Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC’s project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.
1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: PA-505 - Chester County CoC

1A-2. Collaborative Applicant Name: Chester County Department of Community Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Chester County Department of Community Development
### 1B. Continuum of Care (CoC) Engagement

#### Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

#### 1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Not Applicable</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth Advocates</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Not Applicable</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>LGBT Service Organizations</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

D2D contracted with the National Alliance to End Homelessness (NAEH) to provide guidance and recommendations to support the work of the D2D Partnership in order to align the D2D Operational Plan to promote an effective, coordinated homeless response system informed by best practices. In creating the Recommendations Report, the NAEH used research, identified best practices from other communities, utilized historical knowledge of Chester County’s homeless services, convened focus groups, and conducted interviews with key stakeholders, including executive directors and board leaders of over 35 organizations that work in the field of housing and supportive services for the homeless. The result of these efforts was the completion of a comprehensive analysis of Chester County’s current homeless response system to provide guidance and strategies for housing and support services for people experiencing homelessness in the County. The recommendations focused on reducing homelessness quickly, efficiently, and at a reasonable cost, as well as improving the lives of people experiencing or imminently at risk of experiencing homelessness. D2D also contracted with a local nonprofit provider, Voice and Vision, to create a consumer advisory group of persons with lived experience who will advise the Governance Board on the needs of those experiencing homelessness over the next several years. These collective efforts informed the Chester County Decade to Doorways (D2D) 2018-2020 Operational Plan to reorient the homeless crisis response service system from one that shelters and manages homelessness to one that ends homelessness through prevention, diversion and rapid re-housing. Additionally, since January 2018, the newly formed Consumer Advisory Group has met at least quarterly. Questions regarding the homeless response system were presented to this group; a member of this team will present their feedback to the Governance Board at the fall 2018 meeting.

1B-2. Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

(1) As a result of the NAEH recommendations report, a nominating committee was formed by the Governance Board to identify key stakeholders within the
community that would be appropriate for serving as leaders in the new D2D organizational structure. After developing a list of names, individuals submitted their biographies and resumes for consideration by the Governance Board. Upon board approval, personal invitations were issued and phone calls were made to invite new members to the various D2D committees and work groups. On an ad hoc basis, invitations may be issued to those with specialized knowledge, experiences, and skill sets to broaden the diversity of backgrounds and ensure each group has the necessary information and perspectives to move forward.

(2) Periodically, the Governance Board and committees review membership and expressions of interest to expand participation in a targeted manner. The goal of all work groups and committees is active engagement and consistent contributions to enhance productivity, working toward the shared goal of ending homelessness in the community.

(3) Solicitation and engagement is ongoing with review of committee membership at least twice annually.

(4) The participation of those with lived experience has been incorporated through the Voice and Vision partnership. There are approximately five to seven individuals that comprise the Consumer Advisory Group. Under the leadership of Voice and Vision, this group has convened at least three times since 2018 and will be presenting their insights to the Governance Board at its fall 2018 meeting. An in-depth report of this group’s findings is posted on the DCD website.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

On Monday August 6, 2018, an e-newsletter was distributed to a list of nearly 1,000 subscribers announcing that the 2018 CoC NOFA was published and a request for letters of interest with regard to the permanent housing and domestic violence bonuses was solicited. This information was also shared on the DCD website, Facebook, and LinkedIn on August 6, 2018.
1C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Head Start Program</td>
<td></td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
<tr>
<td>Women’s Re-Entry Assessment Program (WRAP) - APO</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.

(limit 2,000 characters)

(1) The Chester County Department of Community Development is the CoC lead as well as the sole administrator for ESG funds in Chester County. Current ESG recipients are an emergency shelter and a rapid re-housing provider (with some ESG funds also being used to support the CoC’s HMIS). These providers
participate in Chester County’s Decade to Doorways (D2D) committees where they have the opportunity to give direct feedback to the Governance Board and the CoC NOFA Committee regarding program outcomes and performance standards. Allocation of ESG funds is based on need as determined by countywide HMIS data evaluation.

(2) As the CoC lead as well as the sole administrator for ESG funds, DCD ensures that all ESG recipients submit complete data for the Consolidated Annual Performance and Evaluation Report (CAPER) submission. As required, data collection for the ESG portion of the CAPER is aligned with the most recent version of the Homeless Management Information System (HMIS) Data Standards. The CoC also requires that all ESG providers submit quarterly reports in order to show program compliance and progress regarding the HUD System Performance Measures.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? No

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC’s protocols, including the existence of the CoC’s emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

(1) The Executive Director of the Domestic Violence Center of Chester County (DVCCC) is a voting member of the Decade to Doorways Governance Board and provides input for the development and updating of the CoC’s policies regarding victims of domestic violence. All victims of domestic violence that contact our Coordinated Entry Provider, ConnectPoints, are transferred directly to DVCCC. To ensure safety and security, DVCCC staff only speaks directly to the victim. Once the client is connected with DVCCC, their trained staff ensures that the most appropriate services are offered. The CoC also works with the Crime Victims Center of Chester County which provides free and confidential services to victims and their family members who reside in or were victimized in Chester County. The CoC also works with the Rape Crisis Council of Chester County, Inc., which is the designated Sexual Assault Center for Chester County. In accordance with the Violence Against Women Act the CoC allows HUD
funded tenants who are victims of domestic violence, dating violence, sexual
assault, or stalking to request an emergency transfer from their current unit to
another unit. The ability to request a transfer is available regardless of sex,
gender identity, or sexual orientation.
(2) Victims of domestic violence are assessed using the Service Prioritization
Decision Assistance Tool (SPDAT) and considered for and offered the
appropriate housing intervention (PSH, Section 8 Vouchers, and RRH), based
on vulnerability. DVCCC has three housing programs for domestic violence
victims. Services are provided to victims utilizing a progressive engagement
model related to the varying stages of separation. Victims may also choose to
relocate to other housing or make their home more secure when the perpetrator
no longer resides in the home. DVCCC provides funds to support those choices
as needed.

1C-3a. Applicants must describe how the CoC coordinates with victim
services providers to provide annual training to CoC area projects and
Coordinated Entry staff that addresses best practices in serving survivors
of domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)

DVCCC provides educational and prevention programs for the community and
CoC providers to continually educate them on the issue of domestic violence.
These programs cover topics such as identifying abuse and unhealthy
behaviors in relationships, how to safely and appropriately intervene, and how
to seek help. Domestic Violence Awareness Presentation provides a general
overview of domestic violence. It provides a foundation for the introduction to
domestic abuse, data, the cycle of abuse, red flags and warning signs, how to
assist clients, and resources and options available to those seeking help. The
Teen Dating Violence Presentation partners with various schools in Chester
County to provide in-class presentations for students that cover the issue of
dating violence. The Lethality Assessment Program (LAP) trains local police
and law enforcement partners to identify victims of domestic violence, assess
their safety, and immediately connect them to services.
*Domestic Violence and Health Care Providers Training offers educational
presentations tailored to the needs of the medical community to provide our
county’s health care workers with the skills needed to identify and assist victims
of abuse. The Domestic Violence and Communities of Faith provides education
specific to the needs of faith leaders and communities. The Domestic Violence
and the Workplace discusses how domestic violence can impact work places
and helps providers create policies specific to addressing domestic violence in
the workplace.

1C-3b. Applicants must describe the data the CoC uses to assess the
scope of community needs related to domestic violence, dating violence,
sexual assault, and stalking, including data from a comparable database.
(limit 2,000 characters)

The CoC's HMIS captures all HUD required universal data elements from
individuals not under imminent threat and survivors of domestic violence at the
Coordinated Entry level and during the program entry/exit process as
appropriate. Current victims of domestic violence are referred immediately to
the Domestic Violence Center of Chester County (DVCCC) which uses the
"Efforts to Outcome" (ETO) HMIS comparable database to capture client level data as well as information on provision of direct services including emergency hotline, individual and family counseling, emergency housing, long term housing, legal assistance, and services focused on children. Indirect services such as community education and training are also recorded in ETO. The CoC uses data from both HMIS and ETO to analyze performance of the services provided for victims, survivors, and their families and adjust if needed. DVCCC collaborates with the HMIS lead to report quarterly data in an aggregated, anonymous format.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?  Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

<table>
<thead>
<tr>
<th>SSO Coordinated Entry</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH</td>
<td>X</td>
</tr>
<tr>
<td>Joint TH/RRH</td>
<td></td>
</tr>
</tbody>
</table>

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC’s geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

(1) There are currently 165 families or households who are either domestic violence victims or survivors being served in the geographic boundaries of the CoC. Of those, 116 households are actively enrolled in a program or project reporting to HMIS, 19 households are being served in an emergency shelter or in a hotel paid for with a voucher, and 6 are waiting on a queue for emergency housing intervention. The Domestic Violence Center of Chester County (DVCCC) reported an additional 24 households who needed emergency shelter and faced imminent danger.

(2) CoC data comes from the Chester County Client Information Management System (CCCIMS), which serves as Chester County’s HMIS database. DVCCC also provided data from their Efforts to Outcomes (ETO) Violence Against Women Act (VAWA) compliant database.

(3) HMIS data is self-reported and collected upon project entry as part of HUD data element 4.11 Domestic Violence. The HMIS data also includes that collected as part of Coordinated Entry intake process; data element 4.11 Domestic Violence is collected along with other questions pertaining to domestic violence so that every effort is made to direct clients to appropriate services. Families or households included in the calculation answered 'yes' to
the field “Domestic violence/victim survivor” and were either currently enrolled in a project in the CoC or awaiting shelter.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC’s geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

(1) In 2017, 493 households needing housing or services within the geographic boundaries of the CoC were domestic violence survivors. Of those, 463 needed housing or services from a program or project reporting to HMIS. An additional 30 households reported by the DVCCC needed housing or services.

(2) CoC data comes from the CCCIMS, which serves as Chester County’s HMIS database. DVCCC also provided data from their ETO VAWA compliant database. DVCCC also used this database for its 2017 ESG-CAPER, which was submitted to HUD in March 2018.

(3) HMIS data is self-reported and collected upon project entry as part of HUD data element 4.11 Domestic Violence. Data is also entered into HMIS upon Coordinated Entry intake, where data element 4.11 Domestic Violence is collected along with additional targeted domestic violence related questions in an effort to ensure clients are directed to the appropriate resources and services. Households included in the calculation answered ‘yes’ to the field “Domestic violence/victim survivor” and were enrolled in a housing or services project in the CoC in 2017. Clients answering ‘Immediate Danger or Harm’ to the “If yes for Domestic violence victim/survivor, when experience occurred” data element were excluded from this calculation. ETO data included was submitted both annually and quarterly to the CoC 2017.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

(1) The unmet need for housing and services is perfectly illustrated when comparing the number of households who were served in non-DV specific programs in the CoC (463) versus those served by the DVCCC in a DV specific program (30). Survivors of domestic violence often have complex needs and experience unique barriers to becoming permanently housed. Having programs specifically tailored to address these unique needs and barriers produces better outcomes and can reduce the length of time DV survivors spend homeless. Dedicated DV programs also support a philosophy of progressive engagement by ensuring those with special needs and barriers get exactly the level of support they need. This also serves to alleviate some of the pressure from non-DV programs who can then more efficiently house those without these
extensive issues.

(2) To quantify the unmet need of DV survivors within the CoC a formula was developed to express the current rate at which those identifying as victims or survivors were able to be served in a program with trained DV experts and the safety and security of a DV facility. That rate in 2017 was 6.1%. Households who identified as survivors of DV and were served in a traditional non-DV program, represented the majority at 93.9% and may have encountered unmet needs and worsened outcomes due to a lack of expertise and/or resources in dealing with survivors or victims of DV.

(3) CoC data comes from the CCCIMS, which serves as Chester County’s HMIS database. DVCCC provided data from their ETO VAWA compliant database. DVCCC also used this database for its 2017 ESG-CAPER, which was submitted to HUD in March 2018.

(4) The CoC determined the unmet need for housing and services by taking the number of households served by the DVCCC in a dedicated DV program and divided that by the overall number of households in the CoC who reported being a victim or survivor of DV. It was determined that only 6.1% of households identifying as survivors of DV were able to be served in a DV program tailored to meet their unique needs and staffed with trained experts able to handle these complex issues. It is the CoC’s goal to increase the percentage of DV victims and survivors that are served by DV specific programs. This will better enable the CoC to reduce trauma, decrease the length of time homeless, and ensure a safer and more secure environment for victims, survivors, and their families.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

This program will employ a Housing First approach by using rapid rehousing to provide rental assistance to homeless victims and/or survivors of domestic violence, dating violence, and stalking without preconditions and barriers to entry. Rapid rehousing funds targeted specifically to the domestic violence population will allow for the DVCCC to expand capacity and assist additional clients without requiring those fleeing to wait for a shelter bed or existing permanent housing unit. As reflected in the numbers above, the need for expanded capacity in the CoC is evident, and, this population requires swift intervention to reduce further trauma and ensure safety, as well as the need to act while the client is willing and able to escape. These difficulties are compounded by Chester County’s well-documented lack of moderately priced housing in good condition that is accessible by public transportation. Data from the American Community Survey (2016) indicates that nearly 40% of Chester County renters pay 35% or more of their income toward housing costs. Those who are able to find safe, decent, and affordable housing often face challenges in providing their security deposit or maintaining their monthly rent if they are faced with unanticipated expenses. Failure to pay these expenses may result in eviction and returning to an unsafe housing situation with their abuser, or becoming homeless. An additional consideration regarding income for domestic violence clients is that regardless of prior employment situation, victims will need to obtain new employment to safeguard their new situation. Case management and other ancillary services will be proactively offered to help tenants achieve and maintain housing stability, and tenants will not be required to participate in services as a condition of tenancy. Children will benefit from faster permanent placement, which minimizes further disruption and trauma in
1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.

(limit 4,000 characters)

The Domestic Violence Center of Chester County (DVCCC) has been continuously serving victims of domestic violence since 1976 and is the only organization in the county licensed by the PA Dept. of Human Services to do so. Over 3000 victims per year are provided services which include 24 hour crisis hotline, trauma-informed adult and children's counseling, Emergency Shelter/Safe House (30 days), Bridge Transitional Housing (18 months), Garfield Commons Independent Apartments (4 apartments, yearly lease renewable); Phase IV Independent Housing (13 townhomes, yearly lease, renewable), legal advocacy and representation, children's programs, community outreach and education, and referral to other service organizations as needed. Victims of domestic violence have been provided with housing and supportive services from DVCCC for over 30 years. Bridge Transitional Housing opened in 1987 in a building attached to the DVCCC administrative offices. Construction was completed in 2005 of Phase IV Independent Housing, consisting of 13 three bedroom townhomes. In 2018 the former Phase IV daycare building was converted to Garfield Commons which consists of 4 one bedroom apartments. DVCCC was a Continuum of Care participant with the Phase III scattered sites program from 1998 until the program was defunded in 2016.

1. Rate of housing placement? 80%
2. Rate of housing retention? The Phase III program had a 95% success rate with participants moving to permanent housing and remaining for at least 6 months. Phase IV has a retention rate of 80% remaining in stable housing for at least 2 years.
3. Improvements in safety of DV Survivors: All domestic violence survivors served by DVCCC received a detailed, individual safety plan upon intake to services. Counselor/Advocates use trauma-informed, victim-centered approaches to empower the survivors to become safe and self-sufficient. Legal advocacy and representation are provided to victims who may need those services to address their safety. Ancillary services are provided as needed to help survivors access benefits, obtain or improve employment and/or education and other resources to gain independence and safety from their abuser.
4. How the project applicant addresses multiple barriers faced by DV survivors: DV survivors face a multitude of barriers which can include physical and mental health issues, accessing services for their children, accessing affordable legal representation, unemployment, poor credit and lack of financial stability and homelessness. DVCCC addresses these issues by providing free and confidential trauma-informed, victim-centered adult individual and group counseling, children’s counseling and programs, legal advocacy and representation, and referrals to ancillary services as needed to help with medical issues, employment and financial stability. The DVCCC Emergency...
Shelter/Safe House provides safe refuge to homeless survivors in imminent danger. Other housing programs include Bridge Transitional Housing, Garfield Commons Apartments and Phase IV Independent Housing.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC’s geographic areas:

1. Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
2. Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
3. Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Authority of the County of Chester</td>
<td>98.98%</td>
<td>Yes-Both</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

N/A

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?

Move On strategy description. (limit 2,000 characters)

Yes

The Decade to Doorways (D2D) Permanent Supportive Housing workgroup is specifically tasked with the implementation of the CoC’s Move On strategy. Affordability is a primary challenge in Chester County that prevents current
supportive housing tenants who are no longer in need of intensive services from moving on. Many tenants in supportive housing are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of supportive housing tenants, the CoC implements a Move On strategy that includes a partnership with the Housing Authority of Chester County (HACC) who provides a commitment of Section 8 vouchers for those in CoC funded permanent supportive housing who no longer need services. The CoC and our primary supportive housing provider, Open Hearth, Inc. have partnered with HACC to make public housing units or tenant-based Housing Choice Vouchers (HCV or Section 8) available through the use of preferences in their local administrative plans for people who have achieved stability in supportive housing and no longer require the same level of support.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The CoC works with the LGBT Equality Alliance of Chester County to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families who may be experiencing homelessness. The LGBT Equality Alliance of Chester County partners with businesses, community groups, schools, foundations, and corporations to support LGBTQ+ community members in Chester County through pride festivals, after school events, education programs, art shows, health fairs, and youth activities. The LGBT Equality Alliance works with the CoC to remove barriers of communication between Chester County LGBTQ+ residents and the greater community. Rather than create a community center, it is our focus to unify the greater community so that all LGBTQ+ community members feel at home and supported in their living environment. DCD is one of 49 entitlement jurisdictions with an Assessment of Fair Housing approved by HUD and has a five year action plan to affirmatively further fair housing in Chester County. The partnership with the Fair Housing Rights Center in Southeastern Pennsylvania allows DCD it to conduct fair housing training for staff, housing providers, public agencies, and the public so they understand their civil rights obligations. DCD also has a “Fair Housing & Equal Opportunity” page on its website. This page provides informational resources and guidance for individuals that may have experienced housing discrimination against, along with contact information for filing complaints with DCD, the fair housing provider, and HUD.


| 1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source? | Yes |
| 2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)? | Yes |
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?  

| Yes |

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area. Select all that apply.

- Engaged/educated local policymakers: X
- Engaged/educated law enforcement: X
- Engaged/educated local business leaders: X
- Implemented communitywide plans: X
- No strategies have been implemented: 
- Other: (limit 50 characters)

1C-8. Centralized or Coordinated Assessment System. Applicants must:

1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
4. attach CoC’s standard assessment tool.

(1) The CoC covers 759 square miles and includes one city among its 73 municipalities. The CoC’s Coordinated Entry System (ConnectPoints) has multiple points of access including a toll-free phone number, a physical location in Coatesville, PA, and the ability to communicate via text, Facebook and email. ConnectPoints is centrally located within the boundaries of the CoC geographic region; which allows for efficient deployment for street outreach. Persons experiencing homelessness can be quickly assessed for and enrolled in the programs that are most appropriate to their situation. (2) ConnectPoints street outreach staff ensure that persons identified are offered the same standardized process as persons who access coordinated entry through site-based access points. Staff conducts in person outreach and homeless verification for anyone who claims to be an individual or family with a primary nighttime residence that is a public or private place not meant for human habitation (street homeless).
Outreach staff connect with clients in person within 1 business day of client contact being received. (3) Calls/visits at all ConnectPoints access points are addressed by staff, who conduct screening and assessment using the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and placed on the appropriate queue in HMIS. Once placed on a queue (individual men, individual women, and families), the household with the highest vulnerability score is given preference for any available Emergency Shelter beds. Persons who are “street homeless” and are unable to immediately be referred to Emergency Shelter due to capacity issues complete the Service Prioritization Decision Assistance Tool (SPDAT) in to be considered for other permanent housing resources if appropriate. Those who enter Emergency Shelter also complete the SPDAT within 2 weeks of program entry and are placed on a queue for permanent housing options based on their score and need. (4) See attachments.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>System of Care</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>X</td>
</tr>
<tr>
<td>Health Care</td>
<td></td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>System of Care</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>X</td>
</tr>
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<td>Health Care</td>
<td></td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

<table>
<thead>
<tr>
<th>Used Objective Criteria for Review, Rating, Ranking and Section</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Included at least one factor related to achieving positive housing outcomes</td>
<td>Yes</td>
</tr>
<tr>
<td>Included a specific method for evaluating projects submitted by victim service providers</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.

(1) Using the HUD Project and Ranking Tool, factors of specific severity of needs and vulnerability considered include:
* Number of participants with zero income at entry
* Percentage of participants with 1+ disability type
* Percentage of participants entering project from place not meant for human habitation
* Commitment to Housing First

(2) Thresholds were determined by comparing existing HMIS data with HUD-recommended system performance measures and given a point value by the CoC NOFA Project Review Team. These scores were then calculated using current applicant data from the HUD Annual Performance Reports. The projects showing the highest scores for vulnerability were prioritized based on the objective criteria in the Ranking Tool.
1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

<table>
<thead>
<tr>
<th>Public Posting of Objective Ranking and Selection Process</th>
<th>Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC or other Website</td>
<td>☐ CoC or other Website</td>
</tr>
<tr>
<td>Email</td>
<td>☐ Email</td>
</tr>
<tr>
<td>Mail</td>
<td>☐ Mail</td>
</tr>
<tr>
<td>Advertising in Local Newspaper(s)</td>
<td>☐ Advertising in Local Newspaper(s)</td>
</tr>
<tr>
<td>Advertising on Radio or Television</td>
<td>☐ Advertising on Radio or Television</td>
</tr>
<tr>
<td>Social Media (Twitter, Facebook, etc.)</td>
<td>☐ Social Media (Twitter, Facebook, etc.)</td>
</tr>
</tbody>
</table>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;
(2) rejected or reduced project application(s)—attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required.

| (1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required. | Yes |
| (2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required. | Yes |
| (3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline? | Yes |
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.

Yes

2A-1a. Applicants must:
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

(1) Page 6 (2) Governance Charter


Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor?

Mediware Information Systems

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.

Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and
(3) total number of beds in HMIS.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2018 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>84</td>
<td>14</td>
<td>70</td>
<td>100.00%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>397</td>
<td>68</td>
<td>301</td>
<td>91.49%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>117</td>
<td>0</td>
<td>117</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>251</td>
<td>0</td>
<td>251</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>39</td>
<td>0</td>
<td>34</td>
<td>87.18%</td>
</tr>
</tbody>
</table>

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

The CoC has no Safe Haven projects.


2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/23/2018
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).

01/25/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

04/23/2018
2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results. (limit 2,000 characters)

There were no significant changes in the CoC’s sheltered Point in Time (PIT) count implementation from 2017 to 2018. The CoC worked with all HMIS emergency shelter and transitional housing providers prior to the count to ensure their data was up to date and accurate. In addition, the CoC continued to do robust outreach with non-HMIS emergency shelters and transitional housing providers in order to get a precise overall sheltered count.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

| Beds Added: | 0 |
| Beds Removed: | 0 |
| Total: | 0 |

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.
2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable.

No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.

(limit 2,000 characters)

(1) Stakeholders serving youth from all regions of the CoC and various focus areas were engaged through a Decade to Doorways (D2D) youth experiencing homelessness sub-committee to determine the methodology of the youth count. The sub-committee contacted school districts, County youth centers, emergency shelters, the Juvenile Probation Department, the CareerCorps program, and various community outreach centers to provide input and collaboration.

(2) The CoC held three focus groups throughout the County attended by youth service providers in order to discuss and identify possible locations of homeless youth. Focus locations for the count were determined by utilizing the PA Department of Education’s homeless statistics and identifying the areas with the highest number of youth reporting homelessness experiences to their schools.

(3) The CoC recruited and hired youth currently experiencing homelessness or who were formerly homeless from Valley Youth House to lead youth count teams at each designated location. Additional focus groups were held at a shelter and a youth center to obtain feedback from young adults about where others might be located for inclusion in the count.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

(1) Extensive in person outreach was done in the community and with all emergency shelters and transitional housing providers prior to the Point in Time (PIT) count to ensure that they were able to give accurate data either through the HMIS or by completing and submitting forms detailing client information to the Chester County Department of Community Development (DCD) to determine chronic homelessness. All of the individuals and families identified as experiencing chronic homelessness during the 2018 PIT were in emergency shelters (both HMIS and non-HMIS providers). (2) As was the case with the chronically homeless population, all of the families with children experiencing homelessness were in emergency shelters or transitional housing programs and counted through the HMIS or by completing and submitting forms detailing client information to DCD. (3) All Veterans identified as experiencing homelessness were in either Emergency Shelter or Transitional Housing and were tracked and counted through the HMIS system where possible (multiple VA sub-contractors enter their client information into the HMIS system). Because there is a large VA Hospital in Chester County (Coatesville Veterans Affairs Medical Center) that does not enter into HMIS, the CoC conducted outreach and distributed reporting forms to key VA staff so they could give an accurate count of homeless Veterans at the hospital during the night of the PIT.
3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX. | 1,036

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time.

(1) The CoC uses its HMIS system to obtain client level data for evaluating risk factors of first time homelessness. In Chester County, persons experiencing mental health issues (30%) rank highest followed by persons with substance abuse issues (16%). Those with both mental health and substance abuse issues (24%) also show a high risk for first time homelessness.

(2) Based on CoC research, the CoC has partnered with the Chester County Departments of MH/IDD and Drug and Alcohol to provide treatment and housing options for those most at risk. The Department of MH/IDD has allocated 35 "set aside" permanent housing units throughout the to assist those suffering from severe and persistent mental health issues. In addition the Department of Drug and Alcohol has provided funds to offer rapid re-housing for persons suffering from opioid addiction coming out of inpatient treatment to prevent homelessness in this vulnerable population. The CoC’s Coordinated Entry Provider, ConnectPoints is also contractually mandated to conduct robust diversion activities to prevent individuals and families in housing crisis from every becoming homeless when ever possible.

