

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

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

### Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

## 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](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration):** PA-511 - Bristol/Bensalem/Bucks County CoC

**CoC Lead Agency Name:** County of Bucks

# 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:** Executive Committee

**Indicate the frequency of group meetings:** Monthly or more

**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)** 56%

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

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

**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 Executive Committee is comprised of the CoC Chair, Vice-Chair and Secretary (elected by the general membership), two non-officer positions filled by non-profit/ community service agencies, three positions representing three distinct divisions of County government (Community Services, Human Services, Finance and Grants), and a Liaison to the County of Bucks Board of Commissioners.

Annually, the Nominating Committee develops the slate of officers and non-profit representatives to serve on the Executive Committee and the final Committee is determined by vote of the general membership. This process allows for full HCoCBC membership involvement and representation by the key parties involved in program development and implementation.

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

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

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, will 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 to 750 characters):**

Yes, definitely! Although the CoC does an excellent job regardless of the funding level, administrative funding would provide the CoC with enhanced capacity to develop targeted programs to meet the most pressing needs of the homeless. Funding would enable the CoC to apply for program funding from all available sources and to effectively and efficiently administer programs to the highest outcome levels. At this time the County contributes staffing, covers CoC operational costs including meeting facilities, and helps to facilitate CoC planning activities. The staff time associated with these tasks is limited by existing resources but increased funding would allow for more focused activities for all the CoC's plans and programs

## 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
Executive Committee	Executive Committee: Responsible for the overall direction of the CoC, routine and strategic planning of HCoC-BC activities, monitoring HCoC-BC outcomes, review of membership, implementation of the nominating process, and reviewing projects for funding recommendations. Coordinates direction of the CoC with Bucks County Commissioners. Also oversees the implementation of the HMIS system including data integrity, reporting capacity and accuracy, system development, training and expansion of the system.	Monthly or more
Strategic Planning Committee	Strategic Planning Committee: Prepares, modifies and promotes the Ten Year Plan to Prevent and End Homelessness. Develops community buy-in and monitors/evaluates efforts to meet the goals outlined in the Plan. Coordinates with publicly funded institutions of care to ensure discharge policies are in place to prevent individuals from being released into homelessness. Identifies and recommends focus areas for planning and program development and explores potential projects to address unmet needs. Coordinates activities with the Outcomes Committee to reflect patterns in progress toward goal achievements.	Monthly or more
Outcomes Committee	Outcomes Committee: Utilizes various forms of data collection (including HMIS) to assess the performance of the HCoC-BC. Coordinates the annual Point In Time census of the homeless and the Annual Housing Inventory Count in the HCoC-BC geographic service area. Reviews the HCoC-BC-funded agencies' Annual Performance Reports to help make strategic decisions for the HCoC-BC and/or its members. Through an ongoing assessment of the needs and services of the Continuum, the committee can monitor progress regarding the goals, objectives and action steps set by the CoC. A key component of this ongoing process is the review and assessment of the Annual Performance Reports (APRs) submitted by the recipients of SHP funding	Monthly or more

Funding Committee	Funding Committee: Brings together the resources to compile the HCoC-BC annual application to HUD. Each agency funded as a renewal and/or expecting to submit a project proposal provides representation on this committee. This committee also considers and investigates other potential funding opportunities that address HCoC-BC strategies. Arranges training and information sessions to enhance the opportunities for CoC agencies to develop quality proposals, explore appropriate funding opportunities and create supportable needs statements and funding applications.	Monthly or more
The Local Housing Option Team (LHOT)	The Local Housing Option Team (LHOT): Focuses on housing for persons who require additional supports to obtain and maintain housing. Reviews available housing options and social service supports to move persons from homelessness to permanent housing. A focus area is on efforts to expand housing opportunities for persons with behavioral health/mental health/substance abuse issues. Additional areas of consideration are housing and support services for persons who would otherwise be in nursing homes.	Monthly or more

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

## 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	Org aniz atio n type	Organization Role	Subpop ulations
Bucks County Career Link	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Bucks County Office of Human Services	Public Sector	Loca l g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Serio...
Bucks County Behavioral Health	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Bucks County Department of Children and Youth	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Subst...
Bucks County Dept. of MH/DP	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Bucks County Drug & Alcohol Commission	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, C...	Substan ce Abuse
Bucks County Dept. of Community & Business Deve...	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Department of Military Affairs	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Veteran s
Bucks County Planning Commission	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
County of Bucks Board of Commissioners	Public Sector	Loca l g...	Authoring agency for Consolidated Plan	NONE
Bucks County Grants Program Coordinator	Public Sector	Loca l g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Bucks County Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Bucks County Dept. of Adult Probation/Parole	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Bucks County Workforce Investment Board	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	NONE
Libertae	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Lenape Valley Foundation	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth, Serio...

