Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps　　 -　Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms.　 -　The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.　

Things to Remember

 -　Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. -　CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1.　Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy. -　New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms. -　There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): PA-504 - Lower Marion/Norristown/Abington/Montgomery County CoC

CoC Lead Agency Name: Montgomery County Housing Coalition

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

Instructions:

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

Name of primary decision-making group: Montgomery County Housing Coalition CoC Committee

Indicate the frequency of group meetings: Bi-monthly

If less than bi-monthly, please explain (limit 500 characters):

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector:
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)   79%

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

Elected:	
Assigned:	X
Volunteer:	
Appointed:	X
Other:	

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Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

The primary decision-making body is the newly formed Continuum of Care Committee of the Montgomery County Housing Coalition(MCHC),a coalition of all public and private housing organizations in the County. The CoCC was established to expand the breadth of participation in CoC planning activities. Previously the MCHC Executive Committee, composed of the 4 officers of the MCHC & reps from the Montgomery County Office of Behavioral Health/Developmental Disabilities and Department of Housing and Community Development, served as the primary decision-making group. The CoCC expanded the group to include one representative of each agency receiving funding through the CoC in order to bring additional energy and expertise to the process.

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

Elected:	
Assigned:	
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

At the current time MCHC is an unincorporated volunteer group. However, if administrative funds were made available to the CoC, we would have the County Department of Housing and Community Development serve as the administrative entity for the CoC. They have been an active partner in the CoC activities and have expressed their interest and willingness in serving in this capacity.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Montgomery County Housing Coalition	This countywide coalition is the lead agency for the CoC that addresses the full range of affordable housing issues faced by Montgomery County. The Coalition includes homeless housing and services as an integral part of its continuum of affordable housing and services and accordingly homeless issues are addressed at every meeting. The Coalition also supports the Point in Time count, and participates in writing and reviewing the ten year plan.	Bi-monthly
CoC Committee	This subcommittee of the Housing Coalition is responsible for coordinating all activities related to the Continuum of Care including establishing policy regarding homeless issues; monitoring, review ing and selecting projects; identifying unmet needs; developing strategies and action plans to meet HUD and County goals and objectives; and assisting in the preparation of the Exhibit 1 for submission to HUD. The CoCC has an HMIS subcommittee that oversees the HMIS operations.	Bi-monthly
Community Linkages	The Community Linkages Committee is responsible for education around homeless issues. This includes organizing the Montgomery County Housing Coalition meetings and ensuring maximum information to all members about homeless issues and programs. It also includes education of the broader community about homeless issues including education of and outreach to landlords to increase their participation in public programs serving the homeless.	quarterly (once each quarter)
Cross Systems Committee	This new Committee was formed to bring together the county agencies that manage mainstream and other resources necessary for homeless households to obtain and maintain stable income and permanent housing. The purpose of the Committee is to ensure effective access to and delivery of supports to homeless families and individuals. It identifies barriers to accessing programs and develops pilot initiatives and other strategies for addressing the barriers identified, including ways of strengthening discharge planning.	quarterly (once each quarter)

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Permanent Housing Options Team	The primary role of the PHOT is to increase affordable housing with priority for permanent housing for persons with a disability and/or whom are homeless, including ensuring individuals are supported in maintaining their housing by facilitating connections with supportive services. The committee work is highly collaborative, involving many public and private agencies. The PHOT continues to advocate for a preference on the Montgomery County Housing Choice Voucher waiting list for individuals who have been in transitional housing. Future projects could include increasing VASH Vouchers in the county, Shared Living/Shared Housing option, & using funds from the Behavioral Health Reinvestment Initiative for Project Based Operating Assistance.	quarterly (once each quarter)

If any group meets less than quarterly, please explain (limit 750 characters):

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1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Salvation Army of Norristown	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
CADCOM	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Hedwig House	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Coordinated Homeless Outreach Center (CHOC)	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Montgomery Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	Seriously Me...
Mental Health Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Laurel House	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Montgomery County Department of BH/DD	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Central MH/MR	Private Sector	Hospita...	Committee/Sub-committee/Work Group	Seriously Me...
Ministries at Main Street	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Community Housing Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Horizon House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Montgomery County Emergency Services (MCES)	Private Sector	Hospita...	Committee/Sub-committee/Work Group	Seriously Me...

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Resources for Human Development	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Bridge of Hope Buxmont	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Domestic Vio...
Community Lenders Community Dev. Corp	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Diana T. Myers and Associates, Inc.	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Family Services of Montgomery County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AID S
Genesis Housing Corp.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Grosse & Quade	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Housing Alliance of PA.	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Inter-Faith Hospitality Network of the Mainline	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Inter-Faith Housing Alliance	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Montgomery County Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Municipality of Norristown	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Norristown Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Veteran s, Se...
Pottstown Cluster of Religious Communities	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
The Open Line	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Women's Center of Montgomery County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
ACLAMO	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Cradle of Hope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...

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Valley Youth House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Montgomery County Department of Housing	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Montgomery County Office of Children & Youth	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Youth
Montgomery County Office of Aging	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Montgomery County Intermediate Unit	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Montgomery County Housing Coalition	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Salvation Army Pottstown	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Jane Doe	Individual	Hom eles s	Committee/Sub-committee/Work Group	NONE
Mary Doe	Individual	Hom eles s	Committee/Sub-committee/Work Group	NONE
Magellan Behavioral Health	Private Sector	Hos pita...	Committee/Sub-committee/Work Group	Seriousl y Me...
Fair Housing Rights Center	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Montgomery County Community Advocates	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Veterans Administration Hospital	Private Sector	Hos pita...	Committee/Sub-committee/Work Group	Veteran s
Keystone Opportunity Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domesti c Vio...
Mont Co CareerLink	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	NONE

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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Salvation Army of Norristown