(3) There are several organizations and positions that oversee the CoC strategies to reduce homelessness. The Decade to Doorways Governance Board is the primary oversight entity for the CoC. It works closely with the Chester County Department of Community Development and CoC committees and work groups to guide polices to reduce the number of individuals and families experiencing homelessness for the first time.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families...
remained homeless (i.e., the number);
(2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

(1) Average LoT persons remained homeless was 123 bed nights.
(2) The mission of the CoC is to make homelessness rare, brief and non reoccurring. In order to achieve this goal the CoC requires that the Coordinated Entry Provider and all contracted emergency shelters use the Service Prioritization Decision Assistance Tool (SPDAT) to determine risk, vulnerability, and prioritization when providing assistance to homeless and at-risk of homelessness persons. The objective is that the highest scoring (most vulnerable) individuals and families are offered permanent housing opinions such as rapid re-housing, permanent supportive housing, and Section 8 Vouchers as soon as possible to reduce the time homeless and focus limited resources on those most vulnerable.
(3) The SPDAT tool, as well as Provider Performance Reports are analyzed monthly to monitor the length of time participants spend experiencing homelessness. This data is utilized during CoC committee meetings to determine best practices and needs for provider improvement.
(4) The Decade to Doorways Governance Board is the primary oversight entity for the CoC's policies and procedures with the Coordinated Entry Committee and the Permanent Housing Options Team reporting directly to guide and inform decisions.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.</th>
</tr>
</thead>
<tbody>
<tr>
<td>61%</td>
<td>Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.</td>
</tr>
</tbody>
</table>

3A-3a. Applicants must:
(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(1) Utilizing grant funding, the CoC is implementing a performance-based payment program to incentivize providers within the homeless crisis response system to further prioritize timely permanent housing placements. A bonus payment structure has been created to reward faster placement with complete documentation and reporting in the HMIS system. Specific criteria and data entry requirements must be met in order for a provider to qualify for these additional funds. These requirements assist in furthering various goals of the CoC, including reducing the length of time in shelter and increasing data quality. Additionally, a Housing Stability Case Management Program has been implemented to provide an incentive to landlords, who are more likely to work with housing providers when additional supports and services are being provided to new tenants.

(2) Based on the CoC’s current success rate of 95%, existing strategies are proving effective in this measure and will be continued. These existing strategies include the aforementioned Housing Stability Case Management Program, which is further expanding capacity and scope of services provided after entering permanent housing, to improve upon success.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX</td>
</tr>
</tbody>
</table>

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate of additional returns to homelessness.

(1) The CoC, through the System Performance Measures Committee, identifies common factors of those who return to homelessness by analyzing and cross referencing data from HMIS and the Chester County Departments of Adult Probation and Parole; Mental Health and Intellectual Disabilities; Human Services; and Drug and Alcohol. The Committee includes representation from several cross systems within the CoC.

(2) Utilizing this analysis, the CoC formed the Ending Chronic Homelessness work group to specifically address barriers that this population has to obtain and maintain safe, decent, and affordable housing. The work group uses HMIS and cross systems data to create a by-name list of chronically homeless individuals in the CoC. Part of this strategy involves the Critical Time Intervention Program to conduct outreach and engagement to provide housing case management that utilizes a Housing First philosophy. Additionally, in 2017 the CoC created a Housing Stability Case Management Program specifically targeting individuals
and families recently placed into permanent housing to prevent returns to homelessness.

(3) The Decade to Doorways Governance Board, with the support of the Steering and System Performance Measures Committees, are responsible for overseeing all CoC strategies.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.
(limit 2,000 characters)

(1) DCD is not only the CoC lead in Chester County, it also provides staff for the local Workforce Development Board. This ensures close connection and cooperation with the PA CareerLink - Chester County and United Way Financial Stability Center, whose mission is to provide employment resources and services to increase income, decrease debt, and increase assets. All CoC contracted providers are mandated to make appropriate referrals to either the PA CareerLink - Chester County, the United Way Financial Stability Center, and other mainstream resources such as: the Health Department, SOAR and the County Assistance Office (CAO). In addition to providing access to resources such as SNAP, TANF, and general assistance, the CAO is also the gateway for referrals to the Employment Advancement and Retention Network (EARN) and Work Ready programs, which are designed to best serve those with severe financial challenges and limited work history.

(2) The PA CareerLink - Chester County includes partnerships with the HireOne employer group, Industry Partnership organizations, and various employers and staffing agencies throughout the county. The PA CareerLink online network includes 2,561 local employers who post job openings for all skill sets.

(3) The Chester County Workforce Development Board, staffed within DCD, is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/29/2018
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

<table>
<thead>
<tr>
<th>Total number of beds dedicated as DedicatedPLUS</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of beds dedicated to individuals and families experiencing chronic homelessness</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
</tr>
</tbody>
</table>

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

| History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse) | X |
| Number of previous homeless episodes | X |
| Unsheltered homelessness | X |
| Criminal History | |
| Bad credit or rental history | |
| Head of Household with Mental/Physical Disability | X |
3B-2.2. Applicants must:
(1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless.

(limit 2,000 characters)

(1) The CoC’s Rapid Re-Housing (RRH) program is an intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are tailored to the unique needs of the household. Anyone identified as homeless (through contacting the Coordinated Entry Provider, Emergency Shelters, or by the Critical Time Intervention Team) is assessed using the Service Prioritization Decision Assistance Tool (SPDAT) and placed on a queue in our HMIS for referral for RRH as appropriate based on need. Those of whom are most vulnerable are generally offered RRH within 14-30 days. (2) The CoC has implemented County wide Housing Stability Case Management Program. This program provides case management that supports individuals and/or families with their housing goals and maintaining permanent housing. Case management is provided through an individualized, client centered, and strengths-based collaborative approach. It includes, but is not limited to; assessment, planning, facilitation, coordination, evaluation, monitoring, and advocacy. Case management is designed to promote self-sufficiency, eliminate barriers and highlight strengths, increase communication, improve life skills, and achieve stability through coaching and mentoring. (3) As stated previously, the Decade to Doorways Governance Board is the primary oversight entity for the CoC’s policies and procedures with the System Performance Outcome Measurement Committee and Permanent Housing Options Team reporting directly to guide and inform decisions regarding strategies to rapidly rehouse families with children within 30 days of becoming homeless.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

- CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.
- CoC conducts optional training for all CoC and ESG funded service providers on these topics.
- CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.
- CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.
- CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.
3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:

| Human trafficking and other forms of exploitation | Yes |
| LGBT youth homelessness | Yes |
| Exits from foster care into homelessness | Yes |
| Family reunification and community engagement | Yes |
| Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs | Yes |

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

| History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse) | X |
| Number of Previous Homeless Episodes | X |
| Unsheltered Homelessness | X |
| Criminal History | X |
| Bad Credit or Rental History | |

3B-2.6. Applicants must describe the CoC’s strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(len 3,000 characters)

(1) The CoC has a Youth Homelessness Task Force that evaluates and identifies the needs of homeless youth. This Task Force works with the PA Education for Children and Youth Experiencing Homelessness (ECYEYH), Region 2 Coordinator cross referencing data to determine the effectiveness of current strategies. This information is used to leverage existing funds or apply for additional funding when available. In partnership with the Housing Authority of Chester County, the county departments of Children, Youth, and Families (CYF) and DCD, including nonprofit organizations of Human Services Inc. and Valley Youth House, an application for Family Unification Program vouchers was submitted to HUD. These vouchers would serve eligible youth defined to be at least 18 but not more than 24 years of age, part of the foster care system, and are homeless or at risk becoming homeless at 16 years or older. If granted these funds, the services to be provided include housing locator services, short term financial assistance, and case management. The goals include housing
placement for 75% within 60 days of being approved, increase in savings at the
time of discharge, and 75% participation in case management services. (2)
Current programs targeting youth experiencing homelessness include CYF and
Chester County Juvenile Probation assisting youth that were in placement prior
to age 18 who qualify for Supportive Housing. Eligible youth can request this
service and be reviewed by the CYF Housing Action Team up to their 21st
birthday. Any youth that left CYF care at 17 3/4 years old or after can request to
come back into placement through the dependency court and remain in care up
until their 21st birthday. There are two Supervised Independent Living homes
for youth within the CoC; one that can house up to 8 dependent or delinquent
females and another that can house up to 8 dependent or delinquent boys. In
addition to those two homes that are run by Valley Youth House (VYH), there
are also scattered site units that serve youth who live in their own apartments
but are receiving case management services from VYH whom pays the rent and
utilities.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question
3B-2.6. to increase the availability of housing and services for youth
experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of
the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate
way to determine the effectiveness of the CoC’s strategies.
(limit 3,000 characters)

(1) To truly evaluate the impact of these strategies, the CoC believes the most
effective measure is the number of youth requesting emergency housing crisis
interventions over time. The CoC observed a noticeable decline in the number
of youth contacting the homeless crisis response system from 2016 to 2017. As
an indicator of successful partnership with employment programs for a holistic
approach to achieving self-sufficiency, the Career Corps youth and young adult
employment program has doubled the number of placements in employment
and training from 55 youth in the 2016 program year to 114 participants in the
2017 program year.
(2) To calculate the effectiveness of these strategies, the CoC analyzed age
distribution tables from its emergency shelters in HMIS and contrasted the
change from 2016 to 2017.
(3) An analysis of the emergency shelter population shows that the CoC was
able to reduce the number of homeless youth from 11.8% (116 persons) in
2016 to 9.2% (83 persons) in 2017. The CoC believes this is conclusive
evidence that its efforts to reduce youth homelessness are beginning to have a
meaningful impact.

3B-2.7. Collaboration–Education Services. Applicants must describe how
the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education
Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)
The Chester County Department of Community Development (DCD) maintains a close relationship with the Chester County Intermediate Unit (CCIU) which frequently acts to disseminate information and facilitate communication with the various school districts throughout the CoC. The CoC contracts with the Opportunities Industrialization Center (OIC) to provide GED testing services, adult basic education classes, and Certified Nurse Aide (CNA) program at the PA CareerLink Chester County. These opportunities are available for youth ages 18-24.

(2) The CoC collaborates with the Region 2 office of the Education for Children & Youth Experiencing Homelessness (ECYEH) program. This office is the liaison between CoC partner agencies & school districts within the county. CoC partners receive training & support on McKinney-Vento. When a student is identified as homeless, CoC partners work directly w/ local school districts or the regional ECYEH office to ensure the family is aware of their eligibility for educational services. The CoC in along w/ school district homeless liaisons & the regional ECYEH office have formed a Youth Homelessness Task Force (YHTF) to initiate supports for homeless children and youth. The ECYEH regional coordinator is a member of the D2D Governance Board & co-chairs the YHTF. The CoC has a formal agreement with the Region 2 ECYEH office to coordinate data collection efforts. The ECYEH office has formal agreements with select CoC partner agencies to assist in the educational support of homeless youth.

(3) The CoC collaborates with the Chester County Intermediate Unit who acts as a liaison to the 12 school districts throughout Chester County. Additionally, connections to the districts were strengthened through the recent Youth Point-In-Time Count and increased outreach efforts.

(4) MOUs have been signed with the following providers: OIC, ECYEH, and Coatesville Youth Initiative. Contracts have been executed with OIC to provide GED testing and CNA training.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.

(limit 2,000 characters)

The CoC does not currently have written policies and procedures adopted to inform individuals and families who become homeless of their eligibility for education services. Under the CoC’s new governance structure approved March 9, 2018 and adopted by the Chester County Board of Commissioners September 13, 2018. Creating and adopting these policies and procedures will be made a priority in 2019. All Emergency Family Shelters operating within the boundaries of the CoC ensure McKinney-Vento compliance by coordinating with designated homeless liaisons within the school districts.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

<table>
<thead>
<tr>
<th>Early Childhood Providers</th>
<th>MOU/MOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Head Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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### 3B-3.1. Veterans Experiencing Homelessness

Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).

*limit 2,000 characters*

The CoC continues to actively work with the Coatesville Veterans Affairs Medical Center, various sub-contracted Veterans Services Providers, and the Housing Authority of Chester County (HACC) to identify and assist veterans experiencing homeless. The CoC’s HMIS Lead attends the Veterans Master List meetings that take place monthly to assist in creating and maintaining a master list by name of homeless veterans in the community that ensures that service providers and partners that are working together to end veteran homelessness are able to prioritize the most vulnerable veterans who require housing. HACC has been very active in approving VASH vouchers (253 Veteran Households were able to obtain leases with VASH vouchers in 2018) and the Veterans Multi-Service Center of Suburban Philadelphia has provided Supportive Services for Veterans Families (SSVF). In addition the CoC works with multiple Grant and Per Diem (GPD) providers in Chester County. These programs are: Mary E. Walker House, a thirty bed transitional residence for women Veterans experiencing homelessness, LZ II Transitional Residence: LZ II, an abbreviation of “Landing Zone II,” is a ninety-five bed transitional residence for male Veterans experiencing homelessness, and the Fresh Start Foundation which operates Fresh Start and Independence Hall. Fresh Start provides transitional housing for male Veterans experiencing homelessness. Independence Hall, is a transitional residential program for male Veterans experiencing homelessness with serious mental illness.

### 3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?

**Yes**

### 3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?

**Yes**

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**Applicant:** Chester County-COC  
**Project:** PA-505 CoC Registration FY2018  
**COC_REG_2018_159761**

<table>
<thead>
<tr>
<th>Program</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care and Development Fund</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Federal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Birth to 3 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Tribal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Coatesville Youth Initiative</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>ECYEH (see above)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?

Yes

3B-5. Racial Disparity. Applicants must:

(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;

(2) if the CoC conducted an assessment, attach a copy of the summary.

No
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)

(1) The CoC’s providers assist persons experiencing homelessness to apply for & receive mainstream benefits. The Chester County Assistance Office (CAO) provides services for Medicaid eligible participants. ChesPenn Health Services provides health care & dental services for eligible patients in their Coatesville location & assists clients to apply for & receive Medicaid & ACA insurance. La Comunidad is a community health center providing health, dental, social assistance, & education. The Clinic in Phoenixville provides medical care & assists in applying for Medicaid & ACA insurance. Community Volunteers in Medicine is a primary care medical & dental facility that works with uninsured & under-insured assisting them to apply for & receive Medicaid & insurance through the ACA. The Maternal & Child Health Consortium ensures that
mothers have necessary resources including Medicaid & ACA applications. The CC Health Dept. assists households to apply for & receive Medicaid or ACA while providing a variety of health services. The CC Dept. of Human Services & Behavioral Health assists all Medicaid eligible clients with applications. The CC Dept. of Aging assists seniors in applying for Medicare & Medicaid. All persons experiencing homelessness that have a disability are referred to the SOAR Program. (2) The CoC works with the CAO to disseminate information regarding Medicaid, SNAP, & TANF programs (EARN, Work Ready, & Youth Development). The CoC contracts with Human Services, Inc. to administer a county-wide SOAR program. The CoC keeps program staff informed by providing resources & updates through community meetings, e-newsletters, social media posts, & through regular updates to the DCD & D2D websites. (3) DCD contractually obligates all of providers in the CoC that serve persons experiencing homelessness to assist their clients in obtaining any mainstream benefits they may be eligible for within 30 days of program entry.

4A-2. Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.

| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition. | 9 |
| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements. | 9 |
| Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First. | 100% |

4A-3. Street Outreach. Applicants must:
(1) describe the CoC’s outreach;
(2) state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

The CoC’s Coordinated Entry provider, ConnectPoints, conducts in person outreach and homeless verification for anyone who claims to be 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 (street homeless). The Outreach staff must connect with clients in person within one business day of client contact being received. If persons who are “street homeless” are unable to immediately be referred to Emergency Shelter due to capacity issues, ConnectPoints staff conducts the Service
Prioritization Decision Assistance Tool (SPDAT) in order to be considered for other permanent housing resources if appropriate. The Coordinated Entry provider is contractually obligated to ensure that 100% of callers who state that they are "street homeless" will be seen in person by ConnectPoints staff within one business day of contact in order to confirm their status. This interaction and verification of homelessness is documented in HMIS. (2) Street outreach and homeless verification covers 100% of Chester County. (3) Street Outreach is conducted for every individual or family that contacts ConnectPoints stating that they are "street homeless". (4) The CoC coordinates with the Chester County Critical Time Intervention (CTI) Team to conduct outreach for individuals that are experiencing significant mental health and/or drug and alcohol issues that are often less likely to request assistance through Coordinated Entry. All providers have been trained in progressive engagement skills. ConnectPoints has bilingual staff that speaks Spanish, as mandated by its contract with DCD. The DCD Language Assistance Plan identifies Spanish as the most frequently occurring non-English language.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)

(1) DCD is committed to its responsibility to affirmatively further fair housing. This duty is reinforced by its Assessment of Fair Housing, 2018-2022 (AFH) which is one of 49 AFH’s approved by HUD. The AFH evaluates fair housing needs and includes a five year action plan for ameliorating disproportionate access to fair housing opportunities. DCD contracts with a fair housing provider to advance its fair housing education and outreach, including holding training and events open to the public, distributing informational materials, and sending electronic e-newsletters. The AFH Action Plan serves as a valuable resource for identifying appropriate grant opportunities, allocating resources and programming to areas of need. DCD submitted its Consolidated Plan, 2018-2022 in June 2018; this plan includes an updated Affirmative Marketing Plan to ensure that all protected classes have equal access to housing and that marketing efforts exercise additional focus on those least likely to apply. (2) DCD includes the following information in its public notices, e-newsletters, and website postings: “Please contact DCD in advance of the hearing if you plan to attend and are in need of the services of an interpreter. In addition, if you are a person with a disability who wishes to attend the meeting, or provide comments, and you require an auxiliary aid, service, or other accommodation to do so, please contact DCD to discuss how your needs may best be accommodated.” DCD adopted a Language Access Plan (LAP) in October 2017 that identifies tools and strategies for identifying limited English proficiency (LEP) needs. It also includes procedures for continuously evaluating LEP contact and outreach. The DCD “Fair Housing & Equal Opportunity” website page provides informational resources and guidance for individuals that may have experienced civil rights and/or housing discrimination against, along with contact information for filing complaints with DCD, the fair housing provider, and HUD.
### 4A-5. RRH Beds as Reported in the HIC
Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

<table>
<thead>
<tr>
<th>RRH beds available to serve all populations in the HIC</th>
<th>2017</th>
<th>2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>138</td>
<td>117</td>
<td>-21</td>
</tr>
</tbody>
</table>

### 4A-6. Rehabilitation or New Construction Costs
Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?

No

### 4A-7. Homeless under Other Federal Statutes
Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?

No
### 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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</thead>
<tbody>
<tr>
<td>1C-5. PHA Administration Plan–Homeless Preference</td>
<td>No</td>
<td>PHA Administration...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C-8. Centralized or Coordinated Assessment Tool</td>
<td>Yes</td>
<td>Coordinated Assessment Tool</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)</td>
<td>Yes</td>
<td>Objective Criteria...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1E-3. Public Posting CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td>Public Posting Co...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)</td>
<td>Yes</td>
<td>Public Posting–Lo...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1E-4. CoC’s Reallocation Process</td>
<td>Yes</td>
<td>CoC’s Reallocation...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1E-5. Notifications Outside e-snaps–Projects Accepted</td>
<td>Yes</td>
<td>Notifications Out...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced</td>
<td>Yes</td>
<td>Notifications Out...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1E-5. Public Posting–Local Competition Deadline</td>
<td>Yes</td>
<td>Public Posting–Lo...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)</td>
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<td><strong>4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)</strong></td>
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Document Description: PHA Administration Plan–Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated Assessment Tool

Attachment Details

Document Description: Objective Critiera–Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description: Public Posting CoC-Approved Consolidated Application
Document Description: Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description: CoC’s Reallocation Process

Attachment Details

Document Description: Notifications Outside e-snaps–Projects Accepted

Attachment Details

Document Description: Notifications Outside e-snaps–Projects Rejected or Reduced

Attachment Details

Document Description: Public Posting–Local Competition Deadline

Attachment Details

Document Description: CoC and HMIS Lead Governance
Attachment Details


Attachment Details

Document Description:  HDX–2018 Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:  Decade to Doorways Governance Board
Organizational Chart and Structure

Attachment Details

Document Description:

Attachment Details

Document Description:
Ensure that the Project Priority List is complete prior to submitting.

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<td>1C. Coordination</td>
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<td>1D. Discharge Planning</td>
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**Applicant:** Chester County-COC

**Project:** PA-505 CoC Registration FY2018
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS
Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

**VI-SPDAT Series**

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

**Current versions available:**
- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at


**SPDAT Series**

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor’s ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

**Current versions available:**
- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

**Current SPDAT training available:**
- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

**Other related training available:**
- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/
Administration

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<tbody>
<tr>
<td></td>
<td></td>
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<td>DD/MM/YYYY</td>
<td><em><strong>/</strong></em>/____</td>
<td>__ : __</td>
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Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

**PARENT 1**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
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In what language do you feel best able to express yourself? __________________________

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Social Security Number</th>
<th>Consent to participate</th>
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☐ No second parent currently part of the household

**PARENT 2**

<table>
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<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
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In what language do you feel best able to express yourself? __________________________

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IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.
Children

1. How many children under the age of 18 are currently with you? _______  □ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _______  □ Refused

3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? □ Y □ N □ Refused

4. Please provide a list of children’s names and ages:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Date of Birth</th>
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**IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

**IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Safe Haven
   - Outdoors
   - Other (specify):
   - Refused

**IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER”, “TRANSITIONAL HOUSING”, OR “SAFE HAVEN”, THEN SCORE 1.**

6. How long has it been since you and your family lived in permanent stable housing? _______  □ Refused

7. In the last three years, how many times have you and your family been homeless? _______  □ Refused

**IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.**
B. Risks

8. In the past six months, how many times have you or anyone in your family...
   a) Received health care at an emergency department/room? ☐ Refused
   b) Taken an ambulance to the hospital? ☐ Refused
   c) Been hospitalized as an inpatient? ☐ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ☐ Refused
   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ☐ Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

9. Have you or anyone in your family been attacked or beaten up since they’ve become homeless? ☐ Y ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF “YES,” THEN SCORE 1 FOR LEGAL ISSUES.

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don’t know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.
C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?  
   - Y  - N  - Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  
   - Y  - N  - Refused

IF “YES” TO QUESTION 14 OR “NO” TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.  
SCORE: 0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  
   - Y  - N  - Refused

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.  
SCORE: 0

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  
   - Y  - N  - Refused

IF “NO,” THEN SCORE 1 FOR SELF-CARE.  
SCORE: 0

18. Is your family’s current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?  
   - Y  - N  - Refused

IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.  
SCORE: 0

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  
   - Y  - N  - Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  
   - Y  - N  - Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?  
   - Y  - N  - Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help?  
   - Y  - N  - Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  
   - Y  - N  - Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.  
SCORE: 0
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?  
☐ Y  ☐ N  ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  
☐ Y  ☐ N  ☐ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
   a) A mental health issue or concern?  
      ☐ Y  ☐ N  ☐ Refused
   b) A past head injury?  
      ☐ Y  ☐ N  ☐ Refused
   c) A learning disability, developmental disability, or other impairment?  
      ☐ Y  ☐ N  ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?  
☐ Y  ☐ N  ☐ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?  
☐ Y  ☐ N  ☐ N/A or Refused

**IF “YES”, SCORE 1 FOR TRI-MORBIDITY.**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?  
☐ Y  ☐ N  ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don’t take the way the doctor prescribed or where they sell the medication?  
☐ Y  ☐ N  ☐ Refused

**IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

31. **YES OR NO:** Has your family’s current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?  
☐ Y  ☐ N  ☐ Refused

**IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.**

SCORE:
E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?
   □ Y □ N □ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?
   □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.**

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?
   □ Y □ N □ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days?
   □ Y □ N □ Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week?
   □ Y □ N □ N/A or Refused

**IF “YES” TO ANY OF QUESTIONS 34 OR 35, OR “NO” TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?
   □ Y □ N □ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?
   □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?
   □ Y □ N □ Refused

40. After school, or on weekends or days when there isn’t school, is the total time children spend each day where there is no interaction with you or another responsible adult...
   a) 3 or more hours per day for children aged 13 or older?
      □ Y □ N □ Refused
   b) 2 or more hours per day for children aged 12 or younger?
      □ Y □ N □ Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?
   □ Y □ N □ N/A or Refused

**IF “NO” TO QUESTION 39, OR “YES” TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.**

SCORE:
Scoring Summary

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<td>0-3 no housing intervention</td>
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<td>B. RISKS</td>
<td>0 /4</td>
<td>4-8 an assessment for Rapid</td>
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<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
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<td>Re-Housing</td>
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<td>D. WELLNESS</td>
<td>0 /6</td>
<td>9+ an assessment for Permanent</td>
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<td>E. FAMILY UNIT</td>
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Follow-Up Questions

| On a regular day, where is it easiest to find you and what time of day is easiest to do so? |
| place: ____________________________ |
| time: ___ : ___ or Night |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? |
| phone: (___) ___ - _______ |
| email: ____________________________ |
| Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? |
| Yes | No | Refused |

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning
Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

• it is shorter, usually taking less than 7 minutes to complete;
• subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
• medical, substance use, and mental health questions are all refined;
• you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
• the scoring range is slightly different (Don’t worry, we can provide instructions on how these relate to results from Version 1).
Appendix B: Where the VI-SPDAT is being used in the United States

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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

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- Parts of Alabama Balance of State

**Arizona**
- Statewide

**California**
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County

**Colorado**
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

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- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

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**Wyoming**
- Wyoming Statewide is in the process of implementing
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com
Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:
- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at
www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor’s ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:
- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at
www.orgcode.com/products/spdat/
SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:
• Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
• Level 1 SPDAT Training: SPDAT for Frontline Workers
• Level 2 SPDAT Training: SPDAT for Supervisors
• Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:
• Excellence in Housing-Based Case Management
• Coordinated Access & Common Assessment
• Motivational Interviewing
• Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/
Administration

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<th>Staff</th>
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Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

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<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
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In what language do you feel best able to express yourself? _____________________________

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<th>Consent to participate</th>
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IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Outdoors
   - Other (specify):
   - Refused


SCORE:
2. How long has it been since you lived in permanent stable housing? ___ Years
   - Refused
3. In the last three years, how many times have you been homeless? _______
   - Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room? ___
   - Refused
   b) Taken an ambulance to the hospital? ___
   - Refused
   c) Been hospitalized as an inpatient? ___
   - Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ___
   - Refused
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ___
   - Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ___
   - Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:
5. Have you been attacked or beaten up since you’ve become homeless? □ Y □ N □ Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  

IF “YES,” THEN SCORE 1 FOR LEGAL ISSUES.  

SCORE: 0

8. Does anybody force or trick you to do things that you do not want to do?  

SCORE: 0

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that?  

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.  

SCORE: 0

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  

SCORE: 0

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  

IF “YES” TO QUESTION 10 OR “NO” TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.  

SCORE: 0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.  

SCORE: 0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  

IF “NO,” THEN SCORE 1 FOR SELF-CARE.  