A Womans Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
American Red Cross	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s, Se...
Tabor Children's Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Bucks County Housing Group	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Do...
Penndel Mental Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Serio...
Keystone Opportunity Center (Formerly IVHC)	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Penn Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Bucks County Opportunity Council	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Valley Youth House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Interfaith Housing Development Corporation	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Bucks County Women's Advocacy Coalition	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months, C...	Domesti c Vio...
United Way of Bucks County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Fair Housing Council of Suburban Philadelphia	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Congressman Michael Fitzpatrick's Office	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Bucks County Dept. of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Advocates for Homeless/those in Need	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Catholic Social Services	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE

Residential Living Options	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Credit Counseling Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s
Reach Out Foundation	Public Sector	Othe r	Committee/Sub-committee/Work Group	Seriousl y Me...
Center for Independent Living	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Family Service Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
JEVS Nursing Home Transition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Legal Aid of Southeastern PA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Bucks County Vet Center	Public Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s
Housing Alliance of PA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Stand Down - Philadelphia	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s
BCIU Homeless Children's Initiative	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Youth
St. Mary Medical Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	Seriousl y Me...
Patty Goldbach	Individual	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Sunday Breakfast Rescue Mission	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Veteran s, Su...

## 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:** Bucks County Career Link

**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:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**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:** Education, Employment  
(select all that apply)

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- Services provided, if applicable

**Name of organization or individual:** Bucks County Office of Human Services

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

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

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth, Seriously Mentally Ill  
(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)

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**Name of organization or individual:** Bucks County Behavioral Health

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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- Services provided, if applicable

**Name of organization or individual:** Bucks County Department of Children and Youth

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

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

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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- 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:** Bucks County Dept. of MH/DP

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** Bucks County Drug & Alcohol Commission

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Alcohol/Drug Abuse  
(select all that apply)

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- 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:** Bucks County Dept. of Community & Business Development

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

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

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

**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)

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- 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:** Department of Military Affairs

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

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

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

**Subpopulation(s) represented by the organization:** Veterans  
(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)

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- Services provided, if applicable

**Name of organization or individual:** Bucks County Planning Commission

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

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

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

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**Name of organization or individual:** County of Bucks Board of Commissioners

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

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

**Role(s) of the organization:** Authoring agency for Consolidated Plan  
(select all that apply)

**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)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** Bucks County Grants Program Coordinator

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

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

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

**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)

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Bucks County Housing Authority

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

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

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

**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:** Rental Assistance  
(select all that apply)

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- 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:** Bucks County Dept. of Adult Probation/Parole

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

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings 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:** Law Enforcement  
(select all that apply)

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- Type of organization
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- Services provided, if applicable

**Name of organization or individual:** Bucks County Workforce Investment Board

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

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

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

**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:**

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:** Libertae

**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:** Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Child Care, Life Skills, Alcohol/Drug Abuse, Employment  
(select all that apply)

## 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 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:** Lenape Valley Foundation

**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 planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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- 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:** A Womans Place

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**

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- 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:** American Red Cross

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**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:** Tabor Children's Services

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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- 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:** Bucks County Housing Group

**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:** Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

### 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:** Penndel Mental Health

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Keystone Opportunity Center (Formerly IVHC)

**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:** Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**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:** Penn Foundation

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Bucks County Opportunity Council

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Valley Youth House

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Interfaith Housing Development Corporation

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

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

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

**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

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- 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:** Private Sector  
(public, private, or individual)

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

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

**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

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- 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:** Bucks County Women's Advocacy Coalition

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

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

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

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

**Does the organization provide direct services to homeless people?** No

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

## 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:** United Way of Bucks County

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

**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

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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:** Fair Housing Council of Suburban Philadelphia

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

**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

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- 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:** Congressman Michael Fitzpatrick's Office

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

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

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

**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

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- 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

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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- 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:** Bucks County Dept. of Corrections

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

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

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

**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:** Counseling/Advocacy, Life Skills  
(select all that apply)

## 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:** Advocates for Homeless/those in Need

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Catholic Social Services

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Residential Living Options

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Credit Counseling Center

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Reach Out Foundation

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Center for Independent Living

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**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:** Family Service Association

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Utilities Assistance, Prescription Assistance, Mental health, HIV/AIDS, Alcohol/Drug Abuse, Rental Assistance, Soup Kitchen/Food Pantry  
(select all that apply)

## 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:** JEVS Nursing Home Transition

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

**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:** Case Management  
(select all that apply)

## 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:** Legal Aid of Southeastern 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:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Legal Assistance  
(select all that apply)

## 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:** Bucks County Vet Center

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** 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:** Committee/Sub-committee/Work Group  
(select all that apply)

**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:**

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:** Stand Down - Philadelphia

**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:** Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Healthcare, Mobile Clinic, Legal Assistance, Alcohol/Drug Abuse, Employment, Soup Kitchen/Food Pantry  
(select all that apply)

## 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:** BCIU Homeless Children's Initiative

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** St. Mary Medical Center

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Patty Goldbach

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) Consolidated Plan focus groups/public 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:**

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:** Sunday Breakfast Rescue Mission

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

# 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)** f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

**Rating and Performance Assessment Measure(s): (select all that apply)** k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), 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 Committee 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 Committee, d. One Vote per Organization, b. Consumer Representative Has a Vote, 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(s), how it was resolved, and the date(s) resolved (limit 1000 characters):**

## 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 FY2011 Housing Inventory Count (HIC) as compared to the FY2010 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):**

A review of the ES beds in the 2011 e-HIC indicates an increase of 5 ES beds since 2010. The domestic violence shelter increased their inventory by 5 beds to better address housing needs for the domestic violence clients at their shelter site.

