled meetings between partners, consistent reporting on the performance of the coordinated entry process, and requests for assistance through the local community Housing Coalitions and Local Housing Options Teams (LHOTS).

- **Housing First:** A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). In accordance with the CoC policies, all CoC –funded projects are required to operate in accordance with a Housing First approach. Service delivery should be consumer-centered and culturally competent and work to connect households with the appropriate permanent housing opportunity.

- **Performance-Driven Decision Making**: Decisions about and modifications to the coordinated entry process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment and availability of particular housing options. **The Coordinated Entry System** will be evaluated at least annually by the CE Lead Agency in collaboration with Coordinated Entry Committee.

- **Prioritizing the Hardest to House:** Coordinated entry referrals will prioritize the most vulnerable households for program beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. It is hoped that this approach is most likely to reduce the average number of episodes and length of time homeless and result in better housing outcomes for all.

Key Components of the Coordinated Entry System (CES)

This section outlines and defines the key components of coordinated entry system and how the coordinated entry process will work including:

- Component 1: General Structure
- Component 2: Identification of Assessment Center
- Component 3: Access to the Coordinated Entry System
- Component 4: Assessment of Consumer Needs
- Component 5: Determining and Making Referrals
- Component 6: Prioritization and Centralized Housing Prioritization List
- Component 7: Data Management, Privacy and Security
- Component 8: Outreach, Advertising and Marketing of CE System
- Component 9: Monitoring and Evaluation

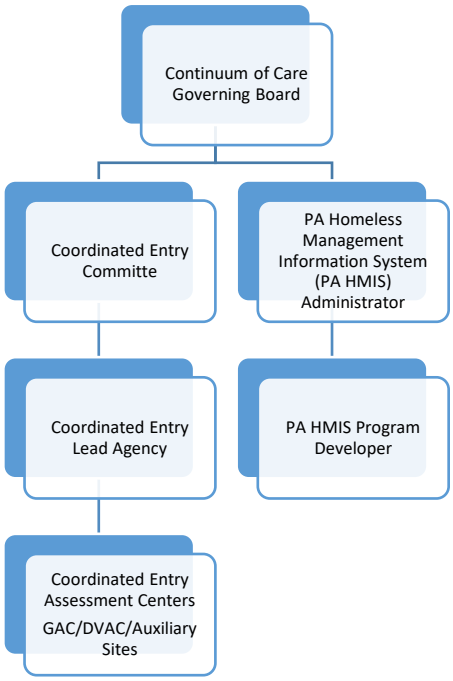
Component 1: General Structure

As required under 24 CFR 576.400(d) and 578.7(a)(8), each CoC and each ESG recipient operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment and referrals for COC and ESG projects. The Western PA CoC Board has opted to use the PA HMIS/Client Track Coordinated Entry Database throughout the entire Continuum to comply with this rule. The Coordinated Entry Database hosts a set of standardized assessment tools that prioritizes households for programs and/or services that are appropriate to meet the needs of consumers.

The Coordinated Entry Assessment Process uses/employs:

- ✓ Locally specific assessment approaches and tools that reflect the characteristics and attributes of the CoC and CoC/ESG participants.
- ✓ A valid, tested, reliable and publicly available assessment process which gathers only enough participant information to determine the severity of need and eligibility for housing and related services.
- ✓ A phased approach to assessment which progressively collects only enough participant information to prioritize and refer participants to available CoC and ESG housing and support services.
- ✓ A Housing First oriented assessment process which is focused on rapidly housing participants without preconditions.
- ✓ Fair, equitable and equal access to services within the Continuum to be compliant with HUD's Equal Access Rule at 24 CFR 5.105(a)(2)

the Coordinated Entry System has been designed and administered by the Western CoC in the following structure with duties for each stakeholder outlined on the following pages.



Coordinated Entry Stakeholder Roles and Responsibilities:

Western CoC Governing Board

- Designates the Coordinated Entry Committee Chairperson and Committee composition
- Designates the Coordinated Entry Lead Agency
- Designates CoC-wide priority populations
- Approves and adopts Policies and Procedures necessary for Coordinated Entry Implementation
- Provides oversight to the Coordinated Entry Committee
- Monitors budgets of Coordinated Entry grants
- Approve Assessment Center's MOUs

Coordinated Entry Committee

- Provides oversight to the Coordinated Entry process and assists with implementation
- Develops CES Policies and Procedures for CoC Governing Board approval
- Evaluates and enhances the CES project
- Annually updates the Coordinated Entry Tool and Scoring to reflect the CoC's priorities
- Reviews monitoring reports provided by the Lead Agency
- Monitors the Coordinated Entry System to ensure the system meets HUD's regulations and to provide reports to the board
- Convenes at least twice annually to assess the Coordinated Entry System

Lead Agency of Coordinated Entry

- Responsible for the administration and implementation of Coordinated Entry throughout the CoC
- Ensures the CoC CES is fully covered
- Executes MOUs with each assessment center for Board approvals
- Provides trainings to all stakeholders on the Coordinated Entry System
- Ensures each county's local policies and procedures meet the CoC's CES procedural standards
- Monitors the CES to ensure compliance and that it meets HUD's regulations
- Monitors Designated Assessment Centers to ensure compliance
- Provides oversight of the Housing Prioritization List
- Provides updates and reports the Coordinated Entry Committee and CoC Board
- Creates a CoC Marketing Plan and provides universal marketing materials for local distribution
- Coordinates with HMIS Consultant to make necessary changes to the online system/tool
- Coordinates with the PA HMIS Administrator to make available CES onboarding trainings to all participating agencies.
- Provides CoC-wide and county-specific Technical Assistance regarding the implementation of the Coordinated Entry System.

HMIS Administrator/HMIS Consultant

- Coordinates with the Lead Agency
- Provides trainings and updates on the computer-based assessment tools
- Develops the computer-based assessment tools
- Develops monitoring and reporting functions in the computer-based tool

Designated Assessment Centers (General Assessment Center (GAC) and Domestic Violence Assessment Center (DVAC)

- Provides a point of contact who coordinates with the Coordinated Entry Lead Agency
- Provides local oversight of the Housing Prioritization list and fosters collaboration among local providers in serving consumers choosing to reside in their service area
- Conducts standardized assessment tools
- Coordinates with the Coordinated Entry Lead Agency to develop ~~local~~ CES coverage policies
- Notifies the Lead Agency of any changes to staffing that impact CES and provides regular supervision of staff participating in CES
- Utilizes and distributes CES marketing materials to local stakeholders and consumers
- Enters complete and quality data in coordinated entry online system as required by the CoC and does so in a timely manner
- Coordinates with the Coordinated Lead Agency to ensure that CE marketing materials are widely distributed within their service area
- Pulls consumers off the Housing Prioritization list to fill all housing program openings

Auxiliary Agencies

- Assists the Designated Assessment Centers and the Coordinated Entry Lead Agency in distributing Coordinated Entry marketing materials
- Conducts Coordinated Entry assessments as needed or appropriate
- Makes referrals to the Designated Assessment Centers as needed or appropriate
- Assists the Designated Assessment Centers with monitoring the local Housing Prioritization List
- Pulls consumers off the Housing Prioritization List to fill all housing program openings

Component 2: Identification and Operation of Assessment Centers

Assessment Center Designations:

There shall be a minimum of one designated General Assessment Center (GAC) per Western PA CoC Community. These centers are tasked with assessing the General Public for homeless services. The CoC recognizes the importance of confidentiality and safety for all persons fleeing from domestic violence. Therefore, in addition to the aforementioned GAC for each community, an approved domestic violence agency in each community will be trained and prepared to conduct the assessments on all persons fleeing from a domestic violence situation and these agency are designated as the Domestic Violence Assessment Center (DVAC). Assessment centers will be identified by the local provider community, who will demonstrate their support by providing a letter of support from their local Housing Coalition or Local Housing Options Team to the Coordinated Entry Lead Agency. Once approved, the Coordinated Entry Lead Agency will execute an MOU with Assessment Centers that further details assessment center roles and responsibilities (ATTACHMENT C).

The CoC's Approved Assessment Centers will be listed with contact information and their operational hours (ATTACHMENT B) and will be provided to each Access Point at time of training/outreach. These centers will also be listed on the Western Pa CoC website (www.pennsylvaniacoc.org) for easy access and reference. The list of Assessment Centers will be updated as necessary.

Types of Assessment Centers include the following:

- **Designated Assessment Center** – General Assessment Center (GAC) and Domestic Violence Assessment Center (DVAC) and
- **Auxiliary Agencies**

Operating Standards for Assessment Centers:

The Coordinated Entry process offers the same assessment approach at all access points and all access points are usable by all individuals and families who may be experiencing homelessness or at imminent risk of homelessness. While the coordinated entry system will assess all households universally, persons fleeing or attempting to flee domestic violence will have access to additional, separate access points which will ensure their safety and confidentiality. DVAC access points are also identified within Attachment B.

The following standards apply to all Assessment Centers:

1. Consumers requesting housing services will be assessed through Coordinated Entry and appropriately added on the housing prioritization list within the following timeframe:
   Preferred: within the first 24 hours of the requested assessment for literally homeless.
   Required: by the close of the next business day of the requested assessment for literally homeless and within 3 business days of the requested assessment for at risk of homelessness.

2. Assessment centers may only use the CoC's approved Coordinated Entry online assessment. A paper version (pdf) of the assessment is also available for use and may be utilized when the assessment staff is incapable of assessing the online assessment tool.

3. All assessments completed via paper form (pdf) must be entered into the online system by the close of the next business day.

4. Assessments must be completed in the presence of the consumer and are permitted to be conducted over the phone by an approved assessment center if the consumer is unable to reach the appropriate assessment center due to a disability, lack of transportation or other unexpected circumstance.

5. It is prohibited for assessment staff or service providers to screen people out of the coordinated entry process due to perceived barriers to housing or services, including but not limited to: too little or no income, active or history of substance use, domestic violence history, resistance to receiving services, the type or extent of a disability-related service or support, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. Any positive answers on the referral and prescreening questionnaire will indicate that the person is appropriate for homelessness services and entry into CES.

6. Participating Providers will ensure that no participant be denied access to CES on the basis that the participant is or has been a victim of domestic violence, sexual assault or stalking.
7. Physical assessment areas must be made safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.
8. Assessment Centers must provide all persons referred to the Prioritization List as much support as possible with securing permanent housing, such as: obtaining documents and making appropriate referrals to providers for successful housing placement.
9. Each county must have a plan for referrals to emergency shelters, the designated general and domestic violence assessment center on a 24 hour / 7 day basis. Assessments should be completed during normal operating hours and referrals to emergency shelter may not be for immediate admission due to limited emergency shelter resources. The Lead Agency will approve each County's plan for 24/7 coverage.

