Pennsylvania Emergency Solutions Grant
2020 Request

County of Franklin

Date of Submission: April 23, 2020

Resolution of the Municipality

Resolution of the County of Franklin
Authorizing the filing of a proposal for funds with the
Department of Community and Economic Development,
Commonwealth of Pennsylvania.

WHEREAS, the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH) enacted into law on May 20, 2009, authorized the Emergency Solutions Grant (ESG) Program; and

WHEREAS, the Commonwealth of Pennsylvania through the Department of Community and Economic Development (DCED) has received ESG program funds and is making these funds available to units of local governments for eligible homeless services; and

WHEREAS, the County of Franklin desires to submit an application to DCED for ESG Program funds to provide homeless services or on behalf of other entities to provide homeless services.

NOW, THEREFORE BE IT RESOLVED AND IT IS HEREBY RESOLVED by the County of Franklin that:

1. The proposed project(s) South Central Community Action Program (SCCAP) and Waynesboro Community and Human Services (WCHS) to be funded by a grant from the Pennsylvania ESG Program meet the ESG interim rule requirements at §24 CFR 576 are eligible and approved.
2. The County of Franklin on behalf of SCCAP and WCHS is authorized and directed to execute an ESG Program application in the amount of $ 272,166 to the PA Department of Community and Economic Development.
3. SCCAP and WCHS will assume the responsibility for securing the required matching amount of project funds or request a waiver of match funds to DCED.
4. The County of Franklin will reimburse the commonwealth for any expenditure found to be ineligible.
5. The County of Franklin is authorized to provide such assurances, certificates, and supplemental data or revised data that DCED may request in connection with the application.

Adopted this 22nd day of April 2020.
(ATTEST) (SEAL)

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David S. Keller, Chairman

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John T. Flannery, Commissioner

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Robert G. Ziobrowski, Commissioner

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING DEVELOPMENT

LIMITED ENGLISH PROFICIENCY GUIDANCE FOR ESG APPLICANTS

In Compliance with:

Section 601 of Title VI the Civil Rights Act of 1964 (LEP Statutory Authority)
"No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

And

Executive Order 13166 (Issued in the Federal Register 65 FR 50121 on August 16, 2000)
Mandates improved access to federally assisted programs and activities for individuals who, as a result of national origin, are limited in their English proficiency.

Grantees are required to make reasonable efforts to provide language assistance to ensure meaningful access for LEP persons to the contractor's programs and activities that has any federal financial assistance.

DCED is providing this guide to its grantees of federal financial assistance to aid in the analysis of determining if the beneficiaries of the proposed projects have limited English proficiency. Please use the following template to document your analysis of your program or activity and to determine if the certification can be signed by the grantee as not having an affected population or if a Language Access Plan is required. *DCED will provide additional guidance if necessary.*

For Direct HUD Entitlement Communities under the Community Development Block Grant Program applying for Pennsylvania funding under the Emergency Solutions Grant:

If your county or municipality is a direct recipient of federal CDBG funding from HUD (**Not** Pennsylvania), then they must be in compliance with the Limited English Proficiency Regulations. DCED is not requiring you, the grantee for the ESG program, to complete a second set of documents for your application. In order to not have to complete the following LEP compliance exercise for your application, **you must submit** the Four Factor Analysis and/or Language Access Plan currently in place for the LEP requirement in your county/municipality along with the following certificate signed by the Chief Elected Official. If the grantee **does not** have these documents, then they must complete and submit the attached guidance with their application;

Certification: As a Direct Entitlement for HUD federal financial assistance for the CDBG program, the Grantee has completed the required Four Factor Analysis and if required, has adopted a Language Access Plan. The Grantee is in compliance with the LEP regulations and makes all reasonable attempts to accommodate language access needs of residents during citizen participation, income surveys and/or direct assistance intake activities including but not inclusive of public hearings, public notices, advertisements, income surveys and direct assistance intake documents.

______________________________ ______________
Chief Elected Official *(signature and printed)* **Date**

______________ ______________________________
Attest **Grantee Name & Program**

For Pennsylvania Entitlement Communities under the Community Development Block Grant Program applying for funding under the ESG Grant:

If your county or municipality is a recipient of federal CDBG funding from Pennsylvania, then they must be in compliance with the Limited English Proficiency Regulations. DCED is not requiring you, the grantee for the ESG program, to complete a second set of documents for your application. In order to not have to complete the following LEP compliance exercise for your application, **you must submit** the Four Factor Analysis and/or Language Access Plan currently in place for the LEP requirement in your county/municipality along with the following certificate signed by the Chief Elected Official. If the grantee **does not** have these documents, then they must complete and submit the attached guidance with their application;

Certification: As a Pennsylvania CDBG Entitlement for federal financial assistance for the CDBG program, the Grantee has completed the required Four Factor Analysis and if required, has adopted a Language Access Plan. The Grantee is in compliance with the LEP regulations and makes all reasonable attempts to accommodate language access needs of residents during citizen participation, income surveys and/or direct assistance intake activities including but not inclusive of public hearings, public notices, advertisements, income surveys and direct assistance intake documents.

____ __________________________
Chief Elected Official *(signature and printed)* **Date**

______________________________ ____
Attest **Grantee Name & Program**

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING DEVELOPMENT

CERTIFICATION OF COMPLETION
OF A FOUR-FACTOR ANALYSIS FOR LIMITED ENGLISH PROFICIENCY PERSONS
AND
CERTIFICATION OF THE ACTIVITIES
TO BE INCLUDED IN THE LANGUAGE ACCESS PLAN

EMERGENCY SOLUTIONS GRANT PROGRAM

FOR:	
GRANTEE NAME:	
PROGRAM AND CONTRACT NUMBER (ESG/C000045678):	
CONTACT PERSON:	
CONTACT PERSON TELEPHONE NUMBER:	CONTACT PERSON EMAIL:

Purpose

In compliance with Section 601 of Title VI the Civil Rights Act of 1964 (LEP Statutory Authority) and Executive Order 13166, ____________________ (Grantee) has conducted the following Four Factor Analysis for Limited English Proficiency (LEP) persons for the federally funded program listed above.

History

Title VI of the Civil Rights Act of 1964, is the federal law which protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive federal financial assistance. In certain situations, failure to ensure that persons who have limited English proficiency can effectively participate in, or benefit from, federally assisted programs may violate Title VI's prohibition against national origin discrimination. Persons who, as a result of national origin, do not speak English as their primary language and who have limited ability to speak, read, write, or understand English may be entitled to language assistance under Title VI in order to receive a particular service, benefit, or encounter.

Executive Order 13166 (Issued in the Federal Register 65 FR 50121 on August 16, 2000) mandates improved access to federally assisted programs and activities for individuals who, as a result of national origin, are limited in their English proficiency. The order also requires a Language Access Plan for the program or activity if a qualifying population is determined. To determine if there is an affected population of beneficiaries having limited English proficiency, all grantees receiving federal financial assistance must conduct the four-factor analysis as outlined below.

Grantee Four-Factor Analysis

The following Four-Factor Analysis serves as the guide for determining which language assistance measures the Grantee will be required to undertake to guarantee access to Grantee's Emergency Solutions Grant (ESG) programs by LEP persons.

FACTOR ONE: Methodology

The grantee must analyze the number or proportion of LEP persons served or encountered in the eligible service area population (served or encountered includes those persons who would be served by the program or activity if the person received education and outreach and the grantee provided sufficient language services).

Select the paragraph(s) below that best describes your methodology for the analysis by placing a check mark in the box beside the description. Also please fill in the blanks or circle the correct statement were indicated. These paragraphs may be modified or replaced with narrative that more accurately reflects the grantee's methodology.

☐ The Grantee utilized the PA Census tabulation for persons that speak English "Less than Well" provided by DCED to determine the **county's** LEP population(s). Based on this data, the Grantee **does/does not** *(chose one)* meet the 1,000 or 5% LEP persons threshold for any language(s) identified.

☐ The Grantee utilized the PA Census tabulation for persons that speak English "Less than Well" provided by DCED to determine its **municipalities'** LEP population(s). Based on this data, the Grantee **does/does not** *(chose one)* have any municipalities within its borders that meet the 1,000 or 5% LEP persons threshold for any language(s) identified.

☐ Local elected officials, clergy, medical personnel, and school administrators were polled by telephone/questionnaire to request input regarding their knowledge of LEP persons within the community and/or proposed project area(s). Based on the results of the telephone poll/questionnaires, there are an _______ *(estimated number)* LEP persons out of __________ *(total persons benefitting from the program or activity)* located in ______________________ *(Grantee or service area name)*. This **does/does not** *(chose one)* meet the 1,000 or 5% LEP persons of total service area threshold for any language(s) identified.

Please list below all municipalities and/ or service areas under this program that qualify as meeting the threshold of 1,000 or 5% LEP person's threshold for any language(s) identified as indicated by the methodology used above. Include the name of the municipality/service area, the language(s) identified, and the number or percentage of persons. For example:

Apple Township *Germanic* *16%*

If any of the blocks above contains a "does" meet the 1,000 or 5% LEP person threshold for any language(s) identified, the grantee must complete a Language Access Plan for that municipality and may stop further completion of this Four Factor Analysis. *Please proceed to the Language Access Plan Certification on page 38 of this guidance. Please submit this page, along with the Language Access Plan Certification with your application.*

If the grantee, after completing this section of the analysis, has all blocks above marked with "does not" meet the 1,000 or 5% LEP persons threshold for any languages identified, they must continue analyzing their program or activity with the following questions.

Additional Questions to be Answered:

FACTOR TWO: The frequency with which LEP persons come into contact with the program or activity

Select the paragraph below that best describes the amount of public contact of your program by placing a check mark in the box beside the description. These paragraphs may be modified or replaced with narrative that more accurately reflects the grantee's program or activity.

- ☐ The proposed project does include rapid rehousing, homelessness prevention, street outreach, essential services, and/or other direct assistance activities. Therefore, residents are likely to have considerable direct contact with the program and its staff.

- ☐ The proposed project is a shelter rehabilitation and/or shelter operations activity **only** that does not provide direct assistance to individuals. As a result, LEP persons rarely come into contact with the ESG program personnel or intake process. However, all citizen participation activities are open to the general public and will follow the grantee's Language Access Plan if necessary.

If the first block above is marked, the grantee must complete a Language Access Plan for the program and may stop further completion of this Four Factor Analysis. *Please proceed to the Language Access Plan Certification on page 38 of this guidance. Please submit all pages, along with the Language Access Plan Certification with your application.*

If the second block is marked, the grantee must continue on with their analysis of their program or activity.

FACTOR THREE: The nature and importance of the program, activity, or service provided by the program or activity

The nature and importance of all ESG activities to the LEP population is high. Even if the grantee does not have a LEP population identified in the first section of this analysis, homeless or near homeless persons having limited English proficiency may find themselves in need of the assistance provided with the ESG funds. As many of the applicants for assistance may be from other areas of the state or even the country, the grantee has no prior knowledge of the needs of persons presenting themselves for assistance. Therefore, LEP measures are necessary to be followed by the grantee to be in compliance. **All ESG grantees must complete a Language Access Plan Certificate** and should not complete this Four Factor Analysis.

FACTOR FOUR: The resources available and costs to the recipient

Currently, internet sites can be utilized to translate some written materials. Additionally, local volunteers have been identified to provide oral translation services at public meetings and during conversations with LEP residents during the implementation of the proposed project. Furthermore, many of the common forms used in the implementation of an ESG program or activity are available in multiple languages on the HUD and DOL websites. Additionally, translation activities are an eligible ESG administrative or delivery expense. Therefore, limited LEP measures are reasonable given the resources available to Grantee. So grantees may not use this factor as the only factor determining the need for a Language Access Plan.

As all ESG programs and activities meet the LEP Factor of the nature and importance, all applicants must complete the following Language Access Plan Certificate and have a Language Access Plan in their Program Master Files.

DCED-CCD-ESG-012 (04/2016)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING DEVELOPMENT

LANGUAGE ACCESS PLAN CERTIFICATION

Certification for *(Grantee, Program or Activity)*: ____

As a result of the preceding Four-Factor Analysis, ____________________________ (Grantee) has identified the following types of language assistance to be provided on an as needed basis by the Grantee throughout the implementation of its ESG program:

Below are the minimum requirements to meet the needs of your identified Limited English Proficiency Populations. Those marked "Required" are mandatory of all ESG grantees. ***Additional activities may be added to meet the needs of the grantees' LEP population(s).***

All ESG citizen participation materials, public notices, and project-related resolutions, will be published/posted in the LEP language(s) identified, in community newsletters, on bulletin boards at the offices and meeting location of the grantee, on the grantee website and in public places throughout the proposed project area(s) and/or the community, especially those areas with high concentration of the affected population. ***Required***

Additionally, all published/posted citizen participation notices will include a statement in the identified LEP language(s) indicating that other "program materials are available in the LEP language(s) upon request". This statement must be in as many languages as has been identified during the grantee's analysis. ***Required***

All citizen participation notices will include a statement that "translators will be available at public meetings upon at least 72 hours' notice". This statement will be in the identified LEP language(s) in the English notification and also in the complete LEP language(s)' notification. ***Required***

All direct assistance program application documents and outreach materials will be provided in the LEP language(s) identified. ***Required***

For direct assistance intakes, if needed, a translator will be retained to provide oral translation at the site of the intake to assist in filling out the intake documents and explaining the program. The grantee may not require the LEP applicant to provide their own translator, though the applicant may bring someone if they choose. ***Required***

If other populations of LEP persons are identified in the future, Grantee will provide additional measures to serve the language access needs of those persons. ***Required***

The Grantee will complete a Language Access Plan which delineates how these activities will be carried out, by whom, and who will monitor the effectiveness of the activities for possible revision. This Plan once adopted by the grantee must be retain in the grantees' master file and utilized throughout the program.

Adopted:

____ ________________________
Chief Elected Official *(Signature and Printed Name)* **Date**

______________________ ____
Attest *(Name and Title)* **Grantee Name & Program**

Language Access Plan for Franklin County ESG 2020

As a result of the preceding Four-Factor Analysis, Franklin County (Grantee) has identified the following types of language assistance to be provided on an as needed basis by the Grantee throughout the implementation of its ESG program:

Below are the minimum requirements to meet the needs of your identified Limited English Proficiency Populations. Those marked "Required" are mandatory of all ESG grantees. *Additional activities may be added to meet the needs of the grantees' LEP population(s).*

1. All ESG citizen participation materials, public notices, and project-related resolutions, will be published/posted in the LEP language(s) identified, in community newsletters, on bulletin boards at the offices and meeting location of the grantee, on the grantee website and in public places throughout the proposed project area(s) and/or the community, especially those areas with high concentration of the affected population. *Required*

How: County staff will provide all public notices regarding ESG in Spanish as well as English, including our website information.

Whom: Franklin County Grants Department

Monitoring: Grants Director

2. Additionally, all published/posted citizen participation notices will include a statement in the identified LEP language(s) indicating that other "program materials are available in the LEP language(s) upon request". This statement must be in as many languages as has been identified during the grantee's analysis. *Required*

How: Statement will be included in Spanish on all public participation notices.