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Utilities Assistance, Law Enforcement, Legal Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, HIV/AIDS, Soup Kitchen/Food Pantry, Not Applicable, Street Outreach, Life Skills, Child Care, Mortgage Assistance, Healthcare, Prescription Assistance, Mental health, Mobile Clinic, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CADCOM

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Case Management, Utilities Assistance, Mortgage Assistance, Prescription Assistance, Rental Assistance

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1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hedwig House

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mental health, Transportation, Rental Assistance, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Coordinated Homeless Outreach Center (CHOC)

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse

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1D. Continuum of Care (CoC) Member Organizations Detail

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 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery Hospital

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Hospitals/med representatives

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Healthcare, HIV/AIDS

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mental Health Association

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, HIV/AIDS, Child Care, Life Skills, Prescription Assistance, Healthcare, Mental health, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

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- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Laurel House

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Mortgage Assistance, Prescription Assistance, Mental health, Legal Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Department of BH/DD

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Central MH/MR

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Hospitals/med representatives

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Street Outreach, Case Management, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Ministries at Main Street

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Housing Services

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Utilities Assistance, Child Care, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Soup Kitchen/Food Pantry, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Horizon House

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Emergency Services (MCES)

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Hospitals/med representatives

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Healthcare, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Resources for Human Development

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Mental health, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 23 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bridge of Hope Buxmont

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Life Skills, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 24 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Lenders Community Dev. Corp

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Businesses

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 25 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Diana T. Myers and Associates, Inc.

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Businesses

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 26 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Family Services of Montgomery County

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
HIV/AIDS

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, HIV/AIDS, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 27 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Genesis Housing Corp.

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 28 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Grosse & Quade

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Businesses

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 29 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Habitat for Humanity

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 30 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Housing Alliance of PA.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan focus groups/public
(select all that apply) forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 31 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Inter-Faith Hospitality Network of the Mainline

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 32 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Inter-Faith Housing Alliance

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Utilities Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 33 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Housing Authority

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Public housing agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 34 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Municipality of Norristown

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 35 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Norristown Ministries

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 36 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pottstown Cluster of Religious Communities

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 37 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Open Line

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Utilities Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 38 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Women's Center of Montgomery County

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 39 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: ACLAMO

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Legal Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 40 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Cradle of Hope

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Life Skills, Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 41 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Valley Youth House

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Department of Housing

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Mortgage Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 43 | 12/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Office of Children & Youth

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 44 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Office of Aging

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Case Management

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 45 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Intermediate Unit

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Housing Coalition

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 47 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Salvation Army Pottstown

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Child Care, Rental Assistance, Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 48 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Jane Doe

Type of Membership:
(public, private, or individual) Individual

Type of Organization:
(Content depends on "Type of Membership" selection) Homeless

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 49 | 12/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mary Doe

Type of Membership:
(public, private, or individual) Individual

Type of Organization:
(Content depends on "Type of Membership" selection) Homeless

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Magellan Behavioral Health

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Hospitals/med representatives

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Mental health

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Fair Housing Rights Center
Type of Membership: **(public, private, or individual)**	Private Sector
Type of Organization: **(Content depends on "Type of Membership" selection)**	Non-profit organizations
Role(s) of the organization: **(select all that apply)**	Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: **(No more than two subpopulations)**	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: **(select all that apply)**	Legal Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Community Advocates

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Veterans Administration Hospital

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Hospitals/med representatives

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Healthcare, Mental health

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Keystone Opportunity Center

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Rental Assistance, Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mont Co CareerLink

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local workforce investment act boards

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Employment

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply)

e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply)

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

Voting/Decision-Making Method(s):
(select all that apply)

c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The CoC reported a total decrease of 13 year round ES beds on the 2010 HIC, as compared to the 2009 HIC. Three programs had changes in their bed count. Keystone Opportunity Center reported a loss of 4 family beds. This was due to changing family size, as evidenced by a lack of change in the number of family units. Missionaries of Charity reported 4 less single beds; this program is housed within a convent and beds often fluctuate between nuns & homeless individuals. Additionally, Resources for Human Development's shelter reported a reduction of 5 single beds & 15 overflow beds. The shelter reduced its overall capacity in order to provide residents with additional personal space in hopes of reducing outbreaks of bed bugs, infection, etc.

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

N/A. We have no Safe Haven beds.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

The CoC reported a total decrease of 20 transitional housing beds on the 2010 HIC, as compared to the 2009 eHIC. The change in beds was not related to changes in program capacity, or as a result of removing any housing programs from the HIC. Instead, these changes were related to the utilization of vouchers in programs that serve both households with and without children. While the total number of vouchers available remained stable, some of the vouchers that were in use by households with children in 2009 were in use by single households in 2010, and vice versa.

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Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The CoC reported a total increase of 6 year round permanent housing beds on the 2010 HIC, as compared to the 2009 eHIC. Changes in bed numbers were reported in 5 programs. Specifically, the Housing Reinvestment program added 5 new beds and Permanent Solutions 1 increased their program size by 6 beds. Additionally, Family Services (+2 beds) & Hedwig House (-7 beds in their 2 programs) reported minor changes in their beds numbers as a result of fluctuations in the utilization of vouchers. While the total number of vouchers available remained stable, some of the vouchers that were in use by families in 2009 were in use by singles in 2010, and vice versa.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

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1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)

Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply):

Unsheltered count, HUD unmet need formula, Other, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

We used population and subpopulation data collected through the sheltered point in time count.