Assessment Center Staff Training Requirements:

The CoC CE Lead Agency, in conjunction with the Coordinated Entry Committee and PA DCED's HMIS Administrator, will provide training opportunities at least once quarterly to organizations and or staff persons at organizations that serve as access points and administer assessments. The CE Lead Agency will update and distribute training protocols at least annually. The purpose of the

training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry written policies and procedures. All training materials can be found on the CoC webpage (http://www.pennsylvaniacoc.org/westerncommittees/coordinated-entry/) under the western CoC coordinated entry page.

System users of Coordinated Entry must 1st participate in the following onboarding trainings before gaining access to the coordinated assessment tool and to the CoC Housing Prioritization List:

1. PA HMIS Privacy & Security Training - January 8, 2018
2. Complete Intake, Assessment and Prioritization List Review – October 18, 2018
3. Coordinated Entry 101 "Understanding the Bigger Picture" – May 17, 2018

Once the aforementioned trainings are completed by the staff person requesting access to the appropriate PA HMIS Coordinated Entry System Workgroup, the next step is to complete Attachment J – PA HMIS Collaborative System User Agreement and return form back to the PA HMIS Program Administrator at email RA-pahmis@pa.gov.

The Program Administrator will verify that the onboarding trainings were completed and issue the appropriate login credentials.

Other required Coordinated Entry System Trainings to watch once access to the system is granted:

Domestic Violence Survivors and Housing: What Housing and Homeless Organizations Need To Know - September 12, 2018

Component 3: Access to the Coordinated Entry System:

The Coordinated Entry Committee designed the Coordinated Entry System Process to follow a no wrong door approach, in accordance with the CoC CES Access and Barriers Policy. Persons who require homeless assistance can be assessed in any county regardless of their desired residence. Assessments are permitted to be conducted over the phone by an approved assessment center, if the consumer is unable to reach the appropriate assessment center due to a disability, lack of transportation, or other unexpected circumstance.

Operating Standards for CES Access:

- Western CoC CES processes should never create more barriers for consumers trying to access emergency shelters and services when in a crisis. As such, Individuals or families presenting as unsheltered or fleeing DV should receive shelter first and within the first business day be connected to the local GAC or DVAC by the serving shelter in order to have the consumer's Coordinated Entry assessment conducted and to be placed on the CoC Housing Prioritization List.

10. Once more, each county must have a plan for referrals to emergency shelters, the designated general and domestic violence assessment center on a 24 hour / 7 day basis. Assessments should be completed during normal operating hours and referrals to emergency shelter may not be for immediate admission due to limited emergency shelter resources. The Lead Agency will approve each County's plan for 24/7 coverage.

- All Participating Providers of CES will ensure that no participant be denied access to the CES on the basis that the participant is or has been a victim of domestic violence, sexual assault or stalking.

- Assessment Centers cannot require consumers to schedule appointments or provide eligibility documentation to access the Coordinated Assessment.

- There is no expectation of any agencies including the CES assessment center or local housing provider to provide transportation, if there are no available resources. It is suggested that case management services, when available help the client to locate possible available options within their community.

- It is required for all CES participating agencies to connect consumers with the local DVAC to complete the coordinated assessment process when the household in crisis discloses that they are fleeing or attempting to flee domestic violence, identifies as feeling unsafe or afraid at their home, and/or when the consumer has made a request to be entered anonymously in the system due to safety reasons. These responses will trigger a "Yes" response to pre-screening question #3 and the assessing agency must collect consent from consumers first before the client hand-off to the DVAC can occur. Once consent is provided the local DVAC should assess these individuals/households and provide follow-up. Additionally, the consumer must also choose to having the locally designated DVAC complete the assessment on their behalf, when the above mentioned crisis situations are disclosed to a CES assessment center .

Entry via local Access Points:

Consumers may enter the Coordinated Entry System via any provider of social services coordinating with the Western PA CoC. These Access Points may be physical or virtual locations (reference definition) and not only includes CoC and ESG housing providers, but other recognized points of entry such as the 211 System, local emergency shelters, WIC office, County Assistance Office, Housing Authority, First Responders, Hospitals, etc. The consumers requesting housing assistance will initially be asked to complete the Coordinated Entry System Referral and Prescreening Questionnaire (ATTACHMENT A) through any one of those organizations. All persons experiencing homelessness or at imminent risk of homelessness should be directed to an assessment center to be assessed **prior to receiving any services or admission to any homelessness assistance program,** excluding emergency shelters programs. Access Points should send an immediate referral to these agencies first before referring consumers to the appropriate assessment center**.**

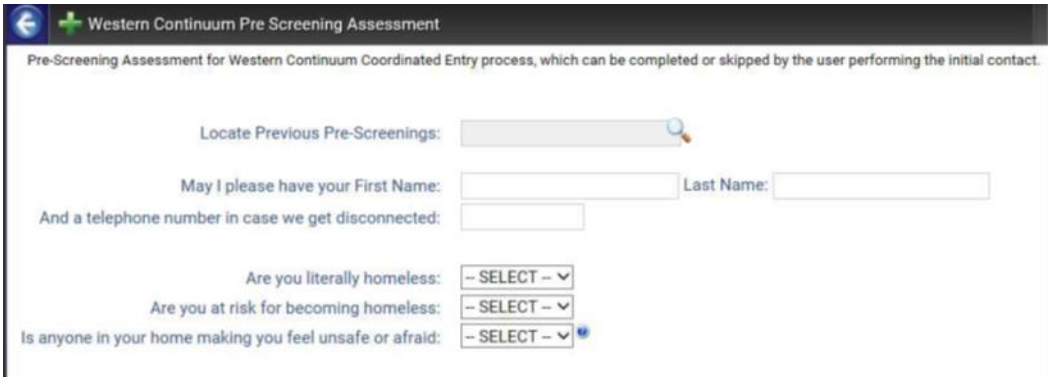
Any positive answers on the referral and prescreening questionnaire will indicate that the person is appropriate for the homelessness services as requested and the consumer shall be referred to the designated assessment center for access into the Coordinated Entry System:

1. General Assessment Center (GAC) -- All positive answers for question 1 OR 2 (on the referral and prescreening questionnaire) will be referred to the closest GAC.
2. Domestic Violence Assessment Center (DVAC) -- a positive answer for question 3 (on the referral and prescreening questionnaire) will be referred to the closest DVAC to ensure confidentiality and appropriate safety actions.

When assessment hours have ended for the day and the person needs emergency shelter, access points should immediately make a referral to the local emergency shelter. Consumers presenting themselves to emergency shelters for admittance may be admitted until the coordinated entry process is available again. These consumers should be directed to the designated assessment centers as soon as they are open for a complete assessment. If no shelter is available in the local community then the individuals and families will be referred by the access point or assessment center to the closest emergency shelter.

Entry via Assessment Centers:

The referral and prescreening questionnaire will be conducted by the local assessment centers through the coordinated entry database if the consumer approaches these agencies first. This process includes a short referral and prescreening assessment that gathers a small amount of information and records whether the consumer is literally homeless, at-risk of becoming homeless, or fleeing and/or attempting to flee domestic violence to determine whether the consumer(s) should continue with the Coordinated Entry process or be referred to another resource.



- Any positive answer to the pre-screening questions will indicate that the person is appropriate for homelessness services as requested and the assessor will then complete the next assessment screen with the consumer which is the Eligibility and Prioritization assessment tool.

- For those that are first-time callers or visitors to the assessment center, the assessor must complete as much personal information as possible, which includes First Name, Last Name and Telephone number. Then record whether the consumer(s) is Literally Homeless, At-Risk of becoming Homeless, and if anyone in their home/residence makes them feel unsafe within the appropriate fields.

For consumers that are returning to the CES, the assessor should first locate previous screenings and update screening classifications rather than to create a new one.

- Please Note: Only providers who have gained access to the Coordinated Entry database are able to conduct the initial Pre-Screening Assessment within Coordinated Entry. All other providers/access points will utilize the Referral and Prescreening Questionnaire (Attachment

A) for purposes of assessing the individuals and families appropriateness to enter the Coordinated Entry System.

- If the consumer identifies as feeling unsafe or afraid the general assessor should immediately refrain from completing the assessment, collect client consent and then direct/connect the consumer to the locally designated DVAC, if they are presenting at a general assessment center for completion of their coordinated entry assessment.

- Once the household is not "feeling unsafe or afraid", the Assessor should first search for the consumer in the Coordinated Entry System before conducting the referral and prescreening assessment with the consumer.
    - None of the "DV" consumer's personal information shall be shared with any service provider until enrollment into the program. Until that point, all contact will be done through the DVAC and the GAC must provide the HMIS Client number and/or DVAC identifier number when making reference to the DV consumer which will be used for identifying purposes.

    - Once the consumer is recognized as "feeling unsafe or afraid" the system will request the Domestic Violence Assessment Center (DVAC) to enter the consumer's HMIS Client Number and/or DVAC Identifier and the only way for a service provider to connect with this consumer is by contacting the assessor at the DVAC to provide the consumer's identifier number to initiate the sharing of information process.

Component 4: Assessment of Consumer Needs:

The Coordinated Entry System is designed to uniformly screen and prioritize households requiring assistance through the homeless assistance process. The tool asks a series of questions in order to collect information regarding the household's history of homelessness and vulnerabilities.

The consumer will be asked to give consent to be entered into the Coordinated Entry system. GACs are permitted to verbally accept the consumer consent to sharing of information via the system consumer sharing option. DVACs must obtain written consent, following their agency's sharing of information protocols, from the victim before sharing information with PA HMIS/CES participating agencies. Consumers who refuse to consent to the consumer sharing option will have the same access to services as a consumer who said yes to the consumer sharing policy. The assessor will proceed with the assessment process in order to place these individual on the Housing Prioritization List. Access to parts of each consumer record or assessment form may be restricted for safety reasons or by consumer request.

Eligibility and Prioritization Assessment:

The Eligibility and Prioritization Assessment Tool provides scoring for homeless history, specific vulnerabilities, and subpopulations and determines the consumer(s) overall supportive service need / coordinated entry prioritization score. This information is used to determine priority placement on the list (i.e., higher score = higher placement).

The Eligibility and Prioritization Assessment Tool is comprised of the following 9 sections, all of which are displayed on their own page in the system and contain questions and information pertaining to a specific area or vulnerability:

- Demographics (This section automatically turns off for DVAC)
- Homeless Assessment
- Health and Safety
- Domestic Violence
- Veteran Status
- Income and Benefits
- Household
- Criminal Background
- Prioritization and Vulnerability Summary

Each section consists of a list of questions to provide information on that consumer (head of household) and to provide a score based on the answers provided. Many of the questions have a point value placed on them. As questions related to the CoC's Prioritization target populations are answered, the assessment tool will update the overall score in real-time. Each section provides an individual score that is displayed in real-time at the bottom of the page in the red scoring area.