Whom: Franklin County Grants Department

Monitoring: Grants Director

3. All citizen participation notices will include a statement that "translators will be available at public meetings upon at least 72 hours' notice". This statement will be in the identified LEP language(s) in the English notification and also in the complete LEP language(s)' notification. *Required*

How: Statement will be included in Spanish on all public participation notices.

Whom: Franklin County Grants Department

Monitoring: Grants Director

4. All direct assistance program application documents and outreach materials will be provided in the LEP language(s) identified. ***Required***

How: Contracts with vendors will include this clause.

Whom: Sub-recipients

Monitoring: Grants Director

5. For direct assistance intakes, if needed, a translator will be retained to provide oral translation at the site of the intake to assist in filling out the intake documents and explaining the program. The grantee may not require the LEP applicant to provide their own translator, though the applicant may bring someone if they choose. ***Required***

How: Contracts with vendors will include this clause.

Whom: Sub-recipients

Monitoring: Grants Director

6. If other populations of LEP persons are identified in the future, Grantee will provide additional measures to serve the language access needs of those persons. ***Required***

How: County will monitor LEP population tables and consult with sub-recipients regarding measures to serve needs identified.

Whom: Franklin County Grants Department, Sub-recipients

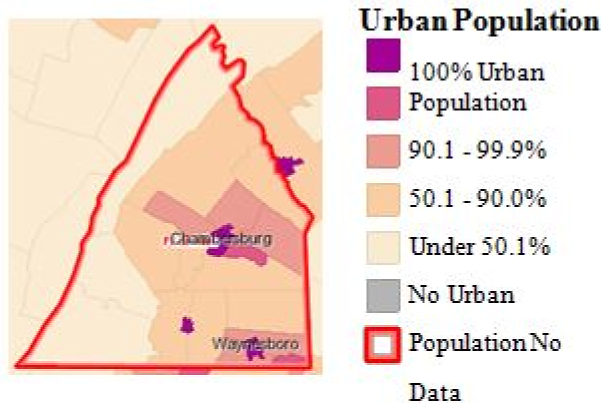
Monitoring: Grants Director

The Grantee will complete a Language Access Plan which delineates how these activities will be carried out, by whom, and who will monitor the effectiveness of the activities for possible revision. This Plan once adopted by the grantee must be retained in the grantees' master file and utilized throughout the program.

Statement of Need Franklin County

Franklin County Pennsylvania is a wonderful family friendly community in South Central Pennsylvania.

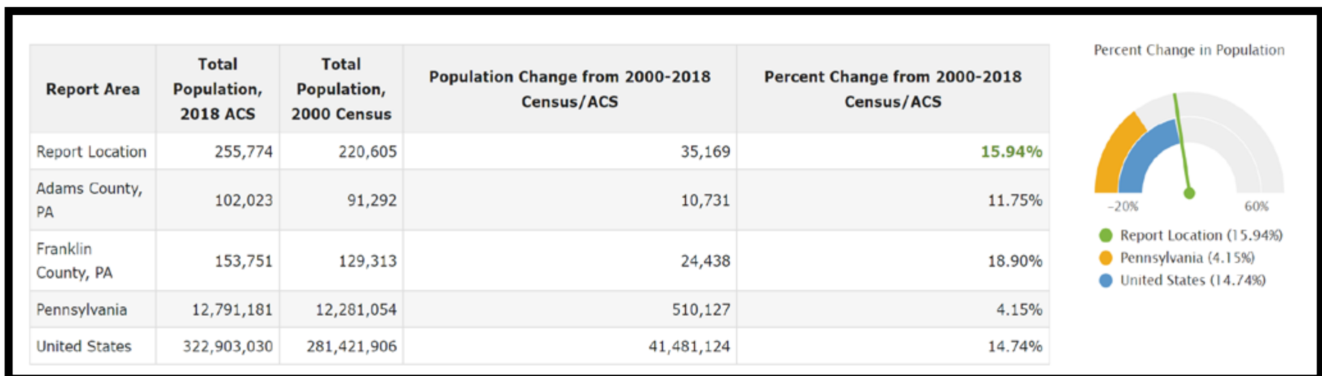
Franklin County Demographics



The U.S. Census Bureau estimated there were 153,751 individuals living in Franklin County consisting of 60,102 households in 2019 with 59.65% of the population living in the urban centers and 40.35% living in rural areas. Urban areas are identified using population density, count, and size thresholds. Rural areas are all areas that are not urban. Figure 1 to the left, shows the urban population. Chambersburg and Waynesboro are the urban settings and are where the Homeless Services and Homeless Shelters are currently located. Franklin County now has the addition of three recovery houses.

Franklin County is one of the communities in Pennsylvania that is experiencing a high level of growth. Between 2000 and 2018, we have seen a growth of 18.9% which is more than 4 times the average in Pennsylvania.

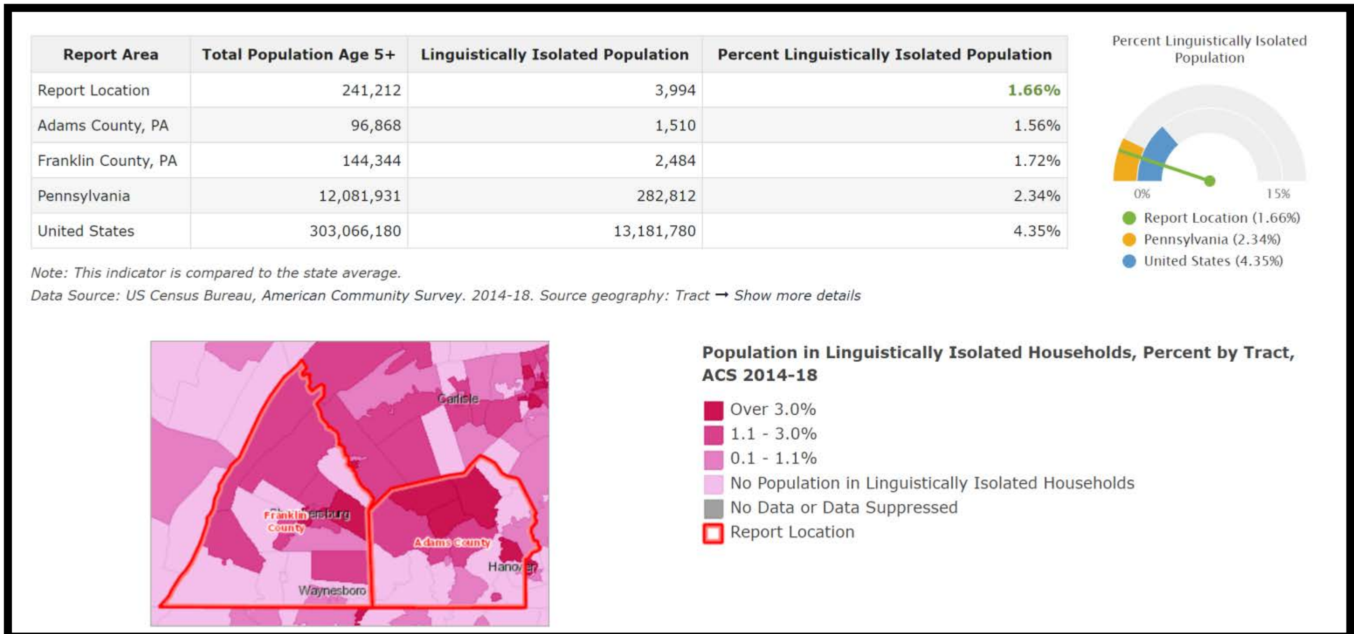
Figure 2 below displays population change for Franklin County. Growth in Franklin County is mainly retirees moving to the community or those who are moving to Franklin County and working in Maryland, DC or Virginia. This migration has increased the cost of housing in Franklin County, while wages and job opportunities in the county remain predominately low wage, low skilled labor.



Report Area	Total Population, 2018 ACS	Total Population, 2000 Census	Population Change from 2000-2018 Census/ACS	Percent Change from 2000-2018 Census/ACS
Report Location	255,774	220,605	35,169	15.94%
Adams County, PA	102,023	91,292	10,731	11.75%
Franklin County, PA	153,751	129,313	24,438	18.90%
Pennsylvania	12,791,181	12,281,054	510,127	4.15%
United States	322,903,030	281,421,906	41,481,124	14.74%

Figure 2: Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2014-18. Source geography: County

This indicator, shown in Figure 3 below is significant as it identifies households and populations that may need English-language assistance. Franklin County has a Language Access Plan designed to assist families and individuals who are linguistically isolated. The shelters in our service area have copies of handbooks and paperwork in Spanish to better serve our Hispanic and Latinx populations. For individuals who do not speak English or Spanish, the Language Line is utilized to appropriately assist clients.



Report Area	Total Population Age 5+	Linguistically Isolated Population	Percent Linguistically Isolated Population
Report Location	241,212	3,994	1.66%
Adams County, PA	96,868	1,510	1.56%
Franklin County, PA	144,344	2,484	1.72%
Pennsylvania	12,081,931	282,812	2.34%
United States	303,066,180	13,181,780	4.35%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract → Show more details

Figure 3 Figure 2 Data Source: US Census Bureau, American Community Survey. 2014-18

While 8% of the adult population in Franklin county are veterans, which is more than the national average of 7.69%, we have a relatively small number of homeless veterans. We did see a significant increase from 2017 from four veterans to six veterans in 2018 who were identified as homeless but sheltered during the 2018 PIT count. In 2019, two veterans were identified as unsheltered..

The racial makeup of Franklin County is 94.1% White, 2.9% Black, 2% Mixed Race, and 0.8% Asian as displayed in Figure 4 below.

Report Area	White Total	Black Total	American Indian Total	Asian Total	Native Hawaiian Total	Mixed Race Total
Report Location	237,292	7,361	290	1,970	16	5,162
Adams County, PA	94,449	1,479	67	705	0	2,332
Franklin County, PA	142,843	5,882	223	1,265	16	2,830
Pennsylvania	10,341,442	1,423,319	24,847	427,892	4,107	310,880
United States	234,904,818	40,916,113	2,699,073	17,574,550	582,718	10,435,797

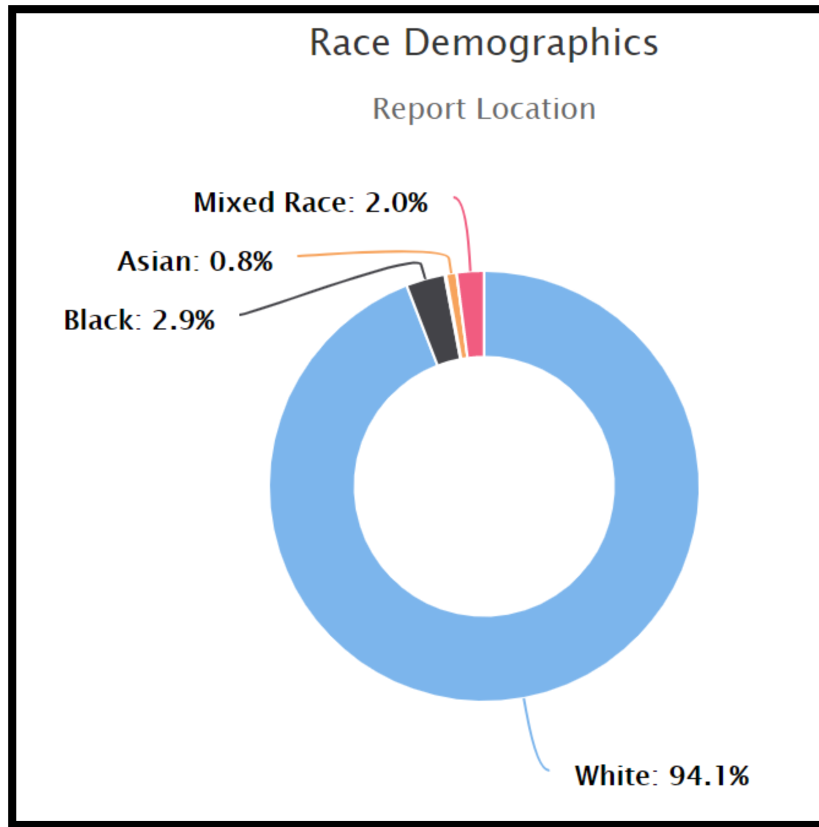


Figure 4: Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: County

The percentage of population that is of Hispanic, Latinx, or of Spanish origin is documented as 5.43% with 1.72% being linguistically isolated or a household that is considered a "Limited English speaking household" which is one in which no member 14 years old and over (1) speaks only English at home, or (2) speaks a language other than English at home and speaks English "Very well."

Franklin County Income and Economics

Franklin County currently has an unemployment rate of 4.20%.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Report Location	135,498	130,302	5,196	3.8%
Adams County, PA	55,006	53,164	1,842	3.30%
Franklin County, PA	80,492	77,138	3,354	4.20%
Pennsylvania	6,532,299	6,234,800	297,499	4.6%
United States	165,051,502	159,452,809	5,598,693	3.4%

Figure 5Data Source: US Department of Labor, Bureau of Labor Statistics. 2019 - December. Source geography: County

Income

Wages

Average weekly wages for the report area during the period July - September, 2017, are provided in the table below. Wage and employment figures are shown by county of employment. The average federal government weekly wage is $1,474.36, which compares to the average state and local government weekly wage of $838.63 and the average private weekly wage is $764.04. Average weekly salaries range from $770.00 in Adams County, PA to $823.00 in Franklin County, PA.

Report Area	Total Employees	Avg Weekly Wage	Federal Employees	Avg Federal Government Weekly Wage	State/Local Employees	Avg State/Local Government Weekly Wage	Private Employees	Avg Private Weekly Wage
Report Location	94,586	$792.81	2,896	$1,474.36	8,909	$838.63	82,781	$764.04
Adams County, PA	35,929	$770.00	683	$1,569.00	3,429	$991.50	31,817	$736.00
Franklin County, PA	58,657	$823.00	2,213	$1,440.00	5,480	$919.50	50,964	$789.00
Pennsylvania	5,836,506	$1,002.00	97,125	$1,396.00	582,740	$1,080.50	5,156,641	$990.00

Figure 6: Data Source: US Census Bureau, American Community Survey.

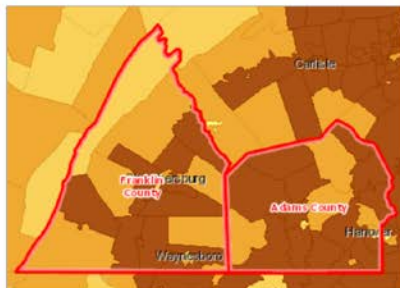
Franklin County is a community whose main income drivers are agriculture, warehouses and health care. Nearly 13% of the Franklin County population has no High School Diploma (compared to 9.80% and 12.34% in Pennsylvania and the United States respectively). Only 12.55% of Franklin County's population have a Bachelor's Degree or higher, well under the Pennsylvania State average of 18.63%. So while the number living in poverty is relatively low at 9.7% (with Hispanic families and Black families being 3 times more likely to live under the poverty level) according to the American Community Survey 2013-2017, under the State and National average, our weekly private wages are under both Pennsylvania and the United States data as shown in Figure 6 with the average private weekly wage of $823 compared to $1,002 across Pennsylvania.