**HPRP Beds:** Yes

**Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):**

A review of the 2010 e-HIC inventory indicated there were no HPRP beds reported, consistent with the appropriate time frame. In the 2011 e-HIC the four reporting agencies participating in the HPRP program reported 33 beds under the rapid re-housing category and 59 beds in the homeless prevention category. A total of 92 beds were identified as HPRP beds in the 2011 e-HIC.

**Safe Haven:** Not Applicable

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

The Safe Haven housing type does not exist in the CoC.

**Transitional Housing:** Yes

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

An increase of 3 beds was noted in the 2011 e-HIC. The domestic violence agency reported they had acquired a site to provide transitional housing to a household consisting of 3 beds.

**Permanent Housing:** No

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

After a comprehensive review of the 2010 and 2011 e-HICs, there were no changes noted.

**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

## **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 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by  
May 31, 2011?** Yes

**If no, briefly explain why the HIC data was not  
submitted  
by May 31, 2011 (limit 750 characters).**

**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):** Provider opinion through discussion or survey  
forms

**Specify "other" data types:**

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

## 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-511 - Bristol/Bensalem/Bucks County CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** Yes
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Not Applicable
- Has the CoC selected an HMIS software product?** Yes
  - If "No" select reason:**
  - If "Yes" list the name of the product:** PA HMIS
  - What is the name of the HMIS software company?** PA DCED
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 01/15/2008
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** HMIS unable to generate unduplicated count of homeless persons
- 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).**

The CoC is continuing to improve its ability to monitor programs that serve the homeless population. However, the HMIS software is still unable to de-duplicate client records, as was reported in last year's application. This barrier mitigates the CoC's ability to track a client's improvement in housing status as a result of enrollment in multiple CoC programs, thereby reducing the effectiveness of HMIS reports in monitoring the Continuum's capacity to transition clients from homelessness to economic self-sufficiency. The CoC overcomes this challenge through a variety of strategies. First, HMIS reports are used to compare success rates of one program to another within a housing category. Second, Agency Managers can now monitor the movement of a client between programs within their own agency and can compare a client's records from one program to the next. Lastly, the HMIS Lead Agency regularly communicates with the software provider to find other solutions to issues with the system.

## 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** Bucks County Department of Community and Business Development

**Street Address 1** 1260 Almshouse Road

**Street Address 2**

**City** Doylestown

**State** Pennsylvania

**Zip Code** 18901

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** State or Local Government

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No

## 2C. 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	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	76-85%

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

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

Bed coverage in all existing CoC categories exceeds 64%.

## 2D. 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 HMIS to present accurate and consistent information on homelessness, it is critical that all 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 CoC's 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 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

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 2011.**

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	0%	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%	4%
* Name	0%	0%

**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):**

Data quality continues to be a priority for the CoC, evidenced by full program participation in the 2010 AHAR. The CoC's Data Quality Plan delineates benchmarks for completeness, accuracy, timeliness, knowledge and monitoring. Data quality reports for each program are pulled bimonthly by the HMIS Administrator and one-on-one training is provided to users that do not meet the benchmarks outlined in the Plan. Usage reports are reconciled against client files and other homeless counts, including PIT and HIC, to ensure accuracy. Standardized intake forms were developed to facilitate data entry. Users attend bimonthly webinars to increase HMIS skills and mandatory trainings are conducted annually for intake workers and semiannually for managers.

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

The CoC's Data Quality Plan provides the framework for the policies and procedures regarding program entry and exit dates. All clients must be entered into or exited from HMIS within 5 working days of program entry or exit. Bimonthly data checks are collected on the fifth working day of every other month, and are sent out to the end-user to confirm current program participants' data. Any agency found to be continually behind on entry or exit dates is re-trained in HMIS, with an emphasis on improving timeliness of data entry systems. Bimonthly data checks are also used to calculate bed utilization rates for each program site; any site whose calculated rate differs significantly from the normal or known rate is contacted to confirm the data.