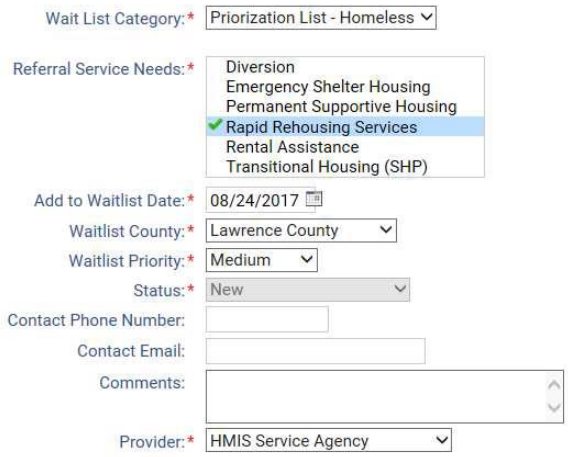
On the last page, a summary screen provides a breakdown of the consumer vulnerabilities/sub-populations, each individual section score and an overall vulnerability score.

Referral and Placement on the Housing Prioritization List:

Once the Eligibility and Prioritization Assessment Tool has been completed, the next step in the assessors' process is to place the consumer(s) on the CoC's Housing Prioritization List. Placement on this list allows Housing Providers to locate the consumer and offer housing placements when they are the highest prioritized consumer on the list. The placement is performed through a saved assessment tool by using the **Place on Prioritization List** button on the screen.

The assessor will then complete the placement screen with the consumer which will determine:

1. Referral Services Needed (All service needs are automatically selected. The Assessor only needs to "deselect" service needs that are not wanted/applicable.)
2. Consumer Preference for locations for Housing Placement



Coordinated Assessment Functions:

- **Save and Continue:** Choose this option when the consumer(s) has met the requirements to enter the Western CE system, are either Literally Homeless, At Risk of Becoming Homeless. This option will save the pre-screening and move the user forward with the intention of collecting the Screening Tool assessment.

- **Save and Stop:** Choose this option when the consumer(s) has not met the requirements to enter the Western CE system, are not Literally Homeless, At Risk of Becoming Homeless, or Fleeing/Attempting to Flee Domestic Violence or when assessment ends prematurely. This option will save the pre-screening to preserve the contact and will end the process for the time being. It is recommended that the consumer(s) be referred to the appropriate resources outside the Western CE system, if available.

- **Skip Pre-Screening Button:** This option should only be used when you know this is a returning caller / visitor that has already completed a Pre-Screening assessment and no significant change in homeless status has been noted. This option skips this screen and moves to the next step. Please note that even if it is a returning visitor, an existing pre-screening should be selected whenever possible before moving forward.

- **Consumer Sharing:** When a consumer enters the Western CES, they have the ability to verbally consent to share their consumer record and Coordinated Entry information with other Assessment Centers within the continuum. Once a consumer is prompted for their sharing decision (Yes or No), it must be recorded in the consumer sharing response at the bottom of the intake screen. Please note that any answer other than "Yes" from the consumer should be recorded as "No" in the system. CE sharing is only allowable with the consumer's permission. Consumers who choose not to share will be provided the same access into CE as persons who agree to the consumer sharing option.

Prioritization Record Functions:

- **Referral Service Needs:** The consumer determines what types of services/ housing interventions are best suited to help their current housing situation and interventions. One or

more service needs can be selected for the consumer/household and should be based on their identified vulnerabilities (short-term vs. long-term housing needs) and consumer choice. "Referral service needs" options include:

- **Emergency Shelter Housing:** Refer all homeless in need of immediate shelter. These facilities provides temporary and emergency shelter for homeless households and do not require occupants to sign leases or occupancy agreements.

- **Permanent Supportive Housing Programs:** Refer Literal Homeless Category 1 and 4 with a disability to PSH. The most intensive intervention is permanent supportive housing (PSH). PSH should be reserved for those individuals and families who are unable to remain stably housed "but for" a permanent subsidy and ongoing supportive services. PSH Programs provide practical supportive services to assist homeless persons with a disability to live independently throughout the duration of their residence in these program.

- **Rapid Rehousing:** Refer Literal Homeless Category 1 and 4 individuals and/ or families with or without disabilities to RRH Rapid re-housing (RRH) who are most in need of temporary assistance.

- **Transitional Housing:** Refer all homeless individuals and/or family to transitional housing projects. Each individual shelter/program has its own eligibility criteria.

- **Available County (s):** This helps determine the consumer's county selections for housing and should be frequently edited to reflect any changes in the consumers' choices. This list is used by programs and providers for filtering and searching on the Housing Prioritization List and locating the next person to be offered a housing opportunity (based on prioritization).

- **Reset Days in Status:** By checking the "Reset Days in Status Option" the consumer's days in status will reset to zero indicating that the record has been maintained by the required timeframe (excluding records marked as missing status as these records should not be reset). The CoC has chosen to not reset client records when the status has been set to missing.

- **New Status:** Indicates that the consumer was recently added to the Housing Prioritization List. Newly added consumer records must be reviewed by the assessing center within the first seven days of being placed on the Western PA CoC Housing Prioritization List by the Assessment Center to ensure accuracy of the record (I.e. correct homeless classification). Once the record is reviewed, the assessment center will change the status of the prioritization list record from "New" to "Reviewed".

- **Reviewed Status:** Indicates that the consumer's prioritization record has been reviewed for accuracy and potential fit for programs the assessing center and/or Service Providers. Records must be maintained and reviewed by the Assessing Center and/or Service Provider following the timeframes listed under section "Consumer Follow-up".

    - These consumers must still be prioritized for services.
    - System Users may refer to the coordinated intake notes section for details of housing status.
    - Users must document the review by selecting the Review Status or by pushing the Reset Days in Status Button next to the status menu option and save button contained at the bottom of the consumer prioritization record every time the review occurs.

- **In Processing Status:** A Service Provider has determined the client appears to meet their program eligibility criteria, the client has indicated that they are interested in the available bed/opening within their program, and the program has initiated the service acceptance process and ***documentation procurement.***

    1. Upon programs listing the client as in-processing, all other Providers are permitted to consider the consumer as served and there overlook their name on the list when determining clients to be contacted for additional bed openings within their programs.
    2. The provider who placed consumer in processing must add a coordinated intake note documenting the in-processing status listing the agency name and program.
    3. In cases where a client becomes ineligible for services, the provider must change the status from "In Processing" to "Reviewed". All reviewed clients are therefore now eligible for other services and shall be served in their list order by all providers.
    4. It is preferred by this CoC for Providers to move consumers from in-processing status to placed status as quickly as possible. It is also understood that delays may occur during the enrollment process due to situations out of the Providers control, however, the expectation is for all records to be reviewed every seven days or by following the standards for consumer follow-up.
    5. If the provider needs an extension to enroll a consumer into a permanent housing program after the 21 days has been reached, it is a requirement for the provider to then document extensions by selecting the "Reset Days in Status" option and adding a coordinated intake note explaining the reason(s) for the extension.

- **Placed Status:** Signifies that the consumer has been placed into Permanent Supportive Housing or Rapid Re-housing or other permanent housing options by a provider. Selecting this option will place the consumer on the Historical Type List within the Housing Prioritization List. The consumer's housing placement must be documented in a Coordinated Intake Note and listed on the household's prioritization record via the service acceptance function after acceptance into Permanent Supportive Housing or Rapid Rehousing programs. In situations where the consumer is placed into permanent housing by means outside of CoC / ESG program funding the designated assessment center will update the consumer's prioritization record to show this permanent housing placement.

- **Closed Status:** Indicates that the consumer is no longer in need of housing assistance, did not meet homelessness/housing need requirements, or is deceased. A coordinated note must be entered by the user who closed the prioritization record and the note must then document the reason(s) for closure.
    - To access "Closed" records the user can select "Historical" view under the Prioritization List category "Type".
    - It's permitted for any provider or assessment staff to update the consumer record to "Closed Status" if they have first-hand knowledge that the consumer was no longer in need of housing services.
    - To ensure that consumers placed in Emergency Shelter or Transitional Housing are not passed over for permanent housing programs ŧ these records must remain active on the housing prioritization list and be prioritized for permanent housing options by providers required to pull from the list (following provider's eligibility guidelines).
    - Homeless consumers who enter an institutionalized agency (i.e. rehab, jail and hospital) while placed on the Western Pa CoC prioritization list must remain on the active list and be prioritized by providers required to pull from the list for at least 90 consecutive days as these clients remain classified as homeless by the HUD

standards. The CoC wants to ensure that these individuals are not passed over for services. Programs can and should begin the processing of documentation, etc while these participants are located within the institution, so that housing can be procured before their release.

- **Missing Status:** A consumer will be marked as missing when an assessment agency is unsuccessful in contacting a client after exhausting all means. During the first 30 days in this status, a consumer's record will appear yellow. Providers will continue to make housing offers to missing consumers during this time. After 30 days, the missing status will appear red, at which time, providers will no longer be required to make housing offers to this consumer.

  Throughout the entire time that a consumer is labeled missing, the assessment center will need to continue to demonstrate attempts to locate/contact client using all means available. During the first 30 days under the missing status, assessment agencies should continue contacting these consumers following the Operating Standards for Follow-up, with emphasis toward weekly reengagement attempts. From the period of 31 days to 90 days, reengagement attempts should continue following the Operating Standards for Follow-up, with emphasis toward biweekly reengagement attempts. From the period of 91 days to 180 days, no reengagement attempts will be required.

  After 6 months, any non-chronic consumers will be made historical. Chronic consumers will remain on the list indefinitely until located and/or homeless classification has been re-determined.

- **Coordinated Intake Notes:** Is an integrated note system within PA HMIS/Client Track built specifically for Coordinated Entry and allows all participating members to view and enter all notes entered by all providers for all consumers in the system.
  The entering of coordinated intake notes will be a shared responsibility between both the Service Provider and the Assessment Center where the latest assessment was conducted. All system users must refrain from entering consumer's personal information in Coordinated Intake Notes to protect the privacy of our consumers. Coordinated Intake Notes should simply inform users of the consumer's housing situation. Required activities to be documented under Coordinated Intake Notes include, but are not limited to, the following:
  - Eligibility documentation – note to inform agency to check the document storage location for uploaded eligibility documentation.
  - Every attempt made to reach prioritized consumer(s)
    1) Notating contact methods and time/date of contact
       - Please note: It is required for the service provider to wait no fewer than 3 business days before attempting to service the next person in line with the highest screening score on the Western PA CoC Housing Prioritization List. Providers will follow the operating standards for Prioritization to determine the "next person in line".
  - Present Location of Consumer
  - Document attempts at locating a unit
  - All placement and closure activities
  - All referrals sent or received by participating agencies
  - Every Consumer Refusal
  - Every Program Refusal

- Any and all updates made to the consumer's assessment screening and / or prioritization list record.