SCORE: 0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?  

IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.  

SCORE: 0
D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? □ Y □ N □ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? □ Y □ N □ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? □ Y □ N □ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? □ Y □ N □ Refused

19. When you are sick or not feeling well, do you avoid getting help? □ Y □ N □ Refused

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? □ Y □ N □ N/A or Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE: 0

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? □ Y □ N □ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE: 0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
   a) A mental health issue or concern? □ Y □ N □ Refused
   b) A past head injury? □ Y □ N □ Refused
   c) A learning disability, developmental disability, or other impairment? □ Y □ N □ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE: 0

IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE: 0
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  
   ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?  
   ☐ Y ☐ N ☐ Refused

**IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**  
SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?  
   ☐ Y ☐ N ☐ Refused

**IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.**  
SCORE:

**Scoring Summary**

<table>
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<tr>
<th>DOMAIN</th>
<th>SUBTOTAL</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-SURVEY</td>
<td>0 /1</td>
<td><strong>Score:</strong> Recommendation:</td>
</tr>
<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>0 /2</td>
<td>0-3: no housing intervention</td>
</tr>
<tr>
<td>B. RISKS</td>
<td>0 /4</td>
<td>4-7: an assessment for Rapid Re-Housing</td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>0 /4</td>
<td>8+: an assessment for Permanent Supportive Housing/Housing First</td>
</tr>
<tr>
<td>D. WELLNESS</td>
<td>0 /6</td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL:</strong></td>
<td>0 /17</td>
<td></td>
</tr>
</tbody>
</table>

**Follow-Up Questions**

- On a regular day, where is it easiest to find you and what time of day is easiest to do so?  
  place: ____________________________  
  time: ___ : ___ or Night

- Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?  
  phone: (____) _____ - ____________  
  email: ____________________________

- Ok, now I’d like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?  
  ☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning
Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience. The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

• it is shorter, usually taking less than 7 minutes to complete;
• subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
• medical, substance use, and mental health questions are all refined;
• you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
• the scoring range is slightly different (Don’t worry, we can provide instructions on how these relate to results from Version 1).
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- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

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- Greensboro/High Point

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- Nashville/Davidson County

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- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
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Continuum of Care Program

2018 CoC Program
- 2018 CoC Consolidated Application and Project Applications
- 2018 CoC Governance Charter
- 2018 CoC Executive Summary and Priority Listing - FINAL August 29, 2018
- 2018 CoC Project Application Timeline
- 2018 Permanent Housing Bonus Submissions: Permanent Housing for Single Individuals and Permanent Housing for Domestic Violence Survivors
- 2018 CoC Project Rating and Ranking Tool

2017 CoC Program
The following resources are to support the 2017 Continuum of Care Program:
- 2017 CoC Consolidated Application and Governance Charter
- 2017 CoC Priority Listing and Funding - FINAL September 11, 2017
- 2017 CoC Project Applications Project Rating, Review and Ranking Procedures
- 2017 CoC Project Application Timeline
The 2018 Continuum of Care (CoC) Program Competition is a one-year competitive federal grant application submitted by the Chester County Department of Community Development to the U.S. Department of Housing and Urban Development (HUD).

The Chester County Decade to Doorways CoC Application Review, Ranking, and Prioritization meeting took place on Wednesday, August 29, 2018 from 9 a.m. to 4 p.m. Members of the Decade to Doorways Governance Board and Steering Committee spent the morning interviewing applicants to obtain more specific information regarding their activities followed by the process of scoring, ranking,
reallocating and prioritizing the activities to be submitted for funding consideration.

The results of this meeting determined the CoC Project Priority Listing that will be submitted to HUD by the September 18, 2018 deadline.

Click for More Details about the 2018 CoC Program Competition

Board of Commissioners

Michelle H. Kichline, Chair
Kathi Cozzone
Terence Farrell

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Continuum of Care Program

The Continuum of Care (CoC) Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

2018 CoC Program
- 2018 CoC Consolidated Application (Coming Soon)
- 2018 CoC Governance Charter
- 2018 CoC Executive Summary and Priority Listing - FINAL August 29, 2018
- 2018 CoC Project Application Timeline
- 2016 Permanent Housing Bonus Submissions: Permanent Housing for Single Individuals and Permanent Housing for Domestic Violence Survivors
- 2018 CoC Project Rating and Ranking Tool

2017 CoC Program
The following resources are to support the 2017 Continuum of Care Program:
- 2017 CoC Consolidated Application and Governance Charter
- 2017 CoC Priority Listing and Funding - FINAL September 11, 2017
- 2017 CoC Project Applications Project Rating, Review and Ranking Procedures
- 2017 CoC Project Application Timeline
- Permanent Housing Bonus Submission: Youth Rapid Re-Housing
The U.S. Department of Housing and Urban Development (HUD) released the Notice of Funding Availability (NOFA) for the Fiscal Year 2018 Continuum of Care (CoC) Program Competition on June 20, 2018.

The Department of Community Development, as the CoC lead agency for Chester County, will submit its application for funding by HUD’s deadline of Tuesday, September 18, 2018 at 8:00 PM EDT, to renew several existing permanent supportive housing projects that serve previously homeless individuals and families residing in Chester County.

**Permanent Housing Bonus**
DCD will solicit proposals from qualified nonprofit organizations for a new Permanent Housing - Rapid Re-Housing Bonus project application that employs a Housing First approach and will serve single individuals experiencing homelessness (with priority given to single men) who meet the following criteria:
• Residing in a place not meant for human habitation
• Residing in an emergency shelter
• Persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations
• Receiving services through a Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system

The amount available for this new Permanent Housing - Rapid Re-Housing Bonus project is $97,610 with a one-year limited funding request.

**Domestic Violence Bonus**

DCD will also solicit proposals from qualified nonprofit organizations to submit a Domestic Violence Permanent Housing - Rapid Re-Housing Bonus project application that employs a Housing First approach and will serve survivors of domestic violence, dating violence, and stalking.

The amount available for this new Permanent Housing - Rapid Re-Housing Bonus project is $162,683 with a one-year limited funding request.

If your organization is interested in one or both of these opportunities, please submit a Letter(s) of Interest to the attention of Patrick Bokovitz and email to ccdcd@chesco.org describing the program you propose by 11:00 a.m. on Friday, August 10, 2018 to:

Patrick Bokovitz, Director  
Chester County Department of Community Development  
601 Westtown Rd, Suite 365  
West Chester, PA 19380-0991

You will be notified as to whether your proposal will be submitted in the 2018 CoC Program Competition no later than August 13, 2018.

Please contact Gene Suski, Community Services Manager, at (610) 344-6900 with any questions regarding this opportunity.
Chester County Department of Community Development
Continuum of Care Governance Charter

Chester County
Department of Community Development

Continuum of Care Governance Charter
Decade to Doorways
2018-2020 Operational Plan
Chester County (PA-505) Lead Agency

Continuum of Care and Homeless Management Information System (HMIS)

Approved by the Decade to Doorways Governance Board – 3/9/2018
ADOPTED BY THE
COUNTY OF CHESTER
BOARD OF COMMISSIONERS ON SEPTEMBER 13, 2018

Michelle H. Kichline
Chair, County of Chester Board of Commissioners

Terence Farrell
County of Chester Board of Commissioners

Kathi Cozzone
County of Chester Board of Commissioners

Date  9/13/2018

Date  9/13/2018

Date  9/13/2018
COUNTY OF CHESTER
COMMONWEALTH OF PENNSYLVANIA
RESOLUTION# 36-18

Resolution adopting the updated Chester County Department of Community Development Continuum of Care PA-505 Governance Charter as required by the U.S. Department of Housing & Urban Development.

WHEREAS, Chester County, through its Department of Community Development (DCD), serves as this jurisdiction's Continuum of Care and Homeless Management Information System (HMIS) Lead Agency; and

WHEREAS, Chester County Department of Community Development under the guidance and advice of the Decade to Doorways Governance Board and Continuum of Care NOFA Committee makes funding recommendations to the Chester County Board of Commissioners based on the goals and strategies outlined in the Consolidated Plan and the Decade to Doorways 2018-2020 Operational Plan; and

WHEREAS, Chester County, through its Department of Community Development (DCD), will follow all policies and procedures as written within the Continuum of Care Governance Charter including compliance with 24 CFR 578 'Continuum of Care Program', said Charter and Executive Summary attached hereto and incorporated herein:

NOW, THEREFORE, BE IT RESOLVED by the County of Chester that:

1. The Chester County Continuum of Care Governance Charter is formally adopted and approved.
2. The Chester County Department of Community Development on behalf of the Board Commissioners of the County of Chester is authorized and directed to serve as this jurisdiction's Continuum of Care and Homeless Management Information System (HMIS) Lead Agency.
3. The Chester County Department of Community Development assumes the responsibility for operating the Continuum of Care Program and abiding by federal regulatory guidelines.
4. The Chester County Department of Community Development assumes the responsibility for operating as the Continuum of Care Homeless Management Information System Lead Agency.
5. The County of Chester is authorized to provide such assurances, certificates, and supplemental data or revised data that may be requested in connection with the Continuum of Care Governance Charter.

Adopted this 13th day of September, 2018

Chair, Board of Commissioners  
County of Chester

Chief Clerk  
Attest

County of Chester Resolution # 36-18
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See attached Appendix I

II. Coordinated Entry: ConnectPoints

Family Service of Chester County provides the coordinated entry for individuals and families in need of emergency housing assistance in the Chester County CoC. On July 1, 2013, the coordinated entry system known as “Connect Points” went live in Chester County. The term “Connect Points” will remain with the Chester County Coordinated Access system moving forward, regardless of the provider selected to administer this activity.

See Appendix II for Coordinated Entry Policies and Procedures

III. Chester County Department of Community Development (DCD) Mission and Vision

Chester County Department of Community Development (DCD) is a department within Chester County government that serves as the Community Action Agency and the local Workforce Development Board which focuses on bettering our community through the provision of affordable housing, neighborhood improvement, workforce development, and social services so that citizens have the opportunity to successfully live and work in a safe, stable and desirable community.  DCD serves as the lead agency for the PA-505 Continuum of Care (Chester County Continuum of Care) for the U.S. Department of Housing and Urban Development (HUD) and the HMIS Lead.  In this role, DCD also serves as the Coordinating Agency for the Decade to Doorways Partnership and for the implementation of the 2019-2020 Operational Plan.  The Coordinating Agency, under the direction of its Executive Director and Deputy Director, provides administrative support, leadership and staffing in support of the Partnership.

DCD Mission

The Chester County Department of Community Development provides housing, neighborhood improvement, workforce development, and social services to citizens so that they have the opportunity to successfully live and work in a safe, stable, and desirable community.

DCD Vision

The Chester County Department of Community Development will strive to eliminate homelessness, poverty, substandard housing, poor neighborhoods and unemployment / underemployment in Chester County.  DCD’s staff will carry-out DCD’s Vision and Mission in an accountable and respectful manner.
IV. DCD Overview:  
Who We Are & What We Do Today

Chester County, through its Department of Community Development (DCD), serves as the jurisdiction's Continuum of Care Lead Agency. Continuum of Care and Continuum means the group organized to carry out the responsibilities required under the CoC Program Interim Rule (24 CFR Part 578).

DCD makes funding recommendations to the Chester County Board of Commissioners based on the goals and strategies outlined in the HUD Consolidated Plan and the Decade to Doorways 2018-2020 Operational Plan. The Commissioners ultimately approves or declines all funding recommendations presented to the Board.

DCD, as the HMIS lead, is also responsible for establishing the HMIS policies and procedures and for the administration of the jurisdiction's HMIS. HMIS Lead means the entity designated by the Continuum of Care in accordance with the HMIS Proposed Rule (24 CFR Part 580) to operate the Continuum’s HMIS on the Continuum’s behalf.

DCD does employ a dedicated staff person to manage the HMIS to ensure data integrity and compliance with all federal regulations with regard to the HEARTH Act and HMIS Rule.

WHAT WE DO TODAY

The Chester County Department of Community Development provides housing, neighborhood improvement, workforce development, and social services to citizens so that they have the opportunity to successfully live and work in a safe, stable, and desirable community.

DCD administers Federal, State and County funds to address affordable housing, homeless assistance, community and economic development, job training, and provides career services and workshops to support income and economic growth opportunities at its one-stop facility, the Chester County PA CareerLink – United Way Financial Stability Center. The Chester County Career Corps, in partnership with the Council for the Workforce of Tomorrow and the Chester County Workforce Development Board, provides a workforce development system designed to provide youth with access to opportunities for educational enrichment, career development and job placement services.

The Chester County Department of Community Development (DCD) has strong partnerships and coordination with many agencies in the community. For example, DCD has a Memorandum of Understanding with Chester County Department of Human Services to administer Health Choices Mental Health Supportive Housing funds to further housing options for persons with mental health and drug/alcohol disabilities. To date, this partnership has secured approximately 50 units of affordable permanent supportive housing in support of the Decade to Doorways initiative.
Within the Decade to Doorways Partnership, the Decade to Doorways Administrator, in addition to a part-time Decade to Doorways Program Coordinator, provides outreach and educates stakeholders throughout the county on the issues of homelessness and affordable housing. DCD’s Director, Deputy Director and other DCD staff participate in a multitude of community activities and various Boards throughout the county. The DCD Director also serves as the local Workforce Development Board Director and the Chair of the Board of the Housing Authority of Chester County.

V. Continuum of Care Roles and Responsibilities

The Chester County Board of Commissioners serves as the Continuum of Care governing body who in turn authorizes and designates the Chester County Department of Community Development and the Decade to Doorways Governance Board as the entity responsible for carrying out the regulations set forth in the CoC Program Interim Rule, 24 CFR 578, as follows:

- Planning for the CoC, operating the CoC and ensuring compliance with HUD requirements and regulations which include acting as the CoC Lead Agency, Collaborative Applicant and HMIS Lead Agency
- Coordinating the implementation of a housing and service system that meets the needs of the individuals and families who experience homelessness, including prevention and diversion strategies, outreach and engagement, coordinated assessment, emergency shelter, temporary housing, permanent housing, and supportive services
- Designing and implementing the annual process associated with applying for the HUD CoC Program funds
VI. Chester County Client Information Management System (CCCIMS) Governance Charter

1. Chester County HMIS Historical Background

1.1 Definition of Homeless Management Information System
A Homeless Management Information System (HMIS) is a computerized data collection tool used by communities to collect ongoing data on persons who are homeless or receive assistance from the community. This longitudinal data can be used to accurately calculate the size and needs of these populations.

1.2 HUD HMIS Requirement
In 2001, Congress directed the U.S. Department of Housing and Urban Development (HUD) to collect unduplicated data on the extent of homelessness at the local level through a Homeless Management Information System (HMIS). HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of persons experiencing homelessness. The purpose of the HMIS is to use data from these systems to understand the size and characteristics of the homeless population, analyze local patterns of service usage, and assess local service needs. To comply with the Congressional directive, HUD is requiring all participating jurisdictions, like Chester County, to implement an HMIS.

Chester County Roles and Responsibilities as HMIS Lead include but are not limited to:
- Chester County Department of Community Development acting as and managing the Homeless Management Information System Lead for the PA-505 Chester County Continuum of Care;
- Implementing and updating HMIS Privacy, Security and Data Quality Plans for all users and providers with the Chester County Client Information Management System (CCCIMS) through signed user agreements and monthly data quality monitoring;
- Ensuring consistent participation of recipients’ and subrecipients through quarterly training, continuous technical assistance, and data monitoring; and
- Ensuring HMIS is administered in compliance as prescribed by HUD by ensuring all HUD regulatory updates are updated into the system and ensuring all users are aware, as well as all users must complete an ‘End-User Certification’ facilitated by the Chester County HMIS System Administrator.
1.3 Vision for CCCIMS

The Department of Community Development (DCD) has worked in coordination with several county agencies, including the Department of Computer and Information Services (DCIS), the County’s Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer, and the non-profit agencies throughout the County to implement an efficient, user-friendly HMIS, called the Chester County Client Information Management System (CCCIMS), which includes all HUD-funded and DCD-funded agencies. The Community Services Planning Committee, the advisory arm of the Continuum of Care (CoC) funding, has also been involved in the planning and implementation of a county wide CCCIMS program.

The Results Action Team was formed to research available systems that meet HUD criteria, to evaluate the cost effectiveness of and to seek funding for implementation of a HUD-approved computerized data collection system.

The Results Action Team identified three objectives to be accomplished:

1) Understand the data requirements and develop the measures of success of each Action Team in order to produce functional reports.
2) Increase use and accuracy of HMIS system to gather desired data.
3) Network with stakeholders in complementary systems or institutions (as required by action team data requirements) to increase data collection (outside of HMIS).

The introduction of a CoC-wide CCCIMS provides the following improvements and benefits:
- Efficient needs assessment analysis
- Efficient service coordination among providers
- Resource allocation through analysis of data

The CCCIMS program within the Chester County CoC system enables DCD to develop a forum for addressing community-wide issues and facilitate data driven decision-making among providers and policy makers as they gain a better understanding of the extent and scope of homelessness and other social issues within the CoC jurisdiction.

1.4. CCCIMS Definition and Goals

The Chester County Client Information Management System (CCCIMS) is a centralized case management system that allows authorized participating agency personnel throughout Chester County, Pennsylvania, to collect client data, produce statistical reports, and share information with select partner agencies. The Chester County Client Information Management System allows the community to evaluate the utilization of services, identify gaps in the local Continuum of Care, improve the efficiency of homeless related services, and to understand the demographics
and needs of persons experiencing homelessness in Chester County. Specific goals of the Chester County Client Information Management System (CCCIMS) include:

- Improve the quality of services
- Improve client and service tracking
- Ensure continuity of care
- Expedite client intake procedures
- Improve referral accuracy
- Improve case management
- Track client outcomes
- Provide aggregate information for program management, Boards of Directors, funding sources, and other stakeholders
- Provide aggregate information for program evaluation, systems design and policy decisions
- Provide aggregate information for addressing community-wide issues

1.5 CCCIMS Purpose

The purpose of the Chester County Client Information Management System (CCCIMS) includes, but is not limited to the following:

1. Maintain compliance with Federal regulations for data collection as required by the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Veterans Affairs (VA) within the released documents of the 2014 HMIS Data Dictionary and 2014 HMIS Data Manual on August 1, 2014, updating the 2004 HMIS Data and Technical Notice and the 2010 HMIS Data Standards.

2. Efficiently collect and output the data needed for reports as required by various funding entities.

3. Provide the Chester County’s Continuum of Care, the Decade to Doorways’ leadership, and other stakeholders with aggregate information and trends related to those at-risk of, or experiencing homelessness.

4. Provide person’s experiencing homelessness with easier access to services and care.

5. Allow Partner Agencies to better coordinate care to address their clients’ needs.

6. Create aggregate and detailed assessments of the needs of those at-risk, or experiencing homelessness.

7. Provide baseline data and system wide outcomes that can be used for decision-making and future strategies to prevent and end homelessness.
2. Chester County’s CCCIMS Structure

2.1 CCCIMS Solution
Bowman/Mediware Systems is Chester County’s HIMS software provider.

- Providing Chester County’s Internet-based CCCIMS
- CCCIMS software upgrades
- Hosting (maintaining, securing, performing backups, and ensuring availability) of Chester County's CCCIMS
- Providing training and technical support to CCCIMS Administrators

2.2 Chester County Department of Community Development Roles and Responsibilities
Under Chester County’s contract with Bowman Systems, the DCD provides the CCCIMS implementation and program management on behalf of the Chester County CoC. As the CCCIMS Administrator, DCD is responsible for many activities including:

- Preparing agencies within the CoC for implementing the system
- Defining policies and procedures within the federal guidelines, best practices, and Chester County CCCIMS members' input
- Advocating CCCIMS software enhancements on behalf of partner agencies
- Initial and on-going training for CCCIMS
- Providing quality assurance for the CCCIMS program
- Fulfilling Chester County CoC reporting requirements
- Providing technical support through the DCD Help Desk CCCIMS System Administrator
- Providing ongoing system maintenance and updates to fit within federal regulations, guidelines and system performance measures.

2.3 Participating Agencies
Any agency, DCD-funded or non-funded, may participate in CCCIMS if they have signed the Agency Partnership Agreement-Memorandum of Understanding and agree to abide by the Governance Charter outlined in this document. Each participating agency is responsible for its clients' data. Services should be provided to a client regardless of CCCIMS participation provided the client would otherwise be eligible for the agency’s services.

2.4 End User
The End User is authorized by their agency's Executive Director or other persons within the agency having the appropriate authority. The End User cannot use CCCIMS until after signing an End User Agreement with their agency, and completing the necessary training. Each Agency will be allowed a minimum of one license which will be used by an End User(s) in order to manage the Real-time operations of CCCIMS within the agency. This person(s) is responsible for following the policies and procedures outlined in this document, and are ultimately
responsible for collecting and entering client data. This person(s) will also act as the point of contact for client data and reporting done within the system.

2.5 Clients
Clients are required to have their data entered into CCCIMS. They are given the option to have their data shared throughout the database by signing Release of Information to allow an agency's users to collect and view their personal information in CCCIMS. It is a top priority of DCD to ensure that client confidentiality, privacy, and security are maintained at a very high level. The policies and procedures written in this document fulfill basic HUD HMIS requirements, utilize best practices for the industry, and are further enhanced for our community.

3. Implementing CCCIMS

3.1 Agency Partnership Agreement
Policy: To participate in CCCIMS, an agency must sign and agree to abide by the terms of the Agency Partnership Agreement-Memorandum of Understanding (MOU) (Appendix I)
Description:
The Agency Partnership Agreement-Memorandum of Understanding is a contract between the agency and the CCCIMS Administrator (Chester County Department of Community Development) regarding participation in CCCIMS. The agreement outlines specific requirements on confidentiality, data entry, responsibilities, security, reporting, and other items deemed necessary for proper CCCIMS operation.

3.2 Designate Agency End User
Policy: The agency's Executive Director or other empowered officer must designate a maximum of two individuals to act as the agency's End User(s).
Description:
The End User is accountable for the following items:
● Maintain the agency programs and services profiles in the system
● Act as the main point of contact for CCCIMS System Administrator (DCD)
● Ensure client privacy, confidentiality, and security
● Maintain compliance with technical requirements for participation
● Store and enforce End User Agreements
● Post Privacy Notice
● Enforce data collection, entry, and quality standards
● Assist DCD with On-Site Technical Assistance/Audits
● The HMIS System Administrator works with all end users to accomplish meeting the goal of achieving 95% Data Quality and Completeness
3.3 Technological Requirements for Participation

Policy: All computers authorized to access Chester County CCCIMS must meet the minimum requirements as established by DCD.

3.4 Complete Agency Profiles in CCCIMS

Policy: Agencies are not allowed to enter client data into CCCIMS until their agency and service profiles have been approved by DCD and are completed in CCCIMS.

Description:

Within CCCIMS, each agency must set up a group of profiles that define the programs and services the agency offers. End Users will be trained in creating, updating, and maintaining agency information, service information, and other program management requirements in CCCIMS.

3.5 Data Conversion

Policy: Agencies utilizing systems other than Chester County CCCIMS are responsible for converting any data that they wish to carry-over into CCCIMS.

3.6 Designating CCCIMS End User License

Policy: Any individual working on behalf of the agency (employee, contractor, and volunteer), that will enter information into CCCIMS database must be designated as a CCCIMS End User; and therefore is subject to these policies and procedures.

Description:

Anyone who collects CCCIMS data (electronic or paper) or creates reports from the system must receive training. This training is varied depending on the person’s role. If someone will not be entering anything into the system but will be explaining CCCIMS to others, the agency’s End User is required to train this person on client privacy, confidentiality, and security procedures. Individuals, who will work with the CCCIMS software, will be required to attend the Policies and Procedures training as well as specific training on the CCCIMS software.

4. User Administration

4.1 Authorizing Personnel for CCCIMS

Policy: Only authorized individuals that have successfully completed the necessary training sessions may be allowed to access CCCIMS on behalf of an agency.

4.2 End User License Agreement

Policy: A CCCIMS End User License Agreement must be signed and kept on file for all agency personnel or volunteers that will collect or use CCCIMS data on behalf of the agency. The original signed CCCIMS End User License Agreement will be filed at the DCD office in the agency’s CCCIMS file. Additionally, each agency is required to keep a copy of all of their End Users’ License Agreements on file at their office location so that DCD staff may review this documentation during monitoring visits. At No Exceptions should an individual who has not signed an End User License Agreement be able to have or gain access to use of an End
User License at any time.

Description:

1. The End User License Agreement is a document between a participating agency and its employees, contractors, or volunteers who are authorized to collect CCCIMS data and/or record client data into the system, for the purpose of agreeing to abide by the rules and regulations defined in 2014 HMIS Data Dictionary and 2014 HMIS Data Manual on August 1, 2014, updating the 2004 HMIS Data and Technical Notice and the 2010 HMIS Data Standards.

4.3 Assigning Security Levels

Policy: DCD will assign users an appropriate security level such that the users only has access to CCCIMS functionality or information required to successfully fulfill their agencies roles. DCD will also maintain the agency’s Approved Users List. The Executive Director or empowered officer will then contact DCD to set-up user access levels in the system and to schedule their designated End User(s) for training. User ids and passwords will not be distributed to new users until after they have completed the required CCCIMS training with DCD.

Description:

Within CCCIMS, each user is assigned a security level based on the tabs to which they have access. This security allows the user to gain access to certain areas of the CCCIMS application. This security feature is utilized to ensure that individuals can only access the type of client information they need to do their job within the agency. An example would be that an agency would be assigned two different security levels. Security level 2 is designated for the entire agency and can view all information for all programs within their agency only and security level 3 is designated for the individual program within the agency, therefore would only have access to view information for the individual program within the agency. At no time should any client be entered into the Security level 2 for this level is only for viewing the agency as a whole for reporting projects only.

4.4 Removing Authorized Personnel

Policy: The DCD CCCIMS System Administrator must be notified within 1 business day when an individual is no longer authorized to access CCCIMS on the agency's behalf.

5. Training

5.1 End User Training

Policy: Individuals designated as an agency's End User must complete a CCCIMS End User
Training course before being granted a license to operate within the CCCIMS database.

Description:
The CCCIMS End User Training will cover several topics such as the duties and procedures specifically related to the role, beyond a typical End User training session. Topics will include:

- CCCIMS Organization of Services and Sections
- CCCIMS Reports
- Overview of CCCIMS Policies and Procedures
- Client Privacy & Confidentiality
- The Roles of an End User

5.2 CCCIMS Governance Charter Training
Policy: All individuals who are authorized to collect CCCIMS information are required to complete a training regarding CCCIMS Policies & Procedures.