Income Per Capita

The per capita income for the report area is $30,061.00. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Report Location	255,774	$7,688,835,300.00	$30,061.00
Adams County, PA	102,023	$3,115,123,100.00	$30,533.00
Franklin County, PA	153,751	$4,573,712,200.00	$29,747.00
Pennsylvania	12,791,181	$420,686,449,100.00	$32,888.00
United States	322,903,030	$10,533,302,424,400.00	$32,620.00

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2014-18. Source geography: Tract ➞ Show more details



Per Capita Income by Tract, ACS 2014-18

Figure 7: Data Source: US Census Bureau, American Community Survey. 2014-18 Source geography: Tract

Franklin County per capita income, which includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. Per capita income is the average (mean) income computed for every man, woman, and child in the specified area and is well under both Pennsylvania and United States wages.

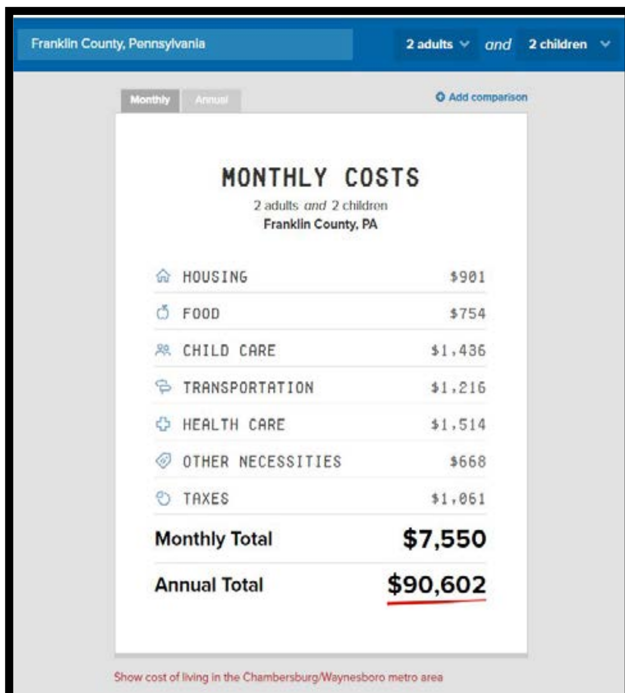


Figure 8: Data from the Economic Policy Institute budget Calculator. http://www.epi.org/resources/budget/

Figure 7 shows that Franklin County's per capita income is almost $3000. Franklin County has more children under 200% of the Federal Poverty Income guidelines (FPIG) at 41.15% compared to 37.69% Statewide. Our free and reduced breakfast and lunch rates as of October 2018 for Franklin County are 57.46% compared to 52.79% statewide.

While the wages are lower, the cost of meeting basic living expenses is relatively high. The Economic Policy Institute's Budget Calculator, displayed in Figure 8 to the left, shows that a family of four in Franklin County would need $90,602 to meet basic living expenses. A family

of three, one parent and two children would need $78,996 well over what 42% of Franklin County households earn.

In fact, in Franklin County, it requires 5.4 full time minimum wage jobs to meet the basic living expenses of a family of three. Even when earning $10.00 per hour, it would take 3.8 jobs for a family of three to meet basic needs. This makes the cost of living while working in Franklin County, unaffordable and is a main driver of the homelessness issues in our community. Add in the complexities of substance abuse and mental health issues and we have the perfect storm for homelessness. The face of poverty and homelessness in Franklin County is very often families with children and seniors on a fixed income.

Housing and Homelessness

While the vacancy rate in Franklin County is very low, the number of assisted housing units is also exceeding low. The number of HUD assisted housing units per 10,000 housing units is less than half the number in Pennsylvania and the United States.

Report Area	Total Housing Units (2010)	Total HUD-Assisted Housing Units	HUD-Assisted Units, Rate per 10,000 Housing Units
Franklin County, PA	63,219	1,078	170.52
Pennsylvania	5,567,315	220,259	395.63
United States	133,341,676	5,005,789	375.41

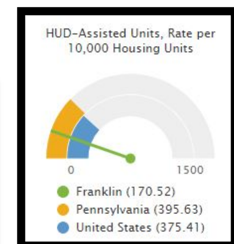


Figure 9:Data Source: US Department of Housing and Urban Development. 2017. Source geography: County

So while there are 11,190 **income** eligible families, there are only 1,078 housing slots available in the county. This combined with wages, the local economic drivers, and vacancy rates create a perfect storm when it comes to housing. And while there is more housing available in Franklin County than our neighbors, much of the housing stock is older and needs substantial work. Franklin County has, over the past five years, had a number of multi-family units condemned because the condition of the housing was uninhabitable, and the facilities could not be improved.

Franklin County has three Emergency Shelters that serve families, veterans, chronically homeless individuals and individuals with mental health issues. A faith-based night, cold-weather shelter also exists for single adults from November – March. Emergency Shelters in Franklin County remain full with vacancies only occurring when rooms are turned over. Shelters turn away individuals and families on a daily basis.

While the county coordinated the Point in Time Count (PIT), all Franklin County Shelters participate in the PIT. Shelter staff work with the county on planning and implementing the PIT count. Shelter staff provide data on sheltered homeless individuals and families as well as volunteers to search for unsheltered individuals and families. During the Point in Time Count in 2019, there were 72 homeless

households, 84 persons in shelters and transitional housing, and 15 unsheltered persons.

Summary: Households/Persons Counted During the Annual Point-In-Time Count, 2017-2019

Franklin-Fulton Counties

	Total Persons/Households			Sheltered						Unsheltered		
				Emergency			Transitional					
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
All Households & Persons												
Total # Households	93	94	72	56	49	44	16	13	17	21	32	11
Total # Persons	139	112	99	79	67	67	21	13	17	39	32	15
# Children <18 years old	N/A	15	18	N/A	14	18	N/A	0	0	N/A	1	0
# Young Adults 18-24 years old	N/A	19	15	N/A	13	11	N/A	0	1	N/A	6	3
# Adults 25+ years old	N/A	78	66	N/A	40	38	N/A	13	16	N/A	25	12
Households without Children												
# Households	79	84	62	47	40	34	13	13	17	19	31	11
# Persons (Adult)	92	85	66	48	41	34	13	13	17	31	31	15
# Young Adults (18-24)	N/A	14	12	N/A	8	8	N/A	0	1	N/A	6	3
# Adults (25+)	N/A	71	54	N/A	33	26	N/A	13	16	N/A	25	12
Households with at least one Adult & one Child												
# Households	14	9	10	9	9	10	3	0	0	2	0	0
# Persons (Adults & Children)	47	26	33	31	26	33	8	0	0	8	0	0
# Children (<18)	N/A	14	18	N/A	14	18	N/A	0	0	N/A	0	0
# Persons Adults	N/A	12	15	N/A	12	15	N/A	0	0	N/A	0	0
# Young Adults 18-24 years old	N/A	5	3	N/A	5	3	N/A	0	0	N/A	0	0
# Adults 25+ years old	N/A	7	12	N/A	7	12	N/A	0	0	N/A	0	0

Figure 10 Data from the 2017-2019 Point in Time Counts

Chronically Homeless												
# Chronically Homeless Individuals	19	9	11	6	8	6				13	1	5
# Chronically Homeless Families	0	0	0	0	0	0				0	0	0
Other Homeless Subpopulations												
Severely Mentally Ill	26	19	1	8	16	0	5	3	0	13	0	1
Chronic Substance Abuse	26	9	11	9	8	8	2	1	0	15	0	3
Persons with HIV/AIDS	0	0	0	0	0	0	0	0	0	0	0	0
Total unduplicated # of persons with a disability. Includes those listed above plus any other disabilities.	59	33	39	24	27	24	14	4	9	21	2	6
Veterans	4	6	4	3	5	2	0	1	0	1	0	2
Victims of Domestic Violence	17	6	8	9	6	7	2	0	0	6	0	1

Figure 11: Data from the Eastern Region COC showing PIT count for Franklin County

Figure 11above shows the demographics of the homeless during the PIT count, this is typical of the needs and makeup of homeless families in Franklin County on any given day. Franklin County and our partners, through the Housing First Model, hope to reduce the number of homeless over the next 5 years.

A Comprehensive Approach

Franklin County Government is working within our human services department as well as with community partners to build a comprehensive housing and homelessness system. From County Human Services programs such as Drug and Alcohol, MH and IDD and Veteran Affairs, housing is a significant focus. Franklin County has worked to assist in opening three recovery houses, coordinated Permanent Supportive Housing and coordinated the local continuum of care.

Franklin County coordinates with the Franklin County Housing Authority for housing, South Central Community Action Programs for supportive services, Homeless Assistance Program and the Franklin County Homeless Shelter, as well as, Maranatha Ministries and New Hope Ministries for shelter care. Franklin County staff support the SC RHAB and Eastern PA COC by hosting those meetings and serving as part of the 211 services and "Connect to Home" screening for homeless individuals and families.

The most recent addition to this range of services is a Reentry program, through South Central Community Action Program (SCCAP), to coordinate the community partners who are working with returning citizens (where housing is a major concern) and placing a Certified Recovery Specialist at SCCAP who is focusing on SCCAP clients including those residing at the Franklin County Homeless Shelter and those in Rapid Rehousing to assist them in Recovery on their journey to stability.

This vast array of services partner together to meet the needs of homeless families and individuals. The largest barrier we have, aside from the high cost of living and low wages, is the number of HUD assisted housing units available in Franklin County where we have less than half the units per 10,000 residents than in Pennsylvania or the United States.

Families on average spent 50 days transitioning from shelter to housing.

How we meet COC Goals and Strategies and the impact on our community:

Franklin County works in partnership with our community partners, the local RHAB and our local housing coalition to create a system that can help families and individuals experiencing homelessness reach stability. We work within the regional continuum of care and within the local continuum of care to meet the needs of families.

Franklin County, with our partners, work to locally impact the Goals of the Eastern PA COC. The goals that we jointly are working on are listed below:

- Reduce chronic homelessness
- Reduce veteran homelessness
- Reduce homelessness among families and children
- Reduce duration of homelessness to an average of 47 days or less
- Work to reduce the usage of homeless shelters by 5% annually
- Reduce the number of people counted as unsheltered by 30% annually
- Work to reduce the number of individuals experiencing chronic homelessness by 20% annually
- Work to reduce the number of homeless veterans by 20% annually
- Work to reduce the number of homeless families by 20% annually

- Work to reduce the time spent in Homeless Shelters from a baseline of 67 to 30 days
- Establish local housing champions to participate in the goals identified above
- Work to establish coordinated entry
- Work to implement diversion strategies with all providers
- Work with providers to educate the community on homelessness prevention
- Improve data collection and analysis of the data for continuous improvement
- Expand permanent housing resources (such as preferences for Public Housing Authorities, or other multi-family housing providers, housing development or other housing options)
- Increase coordination between all homelessness providers and funding streams (including faith- based initiatives)
- Focus on discharge plans to ensure individuals exiting criminal justice, treatment and rehab, foster care or other systems are not being exited to homelessness
- Create joint opportunities for learning among all homelessness providers

Our Results

Franklin County providers served more than 350 homeless individuals last year. For those who moved to Rapid Rehousing, 40% of clients successfully moved to stable housing.

Conclusion

In conclusion, on any given day in Franklin County there will be more than 80 families (including families of 1) who are homeless. This does not include the number of families who are living in over-crowded circumstances, the number of individuals waiting in our prisons because we don't have enough housing or those with addiction issues who need a room in a half-way house. ESG funding is critical to assist the county in meeting the needs of our community. Together with our partners we are working to significantly reduce the number of homeless in our community and ESG, emergency shelters and rapid rehousing are critical to ensuring that homelessness is rare, brief, and non-reoccurring.

DCED-CCD-ESG-008 (08/2017)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING DEVELOPMENT

PROJECT BUDGET

EMERGENCY SOLUTIONS GRANT PROGRAM

All Components

INSTRUCTIONS: Complete this form for each project being submitted and one for the cumulative project.

DATE:	☐ Original ☐ Revision
APPLICANT	
PROJECT NAME:	

Activity	DCED Request	Match Budget	Match Source	Total Project
Rapid Rehousing				
Financial Assistance				
Services				
Rental Assistance				
Street Outreach				
Case Management				
Essential Services				
Homelessness Prevention				
Financial Assistance				
Services				
Rental Assistance				
Emergency Shelter				
Renovations				
Operations				
Essential Services				
HMIS Component				
Administration Component				
TOTAL	**$**	**$**	**$**	**$**

Local Match must identify the source of the match. Donations must include source, (ie; Golf Tournament, Giant Food Stores, Souper Sunday) You may put this on another piece of paper behind the budget.

List the amount you applied for under the match waiver, if applicable.

DCED-CCD-ESG-006 (08/2017)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING DEVELOPMENT

COORDINATION OF SERVICES

EMERGENCY SOLUTIONS GRANT PROGRAM

All Components

APPLICANT NAME & DATE:

1. List partner agencies or third party contractors you plan to partner with or fund under this application and describe the roles, experience and capacity of each (third party contractors, case managers, shelters, property owners, etc.) to efficiently and effectively deliver ESG funded programs and services. *Attach a sample Agreement and/or Contract.*

Agencies and /or Third-Party Contractors to be Used		
Name of Organization	**Contact Person**	**Service/Benefit(s) Provided**

2. Describe how you will coordinate the ESG Program to link program participants with other services available in your community (linking participants to homeless services and mainstream resources).

Homeless Services and Mainstream Linkages	
Name of Organization	**Service/Benefit(s) Provided**

COORDINATION OF SERVICES
HOMELESS SERVCIES AND MAINSTREAM LINKAGES

NAME OF ORGANIZATION	SERVICE/BENEFIT(S) PROVIDED
Keystone Health	Health services
Keystone Dental Services	Dental services to low income
Labor Ready	Day Labor employment
Randstad	Temporary employment
Aerotek	Temporary employment
Aunt Bea's Home Improvement	Seasonal employment
Franklin County Legal Services	Legal services to low income
Mid Penn Legal Services	Legal services to low income
Waynesboro Human Services	Utility, food, clothing, rental
Waynesboro New Hope Shelter	Temporary, emergency shelter
Women In Need (WIN)	Domestic Violence shelter
Candleheart	Shelter
Salvation Army	Rental, utility, clothing assist
Operation Concern	Prescription Assistance
Noontime Lions Club	Eye exams and eyeglasses
Chambersburg Cold Weather Shelter	Shelter for winter months
Chambersburg American Hispanic Center	Interpreter services
PA Counseling Services	Mental health counseling
Wellspan Summit Health	Medical needs
Wellspan Summit Behavioral Health	Mental health services
Chambersburg YMCA	Membership at reduced rates
SCCAP Food Pantries and Gleaning	Food
SCCAP Women, Infants and Children (WIC)	Nutrition
Eastern PA COC	Housing Info. and Assistance
SCCAP Early Learning Resource Center	Subsidized Child Care

DCED-CCD-ESG-008 (08/2017)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING DEVELOPMENT

PROJECT BUDGET

EMERGENCY SOLUTIONS GRANT PROGRAM
All Components

INSTRUCTIONS: Complete this form for each project being submitted and one for the cumulative project.