Service Inquiry: The Service Inquiry feature assist Providers with finding potential matches on the Prioritization list by sending an electronic inquiry (email through CES) to communicate all housing program openings to the assessing center and consumer (if an email address has been provided). When Service Inquiry is used CES stores a record of the action taking place, along with the inquiry's status / outcome and reports become available and can be accessed by the system user through the prioritization list reports. All offers made by providers must be documented through this Service Inquiry Function and acknowledged by the receiving provider in five business days.

Service Acceptance/Rejection: allows Providers to record consumer's accepted or rejected program offers. Providers will use the service acceptance function once the consumer accepts the housing offer, completes the Funders' enrollment requirement(s) and is housed by the offering Provider. Additionally, CES Participating Provider will also use this system function to document the client's rejections and program refusals.

Rejections/Refusals of any kind are acceptable only in certain situations, including:

1. Consumer does not meet their Funder's eligibility guidelines
2. Consumer does not follow through with their Funder's set enrollment requirements.
3. Consumer has rejected the Provider's housing offer.
4. The consumer would be a danger to others or themselves if allowed to stay at this particular program; and
5. The consumer has previously caused serious conflicts within the program (e.g. was violent with another consumer or program staff).
6. Any situations outside of what is written in bullets 1-5 for Rejections must be communicated with the Coordinated Entry Lead Agency.

Furthermore, no more than 3 refusals, per program, are permitted. If an agency fails to meet this requirement, they must provide justification to the Coordinated Entry Committee. The committee will then determine if the justification is in compliance with HUD regulations.

Prioritization List Functions:

- **Assigned County:** References the County that placed the consumer on the prioritization list.
- **Assigned Provider:** Indicates the Assessment Center
- **Sub-population filters:** List the various demographic categories which fit the consumer.
- **Days in Status:** This notification tracks days that a consumer has been in the current status. When the number featured turns red, the consumer record must be reviewed by the assessment staff and/or service provider and the person assigned to follow-up will document the follow-up /activities in coordinated intake notes.
    - Consumer follow-ups must occur weekly and will be a shared responsibility of both the assessment staff and service provider. All follow-up activities must be document in coordinated intake notes.

Please note: All aforementioned timeframes are subject to change and are based on the consensus of the Coordinated Entry Committee.

Component 5: Determining and Making Referrals

Once the assessment is completed, the assessor will indicate the referral needs of the consumer. The tool automatically selects all service needs (Emergency Shelter Housing, Permanent Supportive Housing, Rapid Rehousing Services, Permanent Housing, and Transitional Housing). The Assessor may deselect any service that is not wanted or needed (for instance, if the consumer is already in an emergency shelter, the assessor may deselect emergency shelter). Once the Assessor places the consumer on the Housing Prioritization List, the consumer's record is linked/searchable by service providers and able to receive the requested services.

Operating Standards for Making Referrals

Assessment staff/providers must:

- Adhere to civil rights and fair housing laws. These include the Fair Housing Act, Section 504 of the Rehabilitation Act, Title Vi of the Civil Rights Act, Title II of the Americans with Disabilities Act, and HUD's Equal Access Rule.

- Ensure that, in accordance with Federal, State, and local Fair Housing regulations, consumers are not "steered" toward a particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or family status.

- Agree to take responsibility for complying with Fair Housing and all other funding and program requirements. If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

- Use the scores determined by the Coordinated Entry Assessment Tool to inform referrals for housing and services.

- Allow homeless households the choice to accept or decline referrals for housing assistance and maintain their position on the Housing Prioritization List without repercussions. All offers must be documented in the consumer's coordinated intake note section and via the service acceptance/rejection prioritization record function.

- CES participating providers must offer referrals to the local DVAC if the individual/household in crisis discloses that they are fleeing domestic violence and has chosen to be serviced by the locally identified DVAC or any DVAC within this CoC service region.

- Allow households to appeal CES decisions and register nondiscrimination complaints.

- Outline contingency plans that delineate the process for assisting homeless individuals and households when the community lacks certain homeless assistance resources and/or when those local resources are at capacity and not immediately available.

- Permit consumers to indicate which county/community resources they would like to utilize and to modify the list of areas in which they wish to reside or if a community lacks certain homeless assistance resources and/or when resources are at capacity and not immediately available.

Timeline for Making Referrals

All referrals to housing interventions must happen immediately after the completion of the Coordinated Entry Assessment Tool. Referrals are automatically created when a consumer is placed on the Housing Prioritization list.

- Staff who do not have access to the internet must utilize the paper or pdf version of the Coordinated Entry Assessment Tool and enter their assessment into the online computer-based system by the close of the next business day.
- If a consumer presents after assessment hours, Access Points, Assessment Street Outreach Staff and/or the County's 24/7 emergency referral services line must immediately send the referral to the local emergency shelters. The consumer will be referred to the appropriate GAC or DVAC for a complete assessment on the next available business day that the assessment center is open.

Receiving and Accepting Referrals for Housing Placement

In order to receive referrals from the Coordinated Entry System, an agency must first become a Participating Agency of PA HMIS and all agency users must participate with the required Coordinated Entry System Trainings. Once the inquiring agency/staff performs the aforementioned steps to gain access to the Housing Prioritization List, DCED will send to the agency's designated point of contact, confirmation of system access.

During the assessment process, the county selection and housing intervention(s)/referral service needs will be chosen by the consumer. Once selection occurs, the system will auto send referrals, via email, to each participating agency serving the selected housing intervention(s)/referral service needs and county(s).

Western PA CoC Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) and Emergency Solutions Grant (ESG) Rapid Re-Housing projects are required to only accept referrals and to only fill vacancies and/or turnover units using the Housing Prioritization list.

- It is prohibited for any CoC or ESG funded Program to admit or serve consumers without them having first gone through the coordinated entry process and appropriate referral to their agency.

- Note: As outlined above, referrals should be made immediately after completing the Coordinated Entry Assessment Tool and consumers have accepted the identified referral (per the previously outlined procedure above).
- Assessment staff may also make a manual referral to a housing provider or other type of homeless assistance provider to help end the homeless episode. Assessment staff should make every attempt to ensure that referrals to housing and service providers are made as quickly as possible after the homeless individual/household entered homeless assistance system.

Operating Standards for Accepting Referrals and Housing Placements:

The main purpose of the Western CoC Coordinated Entry System is to ensure that households with the most severe service needs, longest homeless history and most vulnerabilities be prioritized for housing assistance and receive those services within a very limited timeframe. It is imperative that providers are actively using the Housing Prioritization List so that they are able to offer housing opportunities quickly to the consumers who are prioritized.

- Housing Providers receiving referrals must report to the Housing Prioritization List within seven days to review the consumer's prioritization record and coordinated entry assessment in order to initiate an enrollment, if appropriate. Once the record has been reviewed, the agency reviewing the record must update the community list status under the consumer's prioritization record to either "reviewed" or "in processing" status (reference coordinated entry function definitions) and add a coordinated intake note to document the review. If the consumer accepts or declines an offer the provider also documents this response utilizing the service acceptance/rejection function in HMIS.

Component 6: Prioritization and Housing Prioritization List

All CoC and ESG funded projects are required to prioritize individuals and families with the longest history of homelessness and with the most severe service needs for all available CoC resources. The determination of severe service need will be based on the score created from the Coordinated Entry Assessment tool (ATTACHMENT G AND H). A higher score demonstrates a higher service need and length of homelessness. Priority populations (as designated by the CoC) are also weighted in order to ensure higher placement on the prioritization list.

In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit and each household is also eligible for that unit, the program should select the household that first presented for assistance in the determination of which household receives a referral to the next available unit.

The CES has established a community-wide list of all known homeless persons who are seeking or may need CoC or ESG housing and services to resolve their housing crisis. The community-wide list is known as the Housing Prioritization List and is housed within PA HMIS/Client Track in

the Coordinated Entry database. The Housing Prioritization List will prioritize households for access to different housing interventions:

- Diversion
- Transitional Housing
- Permanent Supportive Housing
- Rapid Re-Housing
- Rental Assistance (such has Homeless Assistance Program or Emergency Shelter Assistance)
- Emergency Shelter

These housing interventions are categorized as "**referral need services"** in the coordinated entry database and will serve as a jumping-off point for a discussion between the assessment staff member and the consumer about what referral(s) should be made. This coordinated process will be geared toward prioritizing those households with the most intensive service needs and housing barriers (e.g. chronically homeless households and households with multiple episodes of homelessness) taking into consideration any priority populations named by the CoC.

Utilizing the Housing Prioritization Waiting Lists to make Housing Offers

Prolonged stays on waiting lists for housing resources can have a negative impact on the wellbeing of participants and reduce the overall performance of a community's homeless assistance system. It will be the goal of this Continuum to keep time spent on the housing prioritized list for housing resources at 90 days or less.

When a housing provider has an opening, the provider will be expected to utilize the Housing Prioritization List in order to determine the consumer who should be offered the opportunity. The Housing Prioritization List is automatically sorted by score, but can be filtered by the housing provider to "drill down" to the consumers who meet program eligibility. Filters include, subpopulations, specific barriers, service needs, county of operation, and household composition.

Housing providers should offer the housing opportunity to the individual with the highest acuity score that meets their program guidelines and must wait at least a period of 5 business days before permitted to move to the next person in line on the Housing Prioritization List. Providers must prioritize clients from the Chronically Homeless List first for any openings. Housing providers should document in the Coordinated Intake Notes any information pertinent to the placement of the consumer in housing. This might include, but is not limited to: any and all housing offers, housing placements, clarification on eligibility, etc. The Housing Provider should also upload any proof of homelessness documentation (Non-DV households only).

Programs with openings, will review the list daily to identify and engage the consumer with the highest acuity for services. Programs will indicate that the consumer is "in process" and provide details in a Coordinated Intake Note.

Operating Standards for Making Housing Offers to Consumers Placed on Prioritization List:

- To make a housing offer to a consumer placed on the CoC's Housing Prioritization List the provider must first make the housing offer directly (face to face, email, service inquiry or by phone) with the consumer and the assessment center. The offer must be acknowledged and accepted or rejected by the consumer or the assessment center on behalf of the consumer within at least 5 business days before the provider moves to the next person in line on the housing prioritization list. In circumstances where the assessment center communicates the consumer's response, the response shall also be communicated directly (face to face, email, service inquiry or by phone) to the requesting provider.

- Providers are permitted to contact and engage from the list, up to ten of the highest scoring households, per each program opening.

- Providers will start their search by reporting to the Chronically Homeless List to extend program offers to these Households first for all Transitional, Permanent Supportive Housing and Rapid Rehousing Program openings.

- Providers should engage households placed on their county's designated CE prioritization list first and if no Chronically Homeless Households are presenting at the time of the engagement, then move on to pull from the CoC – wide CE Prioritization List, selecting households who possess the highest screening score from the coordinated assessment.

- When no Chronically Homeless Households are available on the County or CoC-wide list, providers will report back to their County's designated Prioritization list and start the process of engaging Homeless households with the highest scoring. The available unit is then given to the household with the longest history of homelessness and highest screening scoring.