Description:
This training is intended for everyone that will collect data on behalf of CCCIMS, including intake personnel, volunteers, and case managers for example. The training will cover in detail these policies & procedures as they relate to collecting data, expectations, and other materials. Focus will be given to client privacy, confidentiality, and security as it directly relates to CCCIMS.

5.3 CCCIMS Software Upgrade Training
Policy: When new CCCIMS software functionality is available, additional training opportunities regarding the upgrade will be offered.

Description:
CCCIMS will evolve over time to include additional capabilities that agencies and the community have requested or new capabilities required by the U.S. Department of Housing and Urban Development. While documentation will be sent out for each upgrade, there may be occasions where supplemental training would be the best way for individuals to learn how to use the new capability.

5.4 Webinars
Policy: Special topic-based seminars will be offered by DCD as needed. Although, End Users must complete the Policies, Procedures and Security webinar twice a year which will be set up by DCD’s CCCIMS Administrator.
Description:
As CCCIMS evolves, many agencies will find that they are looking for the same type of information or best practices. DCD will provide webinars to share information on updates, technical support and etc.

6. Data Collection Processes

6.1 On Whom to Collect Data
Policy: At a minimum, agencies are required to collect data on individuals who are receiving applicable services from the agency.

6.2 Privacy Policy Notice
Policy: The Chester County’s CCCIMS Privacy Policy Notice must be posted within an agency in a site visible to clients, in a common area, and at the point of intake.

Description:
The Privacy Policy Notice is a brief document, which describes a consumer’s data rights in relation to CCCIMS.

6.3 Informed Consent & CCCIMS Participation
Policy: The agency must review the Client Consent for Data Collection and Release of Information form fairly, and in good faith, with each adult household member and/or unaccompanied youth for whom they will attempt to collect CCCIMS data.

Description:
The Client Consent for Data Collection and Release of Information is an extremely important form within the CCCIMS data collection process. Its purpose is to disclose to clients what the Chester County CCCIMS system is for, what their rights are, why data is collected, what information is requested, and how the information will be used.

Policy: Agencies should strive to communicate informed consent in a language the client understands.

Policy: Clients must sign the informed consent form regardless of their decision to participate in CCCIMS or not.

Description:
Clients can choose if they would like to participate in CCCIMS. Below is a description of what each of the choices means:

“Agree to let this Agency enter my information into Chester County CCCIMS”: This means that their information is entered into the system, with personal identifying information shown (but secured through software and application security).
“I am concerned that sharing my information will put me or my family at risk. Please do not share my information with Partner Agencies. I understand that my information will only be accessible to this agency and the CCCIMS Administrator’s.”

**Policy:** The Client Consent for Data Collection and Release of Information form is good for one year. The original signed document must be stored securely for a minimum of seven (7) years after the client last received services.

**Policy:** Agencies will offer to give the clients a copy of the CCCIMS release.

**Policy:** Clients are presumed to be competent, unless there is a known court order claiming their incompetence. Legal guardians of adult clients may sign for the client.

**Policy:** The agency will need to report to DCD the number of individuals who did not agree to participate in CCCIMS by including their data in their quarterly report and documenting these numbers in their files. The agency must still enter the client's information into the system although must use the lock feature within CCCIMS, so that only the Agency and the DCD Administrators have access to such documentation.

**Policy:** Agencies cannot deny services to an individual solely on the basis of the individual deciding not to participate in CCCIMS.

### 6.4 Electronic Sharing of Client Records

**Policy:** CCCIMS will enable agencies to share client records electronically if agencies agree AND the client consents to the sharing of their information.

**Description:**

CCCIMS will allow groups of agencies to share the same client record, as they try to provide coordinated services for the individual/family. Agencies who wish to have the ability to share records with one another will need to sign an agreement between each other. Clients will also have the added ability to decide if they want their information shared with another agency, as well as what information they would like share.

### 6.5 Using Paper-Based Data Collection Forms

**Policy:** Agencies may choose to initially collect client data on paper and enter it into the CCCIMS software later, rather than entering it directly in the system. However, the overall goal is to have the data entered into CCCIMS within 24 hours.

**Description:**

Each agency will incorporate CCCIMS into its own operating processes. Some agencies will prefer to interview clients and simultaneously enter their information directly into the system.
Other agencies will find it easier to collect information on paper first, and then have someone enter the data later.

6.6 Collecting Client Disability Information

**Policy:** Agencies must collect client disability information after the individual is enrolled in a program, unless it is a requirement for program entry.

**Description:**

As a part of the data standards required by HUD, agencies are requested to ask clients questions about disabilities. To comply with other federal laws and regulations, these client questions must be asked at a certain point in time to avoid any legal issues.

HUD defines 'disabling condition' as: “(1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agent for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.

6.7 CCCIMS Data Standards

**Policy:** All agencies and CCCIMS End Users are required to collect the Universal Data Elements as stated by the U.S. Department of Housing and Urban Development (HUD).

**Description:**

CCCIMS End Users are required to collect HUD's Program-Specific Data Standards fields, especially if the client is receiving services funded through federal homeless assistance grants, as stated in the Agency Agreement and End User Agreement.

6.8 Client Access to Their Information

**Policy:** Clients have the right to a copy of their applicable client level data contained within CCCIMS which can be obtained through an agency’s formal record request process.

6.9 Filing a Grievance

**Policy:** Clients have the right to file a grievance regarding potential violations of their privacy rights regarding CCCIMS participation and have the right to contact the agency’s End User regarding data inaccuracy (See Notice of Privacy Practices).

**Policy:** No action or punishment will be taken against a client if they choose to file a grievance.
6.10 Revoking Authorization for CCCIMS Data Collection

Policy: Clients who initially agree to participate in the Chester County CCCIMS have the right to rescind their permission for data collection.

7. CCCIMS Quality/ Security Assurance

7.1 Data Quality

Policy: CCCIMS End User(s) are required to ensure data quality of the information that is being collected for CCCIMS, as stated in the End User Agreement. End Users are required to fix data quality issues in a timely manner.

Description:
To produce high quality, reliable reports it is imperative to possess high quality data. DCD will help assure stakeholders that the data contained within CCCIMS is of high quality.

7.2 Security Monitoring

Policy: End Users are required to immediately resolve any issues discovered during a CCCIMS security monitoring.

Description:
In order to maintain the high level of security, client privacy and confidentiality practices set up in the Governance Charter document, DCD will conduct security evaluations on a regular basis. End Users will work with the DCD to schedule a monitoring visit, and to assist DCD in performing the monitoring. The monitoring will cover many topics including: informed consent agreement, privacy notices, technology security, and data entry practices.

7.3 Workstation Security

Policy: Agencies are required to place End User computer screens in a manner so as to prevent unintentional confidentiality breaches.

Policy: Passwords and Log-in information are to be kept secure; this information should never be shared with anyone.

7.4 Technological Requirements for Participation

Policy: All computers authorized to access Chester County CCCIMS must meet the minimum requirements as established by DCD.

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

7.5 Additional Quality Reports

**Policy:** DCD will make additional quality reports available regarding software, technical support, quarterly reports, training, and overall program directions.

**Description:**

Additional reports will be created to ensure that the overall CCCIMS program is of high quality. Topics that will be reported on will include overall software quality, quality of the technical support, training quality, quarterly reports and overall program quality. As these reports are available, DCD will notify agencies.

8. CCCIMS Compliance

During the contract period, the Provider will supply all required data in the Chester County Client Information Management System (CCCIMS) for all contracted programs. **All providers are required to update the CCCIMS database within 24 hours of participant Entry/Exit into a program.** Emergency Shelter providers must have the ShelterPoint Module up to date by close of business everyday including weekends and holidays. If a situations arises where the agency is unable to log into CCCIMS and update the ShelterPoint module their agency, their agency must notify the Coordinated Access Provider, ConnectPoints of their current Bed Availability at the close of business day of your organization.

Failure to remain compliant with data quality and assurance as well with the submission of required reports could result in an interruption of the submitted invoice for that current time period.

**The following Requirements will be reviewed during the invoice process.**

- 100% of all HUD funded homeless assistance programs must be actively participating in CCCIMS
- 85% of all beds in non-HUD funded residential homeless assistance programs must be actively participating in CCCIMS
- Missing information does not exceed 10% for required universal and program specific data elements for all clients served in a month
Continuum of Care Governance Charter

- “Don’t Know and Refused” responses must be less than 5% of all answered question.
- Quarterly reports are submitted and are accurate in a timely manner.

Report Utilization

Data Quality reports will be used to assess individual program data quality. The CCCIMS System Administrator will be responsible for creating and producing Data Quality reports. The individual agency will be able to access the reports relevant to their program(s). This enables the agency to monitor their data and improve data quality. It is important that the agency run data quality reports on a monthly basis to meet the requirement HUD benchmark for clients served in their program(s).

9. DCD CCCIMS System Administrator

9.1 Ways to Contact the DCD CCCIMS System Administrator

Policy: The agency’s Site Administrator should be the only person who contacts the DCD CCCIMS System Administrator via the Helpdesk.

9.2 Response Times for Issues

Policy: The DCD CCCIMS Help Desk and the DCD CCCIMS System Administrator will attempt to resolve issues within the shortest period of time possible, but these responses are subject to the vendor’s response times.

Description:

While the DCD CCCIMS Help Desk can answer most questions and concerns regarding CCCIMS, when an issue cannot be immediately resolved, it will be forwarded to the DCD CCCIMS System Administrator. If necessary, the DCD CCCIMS System Administrator will forward the issue to the vendor. The DCD CCCIMS System Administrator is subject to the vendor's response times.
APPENDIX I

DECADE TO DOORWAYS

2018-2020

OPERATION PLAN
Decade to Doorways
Preventing and Ending Homelessness in Chester County

2018-2020 Operational Plan

Chester County Department of Community Development
4/3/2018
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Introduction

About Decade to Doorways
Decade to Doorways (D2D) is Chester County’s Ten Year Plan to Prevent and End Homelessness. It’s an umbrella over approximately 35 organizations diligently working every day to see our community healthy, housed, and stable. These organizations all share in the mission to prevent and end homelessness but they can be split up into four different categories: emergency or transitional shelter, supportive services, permanent housing, and prevention services.

As a collective impact model, D2D brings efficiency, effectiveness, and innovation to the current system. By uniting homeless service providers to prioritize goals for achieving lasting systemic changes, coordinating targeted public awareness events, making data driven decisions to serve the most vulnerable, and holding purposeful working sessions, D2D inspires hope in the short term for long term solutions.

Ultimately, D2D is a collaboration of consumers, government entities, service providers, educators, healthcare practitioners, faith communities, funders, businesses, and people from the general public aiming to make homelessness rare, brief, and non-recurring by 2022.

Mission
The mission of Decade to Doorways is to maximize current resources and develop new ones, making them as efficient and useful as possible with the end goal of preventing and ending homelessness in Chester County within 10 years.

Vision
To ensure a community wide network of services to prevent and end homelessness in Chester County by shifting from a system that manages homelessness, to a system that diverts, prevents and rapidly re-houses.

Rare, Brief and Non-recurring
An end to homelessness in Chester County will occur when it is considered rare, brief, and non-recurring. At this point, the Chester County homeless provider system will be able to appropriately handle the needs of the community.

- **Rare**: Homelessness will not occur often. The diversion and prevention services will act as a net to avoid homelessness if at all possible.
- **Brief**: If homelessness does occur, it will be for 30 days or less. At this point, the supply of affordable housing in the County will exceed the demand. Additionally, there will be no barriers to entering shelter.
Non-recurring: Once an individual or family exits the system, they will not experience homelessness again. Efforts will be taken to ensure they maintain their housing through the appropriate supports.

Purpose and Overview of the Plan

The purpose of this plan is to guide the Decade to Doorways collaborative through the next two years in order to take action towards making homelessness rare, brief, and non-recurring by 2022. This plan includes four improvement goals needed with between three to seven recommendations per goal.

This plan is designed in order to assist the Governance Board and ad-hoc committees to progress towards their goals. As in the past, this plan will evolve as the D2D Partnership continues to learn. In order to do so, a version of this document will live on Google Documents, to allow for additions and amendments.

This Operational Plan is made within the context to the Ten Year Strategic Plan. The guiding principles of this plan are as follows:

1. **Retool the crisis response system**: Shift focus from a system of managing and sheltering to a system focused on ending homelessness through prevention, diversion, and rapid re-housing.

2. **Utilize existing, evidence based practices**: Use national and community best practices.

3. **Make data-driven decisions**: Utilize strategies that produce measurable results and make effective and efficient use of scarce resources.

4. **Focus on a client-centered approach**: Use of approaches that encourage individual empowerment, service leveraging, and community coordination.

5. **Shift funding priorities to align with the Plan**: Commitment to educate and advocate for local funders to shift resources to fund strategies identified in the Plan.

6. **Community collaboration**: Leverage community ownership of the causes and the solutions, challenge all parties to examine programs, policies, and principles, and redirect those that may sustain homelessness to those that prevent and end homelessness.

7. **Continuum of Care alignment**: Ensure alignment of Chester County Continuum of Care strategies with benchmarks in the Plan.
Development Process

National Alliance to End Homelessness

D2D contracted with the National Alliance to End Homelessness (NAEH) to provide guidance and recommendations to support the work of the D2D Partnership in order to align the DD Operational Plan to promote an effective, coordinated homeless response system informed by best practices. The scope of services completed by the NAEH include:

- Collect and analyze homeless system performance measures and data
- Conduct meetings, interviews, and survey key stakeholders relating to elements of an effective systemic response (i.e. Housing First, Coordinated Entry to include Diversion and Outreach, Crisis Housing/Crisis Services, Quick Return to Permanent Housing, and Access to Stabilization Supports)
- Review CoC Written Standards and governing documents
- Review D2D Plan, proposed Operational Plan to provide governance recommendations
- Share best practices and research of comparable communities
- Develop and present recommendation report

In creating the Recommendations Report, the NAEH used research, best practices from other communities, historical knowledge of Chester County’s homeless services, and an analysis of Chester County’s current homeless response system to provide guidance and recommendations for housing and support services for people experiencing homelessness in the County. The recommendations focused on reducing homelessness quickly, efficiently, and at a reasonable cost, as well as improving the lives of people experiencing or imminently at risk of experiencing homelessness.

In conducting the assessment, the Alliance reviewed the following:

- Decade to Doorways: The Community Plan to Prevent and End Homelessness in Chester County; Decade to Doorways Operational Plan: 2016 and 2017 Strategic Goals and Detailed Plans, November 5, 2015
- Continuum of Care (CoC) Governance documents
- CoC Coordinated Entry and diversion documents and process
- CoC HUD Funding application process
- How people access emergency shelter, rapid re-housing (RRH), and permanent supportive housing (PSH), other homeless services, and street outreach strategies
- Emergency shelters’, RRH, and PSH eligibility requirements, policies and procedures when made available
● Demographic data, utilization rates, and performance outcomes of emergency shelters’, rapid rehousing, and permanent supportive housing for single adults and families

In gathering this data, the NAEH concluded that there were eight key issues in the Chester County Homeless Response System. These eight issues morphed into four improvement goals with three –seven recommendations each.

D2D took this information and created action plans to begin the process of improving the Homeless Provider System of Chester County.

Voice and Vision
In addition to the evaluation completed by the NAEH, D2D contracted with an organization called Voice and Vision in order to gain feedback from those with lived experience. Through this process, nearly 60 individuals who were currently or formerly homeless gave insight into ways in which the Chester County Homeless Provider System could be improved. Those recommendations have been compiled and added to the action plans, alongside the goal to pursue a sustainable way in which to include the voice of those with lived experience.
D2D Current State

Chester County Market Analysis

Chester County is the wealthiest county in Pennsylvania with a median household-income of $92,407, according to the 2016 American Community Survey (ACS), but like any area, it still has poverty and homelessness.

The County has a population of 516,312 citizens, many of whom have struggles related to poverty and high housing costs. An estimated 35,349 persons live below the poverty level in Chester County (U.S. Census, 2016 Small Area Income and Poverty Estimates (SAIPE). This is a significant increase for Chester County, as the 4.5% poverty rate in 2000 was much lower than the 7.0% reported in 2016 (SAIPE, 2000; SAIPE, 2016).

There are 197,721 total housing units available throughout the county (2016 ACS). The median value of an owner-occupied housing unit in Chester County is $347,700, which is almost double the amount of Pennsylvania’s median value of $166,000 (2016 ACS).

The maximum allowable home value for Chester County’s first-time homebuyer program, as approved by the U.S. Department of Housing and Urban Development, (HUD), is $308,750. This figure, which is equal to the 95% of median home sale prices in 2017, reflects Chester County’s high housing values. To find affordable homeownership opportunities, buyers must narrow their choices to include fewer areas, which may offer less opportunity access, or explore different housing options that are more affordable.

The County currently has a rental vacancy of 5.3% and a median rent of $1,209 per month (2016 ACS). The rental vacancy rate for Pennsylvania is 5.9% with a median rent of $840. This comparison illustrates how Chester County has fewer available and affordable rental units than elsewhere in the state. There are 46,387 occupied rental units; of these households, 26,208 (56.5%) pay rents between $1,000 and $2,000 a month. The 2018 Fair market rents for Chester County further illustrate the challenge of obtaining an affordable rental unit. These rents, set by HUD, are:

- $1,047 for a one bedroom unit
- $1,266 for a two bedroom unit
- $1,587 for a three bedroom unit
- $1,787 for a three bedroom unit

Currently in Chester County there are a select number of places that individuals can live under these guidelines. These high housing costs and low vacancy rates make it extremely difficult for low-income residents to obtain stable housing even with full time employment. In Chester County, 25.7% of homeowners with mortgages and 17.4% of homeowners without mortgages experience housing cost burden, defined as contributing 30% or more of their income to housing costs (2016 ACS). Nearly half of renters in Chester County (47.3%) experience housing cost burden (2016 ACS). According to the National Low Income Housing Coalition, there are fewer than 30 affordable and available rental units for every 100 households below 30% of the median family income threshold.
The living wage is the hourly rate that an individual must earn at 40 hours per week to meet basic living expenses. In Chester County, the living wage for an adult with one child is $23.64 (Poverty in America, Living Wage Calculator, 2016), while the minimum hourly wage in Pennsylvania is only $7.25.

Self-sufficiency measures how much income a family of a certain composition in a given place needs to adequately meet their basic needs without assistance. An independent analysis conducted by the Central Pennsylvania Workforce Development Corporation found that a Chester County family of four with two adults, one school aged child and a child in preschool needs to make $77,234 a year (using 2016 Consumer Price Index measures) to be self-sufficient. A single parent with a preschool aged child needs to make $55,721 a year to meet the same self-sufficiency threshold. For Chester County residents with incomes below this level, particularly those working in retail or service jobs, obtaining safe, decent and affordable housing in an area of opportunity can be a significant challenge.

Chester County Emergency Housing Provider System

Chester County funds five shelters that provide a safe place for homeless individuals that have fallen on hard times and lack access to housing. Two additional organizations in Chester County provide emergency shelter through hotel vouchers.

Community, Youth and Women’s Alliance (CYWA) was founded in the late 1800’s in Coatesville. CYWA provides temporary shelter and refuge to homeless single women and women with children seeking help because of poverty, abandonment, abuse, mental health and addiction challenges. Here women can receive intensive case management services to move them into self-sufficiency and independence. The CYWA has 25 beds.

W.C. Atkinson founded in 1983 and located in Coatesville, offers a continuum of housing that runs from an emergency shelter through to permanent housing for single men. The agency is unique in that its shelter staff is comprised predominantly of former shelter residents and more than 200 men are sheltered annually. W.C. Atkinson has 22 beds.

Safe Harbor of Greater West Chester was organized in response to a need identified by the Chester County Task force in 1992. Safe Harbor’s mission is to provide housing, food and access to support services in a structured environment for homeless single men and homeless single women. Safe Harbor has 20 beds for single women and 20 beds for single men.

Friends Association started as an orphanage in 1822 Philadelphia, and then in 1974 it became a shelter in West Chester. The agency helps homeless or near homeless families stabilizes their lives and find or maintain permanent housing. The shelter program combines a private, safe setting and necessities with effective, individualized case management services. Friends Association has 21 beds.

Good Samaritan Shelter, like many similar grassroots initiatives, began as a response to homeless men coming to a community church in Phoenixville and asking for help. Opening its doors in 1999, Good Samaritan Shelter provides emergency shelter and transitional housing. Case managers work closely with residents to help them regain stability in their lives and address the issues surrounding their
homelessness. Good Samaritan has recently merged with Bridge of Hope Lancaster and Chester County and has become Good Samaritan Services. The men’s shelter has 7 beds.

Kennett Area Community Services (KACS) began over 60 years ago and provides food and emergency housing assistance. The KACS Emergency Assistance Program offers case management, referral services and financial assistance for rent, utilities and other needs. This program also works to resolve homelessness through homeless prevention and rapid rehousing services. KACS provided motel room fees for 236 nights in 2016.

Open Hearth Inc. began in 1991 with the original intent to target the housing needs of people with developmental disabilities. In 2007, a group of Phoenixville residents met to examine the issue of people that were engaged or seeking mental health treatment in Phoenixville who were experiencing homelessness and were ineligible or inappropriate for typical homeless service programs due to their diagnosis or behavior. Gateway Housing Group was then formed for the purpose of providing housing, programs and financial assistance to people receiving or seeking mental health, serious medical, or addiction treatment. Open Hearth served 299 people in 2016.

**Point-in-Time Count**

The annual Point-in-Time Count is mandated by the U.S. Department of Housing and Urban Development (HUD) to obtain an estimate of the total number of individuals and families experiencing homelessness at a given Point-in-Time in the United States. The Chester County Department of Community Development has participated in the Point-in-Time count for more than a decade.

The 2018 Point-in-Time Count found 542 men, women, and children housed in emergency or transitional shelters in Chester County on the morning of January 25, 2018. Of the 542 that were housed; 218 were Veterans. This is primarily due to Chester County housing a vast Veterans Medical Center in Coatesville. The street count found 13 individuals who were unsheltered; sleeping in cars, tents or places not meant for human habitation. The total of all those experiencing homelessness in 2018 was 555.

The Point-in-Time Count has been progressively reduced each year. In 2016, there were 682, in 2017 there were 570 and in 2018 there were 555.
Issues

The National Alliance to End Homelessness has recognized eight key issues of the Chester County Homeless Response System. For more context in regards to the issues, see the Recommendations Report. They are as follows:

- **Issue 1:** The Decade to Doorways Partnership needs a more clearly defined governance structure that bears the authority and accountability to ensure data-driven and transparent decision-making, resources allocation, and policy making.

- **Issue 2:** The Decade to Doorways Partnership is currently unable to measure its performance in ending homelessness at the system level. Although the County reports its System Performance Measures to HUD annually, it has not set benchmarks or performance goals to address (1) decrease in persons experiencing homelessness, (2) length of time people experience homelessness, (3) increase exits from homelessness to permanent housing, or (4) decrease in the number of people who return to homelessness within one to two years.

- **Issue 3:** The Decade to Doorways Partnership lacks capacity to drive system change efforts and continuous tracking and improvement of system performance.

- **Issue 4:** Services and funding within the Decade to Doorways Partnership are contained in silos that do not strategically address large community issues.

- **Issue 5:** Decade to Doorways Partnership lacks a system-level engagement strategy to engage landlords in order to create a pipeline of affordable housing.

- **Issue 6:** The Decade to Doorways Partnership housing resources for people experiencing homelessness, particularly very vulnerable people, does not match the current need and people are getting “stuck” in the system because they are unable to access shelter or exit to housing.

- **Issue 7:** The front door to the Decade to Doorways Partnership is not designed to create immediate and low-barrier access to service and housing opportunities.

- **Issue 8:** Decade to Doorways Partnership should enhance its CCCIMS infrastructure to use data to guide and track homeless system outcomes, how quickly people move through the system based on available interventions (i.e. “flow”), data quality, inventory, and demographics in order to support system and program level strategic decision making.

The assessment completed by Voice and Vision outlined further the need for the inclusion of the voice of those with lived experience in the plans of Decade to Doorways. This is a goal in and of itself and will be prioritized as such.
Recommendations
The aforementioned issues led to the following improvement goals and subsequent recommendations.

Additional information regarding each goal and recommendations can be found in the Recommendations Report.

Robust Governance Structure and Performance Measurement
The NAEH recognized that in order to achieve the goals of the Decade to Doorways Ten Year Plan to Prevent and End Homelessness, the Decade to Doorways Partnership will need dedicated leadership to establish and enforce a housing-focused direction for the homeless response system, to measure and evaluate performance, and to fund the system in a way that supports positive outcomes.

In order to meet this goal, five recommendations were made and are outlined with accompanying action steps in the Appendix.

Those recommendations include:

- **RECOMMENDATION 1**: Re-organize the Decade to Doorways’ governance structure; recruit new members, define roles, clarify decision-making processes, and enable data-driven and outcome-focused policy-setting.
- **RECOMMENDATION 2**: Re-structure the Governance Board and Clearly Define the Roles and Functions of the Members and Committees
- **RECOMMENDATION 3**: Create newly formed committees for the D2D Partnership Governance Board
- **RECOMMENDATION 4**: Implement an updated performance measurement and improvement process that informs strategic decisions to ensure the right combination of strategies and resources to end homelessness
- **RECOMMENDATION 5**: Once performance benchmarks are established for each housing and support service intervention, the System Performance Outcome Measurement Committee should establish a performance improvement plan process, identify “low performers,” and engage these providers in a performance improvement plan

Leveraging and Coordinating Resources and Funding
The goal of the homeless response system is to re-house people as quickly as possible. To make the D2D Partnership’s primary response to homelessness focus accordingly, no matter what the type of intervention, the D2D Partnership should align all community support services and funds and leverage additional funds and resources to allow for funding flexibility that best addresses the community’s needs.

In order to meet this goal, three recommendations were made and are outlined with accompanying action steps in the Appendix.
Those recommendations include:

- **RECOMMENDATION 1**: Create a collaborative structure that aligns funding resources and services
- **RECOMMENDATION 2**: Increase Decade to Doorways Partnership staff to make systems coordination successful
- **RECOMMENDATION 3**: Formalize and Coordinate the existing system-wide landlord engagement strategy and include a landlord risk mitigation pool and strategy to mitigate risk of unit damage, missed rent payments, and incentivize landlords to rent to “risky” tenants

### Ensuring Efficiency and Realigning Existing Interventions to Create System Flow

Key characteristics of an efficient and right-sized homeless response system include alignment of all interventions of the system, design and alignment of all system activities, and the development of strategic collaboration and coordination across all providers to support the goal of housing people quickly. The D2D Partnership should take a systematic approach to eliminate unnecessary costs, and better align resources to serve the most vulnerable, highest needs individuals.