**Indicate which reports the CoC or subset of the CoC submitted usable data:** 2010 AHAR  
(Select all that apply)

**Indicate which reports the CoC or subset of the CoC plans to submit usable data:** 2011 AHAR  
(Select all that apply)

## 2E. 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:**

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

## 2F. 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 Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	Never
* Compliance with HMIS Policy and Procedures manual	At least Semi-annually
* 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 Annually

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

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

**If 'Yes' indicate date of last review or update by CoC:** 09/22/2011

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

## 2G. 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 bi-monthly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	At least Quarterly
* HMIS software training	At least bi-monthly

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

**Instructions:**

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

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

**\*Indicate the date of the most recent point-in-time count (mm/dd/yyyy):**      01/26/2011

**If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011?**      No

**Did the CoC submit the point-in-time count data in HDX by May 31, 2011?**      Yes

**If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).**

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)**      01/26/2012

**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).**

For many years, the sheltered and unsheltered count of the homeless persons has remained relatively constant. Although there has been some variation in the numbers, there has been no significant increase or decrease in the overall count. This is largely based upon a relatively stable number of beds available over the years and a high occupancy rate at all providers during January, as well as throughout the rest of the year. For 2011 the sheltered count of homeless persons was 472, an increase of 8% from 2010. The count of unsheltered persons was 33, a decrease of 3 persons from 2010. Of note is the increase in the number of homeless households at 294, an 11% increase, which is consistent with the experience nationwide. After 11 years of conducting the count, efforts to gather and analyze the data have been enhanced to ensure the accuracy and completeness of the results. The number of participating emergency shelter and transitional housing providers has always been high as the CoC remains at 100% compliance.

## 2I. 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 method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the 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:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe the methods used by the CoC, as indicated by the above selected method(s), 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):**

During the last week in January every year the CoC collects data on the sheltered homeless population through a survey of all emergency shelter and transitional housing providers. The annual survey date was consistent with Federal and State guidance and was announced through the CoC meetings and via direct correspondence with the provider agencies. Provider agencies are those that are included in the annual Housing Inventory Chart (HIC) and are all participating members of the CoC. The CoC conducted training sessions with detailed instructions to ensure that the providers provide accurate and comprehensive information for all clients and families served. Using the capacity of the comprehensive HMIS system, the data collected via agency survey was checked against the HMIS reports for the survey night to ensure accuracy and consistency. Survey forms with detailed instructions including questions to assess chronic homelessness and subpopulations served, were provided to every participating agency. Surveys were collected from all providers resulting in a 100% return. Persons with knowledge of the agency client populations tallied the results of the surveys to derive the final count. In cases of potential duplication or missing information, direct contact was made with the agency to clarify the results and ensure correct data. Finally, aggregate information by agency was compared to the HMIS system count for the PIT date to ensure consistency and accuracy in the final count

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

### Instructions:

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

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used 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):**

	<b>HMIS</b>	<input checked="" type="checkbox"/>
	<b>HMIS plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b>		<input type="checkbox"/>
	<b>Sample strategy:</b>	
	<b>Provider expertise:</b>	<input checked="" type="checkbox"/>
	<b>Interviews:</b>	<input type="checkbox"/>
<b>Non-HMIS client level information:</b>		<input checked="" type="checkbox"/>
	<b>None:</b>	<input type="checkbox"/>
	<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the methods used by the CoC, based on the selections 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):**

During the annual Point in Time count, information is collected on the sheltered homeless subpopulations served including the chronically homeless. All emergency shelter and transitional housing providers identified on the HIC were required to complete the information for each client served on the night of the count related to any applicable subpopulation categorization. The survey form included specific indicators for each family counted to identify those families with at least one member who had a disabling condition. In addition, the survey form also included an assessment of an individual's status over time to determine chronic homelessness. Detailed instructions for completing the survey repeatedly stressed the importance of obtaining this information for each client/family surveyed. Shelter based surveys were conducted by case management staff with training and expertise in discussing these issues with clients and ascertaining correct information for the surveys. The results of the subpopulation survey data were carefully reviewed to ensure that these were reasonable based upon the nature of the provider and to ensure that no duplications of data occurred. Knowledgeable staff confirmed the information with providers and clarified any points of uncertainty. The final results were compared to HMIS system data to validate the subpopulations by provider and confirm the resultant count of these groups

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

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will 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 and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

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 verify the data quality of sheltered homeless persons: (select all that apply)**

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

**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 2011 survey form completed for each household contained a unique anonymous identifier so that agency staff could ensure that no duplications occurred. The identifier was linked to primary data elements for that specific household. When the completed surveys were compiled for the final count, the identifiers were checked to ensure that each household was counted only once. Instructions for the survey stressed the importance of recording the household identifier and every record was checked to be certain this information was included.

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

Client/Household and subpopulation data was collected through a survey form completed by each agency and a review process validated the accuracy and completeness of each form. The survey form was designed to provide complete information on the client and family applicable subpopulation categorization including the chronically homeless. The aggregate numbers from the surveys were checked against HMIS system totals to see if there were any discrepancies at that level. Shelter based surveys were conducted by case management staff with training and expertise in discussing these issues with clients and ascertaining correct information for the surveys. The results of the subpopulation survey data were carefully reviewed to ensure that these were reasonable based upon the nature of the provider and knowledgeable staff confirmed the information with providers and clarified any points of uncertainty.