- Once the households accepts the program opening, the status of the household's prioritization record must be changed to in-processing by the offering provider. (See revised definition for in-processing.) When clients are placed in-processing they become unavailable to all other providers.

- The Service Accept/Reject function is used by the offering Provider to record all accepted and/or rejected referrals. This function is used to officially enroll households off the prioritization list into Provider's housing openings. This step is taken once all required documentation has been collected by the offering Service Provider and once a unit has been secured for the identified household.

- All attempts to make housing offers and /or collect a response should also be documented through the service acceptance/rejection and inquiry functions.

- The only way to make a housing offer to an anonymous consumer is by contacting the identified DVAC staff directly who will in return, collect and provide the response of the consumer and initiate their agency's sharing of information process to begin to make a connection to the accepted program/provider. Only the DVAC will add notes in the coordinated intake note section for the consumers they are serving. Please note: At all times, General Sites must refrain from updating DV/anonymous records including adding Coordinated Intake notes and changing statuses and excluding facilitation of the service acceptance/rejection function as this process will be completed by the offering provider. List Management of DV records will be completed only by the ASSESSING DVAC.

Personal Identification information of an identified DV consumer should never be disclosed in an email.

Maintaining the Housing Prioritization Waiting Lists

The Housing Prioritization List must be continuously updated in order to accurately reflect consumers' status and housing needs. The GAC will serve as "Leads" in each county and will be responsible for fostering the daily management of CES. Each assessment center and housing service provider are responsible for managing and updating their consumer entries daily, which would include, but not limited to:

- Changing/Updating the prioritization record to reflect the consumers current housing crisis
- Updating the consumers preferred counties to reside in
- Updating the consumer record to reflect the consumer's actual housing prioritization status. i.e. Placed, Closed, Turned Away, Reviewed, etc.
- Documenting Consumers Acceptances and Rejections
- Daily upkeep of the Client Tracking Database
- Housing Placements
- Additional or eliminated barriers
- Changes in household make up
- Homeless Documentation Obtained/Uploaded

Operating Standards for Consumer Follow – up and Maintaining the Prioritization List:

All participating providers making referrals to the Prioritization List are responsible to follow-up with the persons they referred to the list in order to determine whether or not the household is still in need of housing. It is preferred by the CoC for follow – up and list management activities (which includes updating the prioritization list record statuses) to occur every seven days or at a maximum of every 21 days. The CoC understands that this standard must be within each assessment centers capacity to serve and operate, therefore, the Coordinated Entry Committee has established the following scale to assist CES participating providers with measuring their follow-up response time with the consumer:

7 Days	Excellent List Management
14 Days	Proficient

21 days	Average

During following the staff should gather the following information:

- 1. Confirm or update contact information
- 2. Confirm or update homeless situation
- 3. Confirm the person(s) still need housing assistance
- 4. Confirm the person(s) wish to remain on the Prioritization List

If the household is no longer in need of housing assistance or is deceased, the agency may appropriately close the referral by switching the record status to close to remove the individual or family from the Prioritization List. If a DV record should need closed from the prioritization list only the local DVAC holder of record is permitted to close the record.

In instances, where the provider contacts a referral to offer services and finds out the household is no longer in need of CES services, that provider should follow the steps necessary to properly close the referral on the prioritization list. If the client is a survivor of domestic violence the provider would contact the local DVAC to have them close the referral off the list, even if that provider did not make the original referral.

Agencies contacting consumers should document any and all attempts to reach clients in the coordinated entry notes section in HMIS. The assessment center must place individuals as "missing", adhering to definition for missing, when unable to contact a person on the Prioritization List.

- Agencies must engage and attempt to stay in contact with identified, "Missing Chronically Homeless Individuals/family" as these households will remain on the priority list indefinitely until they're housed or the homeless classification has been redetermined.
- Non – chronically homeless individuals are to be contacted in the order of priority by highest screening score and remain on the list for at least 6 months before the system can automatically move the consumer record from the active prioritization list.

If the person makes contact with a participating CES agency, s/he can request to be placed back on the Prioritization List by answering "yes" to any of the questions listed on the Pre-screening and Referral Questionnaire. This should be done by the agency that receives the request from the person. The agency should first search the client in the HMIS-CES databased, collect responses to the pre-screening questions, update the coordinated screening assessment tool and replace the client back on the prioritization list by switching status from closed to reviewed, which would make the consumer record active again.

Component 7: Monitoring and Evaluation

Monitoring and evaluation are critical for building a strong, evidence -based coordinated entry system around housing homeless individuals and families and for assessing the types of interventions being implemented to address it. The monitoring and evaluation of this Coordinated Entry System will be used to document gap in services, successes of programs, services and approaches and tracking progress toward meeting the goals of the Western PA CoC five-year Strategic Plan. The CES Lead Agency, in conjunction with the Coordinated Committee, and the

CoC Governing Board will create a plan for the CoC to engage in ongoing planning with all stakeholders utilizing the Coordinated Entry process.
Specifically:

- The CES Lead agency will consult with each participating project at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry.
- The CES Lead Agency will solicit feedback regarding the quality and effectiveness of the entire coordinated entry experience for both participating projects and households.
- The CES Lead Agency will survey, a sample of households for data analysis by the Lead Agency.
    - The participants selected to participate in the evaluation will include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year.
    - Privacy protections of all participant information will be in place during the course of the annual evaluation.
- The CES Lead Agency will regularly monitor the Coordinated Entry tool and Housing Prioritization List accuracy of placement, priorities, ease of use, and understanding of consumer and users once the use of the tool has been established and the tool will be adjusted as needed.

Component 8: DATA MANAGEMENT

Privacy and Security

Assessment and Housing Prioritization List data will be maintained in the Pennsylvania Homeless Management Information System (PA HMIS):

a. Agencies and all system user will agree to follow all PA HMIS standard privacy and security policies including but not limited to: PA HMIS Collaborative Agency Participation agreement, PA HMIS Collaborative System User Agreement, PA HMIS Privacy and Security Plan v.1.0., PA HMIS Data Quality and Functionality Plan v.1.0.

b. Agencies will enter consumer data using the Coordinated Entry workflow within Client Track/HMIS.

c. PA HMIS System Administrator will develop and update training around the Coordinated Entry workflow document for users. All training documents will be located on CoC Webpage www.pennsylvaniacoc.org. Refer to Coordinated Entry user guide (ATTACHMENT F).

d. GACs are permitted to verbally accept the consumer consent to sharing of information via the system consumer sharing option. DVACs must obtain written consent from the victim before permitted to share information with PA HMIS/CES participating agencies.

e. The assessment process cannot and does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

Data Collection

Data will be collected on everyone that is assessed through the coordinated entry process. This section, in addition to instructions embedded within the assessment tool, will detail when and how consumer data going through coordinated entry will be collected.

When a consumer enters the Western PA Coordinated Entry system through the General Assessment Center (GAC) they have the ability to verbally consent to share their consumer record and Coordinated Entry information with other PA HMIS Participating Agencies within the Western PA CoC. Once a consumer is prompted by the assessor for their consumer sharing decision, Yes or No, it must be recorded in the consumer sharing response at the bottom of the intake screen.

Please note that any answer other than "Yes" from the consumer should be recorded as No in the system. Sharing of Coordinated Entry data is only permissible through consumer's consent.

Consumers who refuse to consent to the consumer sharing option will have the same access to services comparable to a consumer who said yes to the consumer sharing policy. The assessor will proceed with the referral process in order to place these individual on the Housing Prioritization List. Access to parts of each consumer record or assessment form may be restricted for safety reasons or by consumer request.

Component 9: Outreach and Marketing

In order to reach persons who are most vulnerable to homelessness, who are unsheltered, or who may have barriers to accessing programs and resources, the Coordinated Entry Lead Agency will ensure that access to local homeless systems and resources is well advertised to the entire community. This includes taking explicit steps to make advertising and communications materials easy to understand, making the system easily accessible, and taking specific action to reach out to those who may be least likely to seek out resources on their own. CE plans include advertising and outreach strategies that clearly communicate how persons in need can access the CE system. These strategies and related materials are explicitly aimed at persons who are homeless, vulnerable to homelessness, and/or who are unsheltered, disabled, and/or currently not connected to services. Outreach, advertising, and marketing tools will explicitly convey that services are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital

status. Marketing and outreach will be accomplished through, but shall not be limited to, the following strategies:

- The CE Lead Agency will ensure that all advertising materials clearly identify the local CE system and process for seeking assistance.
- CE Lead Agency will ensure that marketing materials are easily accessible to persons with developmental disabilities and are available in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency as needed (based on local need/population).
- The CE Lead Agency will provide LanguageLine for usage across the CoC. LanguageLine is a language services provider that provides interpreting and document translation services in 240 languages, 24 hours a day, 7 days a week. (ATTACHMENT E)
- The CE Lead Agency will create consistent marketing materials which identify the CE system and point the consumer and community agencies to the local CE access by including: phone numbers, addresses, hours of operation, after-hours information, etc.
    - A list of CES Assessment Centers with phone number, address, hours of operation and county's afterhours plan is included in Attachment B.
- The CE Lead Agency will work with the local designated GAC to ensure the distribution of all advertising materials to local providers and stakeholders in the local CE system. GACs are encouraged to utilize their LHOT and/or Housing Coalitions to distribute marketing materials. The LHOT/Housing Coalitions include organizations who most frequently encounter homeless households, particularly households with the highest barriers and/or those not currently connected with services. LHOT/Housing Coalition members include:
    - Law enforcement
    - Other Housing Providers
    - Health Care Systems
    - Emergency Shelters
    - Mental Health Providers
    - Substance Abuse Providers
    - Education Systems
    - Community meal sites and food pantries
    - Faith-based organizations and churches
    - Street outreach teams (where applicable)

How To Order Universal Advertisement Materials

For tracking purposes any request for CE universal advertisement should be made through this jotform link https://form.jotform.com/LCCAP/CE. LCCAP will confirm your order after reviewing budgets. If adjustments are needed, LCCAP may request that you prioritize your items before confirming your order. Please allow at least 2 weeks for printing and shipping of materials. If you need assistance with completing the form, please email kpresnar@lccap.org or follow the How to Guide contained within the following link: http://files.constantcontact.com/b466018e301/715a4580-0ad4-47df-ab97-0c984d6c89e2.docx.

Coordinated Entry Implementation

As of December 11, 2017, all CoC and ESG funded programs located within the Western CoC were directed by the CoC Governing Board and Pennsylvania Community of Economic Development to utilize the Coordinated Entry System. Trainings have been provided, were recorded, and will be posted on the CoC's website (www.pennsylvaniacoc.org). Ongoing trainings will be scheduled and advertised to all stakeholders. Both Individual agency and/or County-based technical assistance are available through the CoC's Lead Agency.

The following pages outline the formal policies have been adopted by the Western PA CoC Board to provide direction on the implementation of Coordinated Entry and the provision of homeless services throughout the CoC.