If more than one method was selected, describe how these methods were used together (limit 750 characters):

In order to calculate the unmet need through the HUD unmet need formula, the CoC used the housing inventory chart, as well as population and subpopulation data collected through the sheltered and unsheltered counts. Subpopulation data was specifically used in order to determine the percentage of households eligible for permanent supportive housing (e.g. with a disability). This percentage was used in order to determine the PSH unmet need. As part of the information collected through the point in time count, information was collected about the type of housing needed. These responses were discussed among CoC stakeholders in order to determine the extent of need for Safe Haven beds.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

 For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	PA-504 - Lower Marion/Norristown/Abington/Montgomery County CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	MetSYS
What is the name of the HMIS software company?	MetSYS
Does the CoC plan to change HMIS software within the next 18 months?	Unknown/Unsure
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	08/25/2005
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

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High turnover of staff at participating agencies poses a challenge for consistent data entry. To address this issue, the HMIS Subcommittee has user meetings every other month. New HMIS users are encouraged to attend these meetings where common data-entry problems are addressed. The CoC and HMIS Administrator and HMIS Committee continue outreach to non-HUD homeless providers to participate. Inability to integrate data continues to be a barrier to widening HMIS participation.

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Department of Housing & Community Development
Street Address 1	Human Services Center, 2ND Floor
Street Address 2	1430 DeKalb Street
City	Norristown
State	Pennsylvania
Zip Code **Format: xxxxx or xxxxx-xxxx**	19404-0311
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Ms.
First Name	Carolyn
Middle Name/Initial	K
Last Name	Mayinja
Suffix	
Telephone Number: (Format: 123-456-7890)	610-278-3540
Extension	5144
Fax Number: (Format: 123-456-7890)	610-278-3636
E-mail Address:	cmayinja@montcopa.org
Confirm E-mail Address:	cmayinja@montcopa.org

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC¿s HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* **Emergency Shelter (ES) Beds**	76-85%
* **Safe Haven (SH) Beds**	Housing type does not exist in CoC
* **Transitional Housing (TH) Beds**	86%+
* **Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Monthly

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	6%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	3%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	0%

How frequently does the CoC review the quality of client level data? At least Monthly

How frequently does the CoC review the quality of program level data? At least Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

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Monthly data quality reports are distributed to participating agencies. Reports reflect missing data and corrections are made into the system. Report is then compared month-to-month.

The HUD HMIS APR Report is also used to improve our data quality. All HUD funded participating agencies are expected to run an HMIS APR on a quartely basis. If the numbers do not look right, agencies go back into the system and fix problem areas.

HMIS Committee Meetings are also held every other month. Meetings are used to discuss and resolve common problems experienced by users, review data quality issues and formulate or adjust HMIS policies and procedures as needed.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

A Missing Data Audit Report exists in our HMIS. This report captures both Date of Entry and Exit Dates. Participating Agencies are then notified and expected to correct all client data with missing dates and to verify whether clients on the report are still current or if they should be exited from the system.

The HUD HMIS generated APR Reports are also used to measure data quality. If agencies seem to be serving too many clients, then they know that clients are not being exited and vice versa. If clients are too few, then agencies know Date of Entry is not being captured.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)	2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans
Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)	2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?	No

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Monthly
Point-in-time count of sheltered persons:	At least Monthly
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Annually
Using data for program management:	At least Annually
Integration of HMIS data with data from mainstream resources:	Never

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?   At least Quarterly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?   At least Monthly

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

If 'Yes' indicate date of last review or update by CoC: 10/01/2008

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

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2H. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Quarterly
* Data Security training	At least Quarterly
* Data Quality training	At least Quarterly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	Never
* HMIS software training	At least Quarterly

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

How frequently does the CoC conduct a point-in-time count?   annually (every year)

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)   01/26/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%

Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

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Comparing the 2010 point-in-time count with the 2009 count shows a decrease in the sheltered population. The population decreased by 19 persons in ES, and 22 persons in TH. This reduction in persons is consistent with the reduction in beds as noted in Section 1F. The largest change in population was seen in the number of persons in families with children in TH programs. In 2009, 100% of TH family units were occupied, while only 78% of family units were occupied in 2010. Reduced unit utilization, combined with the fact that smaller households were being served with TH vouchers resulted in this reduction in persons in TH families. Although our PIT data shows a reduction of 24 singles, the reduction of persons is actually equal to 12. In 2010 there were 12 unaccompanied youth that were classified in the newly established category of child only households. In years past, these 12 individuals would have been included with the number of singles. Both the reduction in single persons in ES, as well as the slight increase in unsheltered singles, is attributed to the loss of beds in the shelter operated by RHD. This shelter, that serves a highly transient population, is the only shelter serving that population in Norristown.   The number of unsheltered families was reduced from 2 to zero. Unsheltered families are rarely identified through the count in Montgomery County.

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2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations:Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on ¿guesstimates.¿ CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	X

If Other, specify:

The CoC followed up with any homeless service providers that did not return point-in-time surveys within the designated time frame. Homeless service agencies provided data over the telephone.

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).

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Announcements were made at stakeholder meetings to inform the community of the date of the PIT count. The CoC maintains an accurate listing of all homeless providers throughout the County. These providers were contacted prior to the PIT date, and all ES, TH, & PSH programs were provided with surveys. (The same form was used in the unsheltered count.) Training was provided prior to the count & support was available during the PIT count.

Different providers completed the PIT surveys in different ways. Surveys were completed through interviews, case management records, the HMIS, or a combination of these sources. Surveys included the following data elements in order to count the sheltered population: identifying information (initials, date of birth, age), type of household (family, single, child only), current housing (ES, TH, PSH, unsheltered), type of homelessness (HUD homeless, chronic homeless, or precariously housed - precariously housed data not included in the data submitted to HUD).

Providers returned PIT surveys within 5 days; follow-up was conducted to providers who missed the initial deadline. Data was collected from 2 providers via telephone due to lack of response to written survey. Data was collected from 100% of all ES, TH, & PSH programs. Once all data was submitted, it was reviewed & entered into a spreadsheet & totaled with formulas. De-duplication techniques were utilized to verify that each household was only counted one time.

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2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation:Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

 In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

 CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

 For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Interviews:	X
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

Data was obtained via paper surveys. Data was then compiled into a spreadsheet; formulas were used in order to obtain totals.