In order to meet this goal, seven recommendations were made and are outlined with accompanying action steps in the Appendix.

Those recommendations include:

- **RECOMMENDATION 1**: Adopt a system-wide Housing First approach
- **RECOMMENDATION 2**: Create a strategy to end chronic homelessness
- **RECOMMENDATION 3**: Re-design the Decade to Doorways’ emergency shelters to adopt and operationalize the key elements of effective emergency shelter
- **RECOMMENDATION 4**: Develop and conduct an assessment of current permanent supportive housing projects and formalize a “Move On” strategy to ensure this rich, deep resource is targeted to those who need it most
- **RECOMMENDATION 5**: Continue the development and implementation of the Coordinated Entry System with an emphasis on making diversion strategies more robust
- **RECOMMENDATION 6**: Provide robust Coordinated Entry guidance, training, and support for provider staff
- **RECOMMENDATION 7**: Adopt the National Performance Benchmarks and Program Standards for Rapid Re-Housing and develop the system’s capacity to adopt RRH as the primary housing intervention in the CoC

### Making Data Work for the Community

The D2D Partnership needs to develop a system-wide strategy to use data to measure overall system performance in making homeless rare, brief, and non-recurring.
Data is only valuable if accurate and acted upon. Using data to improve design, policies, and training will not only assist in evaluating program level performance, it will also help the community better understand how the homeless response system is progressing in its goal to make homelessness rare, brief, and nonrecurring. The D2D Partnership should engage in a constant performance evaluation cycle by setting performance benchmarks and goals, collecting quality data that measures performance, and regularly report on that performance in a user-friendly way in order to evaluate and then ultimately improve overall performance.

In order to meet this goal, three recommendations were made and are outlined with accompanying action steps in the Appendix.

- **RECOMMENDATION 1:** Provide more robust CCCIMS guidance, training, and support for provider staff
- **RECOMMENDATION 2:** The Decade to Doorways Partnership should adopt HUD’s recommended Data Quality Management Program
- **RECOMMENDATION 3:** Develop a dashboard using CCCIMS to track progress on system flow improvements and outcomes
Decade to Doorways Structure

As recommended by the NAEH, the Governance Structure of Decade to Doorways will be adjusted in order to accomplish the goals outlined above. The new structure of Decade to Doorways is defined below.

Governance Board

The primary function of the Governance Board shall be to provide guidance for and exercise oversight with respect to the activities of the Continuum of Care and to advise the Decade to Doorways Partnership on all matters related to the development, administration, and activities conducted as part of these initiatives.

The Governance Board shall have the following responsibilities:

- Set policies that will make progress towards meeting desired system outcomes to end homelessness
- Make difficult decisions and bold changes in re-designing a more effective homeless response system
- Guide the community’s system change process from a programmatic response to a transparent systemic response
- Evaluate and improve the performance of programs and the overall system by utilizing shared performance measures
- Evaluate new funding opportunities and strategically re-align funding and resources to achieve systems goals, and
- Engage leaders in governing activities with the authority to set system-wide policy, vision, and direction.

The Governance Board will have one chair and two vice chair persons.

The Governance Board will have a Nominating Committee that is responsible for recruiting members, ensuring diversity among cultures, geographies, and stakeholder area of expertise, developing and implementing board selection, appointment, orientation, and removal of members.

Additionally, a Steering Committee will assist the Governance Board by acting on behalf of Governance Board between Governance Board Meetings, ensuring strategic direction and decision making of the Board and engaging in ongoing communication with DCD staff.

Principles and Guidelines of the Governance Board are outlined in the Appendix.

Committees

In order to complete the improvement goals previously outlined, on-going and ad hoc committees will be created by the Governance Board.

The following committees will be created:

- Coordinated Entry Planning and Oversight (CEPO) Committee
The CEPO Committee develops, evaluates, implements, updates, and assists in administration of the Coordinated Entry System (i.e. diversion, access, assessment, prioritization, referral) including development, evaluation, implementation, and monitoring of policies, practices, and tools; convenes stakeholders as a learning community for effective operations of coordinated entry.

- **System Performance Outcome Measurement (SPOM) Committee**
  - The SPOM Committee provides guidance and recommendations for clear and accurate measurement and communication of the D2D Partnership in alignment with HUD guidance and requirements; supports data collection and evaluation efforts of the D2D Partnership to assess and inform progress on ending homelessness; includes program level evaluation and monitoring.

- **CoC NOFA Committee**
  - The CoC NOFA Committee assists with the local CoC Program NOFA Competition, oversees development of local application materials, project scoring criteria factors for consideration by full D2D Partnership partners and eventual approval of the D2D Partnership Board; may make up members of the CoC Project Application Review Team if not conflicted.

- **CCCIMS Agency Admin Group**
  - The CCCIMS Agency Admin Group works with HMIS Lead to provide recommendations on ongoing software use and enhancements; troubleshoot frequent data quality errors; assists in development, evaluation, and implementation of D2D Partnership Data Quality Plan.

- **Permanent Housing Options Committee**
  - The Permanent Housing Options Committee’s purpose is to maximize current permanent housing resources by ensuring community wide awareness and access to all available housing programs. The goals are to efficiently and successfully connect individuals and families experiencing homelessness to appropriate permanent housing options.

- **Community Outreach Committee**
  - This committee will be charged with bringing public awareness to the larger community. Target audiences will include chambers of commerce, rotaries, local businesses, churches, etc.

The aforementioned committees are all ongoing. In addition to these committees, workgroups dedicated to certain tasks will be created. This workgroups will have start and end dates. At the creation of new committees or workgroups, a charter will be prepared by D2D Administrative Staff and adopted by the Governance Board as the Nominating Committee selects members. The Committee Charter is in Appendix E.

If there is an interest in joining a Decade to Doorways Committee or Workgroup, please contact Lauren Campbell at Lcampbell@chesco.org or 610-344-4723. An application will be filled out and you will be
matched with the appropriate workgroup. In addition, Decade to Doorways will supply a letter to your employer expounding upon time commitment required per workgroup.

The date range for the Appendices below begins April 1, 2018.
### Appendix A: Goal #1- Robust Governance Structure and Performance Measurement

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>ACTION</th>
<th>OUTCOME</th>
<th>RESPONSIBLE PARTY</th>
<th>SUPPORTING PARTY</th>
<th>DUE DATE (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1: Re-organize the Decade to Doorways’ governance structure; recruit new members, define roles, clarify decision-making processes, and enable data-driven and outcome-focused policy-setting.</td>
<td>Create Nominating Committee</td>
<td>Nominating Committee created</td>
<td>Governance Board</td>
<td></td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Nominating Committee determines Governance Board</td>
<td>Governance Board created</td>
<td>Nominating Committee</td>
<td>Governance Board</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Nominating Committee determines Steering Committee</td>
<td>Steering Committee created</td>
<td>Nominating Committee</td>
<td>Governance Board</td>
<td>3 months</td>
</tr>
</tbody>
</table>
| 1.2: Re-structure the Governance Board and Clearly Define the Roles and Functions of the Members and Committees | Governance Board determines:  
- D2D Partnership overview and purpose  
- Implementation Schedule of transition to new governance  
- D2D Partnership Membership (i.e.: roles and responsibilities, meetings, voting, membership committees, procedure for D2D Partnership Board selection)  
- Committee structures  
- Conflict of Interest Requirements | Principles and Guidelines created                                       | Governance Board                                                      | Nominating Committee |                  | 3 months         |
<p>|                                                                                | Create new Governance Charter                                           | Governance Charter                                                    | Governance Board  | Steering Committee | 1 year           |
| 1.3: Create newly formed committees for the D2D Partnership Governance Board   | Nominating Committee determines individuals for System Performance Outcome Measurement Committee (SPOM) and creates Committee Charter | SPOM Committee nominees invited                                        | Nominating Committee | Governance Board | 3 months         |
|                                                                                | Committee Charter created                                               | SPOM Committee created                                                 |                  |                  |                  |
| 1.4: Implement an updated performance measurement and improvement process that informs strategic decisions to ensure the right combination of strategies and | SPOM committee gathers and elects two chairs                           | SPOM committee created                                                 | SPOM             | Governance Board | 3 months         |
|                                                                                | SPOM determines new performance outcomes, standards, and develops initial | Performance outcomes, standards and initial benchmarks created         |                  |                  |                  |</p>
<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>ACTION</th>
<th>OUTCOME</th>
<th>RESPONSIBLE PARTY</th>
<th>SUPPORTING PARTY</th>
<th>DUE DATE (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>resources to end homelessness</td>
<td>benches</td>
<td>Governance Board approves measures and timeline created</td>
<td>SPOM</td>
<td>Governance Board</td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>SPOM brings performance outcomes, standards and benchmarks to Governance Board and assists in creation of timeline for adoption</td>
<td>Governance Board approves measures and timeline created</td>
<td>SPOM</td>
<td>Governance Board</td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>Governance Board meets with providers to introduce new outcome measures and timeline for adoption</td>
<td>Providers adopt new measures and begin adjusting operations</td>
<td>Governance Board</td>
<td>SPOM</td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>County begins process of reviewing CoC and County-wide contracts to include performance based contracting measures</td>
<td>Share review with all D2D funding partners</td>
<td>DCD</td>
<td>Governance Board</td>
<td>9 months</td>
</tr>
<tr>
<td>1.5: Once performance benchmarks are established for each housing and support service intervention, the System Performance Outcome Measurement Committee should establish a performance improvement plan process, identify “low performers,” and engage these providers in a performance improvement plan</td>
<td>Performance Measurement and Improvement Coordinator and SPOM develops structure and process for performance improvement plan to include incentives for high performing programs</td>
<td>Structure and improvement plan presented and approved by Governance Board</td>
<td>SPOM</td>
<td>DCD – Performance Measurement and Improvement Coordinator</td>
<td>9 months</td>
</tr>
<tr>
<td></td>
<td>Governance Board meets with providers to introduce new performance improvement procedures</td>
<td>Providers begin to adjust operations based off performance improvement procedures</td>
<td>Governance Board</td>
<td>SPOM</td>
<td>12 months</td>
</tr>
<tr>
<td></td>
<td>SPOM develops template for and produces first quarterly report card; and produces report cards quarterly thereafter</td>
<td>Quarterly report created and utilized by Governance Board for performance improvement plans</td>
<td>SPOM</td>
<td>Governance Board</td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>Governance Board starts performance improvement plans with providers interested improving performance on a voluntary basis</td>
<td>Providers work with DCD to improve performance</td>
<td>DCD</td>
<td>SPOM</td>
<td>12 months</td>
</tr>
<tr>
<td></td>
<td>County and Governance Board</td>
<td>Providers operate based</td>
<td>DCD</td>
<td>Governance Board</td>
<td>12 months</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
<td>OUTCOME</td>
<td>RESPONSIBLE PARTY</td>
<td>SUPPORTING PARTY</td>
<td>DUE DATE (range)</td>
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<tr>
<td>begin holding providers to new CoC performance standards for the CoC NOFA and all other federal and county funding</td>
<td></td>
<td>on new performance standards</td>
<td></td>
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</tr>
<tr>
<td>D2D Partnership starts performance improvement plans as mandatory requirements for low performing providers; start providing financial incentives based on performance based contracting measures</td>
<td></td>
<td>Providers improve performance</td>
<td>D2D Partnership</td>
<td>Governance Board</td>
<td>24 months</td>
</tr>
<tr>
<td>DCD evaluates effectiveness of performance improvement process, reports evaluation to Governance Board, revises process based on evaluation, propose changes to the Board for approval.</td>
<td></td>
<td>Improvement of performance improvement process</td>
<td>DCD</td>
<td>Governance Board</td>
<td>24 months</td>
</tr>
</tbody>
</table>
## Appendix B: Goal #2 - Leveraging and Coordinating Resources and Funding

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>ACTION</th>
<th>OUTCOME</th>
<th>RESPONSIBLE PARTY</th>
<th>SUPPORTING PARTY</th>
<th>DUE DATE (range)</th>
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</thead>
<tbody>
<tr>
<td>2.1: Create a collaborative structure that aligns funding resources and services</td>
<td>Governance Board identifies a particular community initiative such as ending chronic homelessness, institutional discharge planning, child welfare overlap to propose to potential funding partners</td>
<td>Initiative chosen</td>
<td>Governance Board</td>
<td>Steering Committee</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Governance Board identifies potential funding partners to collaborate with on initiative</td>
<td>Funding partners determined</td>
<td>Governance Board</td>
<td></td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Steering Committee assists in the creation of funding collaborative. Schedules meetings with potential funding partners and proposes idea, explores partner interest, and explore further identifies potential partners. Identifies individuals from Governance Board to sit on Funding Collaborative as liaison.</td>
<td>Committee Charter created for funding collaborative</td>
<td>Steering Committee</td>
<td>Governance Board</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Funding Collaborative agrees on a community initiative and creates centralized decision making body</td>
<td>Funding collaborative structure determined</td>
<td>Funding Collaborative</td>
<td>Governance Board</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Funding Collaborative determines strategic approach to funding community initiative and determines what and where resources can be aligned to address initiative</td>
<td>Strategy to combat initiative created</td>
<td>Funding Collaborative</td>
<td>Governance Board</td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>Funding collaborative releases</td>
<td>Plan and timeline</td>
<td>Funding Collaborative</td>
<td>Governance Board</td>
<td>6 months</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
<td>OUTCOME</td>
<td>RESPONSIBLE PARTY</td>
<td>SUPPORTING PARTY</td>
<td>DUE DATE (range)</td>
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<tr>
<td>plan and timeline to address community initiative and includes a plan to report progress to the larger community</td>
<td>Governance Board evaluates success of community initiative</td>
<td>Adjustments made and process begins again</td>
<td>Governance Board</td>
<td>Funding Collaborative</td>
<td>12 months</td>
</tr>
<tr>
<td>2.2: Increase Decade to Doorways Partnership staff to make systems coordination successful</td>
<td>DCD assess current staffing and support of Decade to Doorways in conjunction with Alliance recommendations to determine how to ensure roles and responsibilities described for the Homeless Coordinator and Performance Measurement and Improvement Coordinator are staffed</td>
<td>DCD assesses and presents to Governance Board</td>
<td>DCD</td>
<td>Governance Board</td>
<td>6 months</td>
</tr>
<tr>
<td>Decade to Doorways transitions and operationalizes current job descriptions</td>
<td>New roles begin</td>
<td>DCD</td>
<td>Governance Board</td>
<td></td>
<td>9 months</td>
</tr>
<tr>
<td>DCD evaluates performance of new staff/new job descriptions/roles of current staff and makes necessary adjustments</td>
<td>Adjustments made based on evaluation</td>
<td>DCD</td>
<td>Governance Board</td>
<td></td>
<td>12 months</td>
</tr>
<tr>
<td>2.3: Formalize and Coordinate the existing system-wide landlord engagement strategy and include a landlord risk mitigation pool and strategy to mitigate risk of unit damage, missed rent payments, and incentivize landlords to rent to “risky” tenants</td>
<td>Governance Board adopts need for system-wide landlord engagement strategy to include landlord risk mitigation pool and invites key stakeholders to form a workgroup to develop, implement, and evaluate strategy</td>
<td>Stakeholders determined and invited to participate in Landlord Engagement Workgroup</td>
<td>Governance Board</td>
<td>Nominating Committee</td>
<td>3 months</td>
</tr>
<tr>
<td>Landlord Engagement Workgroup identifies funding</td>
<td>Funding allocated</td>
<td>Landlord Engagement Workgroup</td>
<td>Governance Board</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
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<td>SUPPORTING PARTY</td>
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<tr>
<td>for landlord risk mitigation pool and develops strategy for landlord engagement and proposes to Governance Board</td>
<td>Strategy created and presented to Governance Board</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance Board reviews, revises, and approves proposed for landlord engagement strategy and funding pool strategy</td>
<td>Strategy approved</td>
<td>Governance Board</td>
<td>Landlord Engagement Workgroup</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>Governance Board and Workgroup kicks off and implements system-wide landlord engagement strategy</td>
<td>Strategy implemented</td>
<td>Governance Board</td>
<td>Landlord Engagement Workgroup</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Governance Board and Landlord Engagement Workgroup evaluate landlord engagement strategy</td>
<td>Adjustments made</td>
<td>Governance Board</td>
<td>Landlord Engagement Workgroup</td>
<td>24 months</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix C: Goal #3 - Ensuring Efficiency and Realigning Existing Interventions to Create System Flow

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>ACTION</th>
<th>OUTCOME</th>
<th>RESPONSIBLE PARTY</th>
<th>SUPPORTING PARTY</th>
<th>DUE DATE (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1: Adopt a system-wide Housing First approach</td>
<td>Governance Board informs and educates all homeless housing and support services providers of the adoption of Housing First approach</td>
<td>Education plan created and all understand</td>
<td>Governance Board</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>As part of the adoption of a Housing First approach and a transition by all housing intervention types to this approach, DCD will create a real time list of all housing inventory and the entrance criteria and report results to the Governance Board</td>
<td>Live Housing Inventory list created</td>
<td>DCD</td>
<td>Governance Board</td>
<td>9 months</td>
</tr>
<tr>
<td></td>
<td>Entrance criteria for all housing determined and listed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>A workgroup is created to focus on developing a Housing First strategy for those providers with entrance criteria that does not embrace Housing First</td>
<td>Governance Board creates Housing First Workgroup Committee Charter</td>
<td>Nominating Committee</td>
<td>Governance Board</td>
<td>12 months</td>
</tr>
<tr>
<td></td>
<td>Housing First Workgroup created</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Through Housing First Workgroup, SPOM, and annual monitoring, providers not operationalizing a Housing First approach will be engaged so they can be a part of the ongoing education, training, and support of emergency shelter, RRH, and PSH providers</td>
<td>Non-Housing First providers listed</td>
<td>Housing First Workgroup</td>
<td>SPOM</td>
<td>14 months</td>
</tr>
<tr>
<td></td>
<td>Engagement strategy created and approved by Governance Board</td>
<td></td>
<td></td>
<td>Governance Board</td>
<td></td>
</tr>
<tr>
<td>3.2: Create a strategy to end chronic homelessness</td>
<td>Governance Board reviews and considers adoption of the USICH’s criteria and benchmarks for achieving the goal of ending chronic homelessness.</td>
<td>Decides whether or not to adopt</td>
<td>Governance Board</td>
<td>Nominating Committee</td>
<td>3 months</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
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<td>RESPONSIBLE PARTY</td>
<td>SUPPORTING PARTY</td>
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</tr>
<tr>
<td>Create Ending Chronic Homelessness Workgroup</td>
<td>Governance board creates Ending Chronic Homelessness workgroup charter</td>
<td>Nominating Committee</td>
<td>Governance Board</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>Ending Chronic Homelessness Workgroup is created</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending Chronic Homelessness Workgroup develops strategy with timeline and measurable benchmarks and performance goals to house and stabilize those persons currently experiencing chronic homeless</td>
<td>Strategy, timeline, benchmarks and performance goals created and approved by Governance Board</td>
<td>Ending Chronic Homelessness Workgroup</td>
<td>Governance Board</td>
<td></td>
<td>9 months</td>
</tr>
<tr>
<td>Workgroup begins implementation of ending chronic homelessness strategy, conducts monthly monitoring of metrics, and reports monthly to the Governance Board</td>
<td>Implementation of strategy</td>
<td>Ending Chronic Homelessness Workgroup</td>
<td>Governance Board</td>
<td></td>
<td>12 months</td>
</tr>
<tr>
<td>Workgroup evaluates overall strategy and revises where necessary</td>
<td>Adjustments made</td>
<td>Ending Chronic Homelessness Workgroup</td>
<td>Governance Board</td>
<td></td>
<td>15 months</td>
</tr>
<tr>
<td>If chronic homelessness is ended by end of 2018, Workgroup shifts strategy focus on ensuring that chronic homelessness does not recur in subsequent years</td>
<td>Create strategy to ensure chronic homelessness does not recur</td>
<td>Ending Chronic Homelessness Workgroup</td>
<td>Governance Board</td>
<td></td>
<td>18 months</td>
</tr>
<tr>
<td>3.3: Re-design the Decade to Doorways’ emergency shelters to adopt and operationalize the key elements of effective emergency shelter</td>
<td>Governance Board adopts key elements of effective emergency shelter as standard practice of shelter operation in</td>
<td>Adoption made</td>
<td>Governance Board</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
<td>OUTCOME</td>
<td>RESPONSIBLE PARTY</td>
<td>SUPPORTING PARTY</td>
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<tr>
<td>the County</td>
<td>Governance Board informs and educates all homeless housing and support services providers of the adoption of Housing First and best practice approach for operating emergency shelter</td>
<td>Education strategy created and implemented</td>
<td>Governance Board</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td>Governance Board, in collaboration with emergency shelter providers develops emergency shelter written standards to include quality assurance standards and the key elements of effective emergency shelter</td>
<td>Workgroup created to accomplish tasks</td>
<td>Written standards created</td>
<td>Governance Board</td>
<td>Emergency shelters</td>
<td>9 months</td>
</tr>
<tr>
<td>Governance Board presents written standards to D2D Partnership</td>
<td>Standards adopted</td>
<td></td>
<td>Governance Board</td>
<td>D2D Partnership</td>
<td>12 months</td>
</tr>
<tr>
<td>Performance Measurement and Improvement Coordinator, SPOM and DCD begins reviewing and revising all emergency shelter contracts to reflect a Housing First and best practice approach for operating emergency shelter</td>
<td>Revised contracts based on standards</td>
<td></td>
<td>DCD</td>
<td>SPOM Governance Board D2D Partnership Funders</td>
<td>9 months</td>
</tr>
<tr>
<td>All shelters begin the process of revising mission statements, policies, procedures, handbooks, and guides, and staffing structure, as part of a yearlong emergency shelter learning collaborative led by NAEH and DCD</td>
<td>Shelters have revised mission statements, policies, procedures, handbook, guides and staffing structures</td>
<td></td>
<td>Emergency Shelters</td>
<td>DCD NAEH</td>
<td>15 months</td>
</tr>
<tr>
<td>All shelters begin the process</td>
<td>Shelter transition</td>
<td>Emergency shelters</td>
<td></td>
<td></td>
<td>18 months</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
<td>OUTCOME</td>
<td>RESPONSIBLE PARTY</td>
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</table>
| of transitioning to 24 hour a day/7 day a week shelters | The Emergency Shelter Learning Collaborative is concluded and evaluation conducted to identify any remaining gaps for a system wide shelter adoption of the written standards. Those shelters that have not fully transitioned will be identified and required to engage performance improvement plan process | Gaps identified
Shelters not fully transitioned identified and engagement strategy created | Governance Board | DCD SPOM | 24 months |
| 3.4: Develop and conduct an assessment of current permanent supportive housing projects and formalize a “Move On” strategy to ensure this rich, deep resource is targeted to those who need it most | Governance Board creates PSH Workgroup to define permanent supportive housing and determines its role and function within the D2D Partnership and how it should impact overall system performance | Governance Board creates PSH workgroup charter
PSH workgroup defines PSH in Chester County | Nominating Committee | Governance Board | 3 months |
| | Governance Board and PSH Workgroup informs and educates all homeless housing and support services providers of the role and function of PSH | Education plan created and implemented | PSH Workgroup | Governance Board | 3 months |
| | PSH Workgroup, in collaboration with PSH providers develops PSH written standards to include quality assurance standards and service standards | Written standards created | PSH Workgroup | PSH Providers | 3 months |
| | PSH Workgroup, working with the D2D staff reviews “Move On” strategy | Move On strategy created | PSH Workgroup | D2D Staff | 6 months |
## Decade to Doorways Operational Plan 2018-2020

### RECOMMENDATION

3.5: Continue the development and implementation of the Coordinated Entry System with an emphasis on making diversion strategies more robust

3.6: Provide robust Coordinated Entry guidance, training, and support for provider staff

<table>
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<tr>
<th>RECOMMENDATION</th>
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<th>OUTCOME</th>
<th>RESPONSIBLE PARTY</th>
<th>SUPPORTING PARTY</th>
<th>DUE DATE (range)</th>
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</thead>
<tbody>
<tr>
<td>On” resources and formalizes a strategy to evaluate current PSH resources to determine whether those resources are still appropriate for those receiving them and a process to identify other permanent housing subsidies and less intensive services to transfer identified households into.</td>
<td>PSH Workgroup begins implementation of “Move On” strategy</td>
<td>Strategy implemented</td>
<td>PSH Workgroup</td>
<td>Governance Board</td>
<td>6 months</td>
</tr>
<tr>
<td>All PSH has been evaluated and realigned to ensure that those who are most vulnerable are receiving these targeted resources</td>
<td>PSH Workgroup recommends strategy for ongoing “Move On” implementation</td>
<td>Evaluations complete</td>
<td>PSH Workgroup</td>
<td>PSH Providers</td>
<td>18 months</td>
</tr>
<tr>
<td>Governance Board creates a Coordinated Entry Planning and Oversight Committee (CEPOC)</td>
<td>The CEPOC in collaboration with the D2D staff, develops Coordinated Entry Written Standards, including entities responsible for specific functions of Coordinated Entry implementation (i.e. access, assessment, prioritization, and referral, as well as training and support)</td>
<td>CEPOC charter created</td>
<td>Nominating Committee</td>
<td>Governance Board</td>
<td>3 months</td>
</tr>
<tr>
<td>CEPOC created</td>
<td>CE written standards created</td>
<td>CEPOC</td>
<td>D2D Staff</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
<td>OUTCOME</td>
<td>RESPONSIBLE PARTY</td>
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<td>DUE DATE (range)</td>
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</tr>
<tr>
<td>Governance Board adopts Coordinated Entry Written Standards taking into account all the Alliance’s recommendations concerning access, assessment, prioritization, and referral, including enhancing diversion strategies</td>
<td>CE written standards adopted by Governance Board</td>
<td>Governance Board</td>
<td>CEPOC</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>With Coordinated Entry written standards and clarified roles and responsibilities for implementation and support of coordinated entry, the County amends current coordinated entry provider contract(s) or issues new RFP reflecting new guidance, policies and procedures, and clarified roles and responsibilities</td>
<td>Amended contracts</td>
<td>DCD</td>
<td>Governance Board</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>CEPOC, ConnectPoints, DCD staff, and the HMIS Program Coordinator, implements coordinated entry training and support program</td>
<td>Training implemented</td>
<td>CEPOC, ConnectPoints, DCD Staff and HMIS Program Coordinator</td>
<td></td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>Continue implementation of coordinated entry training and support program</td>
<td>Implementation adjusts and continues</td>
<td>DCD</td>
<td>Governance Board</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>Evaluation conducted of coordinated entry training and support program and revisions made to address training/support gaps impacting system performance</td>
<td>Adjusts needed are noted made</td>
<td>Governance Board</td>
<td>DCD</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>3.7: Adopt the National Performance Benchmarks and Program Standards for</td>
<td>Governance Board adopts the national performance</td>
<td>RRH benchmarks adopted</td>
<td>Governance Board</td>
<td>DCD</td>
<td>3 months</td>
</tr>
</tbody>
</table>