Policy

WESTERN PA CONTINUUM OF CARE (PA – 601)
Coordinated Entry Operating Standards
Date Adopted: 1/24/2018

In accordance with the CoC Program interim rule, HUD Coordinated Entry Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017), and the Coordinated Entry Policy Brief (2015), the Western CoC establishes this policy to enact and establish the Western CoC Coordinated Entry System.

- The deadline for compliance for all CoC and ESG-funded programs is January 23, 2018.
- The Coordinated Entry System will cover all geographic areas claimed by the Western PA CoC.
- The Coordinated Entry System will ensure easy access for all individuals and families seeking housing or services.
- The Coordinated Entry System will be well-advertised.
- The Coordinated Entry System will include a comprehensive and standardized assessment tool.
- The CoC will establish a policy to address the very specific needs of individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, and who are seeking shelter or services.
- The Coordinated Entry System will affirmatively market housing and supportive services, provide a strategy to ensure the availability of housing and supportive services, and ensure that all eligible households have fair and equal access to the system, especially those least likely to apply in the absence of special outreach.
- The Coordinated Entry System will be held to the Nondiscrimination Policy as set by the Governing Board.

Policy

WESTERN PA CONTINUUM OF CARE (PA-601)
Housing Prioritization Policy for All CoC and ESG-Funded Projects
Date Adopted: 1/24/2018

Policy:

The Pa-601 Continuum of Care commits to the prioritization of households who meet the HUD definition of homeless in all CoC and ESG funded projects within the CoC. This includes bed/units/assistance designated for chronically homeless and non-chronically homeless.

Order of Priority:

All CoC and ESG projects are required to follow the CoC's Prioritization of Chronically Homeless which prioritizes chronically homeless over all other target populations in a manner consistent with their current grant agreement. (See ATTACHMENT D)

All CoC and ESG funded projects are required to prioritize individuals and families with the longest history of homelessness and with the most severe service needs for all available CoC resources. ESG grantees should follow their current approved written standards on prioritization. The determination of severe service need will be based on the score created from the Coordinated Entry Assessment tool (ATTACHMENT G AND H). A higher score demonstrates a higher service need.

In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit, and each household is also eligible for that unit, the CoC selects the household that first presented for assistance in the determination of which household receives a referral to the next available unit.

Prioritizing Eligible Households for Permanent Supportive Housing

Providers will utilize the Housing Prioritization List to offer housing placements to the individual or family with highest acuity first. As a reminder, consumer choice is paramount to this process. Households will be able to indicate the counties they are willing to reside in and will be offered housing interventions in the areas in which they wish to reside. Consumers will be able to modify the list of areas in which they wish to reside to remove or add counties within the CoC.

Prioritizing Eligible Households for Rapid Re-Housing Programs

All CoC RRH projects are required to follow the CoC's order of prioritization which prioritizes households with the longest history of homelessness and with the most severe service needs. ESG grantees should follow their current approved written standards on prioritization in conjunction with this policy. The Coordinated Entry Assessment Tool will provide a score for each assessed household which is directly related to the household's length of time homeless and service needs. Providers will utilize the Housing Prioritization List to offer housing placements to the individual or family with highest acuity first. As a reminder, consumer choice is paramount to this process. Households will be able to indicate the counties in which they are

willing to reside in and will be offered housing interventions in the areas they wish to reside. Consumers will be able to modify the list of areas in which they wish to reside to remove or add Counties within the CoC.

Prioritizing Eligible Households for Transitional Housing

It is the goal of the Western CoC to place households experiencing homelessness into permanent housing as quickly as possible. The CoC recognizes that Transitional Housing is an important option for certain population groups (Youth, DV, etc.) and when no permanent housing is readily accessible. Transitional Housing facilitates the movement of homeless households to permanent housing within 24 months of entering transitional housing. It is the CoC's goal that Transitional Housing be used as a bridge to permanent housing and that households remain in Transitional Housing for less than 90 days.

All Transitional Housing projects are required to follow the CoC's order of prioritization which prioritizes households with the longest history of homelessness and with the most severe service needs. The Coordinated Entry Assessment Tool will provide a score for each assessed household which is directly related to the household's length of time homeless and service needs. Providers will utilize the Housing Prioritization List to offer housing placements to the individual or family with highest acuity first. As a reminder, consumer choice is paramount to this process and providers should notify consumers that placement in TH may affect their future eligibility for other projects such as PSH or RRH. Households will be able to indicate the counties in which they are willing to reside in and will be offered housing interventions in the areas they wish to reside. Consumers will be able to modify the list of areas in which they wish to reside to remove or add Counties within the CoC.

Prevention Services

Consumers seeking access to homeless prevention services through the coordinated entry system must be referred and connected to the appropriate service providers at time of visit. These consumers will not complete a coordinated entry assessment nor will they be placed on the Housing Prioritization List to be serviced by the homeless services providers.

- The exception to this rule are consumers meeting the at-risk of becoming homeless definition. These consumers must complete the coordinated entry assessment and be placed on the Housing Prioritization List and be prioritized by households with the most severe service needs. The Coordinated Entry Assessment Tool will provide a score for each assessed household which is directly related to the household's length of time homeless and service needs. Providers will utilize the Housing Prioritization List to offer housing placements to the individual or family with highest acuity first. As a reminder, consumer choice is paramount to this process. Households will be able to indicate the counties in which they are willing to reside in and will be offered housing interventions in the areas they wish to reside. Consumers will be able to modify the list of areas in which they wish to reside to remove or add Counties within the CoC.

Policy

WESTERN PA CONTINUUM OF CARE (PA – 601)
Non-Discrimination and Affirmative Fair Housing Policy
Date Adopted 1/24/2018

Nondiscrimination

24 CFR §578.93(a) requires All participating providers to operate in compliance with federal nondiscrimination and equal opportunity requirements; *see* 24 CFR 5.105 (a) for a full list of applicable laws, regulations and Executive Orders.

Fair Housing

The Fair Housing Act prohibits discrimination in housing on the basis of:

- Race
- color
- National origin
- Religion
- Sex
- Familial status (families with children)
- Disability

Additionally, each program, needs to address their state, local and municipality requirements regarding fair housing rules and regulation.

Reasonable Accommodations and Modification for Persons with Disabilities

Persons with disabilities may be entitled to reasonable accommodation and/or modifications. A request for reasonable accommodation must be made by or on behalf of a person with a disability. The request must be necessary i.e. there must be a disability related need for the reasonable accommodation or modification. In addition, the request must be reasonable. i.e. cannot impose an undue financial and administrative burden on the housing provider or fundamentally alter the nature of the provider's operations. The Act makes it unlawful to refuse to make reasonable accommodations to rules, policies, practices, or services when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy a dwelling. The Act also makes it unlawful for a housing provider or homeowners' association to refuse to allow a reasonable modification to the premises when such a modification may be necessary to afford persons with disabilities full enjoyment of the premises.

A "reasonable accommodation" is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.

A "reasonable modification" is a structural change made to existing premises, occupied or to be occupied by a person with a disability, in order to afford such person full enjoyment of the premises. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to common and public use areas.

A "disability" is defined as (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; OR (2) individuals who are regarded as having such an impairment; OR (3) individuals with a record of such an impairment.

- The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

- The term "substantially limits" suggests that the limitation is "significant" or "to a large degree."

- The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking. This list of major life activities is not exhaustive

Required Documentation

A provider is entitled to obtain information that is necessary to evaluate if a requested reasonable accommodation may be necessary because of a disability. If a person's disability is obvious, or otherwise known to the provider, and if the need for the requested accommodation is also readily apparent or known, then the provider may not request any additional information about the requester's disability or the disability-related need for the accommodation.

If the requester's disability is known or readily apparent to the provider, but the need for the accommodation is not readily apparent or known, the provider may request only information that is necessary to evaluate the disability-related need for the accommodation.

If the requesters disability is not obvious or the need for the request is not obvious, a housing provider may request reliable disability-related information that (1) is necessary to verify that the person meets the Act's definition of disability (*i.e.*, has a physical or mental impairment that substantially limits one or more major life activities), (2) describes the needed accommodation, and (3) shows the relationship between the person's disability and the need for the requested accommodation.

Guidance for Creation of Nondiscrimination and Fair Housing Policies: All provider agencies, including assessment centers are required to uphold and provide to the Western CoC designated Lead Agency of Coordinated Entry with the following:

- Verification that they have policies which ensures the agency does not tolerate discrimination and comply with all nondiscrimination, fair housing, and equal opportunity laws.
- Verification of availability of aids and services, upon request, to ensure effective communication, such as the availability of qualified sign language interpreters, documents in Braille, or other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.
- Verification that a program has a reasonable accommodation policy that would allow a person with a disability equal opportunity to occupy and enjoy the full use of a housing unit will be provided.
- If the agency acts as a landlord, verification that the agency has a reasonable modification policy that would allow a person with a disability equal opportunity to occupy and enjoy the full use of a housing unit will be provided.
- Verification that the agency has a complaint procedure to report discrimination to be provided to and/or provided to program participant. The contact information should include the following:

Point of Contact Information from the Provider Agency:

_____

_____

_____

Fair Housing Law Center
Attention: Southwestern PA Legal Services, Inc.
10 West Cherry Avenue, Washington, PA 15301
(877) 725 - 4472

US Department of Housing and Urban Development
10 Causeway Street, Room 321
Boston, Massachusetts 02222-1092
(617) 994-8300; (800) 827-5005; TTY (617) 565-5453

Affirmatively Furthering Fair Housing
24 CFR § 578.93(c) requires that CoC Programs must affirmatively market housing and supportive services to eligible persons--regardless of race, color, national origin, religion, sex, age, familial status, or handicap--who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. To ensure the coordinated entry process assists CoC Program and ESG Program recipients in meeting the Affirmatively

Furthering Fair Housing requirement, Western PA CoC is committed to providing marketing resources, auxiliary aids and other services necessary to ensure effective communication with persons accessing the homeless response system, which includes ensuring that information is provided in appropriate accessible formats as needed, such as Braille, audio, large type, assistive listening devices, and sign language interpreters, as well as accommodation for persons with limited English proficiency. Resources will be developed and made available by the CoC designated Lead Agency and marketing plans described within the Coordinated Entry Policy and Procedure Manual.
Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

Resources

HUD template for creation of Affirmative Fair Housing Marketing Plan (HUD Form 935.2a):
Multi-Family Housing: http://portal.hud.gov/hudportal/documents/huddoc?id=935-2a.pdf
Single Family Housing: https://www.hud.gov/sites/documents/935-2B.PDF

Policy

Western Pa Continuum of Care (PA -601)
Access/ Barriers Policy
Date Adopted: 1/24/2018

HUD Coordinated Entry Notice: Section 11.B.4

Background

Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. CoC and ESG funded projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. United States Department of Housing and Urban Development (HUD) encourages all recipients of Continuum of Care (CoC) Program to follow a Housing First approach to the maximum extent practicable. Any recipient that indicated they would follow a Housing First approach in their CoC Project Application must do so throughout the full grant term of any funded application.