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Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

As described in 2J, all homeless programs throughout the CoC were provided with PIT surveys. Subpopulation data was completed using various sources, including the HMIS, interviews with homeless persons, and case management records. The following yes/no subpopulation related questions were included on the survey: unaccompanied youth, homeless 1 year, 4 episodes in 3 years, mental health, substance abuse, other disability, domestic violence, HIV, and veteran. Once all data was submitted, it was entered into a spreadsheet and totaled with formulas. Chronic homeless status was verified by cross checking multiple data elements; including household type, length of time homeless and number of episodes, as well as disability status. Subpopulation data were analyzed to ensure that results only represented adults, not children.

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count:
(select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

The PIT Surveys included identifying information, including initials, date of birth, and age for all people counted. This identifying information was used to verify that persons were not counted in the both the sheltered and unsheltered count.

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2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on ¿guesstimates.¿ CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Public places count:	X
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: Complete Coverage

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are knows as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count:
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

The CoC used the same form to conduct the sheltered and unsheltered count. A unique code was recorded for each person counted. This code consisted of initials, date of birth, and age. The Volunteer Teams that conducted the count consisted primarily of homeless outreach workers and service providers. In many cases, interviews were conducted by homeless providers who already had an established relationship with the homeless individual. We believe that this helped to improve data quality, as well as the accuracy of the unique identifier code. Once data was submitted, compiled and entered into a spreadsheet, these codes were reviewed in order to ensure that an individual was not counted by more than one volunteer conducting the count, and to ensure that the individual was not counted through the shelter count.

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Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

No unsheltered homeless households with dependent children were identified through the PIT count. This represents a reduction from 2009, when we located 2 unsheltered families. The CoC will continue to provide outreach in order to ensure that this number remains at zero. These efforts include prevention focused outreach, increasing resources in order to provide temporary rental assistance, & increasing permanent housing resources.

The County has established a Homeless Prevention Center (HPC). Any household at risk/experiencing homelessness can contact the HPC to establish eligibility for various resources. The CoC uses the HPC to identify households eligible for the HPRP Fast Track program. This program provides resources to households that would be facing eviction without immediate assistance. In order to qualify, families have to be able to demonstrate that the available assistance will prevent homelessness. If a household is already homeless, the HPC can provide information about local shelters and referrals. Additionally, callers can be screened for assistance from additional resources, including the Homeless Assistance Program and FEMA.

The County has set aside HOME dollars to provide TBRA for this population. Additionally, the PHA was recently awarded FUP vouchers from HUD. These vouchers will be made available to eligible homeless families. Awareness of available resources throughout the CoC will continue to be provided to local school districts and hospitals.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The Coordinated Homeless Outreach Center (CHOC) employs outreach teams that are continuously on the streets, identifying and engaging homeless street people. Outreach is conducted in local wooded areas, train stations, and other areas where unsheltered persons are known to be. Additionally, outreach teams respond to calls from police, the library, local townships, and businesses. Teams work to engage these individuals and develop relationships. If shelter beds are not available, individuals are offered to come to the CHOC for a shower, a meal, and even apply for benefits. Mobile outreach through Montgomery County Emergency Services is also available to intervene in situations involving individuals in mental health crisis who are homeless.

Outreach and education continues with service providers, police officers, the jails, probation, and others who frequently come into contact with unsheltered persons. Montgomery County Behavioral Health (BH) has been working to increase awareness within the criminal justice system. BH is an active member of the County's Criminal Justice Advisory Board and has brought the issue of housing and homelessness to the members. This has lead to new partnerships and pilot projects designed to ensure that individuals with a mental health diagnosis are connected to housing and support services prior to discharge. Workers are going into the jails to work to engage and provide resources to individuals prior to their discharge.

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

Columbus PM will occupy 11 chronic beds in the Permanent Solutions II project. Family Services will apply for a SHP PH Bonus for families with HIV/AIDS, 3 of whom will be chronically homeless.The CoC Committee will convene housing and service agencies from Pottstown, an underserved area,to form a housing coalition to address housing for homeless families and individuals in that part of the county, anticipating that a provider will apply for SHP in 2011 for PH for at least 3 CH households. The CoC Committee will also identify providers to apply for: County HOME dollars for TBRA for at least 3 chronically homeless households and to consider applying for the new HUD Demonstration Program for Chronically Homeless. The CoC Committee will work with RHD to develop a methodology to count chronically homeless families and then formulate strategies for creating new PH beds to address the need.

Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

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The present CoC goal is to ensure the availability of 118 permanent housing beds for chronically homeless in 10 years by adding 11 beds in the next 12 months, and 6-7 beds/yr for yrs 2-10. However, MontCo will use 2011 & future PIT data on CH families to adjust the number of CH beds to be created over the next 10 yrs. We plan to expand the stock of permanent affordable housing using all resources available while ensuring that CH receive needed supports through the County Assistance Office, Co. Offices of BH/DD and Aging and Adult Services and mainstream resources. In addition to making CH a priority in future SHP applications, housing resources to be pursued will include: Health Choices Reinvestment; preferences in the Housing Choice Voucher program & Project Based Rental Assistance through the PHA; HUD VASH, Section 811 & Mainstream Programs; & set-asides in LIHTC projects. The CoC Committee will be responsible for oversight of progress on these goals.