DATE:	☐ Original ☐ Revision
APPLICANT	
PROJECT NAME:	

Activity	DCED Request	Match Budget	Match Source	Total Project
Rapid Rehousing				
Financial Assistance				
Services				
Rental Assistance				
Street Outreach				
Case Management				
Essential Services				
Homelessness Prevention				
Financial Assistance				
Services				
Rental Assistance				
Emergency Shelter				
Renovations				
Operations				
Essential Services				
HMIS Component				
Administration Component				
TOTAL	**$**	**$**	**$**	**$**

Local Match must identify the source of the match. Donations must include source, (ie; Golf Tournament, Giant Food Stores, Souper Sunday) You may put this on another piece of paper behind the budget.

List the amount you applied for under the match waiver, if applicable.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING DEVELOPMENT

PROGRAM DESIGN

EMERGENCY SOLUTIONS GRANT PROGRAM

Rapid Rehousing

APPLICANT NAME & DATE:

Please answer the following in as much detail as necessary. Additional pages may be added and inserted behind this page to respond to rapid rehousing questions. One Program Design form should be completed for each shelter/agency to receive assistance.

PROJECT/PROGRAM INFORMATION

PROJECT/PROGRAM MANAGER'S NAME:		
PROJECT/PROGRAM MANAGER'S ORGANIZATION:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
PROJECT/PROGRAM MANAGER PHONE:	PROJECT/PROGRAM MANAGER EMAIL:	PROJECT/PROGRAM MANAGER FAX:

RAPID REHOUSING QUESTIONS

1. Describe in detail how the services provided will meet the need of the community as identified by the applicant and the local Continuum of Care. Provide detailed information about how you plan to address homelessness in your community.
2. What is the target population of the program and how many individuals do you plan to serve during the 18 months?
3. How does your target population address the needs of the Continuum of Care (CoC)?
4. Outline your plan for serving homeless individuals and families by providing short-term or medium term assistance.
5. What is your strategy to implement the Housing First model as outlined by the applicant?
6. Describe how you will determine when each individual or family has reached stabilization.
7. Under what circumstances would you provide a reevaluation of a participant prior to the 12 month requirement established by HUD?
8. Identify your programs barriers to provide assistance (programmatic or administrative).
9. What barriers exist within your agency to provide stabilization services and ensure permanent housing for all homeless persons?
10. Describe your strategy for soliciting participants to the program?
11. How will your agency comply with the Equal Access Rule and the Prohibition against Involuntary Separation?
12. Coordinated Entry participation is a requirement once a system is adopted by the local Continuum of Care (CoC). How will your agency participate?
13. Are you providing services directly or subcontracting the services to another provider?
14. What is your process for linking with the mainstream resources in the community?
15. Describe the process for determining eligibility and requirements for case management?
16. How does your agency ensure you are not providing more than 24 months of assistance within a three year period?
17. The applicant will provide a termination policy and appeal process for all participants receiving assistance. Will your agency adopt the policy of the grantee and how will you implement it in your programs?
18. Has your agency administered homeless services in the past?
19. Does your agency have the capacity to begin providing services immediately? How is that determined?
20. How will the grantee monitor the proram for compliance?

Program Design
Rapid Rehousing

1. Describe in detail how the services provided will meet the need of the community as identified by the applicant and the local Continuum of Care. Provide detailed information about how you plan to address homelessness in your community.

South Central Community Action Programs (SCCAP) works in partnership with the local RHAB and our local housing collation and our Queue scrub team. We work within the regional continuum of care and within the county's local continuum of care to meet the needs of homeless or recently homeless families and individuals.

SCCAP is actively working to impact several of the Goals of the Eastern COC in our local community. The goals that we are jointly working on are listed below:

- Reduce chronic homelessness
- Reduce veteran homelessness
- Reduce homelessness among families and children
- Reduce duration of homelessness to an average of 47 days or less
- Work to reduce the usage of homeless shelters by 5% annually
- Reduce the number of people counted as unsheltered by 30% annually
- Work to reduce the number of individuals experiencing chronic homelessness by 20% annually
- Work to reduce the number of homeless veterans by 20% annually
- Work to reduce the number of homeless families by 20% annually
- Work to reduce the time spent in Homeless Shelters from a baseline of 67 to 30 days
- Establish local housing champions to participate in the goals identified above
- Work to establish coordinated entry
- Work to implement diversion strategies with all providers
- Work with providers to educate the community on homelessness prevention
- Improve data collection and analysis of the data for continuous improvement
- Expand permanent housing resources (such as preferences for Public Housing Authorities, or other multi-family housing providers, housing development or other housing options)
- Increase coordination between all homelessness providers and funding streams (including faith based initiatives)
- Focus on discharge plans to ensure individuals exiting criminal justice, treatment and rehab, foster care or other systems are not being exited to homelessness
- Create joint opportunities for learning among all homelessness providers

In Franklin County, SCCAP is one of three shelter that operate year-round. In the winter months, a cold weather shelter is also available for single adults. SCCAP makes Rapid Rehousing available to families and individuals residing at our shelter.

Since May 2018, according to HMIS, SCCAP served 95 households including 151 individuals at the shelter, 37 households including 63 individuals with Rapid Rehousing and according to our client tracking system an additional 132 households in HAP Homeless Prevention. Our average length of stay is 27 days for those at our shelter with a 9% return to homeless ness rate in a two year window.

South Central Community Action Programs (SCCAP) Homeless Programming has the following processes in place to move families quickly into permanent housing:

Case Management and Housing Locator Services

Case Management/Housing Locator Services is an integral component of all SCCAP's Homeless Services and the most critical component of moving families from Homelessness to stable permanent housing.
SCCAP's Case Management/Housing locator services focus on the following activities:

1. Services or activities necessary to assist program participants in locating and securing permanent, safe, affordable housing.
2. Once housing is obtained, the focus shifts to retaining permanent safe affordable housing and increasing housing stability and self-sufficiency through appropriate services and supports which are documented in the client's Individualized Housing Stability Plan. That plan includes services and supports that assist the client in obtaining and maintaining stability, as well as, goals and skills the client needs to obtain in order to maintain stability.
   Services and supports include:
   a. Assessment, arranging, coordinating, housing stability plan development focused on focus on building a set of supports that can help prevent the recurrence of a housing crisis.
   b. An emphasis is placed on maintaining housing; securing or maintaining employment where possible and other permanent supports such as SSI or SSD as appropriate, and on identifying and obtaining mainstream resources and services.
   c. Coordination with other organizations and service providers;
   d. Monitoring progress toward housing stability goals.
   e. Advocating on behalf of the client and modeling skills so that the client can effectively self-advocate.

Case Management/housing Locator Services begin with the first meeting with the client and will continue at least monthly while the client is receiving homelessness services.

As part of implementing a Housing First Model, all SCCAP programs accept clients without regard to whether they have too little or no income, are in recovery, are fleeing domestic violence, or have a criminal record (with the exception of those on Megan's List or violent offenders because we serve families with children). There are no residency requirements to access SCCAP's Franklin County Homeless Services and all services comply with Fair Housing and Civil Rights requirements. SCCAP does not discriminate against any individual and does nor base services on race, color, familial status, religious creed, ancestry, handicap or disability, age, sex, national origin, sexual orientation or gender identity, legal status or language spoken.

SCCAP also makes every effort to obtain feedback from individuals who are, or have experienced, homelessness and to hire or place them on SCCAP advisory councils or boards. SCCAP currently has staff who have previously experienced homelessness on staff, including on staff at our homeless shelters.

SCCAP has documents in Spanish for Spanish speaking families with Limited English Proficiency and utilized the Language Line for families who speak languages other than Spanish and English.

SCCAP Homeless Services

SCCAP's homeless services work in coordination with one another. They typically begin with coordinated entry, the moment a potential client is referred to us for Homeless Prevention, Shelter Services, or Rapid Rehousing. All services utilize our Case Management/Housing Locator services.

Continuum of Care and Coordinated Entry

SCCAP is an active member in the Easter Regional Continuum of Care (COC) and the South Central Regional Homelessness Advisory Board (SC-RHAB). The COC helps ensure SCCAP has the tools it needs to provide evidence based services, works in collaboration with other partners, and is working toward statewide homelessness goals and priorities.

Coordinated entry, though still not quite working as designed, is a way to put those priorities into action. All SCCAP Homeless Services utilize the Coordinated Entry Service to make effective referrals and to receive appropriate referrals to our services. Though not an official site, SCCAP works with walk ins to assist them in calling 211 to register and obtain appropriate services. As part of SCCAP's work with the COC is our participation in the Point in Time County (PIT). SCCAP participates by providing needed data to the PIT committee, as well as, providing volunteers to assist in the count.

Diversion and Homeless Prevention

Every individual or family that comes to SCCAP's Homelessness programming is screened to identify what their housing barriers are. We use a Housing Barriers Form that helps us identify the needs of the family, the best programming, and how to either keep the family out of the homelessness system through diversion or to keep them in their current housing, if it is safe, through Homeless Prevention. This allows us to reserve shelter and rapid rehousing services for individuals and families who have no other options.

Shelters

Our Homelessness programming works to identify barriers that prevent the individual or family from obtaining housing stability starting with the first meeting with the client. This way we are able to begin work immediately on overcoming housing barriers so we can quickly find permanent, safe, affordable housing. We have modified out processes to embrace a Housing First Model and in our pre-screening appointment we talk about what the client can do tomorrow to find permanent housing.

If a client comes to our door, is literally homeless, and has nowhere safe to go, and our shelter has an opening, we will admit the individual or family and have them start by calling 211. We also

receive referrals from the coordinated entry provider, 211. Either way, while doing the admission with the client we establish a goal of finding housing in the first 14 days and provide the family with a target move out day. The family/individual meets with our Rapid Rehousing Case Manager to assist them in overcoming short term barriers that prevent them from being housed and they meet with our Housing Locator to find out what housing stock is available and to set up appointments for visits. All staff working at the shelter are focused on getting the family back into permanent, stable, housing. While 14 days is an aggressive target, this allows those who can self-resolve, a safe space and a deadline to help them quickly move back to stability. For those who are unable to self-resolve, our case manager works with them to create a housing barriers plan to help them quickly overcome barriers that prevent them from moving into housing.

Shelter essential services are designed to help an individual get quickly into needed services. We have learned over the last year, that we frequently can't wait until someone is housed for them to find employment, get set up with mental health services or begin work with a recovery specialist. None of these items preclude us from working with someone or from helping them get into housing, but many of our landlords will not work with someone if they do not have income, and while we have onsite support, many of the individuals we are serving with mental health or addiction issues, have a better chance of getting into services and staying in if we can support them in the early phases. We have not found that these essential services delay housing, we have found however, that these services help folks be set up to maintain housing.

Rapid Rehousing

Rapid Rehousing is one of the tools we use to help families move out quickly. Based on the needs of the family we assist with security deposits, and short, or medium term, rent. Typically, a family who is able to move out in the first 14 – 30 days (nearly half of our families) needs only a security deposit and first month's rent and ongoing stability focused case management. If a family has struggled with stability in the past, is unemployed or under employed, we will work with that individual or family through Rapid Rehousing for an additional 1 – 6 months. For those families or individuals who have very high barriers (addictions, cognitive, or mental health issues) we, based on their individual needs, may work with them for 12 – 18 months (but no more than 24 months in a 3 year period).

All families utilizing Rapid Rehousing receive intensive case management. While looking for housing we work on any barriers that prevent them from obtaining housing. Once they are housed, we provide housing stability case management and work with the family on appropriate resources to help meet a variety of needs. Case management is provided at least monthly to all families in Rapid Rehousing and families can continue to receive case management even after financial resources are no longer needed.

Our Housing Locator works to find the right housing for the family. Staff work in each community to build relationships with landlords and leasing agencies. They are constantly trying to find a variety of housing options so we have properties identified when a family comes to the shelter.

We utilize a housing barriers worksheet and an automated budget worksheet to help families and individuals identify what price options will work for their future needs. Certificates of accomplishment and housing certificates are provided for families and updated daily so families always know where they are on the journey and can stay motivated.

Additional resources have been added for those families transitioning out of the shelter, or those who have received Rapid Rehousing. SCCAP has created a closed Facebook Page called "Our Way Home" this page allows families to provide peer support, share resources and provide hope for those who are just transitioning. At Christmas and over the summer we host an event for all families who are currently in Rapid Rehousing or utilized that service in the past. These events provide ongoing support and allow us to celebrate their successes. It also ensures they come back to meet with us before a situation turns into a crisis. These no cost/low cost additions provided needed support to the families we serve.

2. What is the target population of the program and how many individuals do you plan to serve during the 18 months?

   We anticipate serving 130 families, 150 individuals over the next 18 months. Our target population is families with children, veterans, or those that are chronically homeless or have significant barriers (mental health or addiction issues).

3. How does your target population address the needs of the Continuum of Care (CoC)?

The Eastern COC and South Central RHAB established goals specific to these subpopulations:

- End Chronic Homelessness (achieve functional zero)
- End Veteran Homelessness (achieve functional zero)
- Reduce homelessness among families with children (achieve functional zero)
- Reduce homelessness among unaccompanied minors
- Set a path to end all forms of homelessness
- Reduce the duration of homelessness to an average of 47 days or less.

In Franklin County, we typically see families with children or individuals who are chronically homeless and have issues with mental health or substance abuse. We have a small number of homeless veterans. SCCAP's emergency shelter serves all of these target groups. We are also actively working to reduce the time spent in homelessness. In our Franklin County Emergency Shelter our average length of time homeless was reduced from 49 days to 27. We do not offer programming for unaccompanied minors.

4. Outline your plan for serving homeless individuals and families by providing short-term or medium term assistance.

We begin working with the family or individual to identify their housing needs from the moment the applicant applies for services either at our emergency shelter, our Homeless Assistance program office or through a referral from 211, the coordinated entry provider. We always start the process with attempting to divert the family to avoid having them enter the Homelessness System. If we have determined they cannot safely be diverted and that they meet the definition of Homeless, we screen them to identify their strengths and barriers. Identifying their strengths assists us in finding ways to build on their capabilities and successes. Identifying barriers that prevent them from receiving housing, allows us to create an Individualized Housing Stability Plan.

During the first 14 days we work with them on an intensive housing search – our goal is to help families or individuals self-resolve their housing issue with as light a touch as possible. For families or individuals who are able to self-resolve (find housing in the first 14 days with move out within the first 30 days) we typically only need to provide a security deposit or a security deposit and first month's rent – those families or individuals get short term assistance. When we meet with the landlord and the client, we are clear about what we are providing so that both the client and landlord understand. We still provide ongoing support and case management to these families, and if a need occurs, we would try and find ways (including additional assistance if warranted) to help assist the family in remaining stable.

If a family or individual can't self-resolve, we work with them to overcome their housing barriers and find permanent housing knowing they will require more assistance. These folks get intensive case management. We have a Housing Stability Manager, Housing Locator and a Housing Stability Support staff person who works with families who need additional assistance. Our staff may go with them to see apartments, sit with them as they call landlords, or staff may, if needed, call landlords with them in the room to model how a call is made or help them with the process. Our attention to these clients is far greater with many touchpoints per week. Our Housing Locator is working to find housing that will meet their needs and also be cost effective for the individual or family. Housing support staff assist with paperwork, needed referrals and assistance in finding items they will need when they move out.

Typically, individuals or families who require extra assistance finding housing will also require more ongoing assistance once they are housed. Our Housing Stability Manager continues to meet with the individual or family to work on housing stability barriers and make referrals to other services like mental or physical health services, the CAO, other SCCAP programs, etc.… In these cases, we also commit to the landlord for a three month payment plan, typically a security deposit, first month's rent and then, ideally, we decrease by 1/4 each month (so second month we do ¾ of the rent, 3rd month ½ of the rent and 4th month ¼ of the rent). The client must participate in case management while obtaining services.