Decade to Doorways Operational Plan 2018-2020

Preventing and Ending Homelessness in Chester County
<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>ACTION</th>
<th>OUTCOME</th>
<th>RESPONSIBLE PARTY</th>
<th>SUPPORTING PARTY</th>
<th>DUE DATE (range)</th>
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</thead>
<tbody>
<tr>
<td>Rapid Re-Housing and develop the system’s capacity to adopt RRH as the primary housing intervention in the CoC</td>
<td>benches and RRH and program standards for all RRH projects in the County</td>
<td>Education strategy created and implemented</td>
<td>Funders</td>
<td>SPOM</td>
<td>3 months</td>
</tr>
<tr>
<td>Governance Board informs and educates all homeless housing and support services providers of the adoption of national performance benchmarks and RRH and program standards</td>
<td>Governance Board, in collaboration with RRH providers, develops RRH written standards to include quality assurance standards related to philosophy, design, delivery of the core components of RRH</td>
<td>Written standards developed</td>
<td>Governance Board</td>
<td>RRH Providers</td>
<td>3 months</td>
</tr>
<tr>
<td>Board adopts the RRH written standards</td>
<td>D2D/DCD staff begins reviewing and revising all RRH contracts to reflect adoptions of the RRH written standards</td>
<td>Contracts revised</td>
<td>Governance Board</td>
<td>D2D/DCD staff</td>
<td>6 months</td>
</tr>
<tr>
<td>All RRH providers begin the process of revising mission statements, policies and procedures, staffing structure, to align with the RRH written standards, as part of a yearlong RRH learning collaborative led by the D2D/DCD staff and NAEH</td>
<td>Providers revise mission statements, policies and procedures, staffing structure, to align with the RRH written standards</td>
<td>Providers revise mission statements, policies and procedures, staffing structure, to align with the RRH written standards</td>
<td>RRH Providers D2D/DCD Staff</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td>The RRH learning collaborative is concluded and evaluation conducted to identify any adjustments needed</td>
<td>Evaluation completed and needed adjustments noted</td>
<td>Governance Board</td>
<td>SPOM</td>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
<td>OUTCOME</td>
<td>RESPONSIBLE PARTY</td>
<td>SUPPORTING PARTY</td>
<td>DUE DATE (range)</td>
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<tr>
<td>remaining gaps for a system wide adoption of RRH written standards. Those RRH providers that have not fully transitioned will be identified and required to engage performance improvement plan process</td>
<td>Strategy created to work with unengaged providers</td>
<td></td>
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### Appendix D: Goal #4 - Making Data Work for the Community

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<thead>
<tr>
<th>RECOMMENDATION</th>
<th>ACTION</th>
<th>OUTCOME</th>
<th>RESPONSIBLE PARTY</th>
<th>SUPPORTING PARTY</th>
<th>DUE DATE</th>
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</thead>
<tbody>
<tr>
<td>4.1: Provide more robust CCCIMS guidance, training, and support for provider staff</td>
<td>Create HMIS Admin Committee</td>
<td>Governance Board creates new committee charter</td>
<td>Nominating Committee</td>
<td>Governance Board</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>HMIS Admin Committee of the D2D Partnership Board in collaboration with D2D staff and HMIS Program Coordinator develops CCCIMS Standard Operating Procedures, including entities responsible for specific functions of CCCIMS data collection, reporting, etc.</td>
<td>Standard operating procedures created</td>
<td>HMIS Admin Committee</td>
<td>D2D Staff</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>Governance Board adopts CCCIMS Standard Operating Procedures</td>
<td>CCCIM Standard operating procedures adopted</td>
<td>Governance Board</td>
<td>HMIS Admin Committee</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>HMIS Agency Admin Committee of the Governance Board in collaboration with D2D and HMIS Program Coordinator develops new user and general CCCIMS training manuals and training and support plan</td>
<td>New user and general CCCIMS training manual created</td>
<td>HMIS Admin Committee</td>
<td>D2D Staff</td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>Begin implementation of CCIMS training and support program</td>
<td>Implementation begins</td>
<td>Governance Board</td>
<td>HMIS Admin Committee</td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>Evaluation conducted of CCCIMS training and support program and revisions made to address training/support gaps impacting system performance</td>
<td>Adjustments needed noted and revisions made</td>
<td>Governance Board</td>
<td>HMIS Admin Committee</td>
<td>12 months</td>
</tr>
<tr>
<td>4.2: The Decade to Doorways Partnership should adopt HUD’s recommended Data Quality</td>
<td>HMIS Admin Committee of the Governance Board in collaboration with D2D Staff</td>
<td>Data quality management program created</td>
<td>HMIS Admin Committee</td>
<td>Governance Board</td>
<td>6 months</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
<td>OUTCOME</td>
<td>RESPONSIBLE PARTY</td>
<td>SUPPORTING PARTY</td>
<td>DUE DATE</td>
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<tr>
<td>Management Program</td>
<td>and HMIS Program Coordinator develops a Data Quality Management Program for approval by the Governance Board</td>
<td>Approved by Governance Board</td>
<td>HMIS Program Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance Board approves Data Quality Management Program</td>
<td>Approved by Governance Board</td>
<td>Governance Board</td>
<td>HMIS Program Coordinator</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td>All homeless housing and support service providers (i.e. leadership and frontline staff) are educated and trained on the new Data Quality Management Program as a part of the CCCIMS training and support plan</td>
<td>Education plan created and implemented</td>
<td>Governance Board</td>
<td>DCD</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td>Evaluation conducted of Data Quality Management Program and revisions made to address training/support gaps impacting system performance</td>
<td>Adjustments needed noted and revisions made</td>
<td>Governance Board</td>
<td>DCD</td>
<td></td>
<td>18 months</td>
</tr>
<tr>
<td>4.3: Develop a dashboard using CCCIMS to track progress on system flow improvements and outcomes</td>
<td>HMIS Admin Committee of the Governance Board in collaboration with D2D Staff and HMIS Program Coordinator begins research into creating dashboard reports</td>
<td>Dashboard research completed</td>
<td>HMIS Admin Committee of the Governance Board in collaboration with D2D Staff and HMIS Program Coordinator</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>Strategy developed</td>
<td>Strategy developed</td>
<td>HMIS Admin Committee of the Governance Board in collaboration with D2D Staff and HMIS Program Coordinator</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>Implementation begins</td>
<td>Implementation begins</td>
<td>HMIS Admin Committee of the Governance Board in collaboration with D2D Staff and HMIS Program Coordinator</td>
<td></td>
<td>12 months</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>ACTION</td>
<td>OUTCOME</td>
<td>RESPONSIBLE PARTY</td>
<td>SUPPORTING PARTY</td>
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<td></td>
<td></td>
<td></td>
<td>HMIS Program Coordinator</td>
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Decade to Doorways Operational Plan 2018-2020
Appendix E: Committee Charters

SAMPLE

GOVERNANCE BOARD CHARTER

MISSION

To provide guidance for and exercise oversight with respect to the activities of the Continuum of Care and to advise the Decade to Doorways Partnership on all matters related to the development, administration, and activities conducted as part of these initiatives.

RESPONSIBILITIES

1. Set policies that will make progress towards meeting desired system outcomes to end homelessness
2. Make difficult decisions and bold changes in re-designing a more effective homeless response system
3. Guide the community’s system change process from a programmatic response to a transparent systemic response
4. Evaluate and improve the performance of programs and the overall system by utilizing shared performance measures
5. Evaluate investments and strategically re-align funding and resources to achieve systems goals, and
6. Engage leaders in governing activities with the authority to set system-wide policy, vision, and direction.

MAKE UP

1. 1 Chair/2 Vice Chairs
2. Predetermined individuals based on CoC requirements

ACTION STEPS

(Originally adopted: April 2018)
APPENDIX II

DECADE TO DOORWAYS

COORDINATED ENTRY POLICIES AND PROCEDURES

Implementation Date:

January 1, 2018
Purpose

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoC) establish and operate a coordinated entry process and that recipients of CoC Program and Emergency Solutions Grants (ESG) program funding within the CoC’s area must use that coordinated entry process. The requirement was established in the 2012 CoC Program Interim Rule (24 CFR 578) and the 2011 Emergency Solutions Grants (ESG) Interim Rule (24 CFR 576).

The Department of Housing and Urban Development (HUD) and the United States Interagency Council of Homelessness (USICH) have identified Coordinated Entry as a required and vital process through which people experiencing or at risk of experiencing homelessness can access a crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region. The following policies and procedures will outline standardized assessment tools and practices to be used in the Chester County Coordinated Assessment process.

Reference(s)

- Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act): https://www.hudexchange.info/homelessness-assistance/hearth-act/
- Requirements for a Continuum of Care Centralized or Coordinated Assessment System: https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/
- Decade to Doorways – 10 Year Plan of Preventing and Ending Homelessness in Chester County: http://decadetodoorways.org/
- Chester County Department of Community Development, Continuum of Care Governance Charter: http://chesco.org/DocumentCenter/View/34987

Approved by: Gene Suski, Chester County Community Development Community Services and Construction Manager.
Policy

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoC) establish and operate a coordinated entry process and that recipients of CoC Program and Emergency Solutions Grants (ESG) program funding within the CoC’s area must use that coordinated entry process. The requirement was established in the 2012 CoC Program Interim Rule (24 CFR 578) and the 2011 Emergency Solutions Grants (ESG) Interim Rule (24 CFR 576).

Details of the requirements, as well as additional policy considerations, are provided in the above referenced regulations and in several document issued by HUD, as follows:

- [https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf](https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf)
- [https://www.hud.gov/sites/documents/5359-F-02EQACCESSFINALRULE.PDF](https://www.hud.gov/sites/documents/5359-F-02EQACCESSFINALRULE.PDF)

Procedure

The Chester County Continuum of Care has designed the *Coordinated Entry System* described in these Policies and Procedures to coordinate and strengthen access to housing and emergency shelter for families and individuals who are homeless or at risk of homelessness in our community. The *Coordinated Entry System* institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family’s immediate and long-term housing needs. The Chester County Continuum of Care will adopt the following system-wide Housing First and Progressive Engagement approaches:

- Create a strategy to end homelessness by:
  - Develop and conduct an assessment of current PSH projects and formalize a “Move On” strategy to ensure this rich, deep resource is targeted to those who need it most.

Approved by: Gene Suski, Chester County Community Development Community Services and Construction Manager.
Department of Community Development

Category: Community Services

Coordinated Entry Policies and Procedures

Implementation Date: January 1, 2018
Revision Date(s): TBD – July 2018 (tentative)

- Adopt the National Performance Benchmarks and Program Standards for Rapid Re-Housing and develop the system’s capacity to adopt RRH as the primary housing intervention in the CoC.

- Continue the development and implementation of the Coordinated Entry System with an emphasis on expansion of diversion strategies.

1. Initial Coordinated Entry Process

Chester County residents experiencing homelessness or at-risk of becoming homeless call ConnectPoints at 1-800-935-3181 to determine the appropriate resource (Emergency Shelter, Diversion, or Prevention). ConnectPoints current standard business hours are 9am to 5pm Monday through Sunday. Callers after 5pm will be prompted to leave a voicemail that will be returned the following business day.

ConnectPoints is currently “on call” Saturday and Sunday from 9am to 5pm to take messages, potential diversion activity, and other housing related referrals but cannot refer callers to shelter on the weekend outside Code Blue scenarios (See Code Blue Policy).

Calls to ConnectPoints are answered by Call Center Specialists who conduct screening and assessment using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). Individuals and families who identify as being homeless with a need for Emergency Shelter are prioritized based on their VI-SPDAT score and placed on the appropriate queue in the Chester County Client Information Management System (CCCIMS).

These persons are then contacted by the appropriate shelters as open beds become available throughout the system according to their need (individuals and families with the highest VI-SDPAT scores are contractually mandated to be offered available shelter slots) – See “Detailed Policies and Procedures of Coordinated Access”. The SPDAT (Service Prioritizations Decision Assistance Tool) works in conjunction with the VI-SPDAT. The SPDAT is an in-depth assessment tool that provides agencies working with people experiencing homelessness with the ability to determine the best housing assistance recommendation and to prioritize who receives such services by vulnerability. This tool helps both the people receiving services and the people who are working directly with this population, by ensuring the appropriate housing assistance is recommended, and by better enabling case managers to prioritize their time and resources, by providing assistance with case planning and determining the intensity of case management. The assessment must be completed with a case manager and should be executed after at least 14 days into their shelter stay. Case managers can complete the assessment with the client at entry, and then again after 30 or 60 days, in order to track any progress that is made with the individual or family. It is only the initial assessment that is required to be completed after the 14 days into their shelter stay, in order to create a referral. If a follow-up assessment is completed, the case manager can change the score that was used in the referral, but it is not required.

Approved by: Gene Suski, Chester County Community Development Community Services and Construction Manager.
Managing Standards of Coordinated Entry:

✓ The Chester County Continuum of Care (CoC) ensures that all residents have the ability to access service through ConnectPoints by:

  o Having a single point of entry through a toll free phone number as well as the ability for clients to “drop in”.

  o Specific sub-populations such as victims of Domestic Violence, Veterans, or Homeless Youth are screened early in the Coordinated Entry Assessment and receive a direct referral to the appropriate resource. For example victims of Domestic Violence are transferred directly to the Domestic Violence Hotline. Veterans are transferred to the Veterans Multi Service Center, and Homeless Youth are transferred to Valley Youth House.

  o The CoC assessment tool, the VI-SPDAT, ensures that a standardized decision-making process is implemented for anyone experiencing homelessness who is trying to access housing and services.

  Callers cannot be denied access to Coordinated Entry services due to being a victim of domestic violence, dating violence, sexual assault, or stalking. The assessment process is designed to determine early in the process if someone is a victim so that they can be referred to providers that specialize in serving this sub-population.

✓ Nondiscrimination:

  o As required by the Housing and Urban Development’s (HUD) final rule, the Continuum of Care as well as its members and sub-recipients, are required to comply with applicable civil rights laws through the adoption and implementation of the fair housing and equal opportunity policy. The final rule (24 CFR 578.93), addressing nondiscrimination and equal opportunity requirements, is provided to offer greater direction to recipients and sub-recipients on the use of grant funds. It states that the nondiscrimination and equal opportunity requirements set forth in 24 CFR 5.105(a) apply. This includes, but is not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 (Section 504), and title II of the Americans with Disabilities Act. The CoC will verify that applicable programs have adopted and implemented this policy on an annual basis.

  o Work as a CoC to increase opportunities for and access to safe, decent and affordable permanent housing. Work in coordination with providers and consumers from the disabled, special needs and homeless communities to remove physical and institutional barriers to obtaining and maintaining housing and ensuring that the CES is
accessible to all. Provide more diverse housing opportunities and encourage mobility among low-income residents living in areas of poverty. Expand efforts to increase understanding of fair housing rights, responsibilities, and affordable housing resources.

- Create awareness about the availability of housing, workforce development and community service resources in the county and how to obtain them through our Chester County CareerLink and Financial Stability Center.

✓ Limited English Proficiency:

- It is the CoC policy to grant services and programs to every person regardless of whether that person has a limited ability to speak, understand, read, or write English. The CoC has a language assistance plan to ensure that households with Limited English Proficiency (LEP) can access CoC housing and services. In developing this language assistance plan for LEP persons, the CoC has utilized the Four Factor Analysis:
  - The number or proportion of LEP persons in the service area.
  - The frequency with which LEP persons access services.
  - The nature and importance of the programs, activities and services provided.
  - The resources available to Department of Community Development and the cost to provide language services.

✓ Collection of necessary information- The assessment process only seeks information necessary to determine the severity of need and eligibility for emergency shelter and other services and is based on evidence of the risk of becoming or remaining homeless. The SPDAT is completed with clients to determine priority for permanent housing after the initial VI-SPDAT.

✓ Participant self-sufficiency - The protocol of completing the VI-SPDAT provides the opportunity for people receiving the assessment to freely refuse to answer questions without retribution or limiting their access to assistance.

✓ Client-centered approach- The assessment process provides options and recommendations that guide and inform client choices. Providers recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The VI-SPDAT questions are worded and asked in a manner that is sensitive to the sometimes traumatic experiences of people experiencing homelessness.

Approved by: Gene Suski, Chester County Community Development Community Services and Construction Manager.
✓ Cultural competence- Staff administering the initial assessment use culturally competent practices.

✓ User-friendly- The VI-SPDAT is brief and administered by trained staff in order to minimize the time required complete the assessment and place someone on the queue to be considered for emergency shelter if appropriate.

✓ In order to be assess for permanent housing resources, clients must complete the SPDAT and placed on the SPDAT queue. ConnectPoints staff will conduct the SPDAT for anyone who reports being homeless and on the waiting list to get into emergency shelter.

✓ Privacy/Confidentiality- Privacy protections are in place to ensure proper consent and use of client information. Clients must agree to a Release of Information in order for their data to be shared in the CCCIMS.

- Detailed Policies and Procedures of Coordinated Entry:

✓ Persons experiencing homelessness or near homelessness, or their advocates, call ConnectPoints at 1-800-935-3181.

✓ The ConnectPoints Call Center Specialist completes the CCCIMS Intake with the caller. At this time it is determined if the caller is homeless as per the HUD definition (see the HUD Definition of Homeless in the Appendix and at: https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf ) or is simply in need of diversion, prevention, or another supportive service referral.

  o If the caller does not fit the HUD Definition of Homelessness as per (see Appendix) but is having a housing issue that could lead to homelessness, the ConnectPoints Call Center Specialist will take steps to divert (i.e. Diversion) the household from losing their existing housing. **Diversion services, sometimes called shelter diversion,** assists households in quickly securing temporary or permanent solutions to homelessness outside of the shelter and homeless services system. The main difference between diversion services and other housing-focused interventions centers on the point at which intervention occurs. **Diversion services targets households that are requesting entry into shelter or housing and have not yet accessed homeless services.** Diversion services assists households to identify immediate, alternative housing arrangements and, if necessary connect them with services and financial assistance to help them obtain or return to housing. ConnectPoints Call Center Specialists should partner with households in finding creative solutions to their needs while reserving shelter beds for those families or...
individuals who have no other options. The following are considered appropriate Diversion Practices:

- Diversion conversations should be focused on an individuals’ housing situations, resources, and ability to identify and obtain safe housing options outside of the homeless housing system. The role of staff is to partner with the household to identify viable alternatives for temporary or permanent housing stability. Services and best practices include:
  - Hold diversion conversations that foster effective participant “problem solving”. These conversations include open ended questions, and motivational interviewing.
  - Follow the lead of the household and do not inhibit the household from pursuing a housing situation, even if it’s only a short-term solution.
  - Connect households to supports and resources, including mainstream services that can address on-going needs (Food Pantries, Information and Referral Providers, etc...). Also make referrals for appropriate prevention services if needed (can avoid eviction if payment of past due rent is made). Contact information for appropriate referrals can be found at:
    - http://www.referweb.net/chesco
  - Facilitate flexible financial assistance for solutions that require a financial component. This may include using allocated Diversion resources to assist with:
    - Transportation (including bus tickets for both local transportation and relocation)
    - Limited utility assistance
    - Grocery card
    - One night hotel stay (only if no other resources are available and it is a “bridge” while the caller is connecting to a more stable housing situation).
Prevention Services: If the caller states they are being formally evicted they should be referred to the appropriate prevention services.

- The Emergency Rental Assistance program (Human Services, Inc.: 610-429-3033 should be the first option).
- Referrals for Emergency Rental Assistance can also be made using ReferWeb at http://www.referweb.net/chesco.

- If the caller states they need security deposit assistance, they should be referred to Human Services, Inc.: 610-429-3033.

If the caller fits the HUD Definition of Homelessness and is not a candidate for diversion, ConnectPoints should do the following:

- ConnectPoints staff should complete an intake and the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) with the caller.
  - The VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) is an assessment tool used to determine and prioritize the needs of the most vulnerable people experiencing homelessness in Chester County. Families and individuals who are homeless will be scored on medical and social factors to determine their risk and vulnerability. Based on their score, an appropriate housing intervention will be recommended. Using this assessment tool enables communities to allocate resources in a fair and an efficient manner.
  - Once a VI-SPDAT is completed for a caller, they will be placed on the appropriate Emergency Shelter referral queue in CCCIMS (Single men, Single women, Families). All Emergency Shelter’s in the system are required to check the respective queues a minimum of twice a day and contact the highest scoring/most vulnerable callers to offer available beds. This process will be monitored by DCD to ensure continuity.

- A brief but detailed note should be entered by ConnectPoints staff for each caller outlining their situation. Note if the caller is a pregnant woman or a household with an infant (child aged 12 months or lower), this note should be done in all capital letters so it stands out as this population is eligible for specific emergency interventions (See pregnant women/households with children policy).

Approved by: Gene Suski, Chester County Community Development Community Services and Construction Manager.
If a caller has a VI-SPDAT score above 9 and is the highest scoring on their respective queue, they should be directly referred to any emergency shelter that has open bed as opposed to having to wait to be called by the Emergency Shelter.

If a caller is stating that they are street homeless/living in a place not meant for human habitation, ConnectPoints staff should do everything possible to confirm this situation, including meeting with callers in the community as needed.

✓ Protection of client data:

  o All clients (except victims of Domestic Violence) are required to have their data entered into CCCIMS. In order to ensure that client data is protected, the following is required:

    ▪ Anyone entering data into CCCIMS must be formally trained and approved by the DCD CCCIMS Program Coordinator and sign an End User Agreement that states: “CCCIMS users have a moral and a legal obligation to ensure that the data they collect is being garnered, accessed and used appropriately. It is also the responsibility of each user to ensure that client data is only used to the ends to which it was collected, ends that have been made explicit to clients. Proper user training, adherence to the CCCIMS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.”

    ▪ Clients contacting ConnectPoints must give verbal consent to have their data shared within the CCCIMS.

    ▪ All clients must sign a “CCCIMS Client Consent for Data Collection and Release of Information” once they enter an Emergency Shelter. This release gives the client the option of the Emergency Shelter having the ability to share their information with the other CCCIMS Partner Agencies or specifically request that their data not be shared with other agencies and only be available to the CCCIMS Program Coordinator and the agency(s) they choose.

Approved by: Gene Suski, Chester County Community Development Community Services and Construction Manager.
• Coordinated Entry Call Specialist and Emergency Shelter Coordination and Case Conferencing:

✓ The ConnectPoints Supervisor and Coordinated Entry Call Specialists as well as all Emergency Shelter Case Management staff are required to participate in a bi-weekly conference call where the following will be discussed:

  o Status of the Emergency Shelter Referral queues to ensure the most vulnerable individuals and households are being given priority to available beds/units.
  
  o Ensuring that data in CCCIMS is accurate and updating bed/unit availability if needed.
  
  o Discussing the availability and utilization of Rapid Re-Housing and other permanent housing resources.
  
  o Discussing the availability and utilization of main stream resources such as Medicaid, the CareerLink and United Way Financial Stability Center, and transportation.
  
  o Discussing the availability and utilization of other supportive services such as mental health and drug and alcohol treatment, services for seniors, and youth. Chester County staff from the Departments of MH/IDD, Drug and Alcohol, Children, Youth, and Families, and Aging are on the call once per month to answer questions and available between calls to assist in client access to services when needed.

• Client Grievance Procedure:

✓ ConnectPoints and all Emergency Shelters and DCD funded permanent housing resources must have a formal Grievance and Appeal Process that consists of the following:

  o Clients who are unhappy with a decision or outcome regarding their situation have the right to appeal in writing to the Executive Director of the service provider in question.
  
  o If a client is not satisfied with the decision of the service provider, they may file a second level appeal verbally or in writing to the DCD Community Services Manager who will attempt to resolve the dispute.
  
  o If the client is not satisfied with the decision of DCD, they are to be given the contact information and directly connected to the state or federal agency that oversees the funding in question.
• Outreach and Homeless Verification:
  ✓ ConnectPoints staff will conduct in person outreach and homeless verification for anyone who claims to be 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 (street homeless).
  ✓ If persons who are “street homeless” are unable to immediately be referred to Emergency Shelter due to capacity issues, ConnectPoints staff will conduct the Service Prioritization Decision Assistance Tool (SPDAT) with them in order for them to be considered for other permanent housing resources if appropriate.

• Coordinated Entry Monitoring and Evaluation Methods:
  ✓ The effectiveness of the Coordinated Entry System will be evaluated through:
    o The DCD CCCIMS Program Coordinator will run a report daily to confirm how many people have been evaluated by ConnectPoints as well as how many were accepted by Emergency Shelters. Emergency Shelter bed/unit availability will be reported as well. This report will be sent to all ConnectPoints and Emergency Shelter staff. Any agency that is not in compliance with the Coordinated Entry Guidelines will be contacted immediately by the DCD Community Services Manager to investigate and rectify the situation.
    o Data Quality Reports will be run monthly for all agencies in CCCIMS. Agencies that have poor data quality will be contacted for technical assistance/training in order to correct any errors.
    o ConnectPoints and all Emergency Shelters will be subject to an onsite, formal monitoring by a DCD Program Coordinator at least one time per year. If there are any issues found during the monitoring, they will be address via a Corrective Action Report which will give the agency in question a specific time frame to remediate the issue. This may also result in a second onsite monitoring visit. Agencies that fail to correct issues run the risk of not having invoices paid or losing their contracts with DCD.