How many permanent housing beds do you currently have in place for chronically homeless persons?   47

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?   58

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?   80

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?   118

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

MontCo will maintain its percentages through the following focus on residents of McKinney-funded PH. CADCOM and the Fair Housing Rights Center (FHRC) will train 20 residents on tenants rights & responsibilities. Genesis will provide budget/credit counseling to 10 people & Legal Aid will provide legal assistance to 10 people. The SDHP Regional Housing Coordinator will train 15 staff to work with residents to gain skills in maintaining their housing. BH/DD will continue its SAMHSA funded peer program to support 10 homeless to build skills to obtain & maintain housing. The Centralized Homeless Outreach Center will continue its NAMI supported internship program for Peer Specialists to work with homeless. The CoC Committee will explore the feasibility of expanding the Critical Time Intervention(CTI) evidence-based practice case management model to include families entering PSH. The PA DPW will begin re-establishing a Homeless Liaison position in each County Assistance Office.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

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SDHP, CADCOM & the FHRC will continue implementing training in Tenant Rights & Responsibilities & Prepared Renters to help formerly homeless households maintain their housing. BH/DD will continue to provide ample supports including access to mental health and/or substance abuse treatment to address behavioral health issues. BH/DD will conduct special training for case managers in Critical Time Intervention, an Evidence Based Practice that uses an intensive case management approach to move people from homeless to stably housed in a period of 9 months. BH/DD will also continue to emphasize peer supported efforts as a way of reducing social isolation and building a sense of community between PH residents and their neighbors. The CoCC will develop a risk assessment tool to prevent eviction and providers will be encouraged to establish an exit interview process to help identify reasons for early leaving. The CoC Committee will oversee these efforts.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 92

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 92

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 92

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 92

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3A. Continuum of Care (CoC) Strategic Planning Objectives

> **Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.**

Instructions:

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

The CoC will maintain its percentages through the following: SDHP RHC will continue to conduct Prepared Renters Training for at least 15 agency staff, the Permanent Housing Options Team (PHOT) will continue to work with the PHA to adopt a preference in its Voucher Program for 10 households/year exiting from TH. PHOT will work with the County Housing and CD Office to set aside at least 5 units/yr of PH subsidized with County dollars for homeless/formerly homeless households. The Community Linkages Committee will continue to support 2-3 outreach & education initiatives a year to educate private landlords about public programs & will develop at least 3 new strategies or initiatives to increase their participation. The CoC Committee will encourage providers to use PHFA's expanded Apartment Locator to identify available PH & will prepare for HEARTH by reviewing performance of TH to determine whether to continue,convert to PH,target specific subpopulations or other strategy.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

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Moving from TH to PH necessitates both the income & access to affordable PH. In order to ensure adequate skills & income of homeless households, the CoC established the Cross Systems Committee that brings together the mainstream providers with homeless providers to identify problems & develop solutions that ensure all supports target homeless/formerly homeless households. Their highest priority is to develop a countywide strategic housing plan that will provide a coordinated focus on expanding affordable housing for homeless and other low income households. In addition, the CoC Committee will attack the transportation problem to increase access by households leaving TH to lower cost housing in less populated areas of the county. It will explore alternative transportation solutions including partnerships with Delaware Valley transportation, SEPTA and other transportation authorities that currently serve people with disabilities.

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?   80

In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?   80

In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?   80

In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?   82

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent.   In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The CHOC will continue to work directly with local governments and employers to hire at least 10 homeless or formerly homeless. The Cross Systems Committee (CSSC), which includes a rep of the WIB, will pursue designation of a Homeless Liaison at the WIB, and seek to collaborate on a pilot to identify & address employment needs of at least 10 homeless. CSSC will also work with the WIB to plan and conduct a countywide Symposium on Work to bring together key County stakeholders to identify ways of increasing both employment and meaningful daytime activities for homeless and formerly homeless. This will require collaboration with Careerlink, the MontCo Community College, vocational schools and other employment and educational institutions in identifying the gaps in current programs and opportunities for the future. In addition, BH/DD¿s employment providers will hire an employment peer specialists to coordinate employment opportunities for persons with special needs.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

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Homeless have a range of employment histories, skills & interests, & for some, meaningful daytime activities including volunteerism, are desirable. Our goal is to develop a continuum of training, vocational, educational & employment services to meet diverse needs. Efforts will include continuation of the POWER program (a 12-week certification for people with MH), training case managers in job coaching, & expanding collaboration with local governments & private employers. The CoC formed an Employment Committee to investigate how to work with local contractors to train and hire the homeless; take better advantage of the Community College¿s New Options program; obtain land on the State Hospital grounds; work with Penn State Extension Service and Temple Ambler on farming and microenterprise; & create new small businesses such as a café at the library. Finally, we will undertake an initiative to educate the community about the ability, desire and readiness of homeless individuals to work.

What is the current percentage of participants in all CoC funded projects that are employed at program exit?   25

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?   25

In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?   25

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?   30

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)

Salvation Army, CHS, Legal Aid & Genesis will use HPRP, HAP, FEMA and other resources to rapidly re-house up to 10 homeless families, provide emergency rental and utility assistance to 10, case management services to 20 and legal and counseling assistance to 10 families with children at risk of homelessness. MontCo PHA and Office of Children & Youth will take maximum advantage of 50 new FUP vouchers to reunify & permanently house at least 10 families who are homeless or at risk of homelessness. The MontCo Housing Coalition will conduct presentations and provide fact sheets to homeless children¿s service providers about CoC housing and services & the FUP Advisory Committee will educate formerly homeless families on how to maintain their housing. The CoC Committee will encourage providers to use HEMAP, PHFA refinancing tools and credit counseling for homeowners in jeopardy of losing their housing & work with housing providers to designate a set aside of units for homeless families.

Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)

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Our plan to decrease the # of homeless families is thru a combination of prevention & creation of new beds. We plan to create at least 10 new PH beds/yr or 100 in 10 yrs. BH/DD & the Dept of Aging will continue meeting with project managers of public housing to inform them of available resources & address tenant problems. The Cross Systems Committee will strengthen collaboration between HL providers & County Offices to increase wrap-around services & ensure the timely delivery of services. It will also identify & provide supports families need to retain housing and maintain financial stability. The CoC Committee (CoCC)will analyze successful strategies under HPRP & formulate a plan to build on these & also take advantage of the provisions under HEARTH to address CH among families. Finally, the CoCC will continue to focus on increasing permanent housing opportunities for homeless families working with the PHA, developers, the Office of H&CD & private landlords.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count?   94

In 12-months, what will be the total number of homeless households with children?   84

In 5-years, what will be the total number of homeless households with children?   50

In 10-years, what will be the total number of homeless households with children?   0

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC¿s efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

PA legislative bills proposed to ensure foster care youth are not discharged into homelessness include:SB 942 (expands definition of "dependent child"), SB 292 (Youth Empowerment Services Program) & HB 667(makes college accessible). In accord with the Federal CFCIP Act of 1999, Mont Co Office of Children and Youth (OCY) provides independent living (IL) preparation services to youth 16-21 transitioning out of foster care. In 2009, OCY created a 26-page IL policy document requiring ALL transitioning youth be referred to IL services to develop skills required to be self-sufficient. The policy outlines responsibilities of IL service provider agencies, OCY, & the participating youth & defines a system of stipends for youth who actively participate. The policy covers housing options as well as OCY¿s working relationship with housing providers, including the Dept of Behavioral Health and Developmental Disabilities, the Dept of Aging & Adult Services & the Dept of Housing and Community Develop. A specific housing initiative of these partners is the TBRA Program targeted to youth transitioning from Foster Care. Many youth are referred to TBRA, while others go to 4 year schools, or if still in school, are granted a board extension, which means they may stay in their current foster care placement. Others go to a relative, live with a roommate or a friend, reunite with their family of origin, or are invited to remain with foster families after the formal arrangement ends.

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Health Care:

Hospitals in Pennsylvania must have written discharge policies for appropriate referral and transfer plans that comply with requirements of the Federal Conditions for Participation in Medicare and Medicaid Services and the Pennsylvania Code (028 Section 105.21 to 105.25). Ensuring compliance with these regulations is the responsibility of the PA Department of Health, Division of Acute and Ambulatory Care. The place of discharge varies with the individual being discharged, based on their ongoing primary and behavioral health needs and upon the resources and supports available. While discharge planners attempt to send individuals home or with family members, sometimes they discharge to a nursing home (which requires an assessment from the Office of Aging and Adult Services), personal care home, rehabilitation hospital or as a last resort, to an emergency shelter. Some shelters such as the Centralized Homeless Outreach Center have established and disseminated protocols regarding who they will accept directly from a hospital discharge.

Mental Health:

PA has a formal policy that no discharge from a state hospital can occur unless all housing, treatment, case management & rehab services are in place at the county level. That policy is in the Office of Mental Health and Substance Abuse Services (OMHSAS) Continuity of Care Bulletin with specific reference to housing in the Model Letter of Agreement, under Discharge, Sec c.1(g). In MontCo, there is a Letter of Agreement between Norristown State Hospital (NSH) and the County Office of Behavioral Health & Developmental Disabilities (BH/DD) guiding continuity of care. BH/DD has a dedicated staff person on the NSH grounds and has a Continuity of Care Manual outlining roles of discharge planning team members. Hospital staff sends the County an Active Discharge Candidate Notice of all pending discharges so it can assist in planning, especially for those who may be difficult to place or require extra supports. Individuals who are discharged from NSH are never discharged to the street or shelter. Each is discharged to his/her own housing, housing with a friend or relative or to a mental health residential program. A new initiative is the formation of a weekly Continuity of Care process including staff from the BH/DD, Aging & Adult Services, MCES & the County¿s managed care organization that works to ensure the most challenging folks are provided with a well thought out plan that provides their best opportunity for success in maintaining their living situation in the community.

Corrections:

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PA has 2 ways to ensure individuals released from State Correctional Institutions do not become homeless. First, the PA Dept of Corrections policy statement on Inmate Reentry and Transition of 1-5-06 requires Continuity of Care Planners to try to assure a viable home plan and follow-up services for all ¿max-outs¿ including providing each with written information on housing, a photo ID, and other personal documents. Second, the PA Board of Probation and Parole has a formal policy that no individual may be released on parole without an approved Home Plan (PA Code Chapter 623). All individuals are discharged to housing situations that makes sense for them, whether it is back to their own home, with a friend or relative, or to a residential program. While a few are discharged to shelter, staff works hard to help them find housing.
In MontCo, the Correctional Facility (MCCF) will not parole an individual with no verified address. BH/DD has protocols for linkage, ongoing treatment services and a housing plan for individuals with a serious mental illness who are being discharged from MCCF as well as those maxing out of state prisons and County residents being discharged from other prisons. Behavioral Health Court continues to divert individuals with mental illness who become involved in the criminal justice system. The Court requires that individuals participate in an intensive planning process that assists them in obtaining or maintaining housing.

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3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?   Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: Goal 3: Develop/expand appropriate affordable housing options for the chronically homeless
Goal 4: Increase access to affordable rental housing in the private market for homeless individuals
Goal 5: Increase employment services and opportunities for homeless individuals

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

The CoC Committee of the Montgomery County Housing Coalition, the CoC primary decision making group, includes representation from all of the CoC provider agencies. Most of these agencies are also HPRP providers and sit on the HPRP Committee that convenes all of the HPRP providers including counseling and legal aid. This Committee carefully assessed how the HPRP could best enhance and supplement the CoC programs, recognizing the exceptional opportunity to increase prevention activities and to test rapid rehousing approaches. Recognizing that the demand for HPRP would far exceed the resources, the Committee developed a well-crafted strategy for consolidating resources from the two programs that not only met national objectives, but also articulated a series of County priorities. The HPRP Committee meets monthly to discuss HPRP progress and to advise the County on administration of its two HPRP grants (a direct grant from HUD as well as a grant from the state). The HPRP Committee identifies and addresses program implementation issues including drawdown of HUD funds and program discharge policies. It also continues to refine the intake and assessment process, and to ensure optimum service delivery. Both CoC and HPRP providers have attended presentations on the transition to HEARTH and they will continue to be actively involved in the decision-making process for evaluating and reallocating resources as HEARTH takes effect in 2011.