The CoC has conducted training sessions and has developed detailed instructions to ensure that the providers provide complete, accurate and comprehensive information for all clients and families served. These instructions repeatedly stressed the importance of obtaining this information for each client/family surveyed and for every appropriate subpopulation.

## 2L. 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 during the most recent point-in-time count of unsheltered homeless persons:  
(select all that apply)

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

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

In January 2011, the CoC conducted the Third Annual PIT count of the Unsheltered Homeless population. The survey design and methodology for implementation were based upon the guidance provided by HUD through the Guide to Counting Unsheltered Homeless People. Survey volunteers were provided training in collection techniques designed to ensure accuracy, client interactions, and personal safety. Survey forms included questions regarding classification for all the recognized subpopulations. Every effort was made to include sites where homeless persons were known to congregate or could be expected to be located. The surveys completed for each person contained a unique anonymous identifier so that enumerators could ensure that no duplications occurred. When the completed surveys were compiled for the final count, the identifiers were checked to ensure that each person was counted only once. Instructions for the survey stressed the importance of recording the personal identifier and every record was checked to ensure this information was included.

## 2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

### Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the 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:** A Combination of Locations

**If Other, specify:**

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

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will 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 and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known 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 persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe 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:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input checked="" type="checkbox"/>
Survey Question:	<input type="checkbox"/>
Enumerator Observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe the techniques, as selected above, 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):**

In January 2011, the CoC conducted its third Annual PIT count of the Unsheltered Homeless population. The key to ensuring data quality and unduplicated counts was the completion of a unique identifier for each homeless person encountered. An additional deduplication technique was to record the area/street location for each homeless person encountered. The survey design and methodology for implementation were based upon the guidance provided by HUD through the Guide to Counting Unsheltered Homeless People. Survey volunteers were provided training in collection techniques designed to ensure accuracy, client interactions, and personal safety. When the completed surveys were compiled for the final count, the identifiers were checked to ensure that each person was counted only once. Instructions for the survey stressed the importance of recording the personal identifier and every record was checked to be certain this information was included.

**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):**

Planning and implementation of the unsheltered count for the third year continued to include extensive participation by child service organizations throughout Bucks County. There was a definitive focus on the identification and subsequent plan for service of any identified unsheltered households with dependent children. For the past three years of the count, no unsheltered homeless households with dependent children have been identified. Outreach from all agencies to at-risk households with children stresses the importance of preventing or alleviating episodes of homelessness. Bucks County Children and Youth Social Service Agency (BCCYSSA) is a major participant in the CoC and has worked cooperatively with all homeless service providers to address households with children who may be at risk of facing homelessness. Preventing homelessness for households with children has been a primary focus of the Bucks County Direct Services Coalition (DSC), a consortium of social service agencies organized through the local education system Homeless Liaison. The DSC coordinates agency activities to address children's needs and develops and updates a resource directory of referral sources for all services that a household can access to meet their immediate needs and avoid homelessness and move to self sufficiency. The HPRP program has also been instrumental in rapidly housing families who have immediate housing needs and in supporting families at-risk to prevent homelessness.

**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):**

Sites were identified throughout the County where persons were known to congregate or where it was expected that persons could be located. The CoC continued to reach out to local police departments, state police, parks departments, social service agencies, faith based organizations and other groups who may have had knowledge of potential survey sites. Three teams were developed to canvas the identified locations and to visit other locations thought to be potential areas for the survey. The Reach Out Foundation, a consumer-run drop in center for individuals with mental illness and the Advocates for the Homeless and Those in Need, which focuses on outreach to the homeless, were an integral part of organizing and conducting the unsheltered count. A specific visit was made to the site where local churches were operating a Code Blue center for the night to address extreme cold weather conditions.

### 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 FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had 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.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

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

- How many permanent housing beds are currently in place for chronically homeless persons?** 22
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 24
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 27
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 30

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

The CoC's Department of Mental Health and Developmental Programs was awarded a new S+C SRA project in 2011 to provide two additional permanent housing beds for the chronically homeless population. Although the funds were awarded through the 2010 CoC competition, the grant agreement was not in place in time for these beds to be reflected in the Housing Inventory Chart. The grant agreement has been accepted as of this application submission, and the beds will be available by December, 2011.

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

The CoC is submitting an application for a new S+C SRA program to serve the chronically homeless as part of this 2011 application. The Department of Mental Health and Developmental Programs will administer the project, working with the sponsor Pennadel Mental Health Center . If funded, an additional 2 permanent housing beds for the chronically homeless will be added to the CoC's inventory in 2012, increasing the total to 26. The Bucks County Housing Authority will continue to apply for Vouchers to serve this population through HUD's Non Elderly Disabled Program. If awarded, the BCHA has agreed to explore the possibility of setting aside a portion of the Vouchers (up to 10 vouchers) for chronically homeless individuals and families.