Applicability

At minimum, all CoC- funded Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Transitional Housing (TH) programs will maintain marketing and tenant selection policies and procedures that follow a Housing First approach as noted below.

Policy

The Pennsylvania Western Region Continuum of Care requires agencies and programs alike to have the following core elements incorporated in all program types:

- Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.

- Applicants may not be rejected by agencies on the basis of poor credit or financial history, income, poor or lack of rental housing, minor criminal convictions, or behaviors that indicate lack of "housing readiness."
- Providers accept referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems that are integrated into Coordinated Entry, and are frequented by vulnerable people experiencing homelessness.
- Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing. Rapid Re-Housing programs may require case management as condition of receiving rental assistance.
- Use of alcohol or drugs in and of itself (without other lease violations) is not considered reason for eviction by the Agency. Receiving approval from the CoC, agencies may adopt a "no use or consumption" on property rule.

Policy

WESTERN PA CONTINUUM OF CARE (PA -601)
Domestic Violence, Dating Violence, Sexual Assault & Stalking Management Policy
Date Adopted _____

HUD Coordinated Entry Notice: Section 11.B.10
Policy

The Western CoC Board of Directors are aware and understand the need for protection policies to address the safety planning needs of all individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking or stalking that meet both the requirements of HUD and the laws of the Commonwealth of Pennsylvania. It is the intention of this Western CoC to ensure that the Coordinated Entry System has built into is core the safety factor as a major part of all parts and parcels of the Coordinated Entry System. Therefore the Coordinated Entry System shall meet the following:

- All persons who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking or stalking shall expect and receive safe, confidential access to the Coordinated Entry Process including immediate access to the emergency services necessary for their safety including, but not limited to, the domestic violence hotlines, shelter, safety planning and housing when possible.
- These persons shall remain anonymous within the PAHMIS/Client Track assessment tool and during the initial assessment processes.
- Participating providers of CES will ensure that no participant be denied access to the CES on the basis that the participant is or has been a victim of domestic violence, sexual assault or stalking.
- Safety and Confidentiality Training shall be provided at least annually to both DVACs and GACs to ensure that safety is in the forefront during assessment and housing determination periods.
- Domestic Violence Assessment Centers must obtain written consent from the victims before permitted to share information with PA HMIS/CE participating agencies following their agency' sharing of information protocols.

- To further protect the confidentiality of victims, at all times, General Assessment Sites must refrain from updating DV/anonymous records including adding Coordinated Intake notes and changing statuses. List Management of DV records will be completed only by the ASSESSING Domestic Violence Assessment Center.
- Personal Identification information of an identified victim should never be disclosed in an email.

WESTERN PA CONTINUUM OF CARE (PA -601)
Fair and Equal Access Policy
Date Adopted _____

Policy

The Pennsylvania Western Region Continuum of Care will ensure fair and equal access to the Coordinated Entry system programs and services for all consumers regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status.

To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within each Coordinated Entry System.

All authorized user agencies are required to comply with Fair Housing Act, State and Local anti-discrimination laws and all other funding and program requirements.

Policy

WESTERN PA CONTINUUM OF CARE (PA -601)
Evaluating and Updating Coordinates Entry Policies and Procedures
Date Adopted _____

HUD Coordinated Entry Notice: Section II.B.15

Policy

The implementation of coordinated entry necessitates significant, community wide change. To help ensure that the system will be effective and manageable for homeless and at risk households and for the housing and service providers tasked with meeting their needs, particularly during the stages of implementation, the Pennsylvania Western Region Continuum of Care anticipates adjustments to the processes described in this manual. To inform those adjustments, the Coordinated Entry System will be periodically evaluated and there will be ongoing opportunities for stakeholder feedback.

The Western PA CoC has designated Lawrence County Socials Services, Inc. as the Lead Agency of Coordinated Entry and the entity responsible for:

- Leading periodic evaluation efforts to ensure that Coordinated Entry is functioning as intended. This will be completed annually at minimum.
- Leading efforts to make periodic adjustments to Coordinated Entry as determined necessary. This will be completed annually at minimum.
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders.
- Ensuring that the Coordinated Entry System is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements. Changes will occur when a statutory or regulatory requirement is superseded, rescinded or amended.

Policy

WESTERN PA CONTINUUM OF CARE (PA -601)
Coordinated Entry Grievance Policies and Procedures
Date Adopted _____

Coordinated Entry grievance policy:

Coordinated Entry will respond to grievances in the following manner, depending on the nature of the concern or grievance. The CoC Executive Board prohibits retaliation of any kind against individuals who have submitted a grievance. This policy refers to complaints and grievances regarding the Coordinated Entry System only.

Definitions

Complaint is defined as a verbal expression of dissatisfaction by the participant, agency, or community member regarding Coordinated Entry services provided by the Western PA Continuum of Care member agencies which can be resolved at the point at which it occurs by the staff present. Complaints are considered resolved when the participant, agency, or community member is satisfied with the action taken by the agency in question.

Grievance is defined as a written expression of dissatisfaction with some aspect of Coordinated Entry service that has not been resolved despite attempts to do so by participants, agencies, or community members at the point of service. Any such written expression sent to the Coordinated Entry Oversight Committee will be considered a grievance.

Types of Grievances

Participant/Community Member grievances:

If an individual has a complaint or grievance regarding a particular agency, representative of that agency, it is recommended they follow that agency's procedure for collecting and resolving complaints or grievances. In addition, housing program grievances about experience(s) with homeless housing programs will be redirected back to the program to follow grievance policies and procedures of that organization. Agencies should maintain internal documentation of all complaints received. This information should not be sent to the Coordinated Entry Oversight Committee unless requested.

An effort to resolve complaints locally should be made before filing a formal grievance with the Coordinated Entry Oversight Committee. This can be done by contacting the Coordinated Entry Lead for your local Coordinated Entry System. The contact information for the Coordinated Entry Lead in every coalition can be found on the Pennsylvania Continuum of Care web site at: http://www.pennsylvaniacoc.org/wp-content/uploads/2019/02/ATTACHMENT-B-2.8.19.pdf

The provider completing the Pre-Screen, assessment, and referral shall address any complaints by the individual at the time they are made aware of the complaint or client dissatisfaction. The individual and the provider will try to work out the problem directly as a first step in the process. If the complaint is not resolved, the individual may initiate the Coordinated Entry Oversight Committee Grievance Procedure.

The individual has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The grievance should be filed on the Coordinated Entry Grievance and Appeals form and if not, must include the following: his/her name and contact information, person/agency with whom the grievance is being filed, explanation of complaint/grievance, signature and date. Consent to have an agency or advocate work on an individual's behalf must be submitted in writing to the Coordinated Entry Oversight Committee. The individual has the right to withdraw his/her grievance at any time.

Provider Grievances:

It is the responsibility of all boards, staff, and volunteers of COC-funded and ESG-funded projects to comply with the policies and procedures of the Western Pennsylvania Continuum of Care Coordinated Entry System. Anyone filing a grievance concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the Coordinated Entry System policies and procedures.

An effort to resolve complaints locally should be made before filing a grievance with the Coordinated Entry Oversight Committee. This can be done by contacting the Coordinated Entry Lead for your local Coordinated Entry System. If this does not resolve the issue, the provider may begin the grievance procedure.

Procedure for filing a grievance with the Coordinated Entry Oversight Committee

Any person or agency wishing to file a grievance should submit a written statement to the CES Lead Agency describing the alleged violation of the Coordinated Entry System policies and procedures; and any actions taken on behalf of the person or agency to resolve the issue. The statement should be as specific as possible and contain the name and location of the agency, date and time of incident, and any other details that may be helpful to the Coordinated Entry Oversight Committee staff as they investigate the incident. Grievance paperwork filed with the CES Lead Agency must provide name and contact information of the individual(s)/agency filing the complaint, so the Coordinated Entry Oversight Committee can contact them to discuss the grievance. Identifiable information of the reporting person will be considered confidential and is only collected to enable further investigation of the grievance. Grievances that do not contain the contact information of the person filing the grievances, or grievances filed by a third party, will not be considered and no further action will be taken.

Grievances must be submitted by the person experiencing the grievance or their stated representative. Third party submissions, or grievances filed by a person or agency alleging an act between original parties, will not be considered. Grievances must be filed with the CES Lead Agency within 60 calendar days from the date of the incident. Grievances filed after 60 calendar days from the date of the incident will not be reviewed by the Coordinated Entry Oversight Committee.

Reasonable accommodations are available upon request.

Grievance Review Procedure (Agency Specific)

The first person to review the grievance is the CES Lead Agency. The Coordinated Entry Oversight Committee will notify the agency stated in the grievance within 14 calendar days of receiving the grievance. This notification will be sent to the staff member listed on the Agency

Participation Agreement. The notification will contain as much information as possible regarding the complaint without disclosing personally identifiable information of the individual and/or provider filing the grievance to ensure confidentiality. Agencies have 7 calendar days from receiving the grievance notification to provide a response if they would like it to be included in the grievance review by Coordinated Entry Oversight Committee.

The Coordinated Entry Oversight Committee will review all information, conduct interviews with the reporting person and agency stated in the grievance, and gather relevant information about the situation. This can include but is not limited to: reviewing agency client files, Clienttrack records, interviewing agency staff, or interviewing witnesses or other involved parties. The review process will be completed within 14 calendar days from the date the agency stated in the grievance was provided notification of the grievance.

Following the grievance review process, the Coordinated Entry Oversight Committee shall make a determination as to whether the grievance has been substantiated as a violation of the coordinated entry system policies and procedures. The Committee will provide written documentation to the agency in violation of the determination, the corrective action required, and timeline to complete corrective actions. A written statement summarizes the outcome of the grievance review will be provided to the reporting individual and/or agency. In the interest of transparency, the Coordinated Entry Oversight Committee reserves the right to notify the Local Coordinated Entry System participants, CE Leads, coalition Lead(s), or other parties impacted or potentially affected by the violation.