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Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Montgomery County received $1.5 million from the PA Department of Community and Economic Development under the NSP program to purchase foreclosed properties in Norristown & Pottstown. The County and its CoC partners are also working with the County Department of Workforce and Economic Development to implement a YouthBuild program that will be used to rehabilitate some of the properties acquired under NSP and make them available to households with low to moderate incomes. When the properties become available the County will solicit referrals from the CoC and homeless provider agencies for eligible formerly homeless households. The closest Veterans Administration Medical Center (VAMC) is located in Coatesville, whose service areas include Chester, Delaware and Montgomery Counties. A total of 175 VASH vouchers were allocated to the Delaware and Chester County Housing Authorities in 2008 and 2009. The Montgomery County Housing Coalition has notified all members of the availability of these vouchers and the protocol of referring homeless veterans to the VAMC to apply for these vouchers and other VA services.   Most notably, the County is moving towards a strategic planning process that will ensure maximum coordination of housing resources in the future. At the November 4, 2010 meeting of the Cross Systems Committee the group agreed on a strategic initiative alignment that would coordinate planning for the Consolidated Plan, the PHA Plan, the Mental Health Housing Plan and the CoC 10 Year Plan into a single process. While ensuring that each individual plan requirements are met, the coordinated process will help in identifying common housing issues for the County¿s low income and disabled populations and in formulating priorities and allocating funds to address their needs.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?

Yes

If yes, please describe the established policies that are in currently in place.

At its October 14, 2010 meeting the CoC Committee adopted a policy that all homeless assistance providers must ensure that all children are enrolled in school and connected to appropriate services in the community. All providers are represented on the CoC Committee, and all believe this is being done as a matter of routine practice. However, the Committee agreed that at its January 2011 meeting members will further discuss and formalize the policy, (including required documentation of compliance) and disseminate it to all provider agencies. The County Office of Housing and CD will then review compliance with the policy during its next site monitoring reviews.

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Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The PA Department of Education has a Homeless Children¿s Initiative with the goal of ensuring that homeless youth have access to appropriate education. Every school district has a Homeless Liaison that carries out this mission on the local level. The Liaison¿s role is to: identify homeless children and youth; ensure that they enroll in, and have a full and fair opportunity to succeed in, school; ensure that families, children and youth receive educational services for which they are eligible, including Head Start, Even Start and other public preschool programs; ensure referrals to health care, dental, mental health and other appropriate services; inform parents and guardians of the educational and related opportunities available and provide them with meaningful opportunities to participate in that education; disseminate public notice of educational rights; ensure that enrollment disputes are mediated; and inform families and youth about transportation services and assist them in accessing transportation. Jane Pigott is Montgomery County¿s Homeless Children¿s Liaison and the Montgomery County CoC and its providers collaborate with local education agencies both directly and through Ms. Pigott. She works at the Intermediate Unit and is supervised by Mr. Tom Norlen, who oversees Homeless Children¿s Liaisons in several counties. Mr. Norlen has about 20 years experience in this work, and is a tireless advocate for children.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

At present each family shelter and transitional housing provider considers the educational needs of children placed in their facility. These providers have developed their own relationships with school district Home & School Visitors who become liaisons among shelter provider, parent, child, and school. For example, they work out cross-district transportation as needed, in compliance with McKinney-Vento. If there is a problem and they or a parent need an advocate with a school district, the provider contacts Ms. Pigott, the County¿s Homeless Children¿s Liaison for assistance.   She helps to keep youth in their schools of origin and minimize disruption, thus helping homeless students to receive all of the benefits of the educational system. She assists with enrollment and makes sure they receive other services to which they are entitled including transportation, health care and dental care. On a regular basis Ms. Pigott does outreach to both family shelters and to school districts to educate them about parent and child rights under McKinney-Vento. She is invited to all Montgomery County Housing Coalition Meetings during which McKinney-Vento education and other services are discussed. She is also being invited to be a member of the Cross Systems Committee to ensure maximum collaboration between the CoC and local education agencies. Finally, after its annual PIT update of ES and TH programs, the CoC will provide Ms. Pigott with updated listings.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

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Currently Norristown Ministries, a faith-based organization, targets homeless Montgomerny County vets with outreach & life skills. In addition, all MontCo homeless providers inform vets seeking service about programs available through the Coatesville VAMCs including case management, health care and VASH. Vets¿ issues are addressed throughout CoC strategic plan goals: taking advantage of existing VASH vouchers is critical as well as applying for new VASH & other resources such as the HUD Homeless Demonstration for both CH & HL families, the VA Supportive Housing for Low Income Families & the new Project-based VASH NOFA. A rep of the VA is on the new Cross Systems Committee & vets¿ homelessness was a major topic at the Nov 4, 2010 meeting. Issue identified included: MontCo vets have inadequate access to VASH since they are held by the DelCo and Chester Co PHA¿s that are not accessible from MontCo. It was agreed that due to VAMC staff shortages, the county staff would help pre-screen individuals for VASH and try to arrange for transportation to Coatesville and Media from Norristown. The issue of insufficient housing for vets with families was also discussed. The Cross Systems Committee will address these issues working closely with the Coatesville VAMC. To initiate this process, on November 16, 2010 the Homeless Outreach Social Worker from the Coatesville VASH made a presentation to the Montgomery County Homeless Coalition on the VASH program & all other VA services.