* Please note that these is a “working document” subject to change based on a RFP for Coordinated Entry released on January 29, 2018 and will be awarded in May of 2018 with a contract start date of July 1, 2018

Approved by: Gene Suski, Chester County Community Development Community Services and Construction Manager.
APPENDIX III

CCCIMS Agency Partnership Agreement

CHESTER COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT

Chester County Client Information Management System (CCCIMS) AGENCY PARTNERSHIP AGREEMENT

This Agency Partnership Agreement (hereinafter referred to as “Agreement”) is by and between the County of Chester and ________________ (hereinafter referred to as “Agency”).

INTRODUCTION

The Chester County Client Information Management System (CCCIMS) is a centralized case management system that allows authorized participating agency personnel throughout Chester County, Pennsylvania, to collect client data, produce statistical reports, and share information with select partner agencies. The Chester County Client Information Management System allows the community to evaluate the utilization of services, identify gaps in the local Continuum of Care, improve the efficiency of homeless related services, and to understand the demographics and needs of persons experiencing homelessness in Chester County. Specific goals of the Chester County Client Information Management System (CCCIMS) include:

- Improve the quality of services
- Improve client and service tracking
- Ensure continuity of care
- Expedite client intake procedures
- Improve referral accuracy
- Improve case management
- Track client outcomes
- Provide aggregate information for program management, Boards of Directors, funding sources, and other stakeholders
- Provide aggregate information for program evaluation, systems design and policy decisions
- Provide aggregate information for addressing community-wide issues
Chester County’s Department of Community Development (hereinafter referred to as “DCD”) will administer and maintain the CCCIMS. Security for the CCCIMS database will be provided through its server setup, firewall architecture, encryption, user authentication, password protection, user access levels, and audit trails. In addition, policies will be established to govern utilization of both client-identifying and aggregate data.

**RECITALS**

2. The purpose of the CCCIMS is to improve the quality and integration of services, to increase the productivity of case managers in participating agencies, and to provide a central repository of data for service planning, quality improvement, and policy decisions as well as to meet requirements for the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Veterans Affairs (VA) within the released documents of the 2014 HMIS Data Dictionary and 2014 HMIS Data Manual on August 1, 2014, updating the 2004 HMIS Data and Technical Notice and the 2010 HMIS Data Standards.

3. The Agency is a human service agency serving persons located within Chester County, Pennsylvania.

4. The County of Chester and the Agency wish to enter into an Agreement whereby, subject to applicable confidentiality protection, the Agency submits data about its clients into the CCCIMS and receives reports from the database consistent with the purpose of the centralized case management system.

Now, therefore, in accordance with the terms of the County’s grant from the U.S. Department of Housing and Urban Development and pursuant to the McKinney-Vento Homeless Assistance Act, the parties agree as follows:

1) The County of Chester, through DCD will facilitate a CCCIMS Users Group to provide oversight to the CCCIMS, which will include one representative from each participating agency.
2) DCD has established guidelines, policies, and operating procedures for the CCCIMS and will make a copy available to each participating agency. The County may, in its discretion, implement changes to these guidelines, policies, and procedures at any time upon ten (10) days written notice to participating agencies. The Agency agrees to comply with these guidelines, policies, and procedures and to ensure that its officers, directors, employees, volunteers, and agents comply with these guidelines, policies and procedures and any subsequent changes.
3) DCD will operate and maintain or cause to be operated and maintained, network servers, network modems, network software, and other network and communications hardware and software for the functioning of the CCCIMS. Security for the system may be provided through, but is not limited to,
Chester County Department of Community Development
Continuum of Care Governance Charter

4) The Agency shall be allowed to access data pertaining to its clients that was created and/or entered into the system by the Agency itself or for clients from whom the Agency has received valid, signed “Release of Information” form. Upon request, the Agency shall provide the County with a copy of any “Release of Information” in the Agency’s possession or control that was signed by an individual who has consented to the release of information through CCCIMS.

5) DCD shall provide training to selected Agency employees in the use of the CCCIMS. Training updates shall be provided by DCD as deemed necessary by the County. The Agency agrees to participate in such training and user groups to ensure the effective implementation of the CCCIMS.

6) The parties acknowledge and agree that their mutual use and participation in CCCIMS will cause each party to disclose or make available to the County and other participating agencies information that is confidential and which, in some cases, may be subject to special protections under state and federal law. While the County will have access to all information that has been entered into CCCIMS, other participating agencies will only have access to client-identifying data that has been expressly approved for release, as noted in the electronic client record. To protect the confidentiality of the data on the CCCIMS, the Agency agrees to the terms of the Business Associate Agreement, attached to this document as Appendix A. In addition to documentation in the client’s electronic record, authorization to release information shall be established through a written, signed “Release of Information Form” to be obtained by the Agency and retained in the Agency’s files.

7) The Agency shall provide each client with a copy of the attached Notice of Privacy Practices and shall arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the consent and release forms.

8) The Agency shall ensure that all employees, volunteers and other persons issued a User ID and password for CCCIMS receive basic confidentiality training in accordance with the Business Associate Agreement, and that a single user is identified for each user identification and password issued.

9) Only Agencies who have signed this Agreement will be permitted access to CCCIMS and the information contained in its system. The Agency will not provide non-authorized users with access to CCCIMS.

10) If this Agreement is terminated, the County of Chester and remaining partner agencies shall maintain their right to the access and use of all client data previously entered by the terminating partner agency. All client data will be held in the strictest of confidence in accordance with the Business Associate Agreement.

11) If a client notifies an Agency that he or she has withdrawn consent for the release of new information through CCCIMS, the Agency will be responsible for ensuring that the new information is no longer released through CCCIMS.

12) Agencies shall keep signed copies of the client “Release of Information Form” for CCCIMS for a period of no less than seven (7) years. Agencies shall be responsible for maintaining these documents even if the Agency later terminates participation in CCCIMS and this Agreement.

13) Services should be provided to a Client regardless of CCCIMS participation provided the Client would otherwise be eligible for the Agency’s services.

14) The Agency shall consistently enter information into the CCCIMS database and will strive for real-time, or close to real-time data entry.

15) The Agency shall not include or use profanity or offensive language in the CCCIMS database.

16) The Agency shall utilize the CCCIMS database for business purposes only.

17) The County may require the Agency to pay a participation or support fee to add new users and/or to maintain the software and CCCIMS.
18) Neither the Agency’s right to participate in the centralized case management system nor any other right, privilege, license, duty, obligation, nor responsibility may be transferred or assigned, voluntarily or involuntarily, through agreement, merger, consolidation, or otherwise without the express written consent of the County of Chester.

19) The Agency hereby agrees to abide by all federal and state laws and regulations pertaining to client privacy and confidentiality and any subsequent revisions or amendments.

20) The Agency agrees to indemnify, hold harmless and defend the County of Chester, its officers, directors, employees, and agents in any action, claim or dispute that arises in connection with or as the result of this Agreement, or from the Agency’s use or implementation of the CCCIMS, or from the acts and/or omissions of the Agency, its officers, directors, employees, volunteers, agents or any person or entity using CCCIMS through the express or implied permission of the Agency. This indemnification clause covers, but is not limited to, any action, claim or dispute that arises from a breach of confidentiality or security or the non-consensual release of Client information; from the failure to furnish services or a delay in furnishing services; from the transmission of inaccurate or faulty information through the network server or CCCIMS; from the failure to input and transmit information through the network server or CCCIMS or; from any malfunction of hardware, software or electronic communications system that results in a breach of security and/or confidentiality.

21) This Agreement will remain in effect as long as the Agency maintains a CCCIMS license from DCD. Unless terminated, in writing, by either of the Parties, this Agreement will renew automatically.

22) The foregoing, including the matters incorporated by reference herein, constitutes the entire Agreement between the parties. This Agreement may only be amended by mutual agreement, signed and executed with the same formality with which this instrument was executed.

23) The parties warrant that the person executing this Agreement on behalf of each party is duly authorized to execute the Agreement and bind each respective party to all terms and conditions hereunder.

24) This Agreement shall be governed by and construed in accordance with all applicable Federal, State and Local laws, regulations, and policies, as amended; and County regulations, policies, and procedures, as amended.

SIGNATURE

PRINT SIGNATURE

TITLE OF AUTHORIZED SIGNATOR

DATE OF SIGNATURE

AGENCY

STREET ADDRESS

CITY  STATE  ZIP CODE

SIGNATURE OF DCD EXECUTIVE DIRECTOR:

Date
County of Chester: General Code of Conduct

Like all organizations, the County of Chester requires that employees follow certain rules of conduct to promote efficiency, productivity and cooperation among employees. For this reason, it is helpful to identify some examples of the types of conduct unacceptable by employees.

This illustrative listing of offenses is not exhaustive, nor does it only represent the offenses for which discipline may be imposed:

1. stopping work before specified time,
2. loitering, loafing or sleeping during work hours,
3. being present in any part of the building that is not related to assignments,
4. smoking except in designated areas,
5. damaging or wasting materials,
6. excessive lateness or absences,
7. leaving the building during working hours without permission of supervisor,
8. obscene or abusive language,
9. engaging in conduct that is obscene or abusive or that harms, offends, degrades or humiliates another employee, whether verbal, physical or otherwise, at the place of work or in the course of employment.
10. sexual harassment or any form of harassment,
11. possessing on County property or on work hours, opened alcoholic beverages or controlled substances or reporting to work under the influence of drugs, alcohol or any prohibited substance,
12. insubordinate acts or statements or willful failure to carry out valid instructions,
13. destruction or damage of County property,
14. falsifying or making a material omission on County records, including job applications, medical forms or other documents,
15. theft,
16. possession of weapons on County property,
17. fighting, threatening, intimidating or coercing fellow employees or supervisors on the County property at any time, for any purpose,
18. violation of safety rules, and
19. use of County computer equipment and/or office machines for personal business or otherwise unauthorized use
20. Although the County attempts to counsel employees to correct violations of rules and regulations, employees who violate these rules are subject to disciplinary action up to and including immediate termination.
APPENDIX V

County of Chester: Code of Ethics

All County employees are expected to maintain the highest standards of personal and professional conduct both in the exercise of their job duties and personal life as well. All are expected to abide by all applicable legislation governing the ethical conduct of public officials and employees as set forth in the Public Official Employee Ethics Act, 65 P.S. ' 11.01 et. seq., because public confidence in County government is best sustained by assuring the public of the impartiality and honesty of its public officials and employees.

To meet these standards:

1. Promote decisions which only benefit the public interest;
2. Keep safe all funds and other properties for the County;
3. Evaluate all decisions so that the best service or product is obtained at a minimal cost without sacrificing quality and fiscal responsibility; and
4. Maintain a respectful attitude toward other employees, other public officials, and the public.

To meet these standards, do not:

5. Engage in outside interests that are not compatible with the impartial and objective performance of their duties; or
6. Improperly influence or attempt to influence other officials, contractors of the County or employees to act in their own benefit.

A conflict of interest may exist when the interests or concerns of any employee, member of the employee's immediate family, or any party, group, business, or organization to which the employee has allegiance may be seen as competing with the interests of the County or public interest.

Any potential conflict of interest shall be disclosed to the employee's Department Head who will confer with an appropriate member of the Commissioners' Executive Staff and the County Solicitor. If the conflict is deemed relevant to a matter requiring action by the employee, the employee will not act on the matter and will not participate in the final deliberation or decision regarding the matter. However, the employee shall provide any and all information relevant to the matter to the decision-makers. Any minutes or record shall reflect that the conflict of interest was disclosed and that the subject employee did not participate in the final discussion, deliberation and/or decision; and did not vote (where applicable).

If the conflict is deemed solely an appearance of a conflict of interest, the Department Head, an appropriate member of the Commissioners' Executive Staff and the County Solicitor shall determine an appropriate level of involvement for the employee on the matter. If a conflict of interest is determined to be potentially significant, the matter may be disclosed to the Pennsylvania State Ethics Commission for review.
Chester County Client Information Management System (CCCIMS) Policies
v.2.2
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1. Chester County CCCIMS Historical Background

1.1 Definition of Homeless Management Information System

A Homeless Management Information System (HMIS) is a computerized data collection tool used by communities to collect ongoing data on persons who are homeless or receive assistance from the community. This longitudinal data can be used to accurately calculate the size and needs of these populations.

1.2 HUD HMIS Requirement

In 2001, Congress directed the U.S. Department of Housing and Urban Development (HUD) to collect unduplicated data on the extent of homelessness at the local level through a Homeless Management Information System (HMIS). HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of persons experiencing homelessness. The purpose of the HMIS is to use data from these systems to understand the size and characteristics of the homeless population, analyze local patterns of service usage, and assess local service needs. To comply with the Congressional directive, HUD is requiring all participating jurisdictions, like Chester County, to implement an HMIS.

1.3 Vision for CCCIMS

The Department of Community Development (DCD) has been working in coordination with several county agencies, including the Department of Computer and Information Services (DCIS), the County’s Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer, and the non-profit agencies throughout the County to implement an efficient, user-friendly HMIS, called the Chester County Client Information Management System (CCCIMS), which will include all HUD-funded and DCD-funded agencies. The Community Services Planning Committee, the advisory arm of the Continuum of Care (CoC) funding, is also involved in the planning and implementation of a county wide CCCIMS program.

The CCCIMS Task Force was formed to research available systems that meet HUD criteria, to evaluate the cost effectiveness of and to seek funding for implementation of a HUD-approved computerized data collection system.

The CCCIMS Task Force identified two objectives to be accomplished:

- To utilize a computerized tracking system that will capture unduplicated client-level system wide data on the characteristics and service needs of persons experiencing homelessness in Chester County.

- To increase the technological capacity of the agencies who provide housing and supportive services to the homeless in Chester County.
The introduction of a CoC-wide CCCIMS will provide the following improvements and benefits:

- Efficient needs assessment analysis
- Efficient service coordination among providers
- Resource allocation through analysis of data

The introduction of a CCCIMS program within the Chester County CoC system will enable DCD to develop a forum for addressing community-wide issues and facilitate decision-making among providers and policy makers as they gain a better understanding of the extent and scope of homelessness and other social issues within the CoC jurisdiction.

2. Chester County’s CCCIMS Structure

2.1 CCCIMS Solution

A vendor supplying the CCCIMS solution provides database management solutions nationally. The vendor is responsible for:

- Providing Chester County’s Internet-based CCCIMS
- CCCIMS software upgrades
- Hosting (maintaining, securing, performing backups, and ensuring availability) of Chester County's CCCIMS
- Providing training and technical support to CCCIMS Administrators

2.2 Chester County Department of Community Development

Under Chester County’s contract with the vendor, the DCD office provides the CCCIMS implementation and program management on behalf of the Chester County CoC. As the CCCIMS Administrator, DCD is responsible for many activities including:

- Chairing the CCCIMS Site Administrators Group
- Preparing agencies within the CoC for implementing the system
- Defining policies and procedures within the federal guidelines, best practices, and Chester County CCCIMS members’ input
- Advocating CCCIMS software enhancements on behalf of partner agencies
- Initial and on-going training for CCCIMS
- Providing quality assurance for the CCCIMS program
- Fulfilling Chester County CoC reporting requirements
Providing technical support through the DCD Help Desk CCCIMS System Administrator

2.3 Participating Agencies
Any agency, DCD-funded or non-funded, may participate in CCCIMS if they have signed the Agency Partnership Agreement-Memorandum of Understanding and agree to abide by the policies and procedures outlined in this document. Each participating agency is responsible for its clients' data. Services should be provided to a client regardless of CCCIMS participation provided the client would otherwise be eligible for the agency’s services.

2.4 End Users
End Users are authorized by their agency's Executive Director or other persons within the agency having the appropriate authority. End Users are allowed to use CCCIMS after signing an End User Agreement with their agency, and completing the necessary training. End Users are responsible for following the policies and procedures outlined in this document, and are ultimately responsible for collecting and entering client data.

2.5 CCCIMS Site Administrators Group
The purpose of the CCCIMS Site Administrators Group is to bring together participating agencies' CCCIMS users to share information, identify and resolve issues, and make recommendations on a number of factors regarding CCCIMS. It is a forum for sharing best practices among agencies, as well as a way to suggest improvements in policies and procedures. Future enhancements to CCCIMS will also be discussed during these meetings. It is expected that participating agencies send at least one Site Administrator to every Site Administrators Group meeting.

2.6 Clients
Clients choose to participate in CCCIMS with written authorization to allow an agency's users to collect and enter their personal information into CCCIMS. It is extremely important in the use of CCCIMS that client confidentiality, privacy, and security are maintained at a very high level. The policies and procedures written in this document fulfill basic HUD HMIS requirements, utilize best practices for the industry, and are further enhanced for our community.

2.7 Site Administrators
Each agency will have at least one Site Administrator who will manage the daily operations of CCCIMS within the agency. This person will also act as the point of contact for system questions and will establish all of the agency’s services in the system.
3. Implementing CCCIMS

3.1 Agency Partnership Agreement

Policy: To participate in CCCIMS, an agency must sign and agree to abide by the terms of the Agency Partnership Agreement-Memorandum of Understanding (MOU).

Description:
The Agency Partnership Agreement-Memorandum of Understanding is a contract between the agency and the CCCIMS Administrator (Chester County Department of Community Development) regarding participation in CCCIMS. The agreement outlines specific requirements on confidentiality, data entry, responsibilities, security, reporting, and other items deemed necessary for proper CCCIMS operation.

3.2 Designate Agency Site Administrator

Policy: The agency's Executive Director or other empowered officer must designate an individual to act as the agency's Site Administrator.

Description:
The Site Administrator at an agency possesses different responsibilities than a typical End User. The Site Administrator is accountable for the following items:

- Maintain the agency programs and services profiles in system
- Communicate personnel/security changes for CCCIMS users
- Act as the first tier of support for CCCIMS users
- Act as the main point of contact for CCCIMS System Administrator (DCD)
- Ensure client privacy, confidentiality, and security
- Maintain compliance with technical requirements for participation
- Store and enforce End User Agreements
- Post Privacy Notice
- Enforce data collection, entry, and quality standards
- Assist DCD with On-Site Technical Assistance/Audits
- Attend the CCCIMS Site Administrators Group and/or Advisory Committee Meetings

3.3 Technological Requirements for Participation

Policy: All computers authorized to access Chester County CCCIMS must meet the minimum requirements as established by DCD.
3.4 Complete Agency Profiles in CCCIMS

**Policy:** Agencies are not allowed to enter client data into CCCIMS until their agency and service profiles have been approved by DCD and are completed in CCCIMS.

**Description:**
Within CCCIMS, each agency must set up a group of profiles that define the programs and services the agency offers. Site Administrators will be trained in creating, updating, and maintaining agency information, service information, and other program management requirements in CCCIMS.

3.5 Data Conversion

**Policy:** Agencies utilizing systems other than Chester County CCCIMS are responsible for converting any data that they wish to carry-over into CCCIMS.

3.6 Designating CCCIMS End Users

**Policy:** Any individual working on behalf of the agency (employee, contractor, and volunteer), that will collect information for CCCIMS purposes must be designated as a CCCIMS End User; and therefore is subject to these policies and procedures.

**Description:**
Anybody who collects any CCCIMS data (electronic or paper) or creates reports from the system must receive training. This training is varied depending on the person’s role. If someone will not be entering anything into the system but will be explaining CCCIMS to others, the agency’s Site Administrator is required to train this person on client privacy, confidentiality, and security procedures. Individuals, who will work with the CCCIMS software, will be required to attend the Policies and Procedures training as well as specific training on the CCCIMS software.

4. User Administration

4.1 Authorizing Personnel for CCCIMS

**Policy:** Only authorized individuals that have successfully completed the necessary training sessions may be allowed to access CCCIMS on behalf of an agency.
4.2 End User Agreements

**Policy:** A Chester County CCCIMS End User Agreement must be signed and kept on file for all agency personnel or volunteers that will collect or use CCCIMS data on behalf of the agency. The original signed CCCIMS End Users Agreement will be filed in the DCD office in the central filing area in the agency’s CCCIMS file. Additionally, each agency is required to keep a copy of all of their End Users’ Agreements on file at their office location so that DCD staff may review this documentation during monitoring visits.

**Description:**
The End User Agreement is a document between a participating agency and its employees, contractors, or volunteers who are authorized to collect CCCIMS data and/or record that data into the system, for the purpose of agreeing to abide by the rules and regulations defined in the *HMIS Data and Technical Standards, Final Notice, Federal Register, Volume 69, No. 146 as published on Friday, July 30, 2004.*

4.3 Assigning Security Levels

**Policy:** The Executive Director or empowered officer will assign users an appropriate security level such that the users only has access to CCCIMS functionality or information required to successfully fulfill their roles. The Executive Director or empowered officer will also maintain the agency’s Approved Users List. The CCCIMS Site Administrator will then contact DCD to set-up user access levels in the system and to schedule the user for training. User ids and passwords will not be distributed to new users until after they have completed the required CCCIMS training with DCD.

**Description:**
Within CCCIMS, each user is assigned a security level based on the tabs to which they have access. This security allows the user to gain access to certain areas of the CCCIMS application. This security feature is utilized to ensure that individuals can only access the type of client information they need to do their job within the agency. An example would be that an intake specialist would be assigned a security level to access the general information page so that they could enter or view a client's demographic information (name, birth date, ethnicity, etc.), however, their security level would not allow them to view any case management notes that may exist.

4.4 Changing Personnel Security Levels

**Policy:** Agencies request a security level change for an individual by notifying the DCD CCCIMS System Administrator.

4.5 Removing Authorized Personnel

**Policy:** The DCD CCCIMS System Administrator must be notified within 1 business day when an individual is no longer authorized to access CCCIMS on the agency's behalf.
5. Training

5.1 Site Administrator Training

Policy: Individuals designated as an agency's site administrator must complete a CCCIMS Site Administrator training course before being granted the appropriate security level.

Description:
The CCCIMS Site Administrator training will cover several topics such as the duties and procedures specifically related to the role, beyond a typical End User training session. Topics will include:

- CCCIMS Organization of Services and Sections
- CCCIMS Reports
- Overview of CCCIMS Policies and Procedures
- Client Privacy & Confidentiality
- The Roles of a Site Administrator

5.2 CCCIMS Policies & Procedures Training

Policy: All individuals who are authorized to collect CCCIMS information are required to complete a training regarding CCCIMS Policies & Procedures.

Description:
This training is intended for everyone that will collect data on behalf of CCCIMS, including intake personnel, volunteers, and case managers for example. The training will cover in detail these policies & procedures as they relate to collecting data, expectations, and other materials. Focus will be given to client privacy, confidentiality, and security as it directly relates to CCCIMS.

5.3 CCCIMS End User Training

Policy: Individuals who need to enter data in the CCCIMS software are required to complete a CCCIMS End User training before being granted access to the software.

Description:
The CCCIMS End User training will cover several topics related to the CCCIMS program operations.

5.4 CCCIMS Software Upgrade Training

Policy: When new CCCIMS software functionality is available, additional training opportunities regarding the upgrade will be offered.
Description:
CCCIMS will evolve over time to include additional capabilities that agencies and the community have requested or new capabilities required by the U.S. Department of Housing and Urban Development. While documentation will be sent out for each upgrade, there may be occasions where supplemental training would be the best way for individuals to learn how to use the new capability.

5.5 Seminars
Policy: Special topic-based seminars will be offered by DCD as needed.
Description:
As CCCIMS evolves, many agencies will find that they are looking for the same type of information or best practices. The CCCIMS Site Administrators Group will be the conduit for sharing this information with each other as well as with DCD.

6. Data Collection Processes

6.1 On Whom to Collect Data
Policy: At a minimum, agencies are required to attempt to collect data on individuals who are homeless and/or are receiving applicable services from the agency.

6.2 Privacy Policy Notice
Policy: The Chester County’s CCCIMS Privacy Policy Notice must be posted within an agency in a site visible to clients, in a common area, and at the point of intake.
Description:
The Privacy Policy Notice is a brief document, which describes a consumer's data rights in relation to CCCIMS.

6.3 Informed Consent & CCCIMS Participation
Policy: The agency must review the Client Consent for Data Collection and Release of Information form fairly, and in good faith, with each adult household member and/or unaccompanied youth for whom they will attempt to collect CCCIMS data.
Description:
The Client Consent for Data Collection and Release of Information is an extremely important form within the CCCIMS data collection process. Its purpose is to disclose to clients what the Chester County CCCIMS system is for, what their rights are, why data is collected, what information is requested, and how the information will be used.
Policy: Agencies should strive to communicate informed consent in a language the client understands.
Policy: Clients must sign the informed consent form regardless of their decision to participate in CCCIMS or not.

Description:
Clients can choose if they would like to participate in CCCIMS. Below is a description of what each of the choices means:

- “Agree to let this Agency enter my information into Chester County CCCIMS”: This means that their information is entered into the system, with personal identifying information shown (but secured through software and application security).
- “Do not enter my information”: Individuals who choose this option are deemed as non-participants, and none of their information is entered into CCCIMS. Agencies must still collect data necessary for their business operations; it just should not be entered into CCCIMS.

Policy: The Client Consent for Data Collection and Release of Information form is good for one year. The original signed document must be stored securely for a minimum of seven (7) years after the client last received services.

Policy: Agencies will offer to give the clients a copy of the CCCIMS release.

Policy: Clients are presumed to be competent, unless there is a known court order claiming their incompetence. Legal guardians of adult clients may sign for the client.

Policy: The agency will need to report to DCD the number of individuals who did not agree to participate in CCCIMS by including their data in their quarterly report and documenting these numbers in their files.

Policy: Agencies cannot deny services to an individual solely on the basis of the individual deciding not to participate in CCCIMS.

6.4 Electronic Sharing of Client Records

Policy: CCCIMS will enable agencies to share client records electronically if agencies agree AND the client consents to the sharing of their information.

Description:
CCCIMS will allow groups of agencies to share the same client record, as they try to provide coordinated services for the individual/family. Agencies who wish to have the ability to share records with one another will need to sign an agreement between each other. Clients will also have the added ability to decide if they want their information shared with another agency, as well as what information they would like shared.
6.5 Using Paper-Based Data Collection Forms

**Policy:** Agencies may choose to initially collect client data on paper and enter it into the CCCIMS software later, rather than entering it directly in the system. However, the overall goal is to have the data entered into CCCIMS within 24 hours.

**Description:**
Each agency will incorporate CCCIMS into its own operating processes. Some agencies will prefer to interview clients and simultaneously enter their information directly into the system. Other agencies will find it easier to collect information on paper first, and then have someone enter the data later.

6.6 Collecting Client Disability Information

**Policy:** Agencies must collect client disability information after the individual is enrolled in a program, unless it is a requirement for program entry.