For some individual who have mental health, addiction issues or significant other issues, or those who have no income, we commit to the landlord in three month increments, typically

offering more (or full) rental support. We work more closely with the family or individual to identify and treat barriers that prevent long term stability. In order to get ongoing 3 month increments of support, the individual or family must be participating in case management and following their goal plan.

In every instance, we try to use the least amount of funding possible that will provide the highest opportunity for stability. We do not exceed 24 months of assistance in any three year period. Our average number of months we assist with is 4 months.

5. What is your strategy to implement the Housing First model as outlined by the applicant?

SCCAP has worked to move our Homeless Programming from more traditional in shelter stabilization services to a Housing First Model. Whether in Homeless Prevention, Shelter Care or Rapid Rehousing, we start with assessing the needs of the individual and identifying what their housing barriers are.

As part of implementing a Housing First Model, all SCCAP programs accept clients without regard to whether they have too little or no income, are in recovery, are fleeing domestic violence, or have a criminal record (with the exception of those on Megan's List or violent offenders because we serve families with children). There are no residency requirements to access SCCAP's Franklin County Homeless Services.

When coming in for homeless services, we start with a strategy of diversion. How can we keep this family or individual from entering the homeless system? This is the first discussion we have. Many times, a family or individual can find a safe place to stay in a supported environment that will help them self-resolve. In some cases, providing homeless prevention funding from either HAP or ESG Homeless Prevention funds (as applicable) can assist in meeting a need that keeps them out of the homeless system. If that is not possible, the individual is documented as homeless according to ESG criteria, they have nowhere to go, and we have space available, we will do a shelter based application.

Our shelter has moved to a Housing First model and we, from day one, work on barriers that prevent the individual or family from getting housed in the first 14 days (with move out in the first 30 days). We work with our Housing Locator to assist them in finding housing that will work for their situation. Once housing is found, if needed, we utilize Rapid Rehousing Dollars to get the family into housing quickly.

If someone who comes to our shelter or Homeless Prevention Office could not be appropriately diverted, and we have no room at the shelter, we will work with the individual or family to find appropriate housing and assist them with HAP or ESG Rapid Rehousing Funds as appropriate to get them off the street and into housing quickly.

6. Describe how you will determine when each individual or family has reached stabilization.

   We utilize an automated budget calculator beginning at the first appointment to look at their income (or potential income), all their expenses (or all their expected expenses for housing). This allows us to target housing the family can afford in the long run. Our goal is to find housing (and utilities) that is less than 70% of their income but often time we are just looking for housing they can afford (sometimes it takes more than 70%). This also helps the individual or family understand that they may need to have a roommate or look for other work. This also helps us target what will help them be stable in the long run and helps our housing locator identify housing at a cost, and in a location, that will work for them.

   We see stability primarily as the ability for someone to stay in safe, **permanent** housing. We would determine they have reached stability when they obtain the ability to afford that housing and have overcome the barriers that prevent them from keeping that housing. In some cases, it may be permanent supportive housing, in some cases it is living with a friend, family or or roommate, in some cases it is subsidized housing and in many cases it is finding private market rate housing the family can afford. But in all cases, stability is long term permanent housing.

7. Under what circumstances would you provide a reevaluation of a participant prior to the 12 month requirement established by HUD?

   Reevaluation of participants outside of the 12 month requirement would takes place when the needs of the family change, they need to move, sufficient resources are identified to meet their needs, fraud is identified, or something that threatens their housing stability occurs.

8. Identify your programs barriers to provide assistance (programmatic or administrative).

   The biggest programmatic barriers are low wage jobs, temporary employment, and a higher cost of living which makes finding affordable housing somewhat difficult. We have, however, developed some excellent relationships with housing providers who are working with us to meet the needs of clients.

   There is also no public transportation, so sometimes it is more difficult to find houses where families need it to be located.

9. What barriers exist within your agency to provide stabilization services and ensure permanent housing for all homeless persons?

   There are no agency barriers that prevent us from providing stabilization services to ensure permanent housing for all homeless persons.

10. Describe your strategy for soliciting participants to the program?

    The biggest referral source is 211 where, in accordance with the COC priorities, most of our referrals come through. SCCAP and our programs are also listed in the 211 system which is manned 24 hours per day in Franklin County. They make referrals to SCCAP on a constant basis. SCCAP also makes other partners aware of our programs (we work with more than 800 partners across our counties).

    SCCAP is the largest social service agency in the county. We serve more than 15,000 individuals in Franklin County providing the following services: WIC, Weatherization, Food Pantries, Work Ready, Child Care Assistance, Emergency Services Assistance, Gleaning Produce, Shelters, Homeless Assistance, and Support Circles. Programs work together to meet the needs of families. We make internal referrals across programs constantly.

    We also have information on our website, our Facebook pages and in other social media avenues. We participate in community fairs and events that families attend. In our customer service surveys, families say the number one way they hear about us is through word of mouth, and 90% of families say they refer others to SCCAP.

11. How will your agency comply with the Equal Access Rule and the Prohibition against Involuntary Separation?

    Our shelters, apartments, and programs do not separate families based on age or sex and we would not discriminate against any individual for any reason (including sexual orientation, gender identity or marital status). We would also not work with a landlord who discriminated against individuals.

12. Coordinated Entry participation is a requirement once a system is adopted by the local Continuum of Care (CoC). How will your agency participate?

    Yes, we participate by having clients who come to our program directly call 211 and by accepting referrals through 211..

13. Are you providing services directly or subcontracting the services to another provider?

    We are providing services directly.

14. What is your process for linking with the mainstream resources in the community?

SCCAP already works with more than 800 partners, churches and community groups across our counties. We utilize internal referral patterns to easily make effective referrals and if we are not

sure of a particular service for a family or individual, we access the local 211 service which is staffed 24 hours per day.

SCCAP Partners with the following entities listed in the grantee's guidance.

1. Public housing programs assisted under section 9 of the U.S. Housing Act of 1937
2. Housing programs receiving tenant-based or project-based assistance under section 8 of the U.S. Housing Act of
3. Supportive Housing for Persons with Disabilities
4. HOME Investment Partnerships Program
5. Temporary Assistance for Needy Families (TANF)
6. Health Center Program
7. State Children's Health Insurance Program
8. Head Start
9. Mental Health and Substance Abuse Block Grants
10. Services funded under the Workforce Investment Act.
11. Other community resources and services such as: Child Care Subsidy, WIC, Adult Literacy, After School Programming, Food Pantries, CareerLinks, HAP Program, etc.…

Many organizations listed under 11 above are actually programs housed within SCCAP.

15. Describe the process for determining eligibility and requirements for case management?

Eligibility for all ESG programs is predicated on meeting the definition of homelessness for that particular service.

All households receiving street outreach or shelter assistance must meet one of the criteria of Homeless as defined below.

Homeless means:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
   b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or

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

2. An individual or family who will imminently lose their primary nighttime residence provided that:
   a. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
   b. No subsequent residence has been identified; and
   c. The individual or family lacks the resources or support networks, e.g., family, friends, faith based or other social networks, needed to obtain other permanent housing;
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
   a. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C.5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e–2), section 330(h) of the Public Health Service Act (42U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
   b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
   c. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
   d. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
4. Any individual or family who:
   a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
   b. Has no other residence; and
   c. Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing.

For Rapid Rehousing it is:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
    a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
    b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
    c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
2. Any individual or family who live in an emergency shelter, safe haven, or other place not meant for human habitation described in paragraph (1) above and:
    a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
    b. Has no other residence; and
    c. Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing.

Clients provide appropriate documentation to show that they are homeless as required for the type of assistance they are applying for. Once they are determined homeless and for Homeless Prevention, financially eligible, we begin Housing Stability Case management. Everyone who receives ESG services receives housing stability focused case management.

Our first case management exposure is when we meet with client through our screening process. While screening the client we are talking with them to determine if they can be diverted or have any other more appropriate options. If there are no other appropriate options, and we have space in our shelter, the client may stay in the shelter while they begin their 14 day intensive search for permanent housing (our first timeline goal is 14 days since we understand that many families can self-resolve in that timeline). During that time, the client meets with staff at least every other day to go over housing search forms and identify ways to overcome barriers. Clients also meet with our Housing Locator to identify the housing needs of the family. All shelter staff, along with our Housing Stability Manager and Housing Locator are committed to keeping the focus of our interactions on finding housing.

Once a family is housed, our Housing Stability Manager continues to see the individual or family. They meet at least monthly (more as needed to meet the family's needs) to work on barriers that would prevent the individual or family from successfully staying housed. Individual or families are required to meet with the Housing Stability manager at least monthly in order to receive any additional assistance. Case management continues to be available to the family after all financial assistance has been discontinued for as long as the client needs the support.

Redetermination or assistance after one year also incorporates financial eligibility at 30% of median income.

1. An individual or family who:
    a. **Has an annual income below 30 percent of median family income for the area, as determined by HUD**;
    Limits for 2018 are:

County Name	**Median 2018**	**Family of 1**	**Family of 2**	**Family of 3**	**Family of 4**	**Family of 5**	**Family of 6**
Franklin County	**$71,300.00**	**$15,000.00**	**$17,150.00**	**$19,300.00**	**$21,400.00**	**$23,150.00**	**$24,850.00**

16. How does your agency ensure you are not providing more than 24 months of assistance within a three year period?

    All clients are entered into HMIS and when we are first screening a client for services, we are checking HMIS to identify if they have received services from us in the past three years. For Rapid Rehousing and Homeless Prevention Clients, we also keep a spreadsheet of assistance and what moths we provided assistance. The primary point of this tracking system is to ensure we are "encumbering" anticipated rent for clients who we think, based on our assessment, will need ongoing support. But this spreadsheet is also used to identify important data such as the amount of assistance provided, the average number of months, the average or individual cost of assistance, when a client must be redetermined, and to track the total number of months the client received services from us.

17. The applicant will provide a termination policy and appeal process for all participants receiving assistance. Will your agency adopt the policy of the grantee and how will you implement it in your programs?

Our termination and appeal process are in line with the County's policies and have already been implemented. They are:

Shelter rules are designed in a way that promotes engagement. There are very few infractions that result in termination. Violence, breaking Federal, State or Local laws and using and/or selling drugs or alcohol on the premises. Those instances will result in

immediate expulsion.   Most other infractions will result in a discussion on how the issue causes problems with their housing aquisition.

Program participants receiving rental assistance or housing relocation and stabilization services, or those not meeting their goal requirements at the shelter, will follow the formal process below:

1. Written notice to the program participant containing a clear statement of the reasons for termination, typically with at least 14 days notice.

2. Documentation about appeals must be provided to the participant (it can be provided at intake or at the time of the termination).

Termination under this section does not bar the individual or family from receiving further assistance at a later date.

Appeals Process

Our Appeal process is as follows:

- For Rapid Re-housing clients, notice and appeal rights will be 14 days;
- For Shelter clients, allow the participant a minimum of 24 hours within which to request an administrative review for cases of immediate expulsion; (although in cases of violence or criminal activity, the individual may need to leave the shelter until the hearing is held), and 14 days notice and appeal rights.
- The appeal will be conducted by the CEO or her designee within 3 business days.

Decisions based on the appeal will be provided in writing and are final.

18. Has your agency administered homeless services in the past?

    Yes, we have been serving homeless families for more than 30 years. We assess success by identifying the number of families that move on to safe, affordable, permanent housing. We also look at increased income, acquisition of assets (like cars), obtaining mental health services, and other stabilizing factors as success for the client. Our goal for the client is stability.

19. Does your agency have the capacity to begin providing services immediately? How is that determined?

Yes, we are currently, and have been, providing services.

20. How will the grantee monitor the program for compliance?

This question to be answered by the County.

DCED-CCD-ESG-004D (08/2017)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING EVELOPMENT

PROGRAM DESIGN

EMERGENCY SOLUTIONS GRANT PROGRAM

Emergency Shelter

APPLICANT NAME & DATE:

Please answer the following in as much detail as necessary. Additional pages may be added and inserted behind this page to respond to emergency shelter questions. One Program Design form should be completed for each shelter/agency to receive assistance.

PROJECT/PROGRAM INFORMATION

PROJECT/PROGRAM MANAGER'S NAME:		
PROJECT/PROGRAM MANAGER'S ORGANIZATION:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
PROJECT/PROGRAM MANAGER PHONE:	PROJECT/PROGRAM MANAGER EMAIL:	PROJECT/PROGRAM MANAGER FAX:

EMERGENCY SHELTER QUESTIONS

1. Describe in detail the emergency shelter service your agency intends to provide with the grant: Renovations, Operations, and/or Essential Services?
2. For renovation requests, does the project address code deficiencies, health and safety violations, ADA compliance, increase bed capacity, energy conservation, or bathroom renovations to comply with Equal Access requirements?
3. For each service listed in #1, provide a separate detailed description of why those services are needed, how the need was determined, your target population, and how the need is prioritized within the Continuum of Care (CoC).
4. Provide a narrative that supports your request for funding.
   a. Describe in detail why your community has a need for emergency shelter services.
   b. Does your agency participate in the Point in Time (PIT) count?
   c. Include factual point in time data (homeless persons) for your county.
   d. What are the priorities of your CoC?
   e. What is your target population ie. Veteran's, Chronic, Youth, etc. (should be in accordance with the priorities of the local Continuum of Care (CoC).
5. List objectives, outcomes, and performance indicators projected for success.
6. How does your program coordinate with other community service providers?
7. Describe how you are coordinating with the Continuum of Care to use the coordinated entry process implemented by the CoC?
8. How does your program determine eligibility for services?
9. Describe how the project will serve individuals with American's with Disability Act (ADA) needs?
10. List program limitations and special programmatic requirements for a person to receive assistance. i.e. residency requirement, single sex shelter, does not serve families.
11. Does your program serve families and children up to and including age 18?
12. How does your program move individuals and families from emergency shelter to permanent housing?
13. For agencies providing essential services, describe your case-management program in detail.
14. Does your agency participate in HMIS, ETO, or a comparable database?
15. What steps will be taken to monitor the program for compliance?
16. Does your program have the capacity to begin immediately? Please explain.
17. How will your agency comply with Equal Access Rule and the Prohibition Against Involuntary Separation?
18. How will the grantee monitor the program for compliance?

Program Design
Emergency Shelter

1. Describe in detail the emergency shelter service your agency intends to provide with the grant: Renovations, Operations, and/or Essential Services?

SCCAP intends to provide essential services under this ESG grant. Shelter essential services are designed to help an individual get quickly into needed services. We have learned over the last year, that we frequently can't wait until someone is housed for them to find employment, get set up with mental health services or begin work with a recovery specialist. None of these items preclude us from working with someone or from helping them get into housing, but many of our landlords will not work with someone if they do not have income, and while we have onsite support, many of the individuals we are serving with mental health or addiction issues, have a better chance of getting into services and staying in if we can support them in the early phases. We have not found that these essential services delay housing, we have found however, that these services help folks be set up to maintain housing.