The Local Housing Option Team and the Planning Subcommittees continually assess the housing needs of the chronically homeless in Bucks County. This becomes increasingly important as the definition of chronically homeless evolves.

### 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 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 Performance 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.

In 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. 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 by entering "0" in the numeric fields and note in the narratives.

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

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 91

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 85

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 85

**In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 85

**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):**

The CoC was successful at exceeding HUD's stated target for this objective, achieving 91% of participants remaining in CoC-funded permanent housing projects for at least 6 months. In the next 12 months, efforts will be focused on maintaining this high percentage by working with the permanent housing agencies to identify barriers to success and to increase participation in self-sufficiency and mentoring programs by participants. The Bucks County Fair Housing Committee will continue to conduct ongoing bi-annual tenant/landlord rights and responsibility workshops to assist participants in maintaining permanent housing and preventing eviction. The Bucks County Workforce Investment Board and the Bucks County Opportunity Council, the local Community Action Agency, will provide access to personal financial management and career development training for participants.

**Describe the CoCs long-term (10 year) 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):**

The limited availability of affordable Permanent Housing (PH) options in Bucks County makes it imperative that PH is maintained once it is secured. The CoC will continue to work with CoC agencies to provide bi-annual tenant/landlord workshops, employment and training assistance, and financial and self-sufficiency skills for those living in PH. The CoC has also taken steps to ensure that homeless persons with behavioral health issues are able to maintain permanent housing. In 2009, a Behavioral Health Housing Specialist joined the CoC with the goal of expanding PH options for this population. A Shared Living rental program, resulting from collaboration between the Bucks County Behavioral Health Department and the Bucks County Housing Group, added 9 new beds in 2010 with a target of 13 additional beds over the next two years. Participants receive coordinated case management services from existing CoC member agencies to ensure their success in maintaining permanent housing.

### **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 transitional housing objective is to help homeless individuals and families 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 Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. 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 enter "0" in the numeric fields below and note in the narratives.

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

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 75

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 66

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 67

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 68

**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 was successful at exceeding HUD's stated target for this objective, achieving 75% for those who move from transitional housing projects to permanent housing. A primary focus for this objective is to ensure affordable permanent housing units are available for participants moving from transitional housing programs. The CoC was awarded a new SHP Permanent Housing Project through the 2010 CoC Competition. The Bucks County Interfaith Housing Development Corporation, a CoC agency, will partner with the Bucks County Housing Group to acquire and rehabilitate 6 permanent supportive housing units for families where at least one adult in the household has a disability. BCHG will provide the necessary support services for this program. Additionally, the CoC was awarded a new S+C SRA grant through the 2010 competition which will add an additional 2 units to the permanent housing inventory.

**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):**

The CoC will work to increase the number of affordable permanent housing units available. The Bucks County Housing Authority will continue to apply for additional Vouchers to increase availability of subsidized housing. The CoC will also work to expand CoC participation of community lenders and affordable housing developers to coordinate support for the development of permanent affordable housing utilizing HOME and Housing Trust funds. The CoC will continue to coordinate an assessment, triage and rapid re-housing system to speed the movement of all homeless families to permanent housing, including transitional housing participants. Additionally, the CoC will continue to address barriers to housing placement for homeless families (income, child care, transportation) in order to increase the percentage moving from transitional to permanent housing.

### 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 only projects) is expected to report the percentage of participants employed at exit on its Annual Performance 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.

In 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 program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program 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 dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

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

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 23

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 23

**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

**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 CoC was successful at exceeding HUD's stated target for this objective, achieving 23% for those who were employed upon exit from CoC-funded projects. The CoC provides quarterly information to CoC agencies regarding employment and training programs available to clients through the Bucks County Workforce Investment Board (WIB) and the Bucks County Community College. The WIB will continue to notify CoC members of job openings monthly via the CoC email distribution list. Additionally, CoC agencies will continue to provide job skills/life skills training for participants and will analyze and address barriers to employment (childcare, transportation, etc) to ensure participants are able to obtain and maintain employment income. Given the economic crisis facing our County, the CoC will increase efforts to expand partnership opportunities with the WIB, increase outreach to local employers and leverage other funds.

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

The CoC will continue its work to maintain or exceed HUD's target for this objective. The CoC provides quarterly information to CoC agencies regarding employment and training programs available to clients through the Bucks County Workforce Investment Board (WIB) and Bucks County Community College. The CareerLink will continue to notify CoC members of job openings monthly. Additionally, CoC agencies will continue to provide job skills/life skills training for participants and will analyze and address barriers to employment (childcare, transportation, etc) to ensure participants are able to obtain and maintain employment income. The CoC will increase efforts to expand partnership opportunities with the WIB, increase outreach to local employers and leverage other funds.

### 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.

In 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. 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 they expect to report on in the next 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.