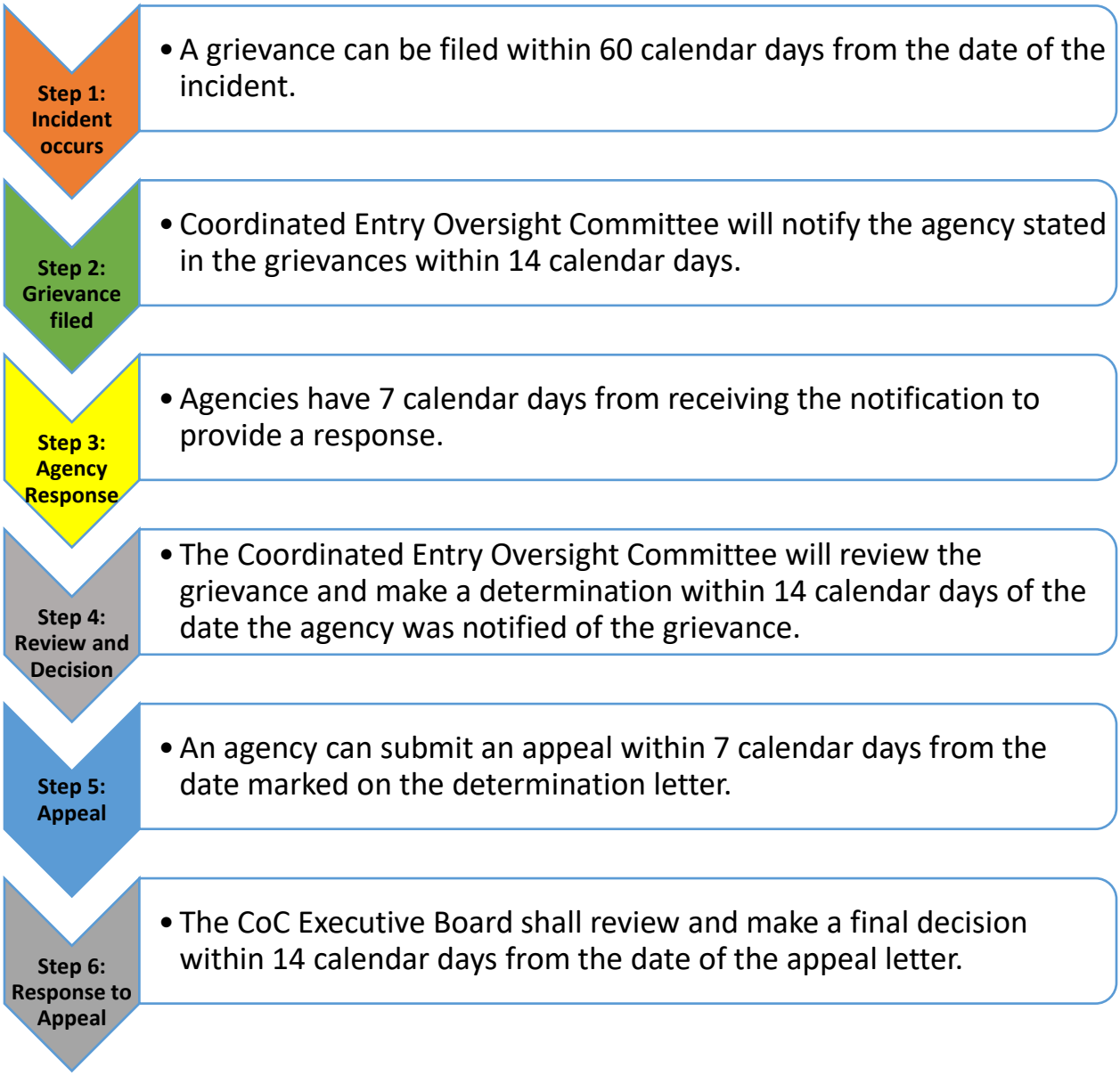
The agency issued corrective action plan may request a meeting, in person or via telephone, to discussion the implementation of corrective action plan. The Coordinated Entry Oversight Committee may provide training and reasonable assistance in the agency's effort to comply. All efforts shall be made to resolve grievances in a timely manner. The time frames provided indicate a maximum number of days for each step in the process.

Grievance Appeal Procedure

An appeal may be filed with the CoC Executive Board if either party believes the Coordinated Entry Oversight Committee failed to comply with the Coordinated Entry policies and procedures for investigating a grievance, acted in an unreasonable manner, would like to have new information considered that was not previously available, or do not agree with the findings based on the evidence presented. An appeal must be submitted in writing within 7 calendar days from the date marked on the determination letter from the Coordinated Entry Oversight Committee. Appeals received after 7 calendar days from the date of the letter will not be reviewed.

The CoC Executive Board will review the appeal and may designate one or more Board members or other assigned committee to review the appeal, supporting documentation, and collect additional information necessary to consider the appeal. After gathering relevant information, the review of all collected information and make a determination as to whether the Coordinated Entry Oversight Committee followed Coordinated Entry grievance procedure and the corrective action was reasonable based on the evidence presented. The Board President or designated Board member(s) or other assigned committee will inform the appealing party in writing of their determination within 14 calendar days from the date of the appeal letter. The decision of the CoC Executive Board is final.

Coordinated Entry Grievance Timeline



Coordinated Entry Grievance and Appeals Form

If there is a problem or concern, we want to know about it. The information on this form will be used to address your concerns and otherwise kept confidential. If you need assistance completing this form, please contact as.coordinatedentry@co.ramsey.mn.us. You can expect a response within five working days. Completing this form will not negatively affect your status within the Coordinated Entry system.

Name of person completing this form: _____

Who should we follow up with in regards to this form:
_____

Cell #_____ **Email:** _____

Secondary Phone # _____**Fax #** _____

Preferred Method of Contact: □ Call □ Email □ Fax

Can we leave confidential info? □ Voicemail □ Email □ Fax □ Live call

Alternative contact information: _____ **Can we leave confidential info**? □ Yes □ No

Program staff, agency/site involved in incident: _____

What is this in regards to:
□ Housing Assessor
□ The assessment
□ Coordinated entry system score, homeless status, or recommended housing intervention
□ Provider (housing, shelter, or other agency involved in Coordinated Entry)
□ Denial from housing program
□ Other

Narrative Description of Incident –

- Explain the complaint or issue (names of those involved and dates);
- How has your concern been addressed? (by yourself or others);
- What would you like to see happen?

_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____Date: _____

Please email this completed form or the answers to these questions to:

Coordinated Assessment Center Application

PURPOSE

To have a successful coordinated assessment system, One by One has identified that each County have at least one General Assessment Center and one Domestic Violence Assessment Center, with the option to add additional Auxiliary Assessment Centers to ensure we can achieve coverage for the entire geographic region. These centers will assess for need based on agreed-upon forms, enter data into ClientTrack, and make appropriate referrals.

To identify the most appropriate coordinated assessment sites, the Coordinated Entry Committee has tasked each County's LHOT (Local Houing Options Team), or other similar local body, with identifying these initial centers. As the system continues to grow and expand, we have designed the following application for LHOT's to identify and refer new/replacement agencies interested in wishing to become assessment center sites. LHOT's should provide this application to any such agent.

Completed applications, along with an LHOT endorsement/recommendation letter should then be submitted to the Coordinated Entry Committee who will be review the application.

Applications can be mailed to: Ja'Von Clark, Western PA CoC Coordinated Entry Liaison
Lawrence County Community Action Partnership
Lawrence County Social Services, Inc.
Po Box 189
241 West Grant Street
New Castle, PA 16103

Applications can be electronically submitted to: Ja'Von Clark

Application Questions

If the space below is insufficient to answer the questions, agencies may attach additional sheets. Each answer should be numbered.

Agency Name:

Agency Address, City, State, and Zip Code:

Primary Staff Contact Name:

Primary Staff Contact Title:

Primary Staff Contact Phone Number:

Primary Staff Contact E-Mail Address:

Site Type: □ General Assessment □ Domestic Violence Assessment □ Auxiliary

Section 1: Population and Resources

Use no more than 300 words for the entire section.

1. Please check which populations your agency currently serves:
   - ☐ People with pets
   - ☐ People with service animals
   - ☐ People who smoke
   - ☐ Sex offenders
   - ☐ Unaccompanied youth
   - ☐ Unaccompanied women
   - ☐ Unaccompanied men
   - ☐ Families
   - ☐ Childless couples
   - ☐ People who are elderly
   - ☐ Survivors of domestic violence
   - ☐ People who identify as LGBTQ
   - ☐ People with serious mental illness
   - ☐ Adults who are active substance users
   - ☐ Unaccompanied youth who are active substance users
   - ☐ People whose primary language is not English

- ☐ People who are chronically homeless
- ☐ Veterans at-risk of or experiencing homelessness
- ☐ Other _____
- ☐ Additional comments about other populations your agency serves:

Regardless of who the agency serves, agencies will be expected to assess anyone that comes to them seeking homeless assistance services (with the exception of domestic violence agencies).

2. Are there any populations that due to federal/state/local regulations, zoning laws, or other restrictions out of your control that your agency CANNOT serve?

3. Please describe what financial/other resources, if any, your agency plans to devote to being an assessment center if you are selected.

Section 2: Location

Use no more than 600 words for the entire section.

4. Preference will be given to agencies that are located in a place that is convenient for people experiencing homelessness. Is your agency located at a site where people experiencing homelessness already go to seek homeless assistance? If so, please estimate the average number of people who go there daily.

   If your organization is near at a site where people experiencing homelessness already go, please estimate the average number of people who go to this site daily.

5. Is your agency in a central location? Is it accessible by public transportation? Please provide the names of any bus routes with stops near your agency.

6. Describe how your agency will provide adequate physical space for assessment staff and clients, as well as private assessment space for people requesting to be assessed in private.

7. Why does your agency want to be a coordinated assessment site for the community?

8. Has your agency had any "NIMBY" (Not In My Backyard) issues around people experiencing homelessness walking up to your agency in the past? If, so please describe them and how your agency has dealt with them.

Section 3: Staffing

Use no more than 600 words for the entire section.

9. Name the staff member that will supervise assessment staff, their current position, and their qualifications and expertise with assessment.

10. Detail any current staff and current staff time that could be devoted to assessing clients.

11. Please discuss any experience your agency's current staff have had with conducting assessments and making referrals.

12. Would your agency's staff be willing and able to travel to other locations to do assessments?

13. Why does your agency and staff want to do coordinated assessment?

14. Will your staff be able to travel to other locations for in-person meetings or trainings related to Coordinated Entry?

General Expectations of Coordinated Assessment Centers

Once centers have been selected, they will sign a Memorandum of Understanding with more explicit directions in terms of operation. However, of agencies selected, here are some expectations:

- (For staffing): Allow their assessment staff to be evaluated on a regular basis by the CoC and any outside evaluators they might bring in
- (For staffing): Agree to receive training on the assessment, referral, and data entry processes associated with coordinated assessment
- Treat all people experiencing homelessness with respect and kindness
- (For locations): Agree to provide a walk-through of their facilities to evaluators of the assessment process or CoC board and committee members
- Exclusively accept referrals to their own organization that come to them as a result of the coordinated assessment process
- Participate in and enter coordinated assessment information into ClientTrack unless they are legally prohibited from doing so
- Follow the policies and procedures of the coordinated assessment process
- Meet with the CoC Coordinated Entry Committee or Staff on a regular basis to discuss concerns and issues around the coordinated assessment process
- Make referrals based on the agreed-upon system-wide prioritization criteria

Please sign and date below if you agree to these criteria.

Name: _____ Date: _____

Signature: _____

If you are not able to meet one or more of these criteria, please explain which ones and why you are not able to meet them below.