2. For renovation requests, does the project address code deficiencies, health and safety violations, ADA compliance, increase bed capacity, energy conservation, or bathroom renovations to comply with Equal Access requirements?
   N/A

3. For each service listed in #1, provide a separate detailed description of why those services are needed, how the need was determined, your target population, and how the need is prioritized within the Continuum of Care (CoC).

   Since moving our shelter and homeless programming to a Housing First Model and operating as a low barrier shelter, the needs of our program have shifted. While most case management services are focused on housing and fall under Rapid Rehousing Services, the acuity of clients have changed, and we are doing a considerable amount of supportive services as an individual transitions to housing. This includes helping someone find services and getting set up with mental or physical health services or addiction counseling. Those items, while certainly not conditions for housing, need to be started as soon as possible and the onsite support of our staff can assist an individual as they begin a new and different service for their future. For example, if a client is starting on new medications, or is looking at recovery services, having staff support every day can be the difference between someone continuing in the service or giving up. We tried waiting until they were housed but found we were missing this very important opportunity for onsite support! This staff person coordinates any needs for individuals or families that are not related to housing.

4. Provide a narrative that supports your request for funding.
   a. Describe in detail why your community has a need for emergency shelter services.

Our community, like many others has a disparity in the wages paid in the county and the cost of housing in our community. Because of those issues, mental health issues, the opioid crisis and other issues related to poverty, many families face homelessness. There are currently three full time shelters in the community and an additional two re-entry/recovery houses. There is still a shortage of space for families and individuals needing housing assistance.

While the number of homeless counted in out PIT count has decreased, there were still 72 families, 99 individuals. We saw an increase in the number of families with children who were homeless and those fleeing domestic violence, an increase in those with addition issues and induvial with disabilities. Moving to a housing first model has assisted us in decreasing length of time in the shelter (down to an average LOS of 27 days) and has increased the number of individuals we have been able to move out utilizing rapid rehousing. We hope over time that this more effective throughput will result in more families permanently housed and less of a need for shelter services. So while we are working to decrease the need for shelters, a substantial need still exists.

Summary: Households/Persons Counted During the Annual Point-In-Time Count, 2017-2019

Franklin-Fulton Counties

	Total Persons/Households			Sheltered						Unsheltered		
				Emergency			Transitional					
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
All Households & Persons												
Total # Households	93	94	72	56	49	44	16	13	17	21	32	11
Total # Persons	139	112	99	79	67	67	21	13	17	39	32	15
# Children <18 years old	N/A	15	18	N/A	14	18	N/A	0	0	N/A	1	0
# Young Adults 18-24 years old	N/A	19	15	N/A	13	11	N/A	0	1	N/A	6	3
# Adults 25+ years old	N/A	78	66	N/A	40	38	N/A	13	16	N/A	25	12
Households without Children												
# Households	79	84	62	47	40	34	13	13	17	19	31	11
# Persons (Adult)	92	85	66	48	41	34	13	13	17	31	31	15
# Young Adults (18-24)	N/A	14	12	N/A	8	8	N/A	0	1	N/A	6	3
# Adults (25+)	N/A	71	54	N/A	33	26	N/A	13	16	N/A	25	12
Households with at least one Adult & one Child												
# Households	14	9	10	9	9	10	3	0	0	2	0	0
# Persons (Adults & Children)	47	26	33	31	26	33	8	0	0	8	0	0
# Children (<18)	N/A	14	18	N/A	14	18	N/A	0	0	N/A	0	0
# Persons Adults	N/A	12	15	N/A	12	15	N/A	0	0	N/A	0	0
# Young Adults 18-24 years old	N/A	5	3	N/A	5	3	N/A	0	0	N/A	0	0
# Adults 25+ years old	N/A	7	12	N/A	7	12	N/A	0	0	N/A	0	0
Households with only Children (Age 17 or under)												
# Households	0	1	0	0	0	0	0	0	0	0	1	0
# Children (<18)	0	1	0	0	0	0	0	0	0	0	1	0
Unaccompanied Youth Households												
# Unaccompanied Youth Households	N/A	15	11	N/A	8	8	N/A	0	1	N/A	7	2
# Unaccompanied Youth	N/A	15	12	N/A	8	8	N/A	0	1	N/A	7	3
# Unaccompanied Youth <18	N/A	1	0	N/A	0	0	N/A	0	0	N/A	1	0
# Unaccompanied Youth 18-24	N/A	14	12	N/A	8	8	N/A	0	1	N/A	6	3
Parenting Youth Households												
# Parenting Youth Households	N/A	3	1	N/A	3	1	N/A	0	0	N/A	0	0
# Persons in Parenting Youth Households	N/A	7	1	N/A	7	1	N/A	0	0	N/A	0	0
# Parenting Youth (youth parents only)	N/A	3	1	N/A	3	1	N/A	0	0	N/A	0	0
# Parenting Youth <18	N/A	0	0	N/A	0	0	N/A	0	0	N/A	0	0
# Parenting Youth 18-24	N/A	3	1	N/A	3	1	N/A	0	0	N/A	0	0
# Children w/Parenting Youth (children<18 w/parents <25)	N/A	4	1	N/A	4	1	N/A	0	0	N/A	0	0
Chronically Homeless												
# Chronically Homeless Individuals	19	9	11	6	8	6				13	1	5
# Chronically Homeless Families	0	0	0	0	0	0				0	0	0
Other Homeless Subpopulations												
Severely Mentally Ill	26	19	1	8	16	0	5	3	0	13	0	1
Chronic Substance Abuse	26	9	11	9	8	8	2	1	0	15	0	3
Persons with HIV/AIDS	0	0	0	0	0	0	0	0	0	0	0	0
Total unduplicated # of persons with a disability. Includes those listed above plus any other disabilities.	59	33	39	24	27	24	14	4	9	21	2	6
Veterans	4	6	4	3	5	2	0	1	0	1	0	2
Victims of Domestic Violence	17	6	8	9	6	7	2	0	0	6	0	1

Figure 1 2019 PIT count

b. Does your agency participate in the Point in Time (PIT) count?

As part of SCCAP's work with the COC is our participation in the Point in Time County (PIT). SCCAP participates by providing needed data to the PIT committee, as well as, providing volunteers to assist in the count.

c. Include factual point in time data (homeless persons) for your county.

2019 PIT Count Data showed that there were 72 households (a decrease), and 99 individuals who were homeless including 11 chronically homeless (increase), 1 severely mentally ill (decrease), 11 with chronic substance abuse (increase), 39 with disabilities (increase), 4 veterans (decrease), 8 dealing with Domestic Violence (increase) and 10 families with children (increase).

d. What are the priorities of your CoC?

Eastern CoC objectives are to:

Our Goals

Through the Strategic Plan, the CoC has set the following goals to achieve by 2022:

- Reduce the number of people experiencing homelessness by 50%.
- End chronic homelessness (achieve/maintain functional zero).
- End Veterans homelessness (achieve/maintain functional zero).
- Reduce all homelessness among families with children by 50%: achieve/maintain functional zero for unsheltered families with children; achieve/maintain functional zero for all families with children fleeing domestic violence.
- Reduce homelessness among unaccompanied youth experiencing homelessness by 75%.
- Reduce the duration of homelessness to an average of 47 days or less, with the long-rage goal to reduce the average to 30 days or less.
- Set a path to end all forms of homelessness.

Our Strategies

To achieve the bold goals listed above, the CoC has identified the several strategies to pursue, including:

- Prevent and divert homelessness
- Streamline and coordinate access to housing and services
- Expand the continuum of housing options
- Expand & align resources
- Increase the economic security of households
- Increase capacity for data collection & analysis
- Engage in advocacy to increase support and sustainability

The Strategic Plan includes action steps for each of these strategies to help guide the work of the CoC

Eastern CoC goals are also to:

- Establish local housing champions to participate in the goals identified above
- Work to establish coordinated entry
- Work to implement diversion strategies with all providers
- Work with providers to educate the community on homelessness prevention
- Improve data collection and analysis of the data for continuous improvement
- Expand permanent housing resources (such as preferences for Public Housing Authorities, or other multi family housing providers, housing development or other housing options)
- Increase coordination between all homelessness providers and funding streams (including faith based initiatives)
- Focus on discharge plans to ensure individuals exiting criminal justice, treatment and rehab, foster care or other systems are not being exited to homelessness
- Create joint opportunities for learning among all homelessness providers

e. What is your target population ie. Veteran's, Chronic, youth, etc. (should be in accordance with the priorities of the local Continuum of Care (CoC).

Our priorities are chronically homeless individuals, veterans, and families with children.

5. List objectives, outcomes, and performance indicators projected for success.

Our objectives are to assist families in finding safe, affordable, permanent housing.

Outcomes are Permanent Housing, once housed overcoming barriers that prevent long term stable housing.

Outcomes are:

- Families achieve housing stability
- Families increase their earned and unearned income/supports

Indicators are:

- Length of Stay – below 30 days
- Shelter Successful Placement – 60%
- Rapid Rehousing Successful Placement – 90%
- Only 3% returned to Homelessness from our shelter
- Only 5% returned to Homelessness from RR

6. How does your program coordinate with other community service providers?

SCCAP works with nearly 800 providers, faith based organization and community partners across our counties. We work with each family to identify their specific needs and then work with our partner community service providers to meet the needs of families. SCCAP is the largest social service agency in the county serving more than 15,000 individuals providing the following services: WIC, Weatherization, Food Pantries, Work Ready, Child Care Assistance, Emergency Services Assistance, Gleaning Produce, Shelters, Homeless Assistance, and Support Circles. Programs work together to meet the needs of families. We make internal referrals as needed. SCCAP also utilizes the 211 system which is manned 24 hours per day in Franklin County. That helps us identify needed resources in our local community or surrounding areas.

7. Describe how you are coordinating with the Continuum of Care to use the coordinated entry process implemented by the CoC?

We utilize coordinated entry in a few different ways. First, we receive referrals to the shelter through the coordinated entry service. Coordinated entry staff do the preliminary screening of clients and then refer them to us when they are appropriate for shelter care. Coordinated entry also makes referrals to SCCAP's HAP program. We also utilize coordinated entry when we have walk in clients who need to be screened for homeless services and Rapid Rehousing.

SCCAP also participated in COC coordinated entry queue monthly calls where we can brainstorm appropriate resources for difficult to place individuals or families or those needing other forms of services.

8. How does your program determine eligibility for services?

Eligibility for shelter care is relatively straightforward. You must meet one of the homeless criteria listed below:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
   b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
   c. An individual who is exiting an institution where he or she resided for 90 days or less **AND** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

2. An individual or family who will imminently lose their primary nighttime residence provided that:
   a. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
   b. No subsequent residence has been identified; and
   c. The individual or family lacks the resources or support networks, e.g., family, friends, faithbased or other social networks, needed to obtain other permanent housing;
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
   a. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act
   b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
   c. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
   d. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
4. Any individual or family who:
   a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
   b. Has no other residence; and
   c. Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing.

Clients, either referred through 211 or who show up at our door, provide appropriate documentation to show that they are homeless. If no documentation is available, we will try ad obtain collaborating documentation and if that is not available as a last resort, we will take the client's self-declaration. A screening for criminal offences and Megan's Law violators is completed and if space is available, the client completes a housing barrier meeting to set expectations of a housing focus and then the client is admitted to the shelter. If no space is available, the shelter allows the client to call 211 to try and find another safe place to stay. If the client was a walk in, the shelter has the client call 211 to be added to the queue with a placement at the shelter.

Our first case management exposure is when we meet with client through our screening process. While screening the client we are talking with them to determine if they can be diverted or have any other more appropriate options. If there are no other appropriate options, and we have space in our shelter, the client may stay in the shelter while they begin their 14

day intensive search for permanent housing (our first timeline goal is 14 days since we understand that many families can self-resolve in that timeline). During that time, the client meets with staff at least every other day to go over housing search forms and identify ways to overcome barriers. Clients also meet with our Housing Locator to identify the housing needs of the family. All shelter staff, along with our Housing Stability Manager and Housing Locator are committed to keeping the focus of our interactions on finding housing.

Once a family is housed, our Housing Stability Manager continues to see the individual or family. They meet at least monthly (more as needed to meet the family's needs) to work on barriers that would prevent the individual or family from successfully staying housed. Individual or families are required to meet with the Housing Stability manager at least monthly in order to receive any additional monetary assistance. Case management continues to be available to the family after all financial assistance has been discontinued for as long as the client needs the support.

9. Describe how the project will serve individuals with American's with Disability Act (ADA) needs?

Our shelter buildings are ADA compliant and we have been, and will continue to be, compliant with all ADA requirements. Many of the individuals and families we serve have disabilities and part of what we do well is work to meet the varying needs of our consumers.

10. List program limitations and special programmatic requirements for a person to receive assistance. i.e. residency requirement, single sex shelter, does not serve families.

    As part of implementing a Housing First Model, all SCCAP programs accept clients without regard to whether they have too little or no income, are in recovery, are fleeing domestic violence, or have a criminal record (with the exception of those on Megan's List or violent offenders because we serve a high number of families with children). There are no residency requirements to access SCCAP's Franklin County Homeless Services and all services comply with Fair Housing and Civil Rights requirements. SCCAP does not discriminate against any individual and does not base services on race, color, familial status, religious creed, ancestry, handicap or disability, age, sex, national origin, sexual orientation or gender identity, legal status or language spoken.

11. Does your program serve families and children up to and including age 18?

Yes, we serve all ages.

12. How does your program move individuals and families from emergency shelter to permanent housing?

    We start the journey to permanent housing before a client is actually accepted into the shelter. We begin with a diversion discussion and if not successfully diverted, we talk about

what the individual or family will do tomorrow in order to find housing. We work with the individual or family to create a Housing Barrier plan and we set a date 14 days from their admission date as the target for moving out and we put all the emphasis from day one on moving from the shelter to permanent housing. We also have an automated budget calculator that can help them identify the target amount for housing.

Our Housing Locator works to find the right housing for the family. They work in each community to build relationships with landlords and leasing agencies. They are constantly trying to find a variety of housing options, so we have properties identified when a family comes to the shelter.

Our housing locator shares information on available units and we encourage them to spend all available time searching for housing. Rapid Rehousing is one of the tools we use to help families move out quickly. Based on the needs of the family we assist with security deposits, and short or medium term rent. Typically a family who is able to move out in the first 14 – 30 days (roughly half of our families) needs only a security deposit and first month's rent and ongoing stability focused case management. If a family has struggled with stability in the past, is un or under employed, we will work with that family through Rapid Rehousing for an additional 1 – 6 months. For those families or individuals who have very high barriers (addictions, or cognitive or mental health issues) we, based on their individual needs, may work with them for 12 – 18 months (but no more than 24 months in a 3 year period).

All families utilizing Rapid Rehousing receive intensive case management. While looking for housing we work on any barriers that prevent them from obtaining housing. Once they are housed, we provide housing stability case management and work with the family on appropriate resources to help meet a variety of needs. Case management is provided at least monthly to all families in Rapid Rehousing and families can continue to receive case management even after financial resources are no longer needed.

Our Housing Locator works to find the right housing for the family. They work in each community to build relationships with landlords and leasing agencies. They are constantly trying to find a variety of housing options so we have properties identified when a family comes to the shelter.

We utilize a housing barriers worksheet and an automated budget worksheet to help families and individuals identify what price options will work for their future needs. Certificates of accomplishment and housing certificates are provided for families and updated daily so families always know where they are on the journey and can stay motivated.