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 118

**In 12 months, what will be the total number of homeless households with children?** 100

**In 5 years, what will be the total number of homeless households with children?** 88

**In 10 years, what will be the total number of homeless households with children?** 85

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

The CoC will continue to work to decrease the number of homeless households with children. In 2010, the Bucks County Housing Group added 10 rental units for family transitional housing. An affordable housing locator website is also available with site information circulated widely among underserved communities to promote housing programs, affordable rental listings, and offer the widest range of housing choices within the community in order to remove geographic barriers. The CoC will continue to work with the agencies administering the HPRP program to ensure it is successfully identifying families at risk of homelessness to prevent them from entering homelessness as well as to minimize the duration of homelessness if it occurs. The CoC coordinates with the McKinney-funded Regional Site Coordinator and Homeless Children Initiative Liaisons to ensure homeless families with children are provided access to needed support services and housing options located close to their school.

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

The Bucks County Housing Authority will pursue additional Vouchers through HUD's Family Unification Voucher Program to enable families at risk of losing their children due to inadequate housing avoid homelessness. The CoC also has a seat on the Homeless Trust Fund Board which will establish a \$6 million trust fund to be shared with a neighboring CoC. This trust fund will be established as part of a homeless reuse plan for the BRAC Naval Base closure in Bucks and Montgomery Counties. Homeless families with children represent a significant portion of the homeless population in the County. Their housing needs will be a priority in determining the use of the Trust Fund when it is capitalized. The CoC will also continue to develop and expand its HPRP program to be utilized by homeless families with children.

### 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 publicly-funded institutions or systems 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 to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, 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. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the 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, emergency homeless 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 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, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).**

#### Foster Care (Youth Aging Out):

The Bucks County Children and Youth Social Services Agency (BCCYSSA), working with the Bucks County Office of Human Services, and other local non-profit agencies including Tabor Services, Inc. and Valley Youth House, have implemented policies and procedures to ensure youth aging out of foster care, to the maximum extent possible, are not discharged into homelessness. These services are provided to youth ages 16-21 by the Independent Living Unit (ILU) of the BCCYSSA.

Youth aging out of foster care receive guidance and support through the creation of a Youth Transition Plan (YTP). This plan addresses many issues with a priority of obtaining and maintaining consistent, reliable and stable Post-Placement housing. Youth leaving care, with the assistance of the ILU staff, explore various housing options that include but are not limited to: return to family, friends or a supportive resource, independent or shared apartments or college. Housing plans must be specific, free of public funding, confirmed and addressed with the courts prior to youth discharge.

**Health Care:**

Bucks County’s Primary Healthcare system is comprised of six acute care hospitals including Aria Health, Doylestown Hospital, Grand View Hospital, Lower Bucks Hospital, St. Luke’s Quakertown Hospital and St. Mary Medical Center. Each hospital has policies and procedures in place to ensure, to the maximum extent possible, that patients are not discharged into homelessness.

Shortly after admission, patients are assigned a hospital social worker or a nurse case manager to design a Care Plan that includes a major focus on the patient’s status post-hospitalization. A holistic approach is taken in developing the Care Plan, including identification of the location for patient’s discharge. If housing is identified as an issue, the social worker/ case manager will work with the patient to explore all available housing resources. Most patients can identify a relative, neighbor or friend who can provide at least temporary housing after discharge.

The social worker/ case manager coordinates with county agencies including the Area Agency on Aging, A Woman’s Place, Children and Youth Social Service agency and the Family Services Agency to help connect patients to available resources in the community. The social worker/ case manager also acts as a liaison between the patient and insurance company to ensure health supports are available in the home. Patients may also be discharged to a rehab center/ nursing home depending on the required level of care.

**Mental Health:**

The State Mental Hospital and the Bucks County MH/MR, have implemented an agreement regarding the Continuity of Care for patients discharged from the Norristown facility. This coordinated discharge planning process focuses on the needs of the total person. It involves collaborative efforts among the consumer, his/her natural support system, patient and family advocates, and administrative, clinical and support staff at the County, community facilities/programs, and the state hospital. This process is divided into three phases: Assessment, Resource Identification/Development, and Transition/Implementation. Monthly Discharge Planning Meetings between the state hospital staff and County staff focus on issues to be resolved for the individual to be discharged. Individuals may be discharged from Norristown State Hospital to an array of living situations including Community Residential Rehabilitation Programs and Supported Living programs and vary in degree of support furnished by each program. In some instances, individuals are discharged to Independent Living situations, which are supported through case management or by Programs for Assertive Community Treatment. In an effort to establish consumers’ success, Bucks County endeavors to ensure that these individuals are actively engaged in support services and/or are discharged to supportive living arrangements to best address their requirements for community living.