**Description:**
As a part of the data standards required by HUD, agencies are requested to ask clients questions about disabilities. To comply with other federal laws and regulations, these client questions must be asked at a certain point in time to avoid any legal issues.

HUD defines 'disabling condition' as: “(1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.

6.7 CCCIMS Data Standards

**Policy:** All agencies and CCCIMS End Users are required to collect the Universal Data Elements as stated by the U.S. Department of Housing and Urban Development (HUD).

**Description:**
CCCIMS End Users are required to collect HUD's Program-Specific Data Standards fields, especially if the client is receiving services funded through federal homeless assistance grants, as stated in the Agency Agreement and End User Agreement.

6.8 Client Access to Their Information

**Policy:** Clients have the right to a copy of their applicable client level data contained within CCCIMS which can be obtained through an agency’s formal record request process.
6.9 **Filing A Grievance**

**Policy:** Clients have the right to file a grievance regarding potential violations of their privacy rights regarding CCCIMS participation and have the right to contact the agency’s Site Administrator regarding data inaccuracy (See Notice of Privacy Practices).

**Policy:** No action or punishment will be taken against a client if they choose to file a grievance.

6.10 **Revoking Authorization for CCCIMS Data Collection**

**Policy:** Clients who initially agree to participate in the Chester County CCCIMS have the right to rescind their permission for data collection.

7. **CCCIMS Quality Assurance**

7.1 **Data Quality**

**Policy:** CCCIMS End Users are required to ensure data quality of the information that they collect for CCCIMS, as stated in the End User Agreement. Site Administrators are required to fix data quality issues in a timely manner.

**Description:**
To produce high quality, reliable reports it is imperative to possess high quality data. DCD will help assure stakeholders that the data contained within CCCIMS is of high quality.

7.2 **Security Monitoring**

**Policy:** Site Administrators are required to immediately resolve any issues discovered during a CCCIMS security monitoring.

**Description:**
In order to maintain the high level of security, client privacy and confidentiality practices set up in the policies and procedures document, DCD will conduct security evaluations on a regular basis. Site Administrators will work with the DCD to schedule a monitoring visit, and to assist DCD in performing the monitoring. The monitoring will cover many topics including: informed consent agreement, privacy notices, technology security, and data entry practices.

7.3 **Workstation Security**

**Policy:** Agencies are required to place End User computer screens in a manner so as to prevent unintentional confidentiality breaches.

**Policy:** Passwords and Log-in information are to be kept secure; this information should
never be shared with anyone including the Site Administrator and System Administrator.

7.4 Additional Quality Reports

**Policy:** DCD will make additional quality reports available regarding software, technical support, quarterly reports, training, and overall program directions.

**Description:**
Additional reports will be created to ensure that the overall CCCIMS program is of high quality. Topics that will be reported on will include overall software quality, quality of the technical support, training quality, quarterly reports and overall program quality. As these reports are available, DCD will notify agencies.

8. DCD CCCIMS System Administrator

8.1 Contact Your Site Administrator

**Policy:** CCCIMS End Users should contact their agency's Site Administrator when an issue arises.

**Description:**
Agency Site Administrators will be the best resource for finding out specific information regarding its agency's policies and procedures as they relate to CCCIMS. They are also going to be the most knowledgeable and accessible person for communicating matters regarding the software and its capabilities.

8.2 Ways to Contact the DCD CCCIMS System Administrator

**Policy:** The agency’s Site Administrator should be the only person who contacts the DCD CCCIMS System Administrator.

8.3 Response Times for Issues

**Policy:** The DCD CCCIMS Help Desk and the DCD CCCIMS System Administrator will attempt to resolve issues within the shortest period of time possible, but these responses are subject to the vendor’s response times.

**Description:**
While the DCD CCCIMS Help Desk can answer most questions and concerns regarding CCCIMS, when an issue cannot be immediately resolved, it will be forwarded to the DCD CCCIMS System Administrator. If necessary, the DCD CCCIMS System Administrator will forward the issue to the vendor. The DCD CCCIMS System Administrator is subject to the vendor's response times.
# Total Population PIT Count Data

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count</td>
<td>558</td>
<td>578</td>
<td>579</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>198</td>
<td>260</td>
<td>266</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>355</td>
<td>294</td>
<td>300</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>553</td>
<td>554</td>
<td>566</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>5</td>
<td>24</td>
<td>13</td>
</tr>
</tbody>
</table>

# Chronically Homeless PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of Chronically Homeless Persons</td>
<td>7</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>7</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</td>
<td>55</td>
<td>65</td>
<td>69</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Households with Children</td>
<td>55</td>
<td>64</td>
<td>69</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Households with Children</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

## Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</td>
<td>293</td>
<td>231</td>
<td>224</td>
<td>206</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Veterans</td>
<td>293</td>
<td>231</td>
<td>223</td>
<td>206</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Veterans</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
## HMIS Bed Coverage Rate

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2018 HIC</th>
<th>Total Beds in 2018 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>189</td>
<td>14</td>
<td>143</td>
<td>81.71%</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>397</td>
<td>68</td>
<td>301</td>
<td>91.49%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>117</td>
<td>0</td>
<td>52</td>
<td>44.44%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>251</td>
<td>0</td>
<td>247</td>
<td>98.41%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>39</td>
<td>0</td>
<td>13</td>
<td>33.33%</td>
</tr>
<tr>
<td><strong>Total Beds</strong></td>
<td><strong>993</strong></td>
<td><strong>82</strong></td>
<td><strong>756</strong></td>
<td><strong>82.99%</strong></td>
</tr>
</tbody>
</table>
# PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>18</td>
<td>24</td>
<td>4</td>
</tr>
</tbody>
</table>

# Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>154</td>
<td>36</td>
<td>27</td>
</tr>
</tbody>
</table>

# Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>624</td>
<td>138</td>
<td>117</td>
</tr>
</tbody>
</table>
Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October 1, 2012.

**Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.**

**Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.**

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>1072</td>
<td>984</td>
<td>67</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>1769</td>
<td>1683</td>
<td>133</td>
</tr>
</tbody>
</table>

b. This measure is based on data element 3.17.

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
## 2018 HDX Competition Report

**FY2017 - Performance Measurement Module (Sys PM)**

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted FY 2016</td>
<td>FY 2017</td>
<td>Submitted FY 2016</td>
</tr>
<tr>
<td></td>
<td>FY 2017</td>
<td>FY 2017</td>
<td>FY 2017</td>
</tr>
<tr>
<td></td>
<td>Difference</td>
<td></td>
<td>Difference</td>
</tr>
<tr>
<td>1.1 Persons in ES, SH, and PH (prior to &quot;housing move in&quot;)</td>
<td>1062</td>
<td>1021</td>
<td>101</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>179</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>78</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, TH, and PH (prior to &quot;housing move in&quot;)</td>
<td>1756</td>
<td>1731</td>
<td>162</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>207</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>99</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>114</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>
2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

<table>
<thead>
<tr>
<th>Exit was from</th>
<th>Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months</th>
<th>Returns to Homelessness from 6 to 12 Months</th>
<th>Returns to Homelessness from 13 to 24 Months</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY 2017</td>
<td>% of Returns</td>
<td>FY 2017</td>
<td>% of Returns</td>
<td>FY 2017</td>
</tr>
<tr>
<td>Exit was from SO</td>
<td>22</td>
<td>9</td>
<td>41%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>481</td>
<td>88</td>
<td>18%</td>
<td>15</td>
<td>3%</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>400</td>
<td>16</td>
<td>4%</td>
<td>23</td>
<td>6%</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>425</td>
<td>14</td>
<td>3%</td>
<td>16</td>
<td>4%</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>1328</td>
<td>127</td>
<td>10%</td>
<td>54</td>
<td>4%</td>
</tr>
</tbody>
</table>

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th>Metric</th>
<th>January 2016 PIT Count</th>
<th>January 2017 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>558</td>
<td>578</td>
<td>20</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>198</td>
<td>260</td>
<td>62</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>355</td>
<td>294</td>
<td>-61</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>553</td>
<td>554</td>
<td>1</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>5</td>
<td>24</td>
<td>19</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>1830</td>
<td>1707</td>
<td>-123</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>1093</td>
<td>989</td>
<td>-104</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>828</td>
<td>781</td>
<td>-47</td>
</tr>
</tbody>
</table>
Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>109</td>
<td>121</td>
<td>12</td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>0%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>109</td>
<td>121</td>
<td>12</td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td>1</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>1%</td>
<td>19%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Metric 4.3 – Change in total income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>109</td>
<td>121</td>
<td>12</td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td>1</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>1%</td>
<td>21%</td>
<td>20%</td>
</tr>
</tbody>
</table>

9/13/2018 4:37:12 PM
Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th>Universe: Number of adults who exited (system leavers)</th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>10</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>19%</td>
<td>32%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Metric 4.5 – Change in non-employment cash income for adult system leavers

<table>
<thead>
<tr>
<th>Universe: Number of adults who exited (system leavers)</th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>11</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>20%</td>
<td>19%</td>
<td>-1%</td>
</tr>
</tbody>
</table>

Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th>Universe: Number of adults who exited (system leavers)</th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>18</td>
<td>27</td>
<td>9</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>33%</td>
<td>35%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH or TH during the reporting period.</td>
<td>1395</td>
<td>1318</td>
<td>-77</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>251</td>
<td>282</td>
<td>31</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)</td>
<td>1144</td>
<td>1036</td>
<td>-108</td>
</tr>
</tbody>
</table>

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</td>
<td>1549</td>
<td>1561</td>
<td>12</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>338</td>
<td>389</td>
<td>51</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td>1211</td>
<td>1172</td>
<td>-39</td>
</tr>
</tbody>
</table>
Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>98</td>
<td>123</td>
<td>25</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>23</td>
<td>37</td>
<td>14</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>58</td>
<td>78</td>
<td>20</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>83%</td>
<td>93%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
## FY2017 - Performance Measurement Module (Sys PM)

### Metric 7b.2 – Change in exit to or retention of permanent housing

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing</td>
<td>1332</td>
<td>1348</td>
<td>16</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>819</td>
<td>822</td>
<td>3</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>61%</td>
<td>61%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td>326</td>
<td>300</td>
<td>-26</td>
</tr>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td>306</td>
<td>286</td>
<td>-20</td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td>94%</td>
<td>95%</td>
<td>1%</td>
</tr>
</tbody>
</table>
This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
## 2018 HDX Competition Report

**FY2017 - SysPM Data Quality**

<table>
<thead>
<tr>
<th></th>
<th>All ES, SH</th>
<th>All TH</th>
<th>All PSH, OPH</th>
<th>All RRH</th>
<th>All Street Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of non-DV Beds on HIC</td>
<td>283</td>
<td>493</td>
<td>589</td>
<td>174</td>
<td>1573</td>
</tr>
<tr>
<td></td>
<td>315</td>
<td>315</td>
<td>340</td>
<td>262</td>
<td>1598</td>
</tr>
<tr>
<td></td>
<td>315</td>
<td>315</td>
<td>322</td>
<td>244</td>
<td>686</td>
</tr>
<tr>
<td></td>
<td>238</td>
<td>650</td>
<td>664</td>
<td>279</td>
<td>532</td>
</tr>
<tr>
<td></td>
<td>183</td>
<td>425</td>
<td>624</td>
<td>138</td>
<td>2013-2014</td>
</tr>
<tr>
<td>2. Number of HMIS Beds</td>
<td>181</td>
<td>493</td>
<td>589</td>
<td>143</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>315</td>
<td>315</td>
<td>322</td>
<td>244</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>238</td>
<td>650</td>
<td>664</td>
<td>279</td>
<td>94.71</td>
</tr>
<tr>
<td></td>
<td>183</td>
<td>425</td>
<td>624</td>
<td>124</td>
<td>93.13</td>
</tr>
<tr>
<td>3. HMIS Participation Rate from HIC (%)</td>
<td>63.96</td>
<td>100.00</td>
<td>100.00</td>
<td>82.18</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>100.00</td>
<td>100.00</td>
<td>94.71</td>
<td>93.13</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>15.13</td>
<td>40.68</td>
<td>96.79</td>
<td>52.44</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>183</td>
<td>425</td>
<td>624</td>
<td>124</td>
<td>89.86</td>
</tr>
<tr>
<td>4. Unduplicated Persons Served (HMIS)</td>
<td>776</td>
<td>828</td>
<td>1040</td>
<td>899</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>659</td>
<td>702</td>
<td>672</td>
<td>548</td>
<td>74</td>
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<tr>
<td></td>
<td>336</td>
<td>353</td>
<td>325</td>
<td>291</td>
<td>0</td>
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<tr>
<td></td>
<td>346</td>
<td>515</td>
<td>441</td>
<td>523</td>
<td>122</td>
</tr>
<tr>
<td>5. Total Leavers (HMIS)</td>
<td>685</td>
<td>704</td>
<td>645</td>
<td>771</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>407</td>
<td>438</td>
<td>450</td>
<td>360</td>
<td>58</td>
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<tr>
<td></td>
<td>67</td>
<td>95</td>
<td>50</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td>270</td>
<td>139</td>
<td>370</td>
<td>118</td>
</tr>
<tr>
<td>6. Destination of Don't Know, Refused, or Missing (HMIS)</td>
<td>189</td>
<td>160</td>
<td>223</td>
<td>198</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>46</td>
<td>22</td>
<td>32</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>16</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Destination Error Rate (%)</td>
<td>27.59</td>
<td>22.73</td>
<td>34.57</td>
<td>25.68</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>11.30</td>
<td>5.02</td>
<td>7.11</td>
<td>4.44</td>
<td>12.07</td>
</tr>
<tr>
<td></td>
<td>8.96</td>
<td>16.84</td>
<td>6.00</td>
<td>4.55</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>3.77</td>
<td>0.74</td>
<td>1.44</td>
<td>10.81</td>
<td>0.00</td>
</tr>
</tbody>
</table>
## 2018 HDX Competition Report

**Submission and Count Dates for PA-505 - Chester County CoC**

### Date of PIT Count

| Date CoC Conducted 2018 PIT Count | 1/25/2018 |

### Report Submission Date in HDX

<table>
<thead>
<tr>
<th>Submitted On</th>
<th>Met Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 PIT Count Submittal Date</td>
<td>4/23/2018</td>
</tr>
<tr>
<td>2018 HIC Count Submittal Date</td>
<td>4/23/2018</td>
</tr>
<tr>
<td>2017 System PM Submittal Date</td>
<td>5/29/2018</td>
</tr>
</tbody>
</table>
Committees and Workgroups

Chester County Department of Community Development

6/12/2018
Decade to Doorways Structure

- Governance Board
- Nominating Committee
- Steering Committee
- System Performance Outcome Measurement Committee
- Coordinated Entry Planning and Oversight Committee
- CCCIMS Admin Committee

- Permanent Supportive Housing Workgroup
- Community Outreach Workgroup
- Ending Chronic Homelessness Workgroup
- Funding Collaborative Workgroup
- Landlord Engagement Workgroup
Performance Committee Charter

MISSION

The Performance Committee provides guidance and recommendations for clear and accurate measurement and communication of the D2D Partnership in alignment with HUD guidance.

RESPONSIBILITIES

1. Supports data collection and evaluation efforts of the D2D Partnership
2. Assess and inform progress on ending homelessness
3. Completes program level evaluation and monitoring
4. Work alongside DCD/D2D Staff

MAKE UP

1. Interim Chairs: Lauren Campbell and Dolores Colligan (Chester County Department of Community Development)
2. Invited Members:
   o Tracy Conn (Chester County Department of Human Services)
   o Dolores Colligan (Chester County Department of Community Development)
   o Timmy Nelson (Quality Insights)
   o Patricia Hennessey (Chester County Department of Community Development)
   o Dolly Wideman-Scott (Domestic Violence Center of Chester County)
   o Hilary Haake (Chester County Department of Community Development)

PARTICIPATION REQUIREMENTS

Members unable to attend three consecutive regular meetings (unexcused absences) may be asked by the Chairperson to resign or to reaffirm their commitment. If the Chairperson or the D2D Administrative Staff is notified in advance that a member will be unable to attend a meeting, the absence will be considered an excused absence. Excused absences will not count as missed meetings for the purpose of fulfilling the attendance requirement. Members must attend 4 out of the 6 meetings in a 12-month period or they will be asked by the Chairperson to resign or to re-affirm their commitment.

ACTION STEPS:

See Appendix A - D in Operational Plan
Coordinated Entry Committee Charter

MISSION

The CE Committee develops, evaluates, implements, updates, and assists in administration of the Coordinated Entry System (i.e. diversion, access, assessment, prioritization, referral).

RESPONSIBILITIES

1. Development, evaluation, implementation, and monitoring of policies, practices, and tools
2. Convenes stakeholders as a learning community for effective operations of Coordinated Entry
3. Work alongside DCD/D2D Staff

MAKE UP

1. Two Chairs: Karen Wise (Friends Association) and Katelyn Malis (Open Hearth, Inc.)
2. Invited Members:
   - Alicia Anderson (Safe Harbor)
   - Burroughs Mack (Family Service)
   - Alvin Herring (Family Service)
   - Cheryl Miles (Good Samaritan Services)
   - Hilary Haake (Chester County Department of Community Development)
   - Melissa Shannonhouse (Coatesville VA Medical Center)
   - Amy Scheuren/Melanie Weiler (Kennett Area Community Services)
   - Geoff Hurnyak (Veterans Multi Services Center)
   - Gene Suski (Chester County Department of Community Development)

PARTICIPATION REQUIREMENTS

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ACTION STEPS:

See Appendix A-D in Operational Plan
CCCIMS Committee Charter

MISSION

The CCCIMS Committee works with HMIS Lead to provide recommendations on ongoing software use and enhancements.

RESPONSIBILITIES

1. Trouble shoot frequent data quality errors
2. Assists in development, evaluation, and implementation of D2D Partnership Data Quality Plan
3. Work alongside DCD/D2D Staff

MAKE UP

1. One Chair: Hilary Haake (Chester County Department of Community Development)
2. Invited Members:
   - Gene Suski (Chester County Department of Community Development)
   - Heather Smith (Human Services, Inc.)

PARTICIPATION REQUIREMENTS

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ACTION STEPS:

See Appendix A - D in Operational Plan
CoC NOFA Committee Charter

MISSION

The CoC NOFA Committee assists with the local CoC Program NOFA Competition.

RESPONSIBILITIES

1. Oversees development of local application materials
2. Project scoring criteria factors for consideration by full D2D Partnership partners and eventual approval of the D2D Partnership Board.
3. Work alongside DCD/D2D Staff

MAKE UP

1. One Chair: Dolores Colligan (Chester County Department of Community Development)
2. Invited Members:
   - Dale Gravett (Housing Authority of Chester County)
   - Kathryn Brauner (Chester County Department of Human Services)
   - Jennifer Whalen (Chester County Department of Community Development)
   - Gene Suski (Chester County Department of Community Development)
   - Hilary Haake (Chester County Department of Community Development)

PARTICIPATION REQUIREMENTS

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ACTION STEPS:

See Appendix A - D in Operational Plan
Funding Collaborative Charter

MISSION

The Funding Collaborative will establish system-level collaboration among funding partners to integrate efforts serving the most vulnerable individuals navigating the housing, health, mental health, criminal justice, child welfare and other social service systems. The system-wide collaboration could be structured through blending or braiding funding, with the goal to create a strategic approach to funding community services and determine where resources can align to address community needs.

RESPONSIBILITIES

1. Align funding sources around a particular community initiative (i.e. ending chronic homelessness in Chester County)
2. Bring together representatives from public and private community such as local foundations, philanthropists, faith leaders and the business leaders
3. Work alongside DCD/D2D Staff

MAKE UP

1. One Chair: Beth Harper-Briglia (Chester County Community Foundation)
2. Invited Members:
   - Claudia Hellebush (United Way of Chester County)
   - Kim Bowman (Chester County Department of Human Services)
   - Lou Beccaria (Phoenixville Community Health Foundation)
   - Pat Bokovitz (Chester County Department of Community Development)
   - Vanessa Briggs (Brandywine Health Foundation)
   - Michelle Legaspi-Sanchez (Chester County Fund for Women and Girls)

PARTICIPATION REQUIREMENTS

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ACTION STEPS:

See Appendix A-D in Operational Plan
Landlord Engagement Workgroup Charter

MISSION
The Landlord Engagement workgroup will create a successful coordinated approach to landlord recruitment and retention.

RESPONSIBILITIES
1. Develop centralized and/or coordinated landlord recruitment
2. Create a centralized landlord database
3. Develop a system wide landlord risk mitigation pool
4. Ensure coordination amongst housing locators from all providers
5. Work alongside DCD/D2D Staff

MAKE UP
1. One Chair: Brad Markowitz (Housing Authority of Chester County)
2. Invited Members:
   o Dale Gravett (Housing Authority of Chester County)
   o Amber Campman (Open Hearth Inc.)
   o Andrea Pacella (Oxford SILO)
   o Nova Adams (Friends Association)
   o Matrie Johnson (Home of the Sparrow)
   o Carolyn Smith (Realtor)
   o Elizabeth Doan (The Bucks Chester Montgomery Link)
   o Joy Robinson (Human Services, Inc.)
   o Hilary Haake (Chester County Department of Community Development)

PARTICIPATION REQUIREMENTS
Members unable to attend three consecutive regular meetings (unexcused absences) may be asked by the Chairperson to resign or to reaffirm their commitment. If the Chairperson or the D2D Administrative Staff is notified in advance that a member will be unable to attend a meeting, the absence will be considered an excused absence. Excused absences will not count as missed meetings for the purpose of fulfilling the attendance requirement. Members must attend 4 out of the 6 meetings in a 12-month period or they will be asked by the Chairperson to resign or to re-affirm their commitment.

ACTION STEPS:
See Appendix A-D in Operational Plan
Permanent Supportive Housing (PSH) Workgroup Charter

MISSION

The PSH Workgroup's goal will be to create written standards and a “Move-On” strategy for PSH in order that it is provided to the most vulnerable.

RESPONSIBILITIES

1. Create the written standards for PSH including:
   a. The vision for PSH
   b. How the community defines PSH
   c. What role and function it plays in improving system outcomes
2. Create a “Move-On” Strategy
3. Work alongside DCD/D2D Staff

MAKE UP

1. Two Chairs Chair: Dale Gravett (Housing Authority of Chester County) and Robin Senss (Housing Authority of Chester County)
2. Invited Members:
   o Amber Campman (Open Hearth Inc.)
   o Layla Gros (Chester County Department of Community Development)
   o Rania Larsen (Holcomb Behavioral Health Systems)
   o Steve Kambic (Petra Community Housing)
   o Elizabeth Flores (Kennett Area Community Services)
   o Kelly Tuturice (Coatesville VA Medical Center)

PARTICIPATION REQUIREMENTS

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ACTION STEPS:

See Appendix A-D in Operational Plan
Ending Chronic Homelessness Workgroup Charter

MISSION

The Ending Chronic Homelessness Workgroup should, in collaboration with the Coordinated Entry Planning and Oversight, SPOM, and the CCCIMS Agency Admin committees, engage an overall strategy to prevent chronic homelessness from occurring.

RESPONSIBILITIES

1. Utilize Coordinated Entry and CCCIMS data to identify all persons currently identified as chronically homeless
2. Identify available PSH and RRH resources and then engage via case conferencing
3. Develop a strategy, with a timeline, to house and stabilize those currently experiencing chronic homelessness
4. Work alongside DCD/D2D Staff

MAKE UP

1. One Chair: Donna Carlson (Chester County Department of Human Services)
2. Invited Members:
   - Hilary Haake (Chester County Department of Community Development)
   - Gene Suski (Chester County Department of Community Development)
   - Dolores Colligan (Chester County Department of Community Development)
   - Kelly Raggazino (Open Hearth Inc.)
   - Sgt. Rodger Ollis (City of Coatesville Police Department)
   - Jennifer Lopez (Chester County Adult Probation)
   - Michelle Worrall (Fellowship Health Resources, Inc.)
   - Vanessa Hunter (Critical Time Intervention, Human Services, Inc.)
   - Jamie Johnson (Chester County Drug & Alcohol Department)
   - Jason Gallagher (Chester County Department of Human Services)

PARTICIPATION REQUIREMENTS

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ACTION STEPS:

See Appendix A - D in Operational Plan
MISSION

This Community Outreach Committee will be charged with bringing public awareness to the larger community.

RESPONSIBILITIES

1. Bring public awareness to the larger community
2. Target audiences including chamber of commerce, rotaries, local businesses, churches etc.
3. Work alongside DCD/D2D Staff

MAKE UP

1. Two Chairs: Kelly Raggazino (Open Hearth) and Lauren Campbell (Decade to Doorways)
2. Invited Members:
   - Ryan Sheehy-Cox (Sheehy Strategies)
   - Steven Cox (Sheehy Strategies)

PARTICIPATION REQUIREMENTS

Members unable to attend three consecutive regular meetings (unexcused absences) may be asked by the Chairperson to resign or to re-affirm their commitment. If the Chairperson or the D2D Administrative Staff is notified in advance that a member will be unable to attend a meeting, the absence will be considered an excused absence. Excused absences will not count as missed meetings for the purpose of fulfilling the attendance requirement. Members must attend 4 out of the 6 meetings in a 12-month period or they will be asked by the Chairperson to resign or to re-affirm their commitment.

ACTION STEPS:

See Appendix A - D in Operational Plan
**Purpose:**
To provide guidance for and exercise oversight with respect to the activities of the Continuum of Care and to advise the Decade to Doorways Partnership on all matters related to the development, administration, and activities conducted as part of these initiatives.
Decade to Doorways Governance Board: Steering Committee

Purpose:
Act on behalf of Governance Board between Governance Board, ensuring strategic direction and decision making of the Board and engaging in ongoing communication with DCD staff.

Kelly Raggazino (Chair)

Dale Gravett (Vice Chair)

Catherine Friedman (Vice Chair)

Pat Bokovitz

Dolores Colligan

Lauren Campbell

Beth Harper-Briglia
Decade to Doorways Governance Board: Nominating Committee

**Purpose:**
Responsible for recruiting members, ensuring diversity among cultures, geographies, and stakeholder area of expertise, developing and implementing board selection, appointment, orientation, and removal of members

- Pat Bokovitz
- Dolores Colligan
- Lauren Campbell
- Beth Harper-Briglia
- Lou Beccaria
- Claudia Hellebush
- Dolly Wideman-Scott
- Melanie Weiler

Kelly Raggazino (Chair)