Additional resources have been added for those families transitioning out of the shelter, or those who have received Rapid Rehousing. SCCAP has created a closed Facebook Page called “Our Way Home” that allows families to provide peer support, share resources and provide hope for those who are just transitioning. At Christmas and over the summer we host an event for all families who are currently in Rapid Rehousing or utilized that service in the past. These events provide ongoing support and allow us to celebrate their successes. It also ensures they come back to meet with us before a situation turns into a crisis. These no cost/low cost additions provided needed support to the families we serve.

13. For agencies providing essential services, describe your case-management program in detail.

The goal is always to get individuals and families housed quickly. SCCAP's shelter essential services are designed to help an individual get quickly into needed services so that they can be quickly housed. We have learned over the last year, that we frequently can't wait until someone is housed for them to find employment, get set up with mental health services or begin work with a recovery specialist. None of these items preclude us from working with someone or from helping them get into housing, but many of our landlords will not work with someone if they do not have income, and while we have onsite support, many of the individuals we are serving with mental health or addiction issues, have a better chance of getting into services and staying in if we can support them in the early phases. We have not found that these essential services delay housing, we have found however, that these services help folks be set up to maintain housing.

This case management and the referrals and supports the individual needs are determined during the initial discussion with a client. At times, during our first interactions we will identify that an individual is struggling with addiction and we can reach out and have a Certified Recovery Specialist come out to meet with them on their first day at the shelter. Our essential services involve effective case management and supportive services – it is identifying the need, motivating the individual to get needed supports and then working with (and sometimes calling for) the individual to get services and supports set up as soon as possible.

14. Does your agency participate in HMIS, ETO, or a comparable database?

Yes, we participate in HMIS.

15. What steps will be taken to monitor the program for compliance?

We have a number of ways to monitor compliance. Our Housing Stability Manager monitors clients for compliance and forward movement. Our CEO monitors the program for contract and requirement and our CFO monitors fiscal compliance.

We utilize a number of tracking systems to monitor compliance. Reports in HMIS assist management in identifying how the shelter, Rapid Rehousing and Homeless Prevention are performing and help us identify how we are doing in comparison to our peers. Our CEO also approves all expenditures and monitors staffing.

Our CFO and her staff reconcile invoices and validate leases and rapid rehousing expenditures to ensure they are compliant with our contract. They also manage staff time sheets, and all fiscal expenditures and invoicing. After our last monitoring visit we added a process to store copies of match expenditures and match revenue with each monthly invoice so future monitoring will not be as labor intensive.

Our Board of Directors receives reports at each Board meeting and updates are provided. They perform program evaluations to have outside eyes identify program success and issues.

Lastly the County reviews and monitors the ESG program. They review all invoices and they perform onsite monitoring visits to review files and tracking processes.

16. Does your program have the capacity to begin immediately? Please explain.

    We are currently, and have been, providing services.

17. How will your agency comply with Equal Access Rule and the Prohibition Against Involuntary Separation?

    Our shelters, apartments, and programs do not separate families based on age or sex and we would not discriminate against any individual for any reason (including sexual orientation, gender identity or marital status). We would also not work with a landlord who discriminated against individuals.

18. How will the grantee monitor the program for compliance?

This question is for the County to answer

DCED-CCD-ESG-006 (08/2017)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING DEVELOPMENT

COORDINATION OF SERVICES

EMERGENCY SOLUTIONS GRANT PROGRAM

All Components

APPLICANT NAME & DATE:
County of Franklin, April 17, 2020

1. List partner agencies or third party contractors you plan to partner with or fund under this application and describe the roles, experience and capacity of each (third party contractors, case managers, shelters, property owners, etc.) to efficiently and effectively deliver ESG funded programs and services. *Attach a sample Agreement and/or Contract.*

Agencies and /or Third-Party Contractors to be Used

Name of Organization	Contact Person	Service/Benefit(s) Provided
WCHS	Denise Esser	RRH, ES, HP

2. Describe how you will coordinate the ESG Program to link program participants with other services available in your community (linking participants to homeless services and mainstream resources).

Homeless Services and Mainstream Linkages

Name of Organization	Service/Benefit(s) Provided
United Way	Funding, Resource Development, Coordination of Services
Franklin County COA	Insurance, Food stamps
Career Link	Job Services
Franklin County Literacy Council	FED and Literacy Services
Local Churches	Funding, food banks, home repair, counseling, volunteers
Summit Health	Medical Health Services
Keystone Health	STD and HIV testing, other medical services
Services Access Management	Mental Health Services
WCHS Community Nursing Program	Free in-home nursing services
Franklin County Housing Authority	Low-income and section 8 housing

Waynesboro Community and Human Services

Name of Organization	Services/Benefit(s) Provided
Keystone Dental Services	Health Services
Franklin County Legal Services	Legal services to low income
Mid Penn Legal Services	Legal services to low income
Waynesboro New Hope Shelter	Temporary, emergency shelter
SCAAP	Fresh food, work programs, other services
Alexander Hamilton Memorial Free Library	Access to technology, programming, and literacy
Women In Need	Domestic Violence Shelter
PA Counseling Services	Mental health services
Easter PA COC	Housing information and assistance
Martins, Walmart, other local stores	Donations of food
Valley Community Housing	Low income housing/ section 8
Keystone Health Navigators	Financial and insurance
Franklin County Homeless Shelter	Temporary emergency shelter
Pathstone Corp	Senior job training
WIN Victim Services	Temporary shelter, Legal services
Office on Aging	Senior services
Maranatha Ministries	Budgeting/financial
The Lunch Place	Hot meals
VA Help for the Homeless	Housing assistance
WCHS	Food, clothing, diaper bank, kids' backpack program

Waynesboro Community and Human Services

Rapid Rehousing Questions

1. **Describe your project. What is your target population(s) and how does the program meet the needs of your local community in accordance with your CoC's Strategic Plan? How many households do you plan to serve during contract plan? ***

   The Waynesboro Community & Human Services (WCHS) Rapid Rehousing program exists in South Central PA. Geography is not a barrier to receive services. WCHS is part of the Eastern PA CoC and, more specifically, the South Central Regional Housing Advisory Board (RHAB). Waynesboro is a high-need area, with over the half the population being identified by the United Way as ALICE families – Asset-Limited, Income-Constrained, and Employed –and almost half of school children qualifying for free or reduced lunches. In addition, the Borough of Waynesboro reports that 18% of households have income levels at or below the federally defined poverty level. The program aligns with goals common to both WCHS and the CoC: reducing the number of people experiencing homelessness and reducing the duration of homelessness. Current strategies used are: prevention of evictions through emergency financial assistance to pay rent to current status; maintaining livability in a home by paying utilities to current status; utilizing diversion including finding more affordable housing or exploring temporary housing options until permanent housing can be obtained; providing the Housing First model to provide housing without barriers while ensuring autonomy to participants; maintaining and expanding community housing options; connecting participants to emergency support such as food, clothing, and medical services; connecting to sustaining supports such as job services and mental health services. In addition, in late 2019, WCHS identified a gap in services over the weekend and holiday when our facility is closed. To address that gap, we implemented A Room at the Inn, which partners with first responders and community agencies along with local motels and hotels to provide emergency shelter until WCHS is open and can more fully meet need.

   In 2019, WCHS provided $146,200 in Emergency Financial Assistance to 207 families. We received 565 requests for emergency financial assistance totaling $330,741. This means our current funding level is only serving about 36% of families who make requests, even before the effects of COVID-19 pandemic is felt. In addition, our local RHAB, the South Central RHAB, shows 2020 Point-In-Time data of 229 households including 195 households with children, 26 chronically homeless individuals, and 11 veterans in need of services during the survey. Each of those data points show an increase from the 2019 Point-In-Time data. Yet unforeseen is how wide-spread and how long-lasting will be the impact of the COVID-19 pandemic will be. Already, we have seen a doubling in the increase in food programs, which may foreshadow need in housing.

   Fully funded, ESG's Rapid Rehousing program will reach an estimated 36 households with services, 21 households with financial assistance, and 52 households with rental assistance, a 150% increase over current ESG funding.

2. **Describe how you will determine the amount of assistance provided to each household (short-term or medium-term assistance.)**
   WCHS balances three factors in determining the amount and duration of assistance: first it reviews the Individualized Housing Plan which outlines the client's goals and determines need; second it reviews landlord requirements; and thirdly, it considered its own available resources. Funding from the ESG helps bridge the gap between those three points, especially for our neighbors most in need.

3. **What is your strategy to remove barriers and implement the Housing First model?**

   WCHS places no restrictions on services based on geography, employment, personal finance, mental health or substance abuse issues, or other issues. Client choice is valued when selecting from available housing and in obtainment of food and other services. The program concentrates on providing housing and food first, and invites clients to build an individualized plan for success based on their own values and goals, and asks how we might help them reach those goals. Every step of the process is client-driven.

4. **Describe how your case managers are working with program participants to develop a housing-oriented goal plan to obtain housing stabilization. How is it determined when a family reaches stabilization? ***

   The plan includes receiving referrals from PA 2-1-1, self-referrals, churches, schools, housing authorities, rental agencies, social workers, and other agencies who identify those who are in need and qualify for services, as well as a very strong social media presence. WCHS proactively outreaches to those who are homeless or in danger of becoming homeless and seeks immediate solutions. During initial intake, WCHS helps clients assess their situation, understand individual strengths and barriers, identified values and goals, and incorporates these components into an Individualized Housing and Service Plan to maximize chances of success. Central to our approach is ensuring participants have autonomy, their Plan is based on their own goals, and that they have choice in where they live, what food they received, and what other services they access. WCHS asks how it may assist them in reaching their goals, by outreaching to utility companies and/or landlords, paying them to current, and collaborating with individuals to complete applications and obtain all necessary documentation. If loss of current home is unavoidable, WCHS will act quickly to offer safe temporary housing or new permanent housing, using a Housing First model. WCHS also works to connect participants to other services to meet immediate needs. WCHS continues to provide case management to participants for six months to ensure all desired and needed services are identified and implemented. ESG allows WCHS to support long-term stability by adding medium-term financial assistance and allowing case management services for up to twenty four months. We have expand capacity by adding a case management employee, training employees in utilizing the HMIS system, and expanded available housing options.
   Stabilization is defined in our program as: community member is in permanent housing, remains in housing, with rent and utilities at current status, at the three and six-month mark. We also define success in terms of meaningful engagement in and progress being made on the Individualized Housing and Services plan.

5. **Under what circumstances would you provide a reevaluation of a participant prior to the 12-month required established by HUD ***
   Reevaluation of services would be provided as housing becomes available, if participants needs or circumstances change, housing or livability becomes threatened, additional resources become available, or falsification of information is detected

6. **What barriers exist, either programmatic or administrative, that would prevent your agency from providing stabilization services to ensure permanent housing for all homeless persons? ***
   Currently, the program is limited by three factors which ESG funding helps solve: funding, staffing, and lack of available housing units. Current funding allows us to assist only 36% of requests for financial assistance, and at levels far below requested funding. ESG funding, first received in late 2018 and implemented in 2019, added the ability to more fully address requests, to provide additional and longer-term support, to provide security deposits, and to fund more requests, in addition to making a philosophic changes to a Housing First Model and implementing HMIS. ESG funding also allowed for the hiring of an additional staff member, expanding our capacity to complete Housing Search and Placement, and working to build relationships and break down real or perceived barriers which prevent landlords from working with our program, implement housing inspections, and assisting other local housing efforts. One of the barriers we identified was the a gap in emergency shelter when our facility is closed In late 2019, we piloted A Room at the Inn, which provides a hotel or motel room for emergency shelter until our doors open once more, and we can more fully help clients. The largest barrier we foresee in both the near and distant future is an increased need due to the affects of the COVID-19 pandemic, which we predict will affect our working class community heavily.

7. **Describe your strategy for soliciting participants to the program. ***
   Drawing on its 90 years in the community, WCHS maintains strong relationships with a network of providers in our service area. From there we draw referrals from sources such as: PA 2-1-1, County administrated programs, schools, hospitals and doctors' offices, shelters, churches, and landlords. WCHS also accepts self-referrals and has information available at physical locations like the library, housing authority offices, and the police station and is also extremely active on social media, embracing a marketing strategy which sets a tone of warmly welcoming neighbors even before there is a need for us. In addition, the WCHS Director is active in the Local Housing Options Team (LHOT), Franklin Together Reentry Coalition, and numerous local boards and committees where information regarding WCHS programs can be shared.

8. **How will your agency comply with the Equal Access Rule and the Prohibition against Involuntary Separation? ***
   WCHS does not separate families or discriminate in access to services based on gender, age, marital status, gender identity, race or ethnicity, sexual orientation, or belief systems. WCHS staff and volunteers receive diversity training and are adept at creating a spirit of welcome and service to all: staff, volunteers, and community members. Geography or residence is not a requirement to receive ESG-funded assistance. Housing choice is never affected by a child's age or gender, and we ensure our housing partners also comply by the Equal Access Rule and the Prohibition against Involuntary Separation policies.

9. **Explain how your agency participates in your local CoC's Coordinated Entry System as required by HUD. ***
   The Coordinated Entry system for the South Central RHAB was implemented in January 2018. WCHS is actively participating in this system in order to increase communication and collaboration with other agencies and, therefore, providing more effective and efficient services to WCHS participants as well as others in our RHAB. We meet regularly over the phone to review and prioritize need and coordinate services.

10. Are you providing services directly or subcontracting the services to another provider. *
WCHS provides services directly.

11. What is your process for linking program participants with the mainstream resources in your community.
With deep roots and over 90 years serving the areas, WCHS has developed long-standing relationships with area providers and invests in expanding knowledge of new and changing resources. Starting, as always, with the client and their goals in mind, WCHS shares what resources are available to help them reach that goal, and in what ways WCHS can facilitate those goals. WCHS offers help with paperwork and forms, faxing and mailing, and obtaining documentation needed to access mainstream resources like SNAP and Medicaid. In addition, it provides shared office space for representatives from mainstream resources like Keystone Health, mental health and addiction services, and veterans services at its location to overcome barriers associated with transportation. WCHS also offers dedicated office space to self-guided CareerLink service, and dedicated hours for help with that service.

12. Describe the process for determining program eligibility to receive Rapid Rehousing services.
The initial intake meeting provides an opportunity to learn more about participants' living situations and housing status. Income documentation, eviction notices, utility shut-off notices, letters from landlords, and other documentation is reviewed to determine eligibility for financial assistance and/or case management. WCHS adopts the definition of "At Risk for Homelessness" and "Homeless" as outlined in the PA DCED Emergency Solutions Grant Guidelines on pages 2 and 3 to determine eligibility for services.

13. **How does your agency ensure you are not providing more than 24 months of assistance within a three year period? ***
WCHS utilizes the HMIS system and maintains extensive and detailed files on all participants indicating dates of services and services provided. Upon intake, files are reviewed to determine frequency of services provided, and alternatives are identified when participants reach the 24 out of 36 month threshold.

14. Does your agency have the capacity to begin providing services immediately? How is that determined? *
Yes. With an already existing structure for financial assistance in place, WCHS is fully aware of and committed to building upon that structure to expand its reach. We have aligned policies and procedures with ESG requirements, implemented HMIS, and hired an additional staff member who would be responsible for Housing Search & Placement, Housing Stability Case Management, and managing HMIS.