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3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

 The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

 A CoC who¿s FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

 For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?   No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?   Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

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4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD¿s five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled ¿2009 Proposed Numeric Achievement¿, enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled ¿Actual Numeric Achievement¿, enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter ¿No¿ to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	57	Beds	47	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	89	%	92	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	78	%	80	%
Increase percentage of homeless persons employed at exit to at least 20%	23	%	25	%
Decrease the number of homeless households with children.	98	Households	94	Households

Did CoC submit an Exhibit 1 application in 2009?   Yes

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If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

Montgomery County achieved all of its objectives except for one: the creation of new permanent housing beds for the chronically homeless. Although the 11 new beds for the chronically homeless in Permament Solutions 2 were not occupied by the 2010 PIT count, they were occupied as of October 1, 2010.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year¿s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	74	12
2009	67	36
2010	49	47

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.   11

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

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Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development			$46,860		
Operations	$60,624				
Total	$60,624	$0	$46,860	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Montgomery County had neither an increase in chronically homeless persons nor a decrease in the number of beds in 2010.

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field¿s a-e. The ¿Total PH %¿ will be auto-calculated after selecting ¿Save.¿ Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?   Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	9
b. Number of participants who did not leave the project(s)	54
c. Number of participants who exited after staying 6 months or longer	8
d. Number of participants who did not exit after staying 6 months or longer	50
e. Number of participants who did not exit and were enrolled for less than 6 months	4
TOTAL PH (%)	92

Instructions:

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HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing.   To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select ¿Save.¿ The ¿Total TH %¿ will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?   Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	35
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	28
TOTAL TH (%)	80

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

Instructions:

 HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

 Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select ¿Save¿ and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

 For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 314

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	50	16	%
SSDI	43	14	%
Social Security	7	2	%
General Public Assistance	49	16	%
TANF	2	1	%
SCHIP	2	1	%
Veterans Benefits	6	2	%
Employment Income	79	25	%
Unemployment Benefits	8	3	%
Veterans Health Care	7	2	%
Medicaid	128	41	%
Food Stamps	90	29	%
Other (Please specify below)	7	2	%
Child support			
No Financial Resources	48	15	%

The percentage values will be calculated by the system when you click the "save" button.

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Does the CoC have any non-HMIS projects for Yes
 which an APR was required to be submitted?

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

Instructions:

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

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

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

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

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?   Yes

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

Site monitoring was conducted by the Montgomery County Department of Housing and Community Development. Their professional staff conducted a comprehensive and technical review of all projects,including their APRs to determine the use of mainstream resources. Housing and CD will continue these monitoring visits on an annual basis. Findings and recommendations of the monitoring reviews are submitted to the CoC Committee which analyzes the results and identifies areas needing improvement, which are then placed on the Agenda of the new Cross Systems Committee to discuss recommended changes.

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

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

8/16, 10/14,10/25 (Committee established in July 2010)

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?   Yes

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

If yes, identify these staff members   Provider Staff

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

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If "Yes", specify the frequency of the training. quarterly (once each quarter)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

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

Has the CoC participated in SOAR training? Yes

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

February 23, 2010

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Case managers assist clients during initial intake and at other regular meetings to ensure all benefits are applied for and received	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	75%
Case Managers use the state COMPASS system, an electronic system of the PA Department of Public Welfare to apply for Cash Assistance, food stamps, CHIP, Medical Assistance, Adult Basic, Home Energy Assistance, Home and Community Based Services, Long Term Care and School Meals	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Provider follow-up with clients and if necessary, with phone calls to the appropriate benfits program to ensure benefits are received	

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Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field   List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
MH/D&A Shelter Li...	2010-11-01 08:21:...	1 Year	Hedwig House, Inc.	186,490	Renewal Project	SHP	PH	F
Supportive Housin...	2010-11-01 10:53:...	1 Year	Family Services o...	188,614	Renewal Project	SHP	PH	F
PHDI Program - No...	2010-11-01 09:59:...	1 Year	The Salvation Arm...	95,485	Renewal Project	SHP	PH	F
Scattered Site fo...	2010-11-01 00:38:...	1 Year	Community Housing...	113,761	Renewal Project	SHP	TH	F
Supportive Housin...	2010-10-29 14:12:...	1 Year	Montgomery County...	59,216	Renewal Project	SHP	SSO	F
The Salvation Arm...	2010-11-01 10:13:...	1 Year	The Salvation Arm...	181,941	Renewal Project	SHP	TH	F
STEPS	2010-11-01 00:17:...	1 Year	Community Housing...	92,209	Renewal Project	SHP	TH	F
Coordinated Homel...	2010-10-27 18:44:...	1 Year	Montgomery County...	271,341	Renewal Project	SHP	SSO	F
Halfway There	2010-11-04 10:41:...	1 Year	Mental Health Ass...	186,634	Renewal Project	SHP	TH	F
Supportive Housin...	2010-11-09 15:55:...	2 Years	Family Services o...	245,355	New Project	SHP	PH	P1
HMIS Dedicated Pr...	2010-11-04 14:14:...	1 Year	County of Montgom...	136,639	Renewal Project	SHP	HMIS	F
EZRA House	2010-10-31 23:57:...	1 Year	Community Housing...	44,982	Renewal Project	SHP	TH	F

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FAITH Program	2010-11-01 10:07:...	1 Year	The Salvation Arm...	207,199	Renewal Project	SHP	TH	F
Expanded Services...	2010-10-26 18:59:...	1 Year	Keystone Opportun...	44,989	Renewal Project	SHP	TH	F
Transitional Hous...	2010-11-01 00:55:...	1 Year	Community Housing...	116,539	Renewal Project	SHP	TH	F
Permanent Solutions	2010-10-27 18:37:...	1 Year	Montgomery County...	196,791	Renewal Project	SHP	PH	F

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Budget Summary

FPRN	$2,122,830
Permanent Housing Bonus	$245,355
SPC Renewal	$0
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	PA-504 Certificat...	11/16/2010

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Attachment Details

Document Description: PA-504 Certification of Consistency with Con Plan

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