As part of the initial intake meeting, WCHS staff work in collaboration with participants to assess strengths as well as barriers to long-term housing stability. Staff and participants work together to create an Individualized Housing and Services plan to optimize access to and utilization of available services that will assist in obtaining and maintaining housing stability. Central to that process is respecting and prioritizing the participant s autonomy and creating plans based on their personal goals. Drawing on a strong network of partnerships, WCHS connects to Medicare, TNAF, SSI, housing, child care, job training and employment services, veterans' services, mental health services, services in support of abuse survivors, free food and clothing, literacy

programming, access to technology, school support, services for families with disabilities or illness, in-home nursing services, WIC, and other services which promote long-term stability. WCHS often makes the initial contact/referral to agencies and providers, identified in collaboration with participants, that will provide support in maintaining housing stability. Monthly reviews of the Individualized Housing and Services plan are completed with participants to assess progress and/or identify barriers encountered throughout the previous month. Follow-up with providers and referrals to additional services are completed as needed and desired by participants. Perhaps as important as providing contacts and information, WCHS also assists with completing applications and obtaining documentation that is required for many providers and agencies.

15. How will the grantee monitor the program for compliance?

WCHS has several checks and balances to monitor the program. Case managers are overseen by the Executive Director, who regularly reviews files for compliance. The board of directors review financial and compliance metrics each month as part of the monthly review agenda. Activities conducted with the CoC including monthly calls and HMIS review support compliance, and reporting to DCED and other grantors provide an outside check system for our program.

DCED-CCD-ESG-004C (02/2020)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING EVELOPMENT

PROGRAM DESIGN

EMERGENCY SOLUTIONS GRANT PROGRAM

Homelessness Prevention

APPLICANT NAME & DATE:
Waynesboro Community & Human Services 4/13/2020

Please answer the following in as much detail as necessary. Additional pages may be added and inserted behind this page to respond to homeless prevention questions. One Program Design form should be completed for each shelter/agency to receive assistance.

PROJECT/PROGRAM INFORMATION

PROJECT/PROGRAM MANAGER'S NAME:		
Denise Esser		
PROJECT/PROGRAM MANAGER'S ORGANIZATION:		
Waynesboro Community & Human Services		
STREET ADDRESS:		
123 Walnut St		
CITY: Waynesboro	STATE: PA	ZIP CODE: 17268
PROJECT/PROGRAM MANAGER PHONE: 717-762-6941	PROJECT/PROGRAM MANAGER EMAIL: desser@wchs.comcastnet.biz	PROJECT/PROGRAM MANAGER FAX: 717-762-6941

HOMELESSNESS PREVENTION QUESTIONS

1. Describe your project. What is your target population(s) and how does the program meet the needs of your local community in accordance with your CoC's Strategic Plan? How many households do you plan to serve during the contract period?
2. Describe how your will determine the amount of assistance provided to each at-risk of homelessness household (short-term or medium-term assistance)?
3. What is your strategy to remove barriers and implement the Housing First model?
4. Describe how your agencies case managers are working with program participants to develop a housing-oriented goal plan to obtain housing stabilization. How is it determined when a household reaches stabilization?
5. Under what circumstances would you provide a reevaluation of a participant prior to the 3month requirement established by HUD?
6. What barriers exist, either programmatic or administrative, that would prevent your agency from providing stabilization services to ensure permanent housing for all homeless persons?
7. Describe your strategy for soliciting participants to the program?
8. Explain how your agency participates in your local CoC's Coordinated Entry System as required by HUD?
9. Are you providing services directly or subcontracting the services to another provider?
10. What is your process for linking program participants with the mainstream resources in your community?
11. Describe the process for determining program eligibility to receive Homelessness Prevention services?
12. How does your agency ensure you are not providing more than 24 months of assistance within a three year period?
13. Does your agency have the capacity to begin providing services immediately? How is that determined?

Waynesboro Community and Human Services

Homelessness Prevention Questions

1. **Describe your project. What is your target population(s) and how does the program meet the needs of your local community in accordance with your CoC's Strategic Plan? How many households do you plan to serve during contract plan? ***

   The Waynesboro Community & Human Services (WCHS) Rapid Rehousing program exists in South Central PA. Geography is not a barrier to receive services. WCHS is part of the Eastern PA CoC and, more specifically, the South Central Regional Housing Advisory Board (RHAB). Waynesboro is a high-need area, with over the half the population being identified by the United Way as ALICE families – Asset-Limited, Income-Constrained, and Employed –and almost half of school children qualifying for free or reduced lunches. In addition, the Borough of Waynesboro reports that 18% of households have income levels at or below the federally defined poverty level. The program aligns with goals common to both WCHS and the CoC: reducing the number of people experiencing homelessness and reducing the duration of homelessness. Current strategies used are: prevention of evictions through emergency financial assistance to pay rent to current status; maintaining livability in a home by paying utilities to current status; utilizing diversion including finding more affordable housing or exploring temporary housing options until permanent housing can be obtained; providing the Housing First model to provide housing without barriers while ensuring autonomy to participants; maintaining and expanding community housing options; connecting participants to emergency support such as food, clothing, and medical services; connecting to sustaining supports such as job services and mental health services. In addition, in late 2019, WCHS identified a gap in services over the weekend and holiday when our facility is closed. To address that gap, we implemented A Room at the Inn, which partners with first responders and community agencies along with local motels and hotels to provide emergency shelter until WCHS is open and can more fully meet need.

   In 2019, WCHS provided $146,200 in Emergency Financial Assistance to 207 families. We received 565 requests for emergency financial assistance totaling $330,741. This means our current funding level is only serving about 36% of families who make requests, even before the effects of COVID-19 pandemic is felt.. Yet unforeseen is how wide-spread and how long-lasting will be the impact of the COVID-19 pandemic will be. Already, we have seen a doubling in the increase in food programs, which may foreshadow need in housing.

   Fully funded, ESG's Homelessness Prevention program will reach an estimated 35 households with services, 24 households with financial assistance, and 62 households with rental assistance, an increase over current ESG funding to fulfill anticipated affects of the COVID-19 pandemic.

2. **Describe how you will determine the amount of assistance provided to each household (short-term or medium-term assistance.)**
   WCHS balances three factors in determining the amount and duration of assistance: first it reviews the Individualized Housing Plan which outlines the client's goals and determines need; second it reviews landlord requirements; and thirdly, it considered its own available resources. Funding from the ESG helps bridge the gap between those three points, especially for our neighbors most in need.

3. **What is your strategy to remove barriers and implement the Housing First model?**

WCHS places no restrictions on services based on geography, employment, personal finance, mental health or substance abuse issues, or other issues. Client choice is valued when selecting from available housing and in obtainment of food and other services. The program concentrates on providing housing and food first, and invites clients to build an individualized plan for success based on their own values and goals, and asks how we might help them reach those goals. Every step of the process is client-driven.

4. **Describe how your case managers are working with program participants to develop a housing-oriented goal plan to obtain housing stabilization. How is it determined when a family reaches stabilization? ***

The plan includes receiving referrals from PA 2-1-1, self-referrals, churches, schools, housing authorities, rental agencies, social workers, and other agencies who identify those who are in need and qualify for services, as well as a very strong social media presence. WCHS proactively outreaches to those who are homeless or in danger of becoming homeless and seeks immediate solutions. During initial intake, WCHS helps clients assess their situation, understand individual strengths and barriers, identified values and goals, and incorporates these components into an Individualized Housing and Service Plan to maximize chances of success. Central to our approach is ensuring participants have autonomy, their Plan is based on their own goals, and that they have choice in where they live, what food they received, and what other services they access. WCHS asks how it may assist them in reaching their goals, by outreaching to utility companies and/or landlords, paying them to current, and collaborating with individuals to complete applications and obtain all necessary documentation. If loss of current home is unavoidable, WCHS will act quickly to offer safe temporary housing or new permanent housing, using a Housing First model. WCHS also works to connect participants to other services to meet immediate needs. WCHS continues to provide case management to participants for six months to ensure all desired and needed services are identified and implemented. ESG allows WCHS to support long-term stability by adding medium-term financial assistance and allowing case management services for up to twenty four months. We have expand capacity by adding a case management employee, training employees in utilizing the HMIS system, and expanded available housing options.
Stabilization is defined in our program as: community member is in permanent housing, remains in housing, with rent and utilities at current status, at the three and six-month mark. We also define success in terms of meaningful engagement in and progress being made on the Individualized Housing and Services plan.

5. **Under what circumstances would you provide a reevaluation of a participant prior to the 12-month required established by HUD ***

Reevaluation of services would be provided as housing becomes available, if participants needs or circumstances change, housing or livability becomes threatened, additional resources become available, or falsification of information is detected

6. **What barriers exist, either programmatic or administrative, that would prevent your agency from providing stabilization services to ensure permanent housing for all homeless persons? ***

Currently, the program is limited by three factors which ESG funding helps solve: funding, staffing, and lack of available housing units. Current funding allows us to assist only 36% of requests for financial assistance, and at levels far below requested funding. ESG funding, first received in late 2018 and implemented in 2019, added the ability to more fully address requests, to provide additional and longer-term support, to provide security deposits, and to fund more requests, in addition to making a philosophic changes to a Housing First Model and implementing HMIS. ESG funding also allowed for the hiring of an additional staff member, expanding our capacity to complete Housing Search and Placement, and working to build relationships and break down real or perceived barriers which prevent landlords from working with our program, implement housing inspections, and assisting other local housing efforts. One of the barriers we identified was the a gap in emergency shelter when our facility is closed In late 2019, we piloted A Room at the Inn, which provides a hotel or motel room for emergency shelter until our doors open once more, and we can more fully help clients. The largest barrier we foresee in both the near and distant future is an increased need due to the affects of the COVID-19 pandemic, which we predict will affect our working class community heavily.

7. **Describe your strategy for soliciting participants to the program. ***
Drawing on its 90 years in the community, WCHS maintains strong relationships with a network of providers in our service area. From there we draw referrals from sources such as: PA 2-1-1, County administrated programs, schools, hospitals and doctors' offices, shelters, churches, and landlords. WCHS also accepts self-referrals and has information available at physical locations like the library, housing authority offices, and the police station and is also extremely active on social media, embracing a marketing strategy which sets a tone of warmly welcoming neighbors even before there is a need for us. In addition, the WCHS Director is active in the Local Housing Options Team (LHOT), Franklin Together Reentry Coalition, and numerous local boards and committees where information regarding WCHS programs can be shared.

8. **Explain how your agency participates in your local CoC's Coordinated Entry System as required by HUD. ***
The Coordinated Entry system for the South Central RHAB was implemented in January 2018. WCHS is actively participating in this system in order to increase communication and collaboration with other agencies and, therefore, providing more effective and efficient services to WCHS participants as well as others in our RHAB. We meet regularly over the phone to review and prioritize need and coordinate services.

9. **Are you providing services directly or subcontracting the services to another provider. ***
WCHS provides services directly.

10. **What is your process for linking program participants with the mainstream resources in your community.**
With deep roots and over 90 years serving the areas, WCHS has developed long-standing relationships with area providers and invests in expanding knowledge of new and changing resources. Starting, as always, with the client and their goals in mind, WCHS shares what resources are available to help them reach that goal, and in what ways WCHS can facilitate those goals. WCHS offers help with paperwork and forms, faxing and mailing, and obtaining documentation needed to access mainstream resources like SNAP and Medicaid. In addition, it provides shared office space for representatives from mainstream resources like Keystone Health,

mental health and addiction services, and veterans services at its location to overcome barriers associated with transportation. WCHS also offers dedicated office space to self-guided CareerLink service, and dedicated hours for help with that service.

11. **Describe the process for determining program eligibility to receive Rapid Rehousing services.**
The initial intake meeting provides an opportunity to learn more about participants' living situations and housing status. Income documentation, eviction notices, letters from landlords, and other documentation is reviewed to determine eligibility for financial assistance and/or case management. WCHS adopts the definition of "At Risk for Homelessness" and "Homeless" as outlined in the PA DCED Emergency Solutions Grant Guidelines on pages 2 and 3 to determine eligibility for services.

12. **How does your agency ensure you are not providing more than 24 months of assistance within a three year period? ***
WCHS utilizes the HMIS system and maintains extensive and detailed files on all participants indicating dates of services and services provided. Upon intake, files are reviewed to determine frequency of services provided, and alternatives are identified when participants reach the 24 out of 36 month threshold.

13. **Does your agency have the capacity to begin providing services immediately? How is that determined? ***
Yes. With an already existing structure for financial assistance in place, WCHS is fully aware of and committed to building upon that structure to expand its reach. We have aligned policies and procedures with ESG requirements, implemented HMIS, and hired an additional staff member who would be responsible for Housing Search & Placement, Housing Stability Case Management, and managing HMIS.

DCED-CCD-ESG-004D (02/2020)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
CENTER FOR COMMUNITY & HOUSING DEVELOPMENT

PROGRAM DESIGN

EMERGENCY SOLUTIONS GRANT PROGRAM

Emergency Shelter

APPLICANT NAME & DATE:
Waynesboro Community & Human Services 4/13/2020

Please answer the following in as much detail as necessary. Additional pages may be added and inserted behind this page to respond to emergency shelter questions. One Program Design form should be completed for each shelter/agency to receive assistance.

PROJECT/PROGRAM INFORMATION

PROJECT/PROGRAM MANAGER'S NAME:		
Denise Esser		
PROJECT/PROGRAM MANAGER'S ORGANIZATION:		
Waynesboro Community & Human Services		
STREET ADDRESS:		
123 Walnut St		
CITY: Waynesboro	STATE: PA	ZIP CODE: 17268
PROJECT/PROGRAM MANAGER PHONE: 717-762-6941	PROJECT/PROGRAM MANAGER EMAIL: desser@wchs.comcastbiz.net	PROJECT/PROGRAM MANAGER FAX: 717-762-6941

EMERGENCY SHELTER QUESTIONS

1. Describe in detail the emergency shelter service(s) your agency intends to provide with the grant: Renovations, Operations, and/or Essential Services? For each service provided, include a detailed description on why those services are needed in your community and how that need was determined, the target population, etc. For renovation requests, does the project address code deficiencies, health and safety violations, ADA compliance, increase bed capacity, energy conservation, or bathroom renovations to comply with Equal Access requirements?
2. How does your agency participate in the Point in Time (PIT) Count? Provide factual Point in Time (PIT) Count data to support your request.
3. How does your Emergency Shelter request align with your CoC's Strategic Plan?
4. List objectives, outcomes, and performance indicators projected for success.
5. How does your program coordinate with other community service providers?
6. Describe how you are utilizing the Continuum of Care's Coordinated Entry System for your program.
7. How does your program determine and document eligibility for services?
8. Describe how the project will serve individuals with American's with Disability Act (ADA) needs?
9. List program limitations and special programmatic requirements for a person to receive assistance. i.e. residency requirement, single sex shelter, does not serve families.
10. How does your program move individuals and families from emergency shelter to permanent housing?
11. For agencies providing essential services, describe your case-management program in detail.
12. Does your agency participate in HMIS, ETO, or a comparable database?
13. Does your program have the capacity to begin immediately? Please explain.
14. How will your agency comply with Equal Access Rule and the Prohibition Against Involuntary Separation?