**Corrections:**

The Department of Corrections (BCCF), and collaborating agencies including Adult Probation, Drug and Alcohol Commission, Mental Health/Developmental Programs have implemented policies and procedures to ensure that persons being released from the Corrections facilities are not discharged into homelessness. Offenders eligible to apply for probation/parole prior to serving their maximum sentence are not released without a verifiable address.

Preparing for re-entry into the community is a high priority, beginning when an inmate enters the facility and continuing throughout release. All offenders participate in the BCCF's Release and Reentry program that consists of various topics including Setting Housing Goals. Each offender also receives case management provided by BCCF to create a housing plan and explore all housing resources available prior to their release date.

Those with D&A issues may be referred to a Recovery House for sober, post-release housing as appropriate. Case managers work directly with various CoC agencies to help identify suitable, non-McKinney funded housing. Also, in 2010, the Forensic RE-Entry program, funded by the PA Commission on Crime and Delinquency was created to target high level offenders ordered to supervision by the Adult Probation Department. Participants in the FREE program receive targeted services and re-entry resources, including housing services, to improve their successful return to the community and reduce recidivism.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and 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:** Create new permanent housing beds for chronically homeless persons; Increase the percentage of homeless persons remaining in permanent housing; Increase the percentage of homeless persons moving from transitional housing to permanent housing; Increase the percentage of homeless persons becoming employed when exiting a homeless program; Ensure that the CoC has a functional HMIS; Provide transition from the streets or shelters directly into permanent supportive housing for chronically homeless individuals; Provide treatment to individuals with chronic substance abuse problems

**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 2008 Action Plan (1500 character limit):**

The CoC was intimately involved in the development of HPRP program design and implementation. Bucks County, as a direct formula grantee, received \$975,905. All recipient agencies of HPRP program funding are active participants in the CoC: Bucks County Housing Group, Bucks County Opportunity Council and Keystone Opportunity Center. The HPRP agencies provide regular reports to the full CoC and respond to questions and address any identified problems with service coordination through the CoC. Through the CoC's HMIS system, the HPRP providers report on the number and characteristics of clients served as well as funds expended. This information is utilized to produce quarterly performance reports and for the HPRP AHAR report. Program spending at the end of year one was at 30% and was at 70% at year two. During the two years, 59 families, a total of 163 persons, were provided prevention and/or rapid rehousing assistance.

**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)?**

The CoC has been consistently aware of all appropriate funding opportunities through the ARRA. CoC agencies who implement ARRA-funded programs provide information to member agencies in order to coordinate client services and maximize ARRA resources. ARRA funding provided through FEMA (approximately \$500,000) was allocated to agencies throughout the County for assistance with rents, utilities and food. The majority of the funds were distributed among 7 agencies which are all active participants in the CoC. The CDBG/R funding for Bucks County (\$638,000) included allocations to several social service agencies all of which are active participants in the CoC. Bristol Township, a CoC member, received funding under NSP and is implementing the program in conjunction with other CoC member agencies including Interfaith Housing Development Corporation. The CoC continues to explore the possibility of VASH funding to provide much needed services for Veterans if eligibility permits.

**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.**

The CoC's Operational Guidelines detail that a goal of the CoC is to: Ensure that all homeless service providers within the HCoC-BC have established policies to guarantee that all children experiencing homelessness are connected to the appropriate resources to remain enrolled in school and to other supportive services within the community.  
These policies are:  
1. All school-age children participating in a program through a homeless service provider will be connected to their school district's McKinney-Vento Homeless Act Liaison to develop an education and transportation plan to remain enrolled in school.  
2. All homeless service providers who have regular contact with homeless children will be involved with the McKinney-Vento Homeless Act's Direct Services Coalition in order to maintain timely knowledge of all supportive services available to homeless children within the community.

**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 CoC closely collaborates with the Bucks County Intermediate Unit's Regional Site Coordinator to identify and serve families protected under the McKinney-Vento Homeless Act. The RSC works with each of the 13 school districts' Homeless Liaisons to ensure that homeless children and youth are identified, enrolled, and transported as needed to fully participate in school activities. Year-round training is provided to school districts, community action agencies, and shelter staff in regard to identification and eligibility for education services. The IU is a single point of contact for knowledge about this Act and provides homeless families a toll-free number and many other services as described under the Authorized Activities of the McKinney-Vento Act. Bucks County was the first county to have a federal site after the McKinney-Vento Homeless Act was enacted in 1987, so the foundation is very strong in terms of the awareness of the federal law.

A key part of the CoC's involvement with the education of homeless children and youth comes through the Direct Services Coalition. The DSC is a bimonthly meeting, organized by the RSC, in which staff from every key agency, all homeless shelters, and school district social workers share up-to-date information to facilitate program enrollment. The Regional Site Coordinator has participated for many years in the annual PIT Survey to provide valuable input to the CoC about families with children who are experiencing homelessness.

**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)**

The CoC's transitional and emergency shelter staffs have developed policies in collaboration with the local McKinney-Vento Homeless Act Coordinator to address the educational needs of children experiencing homelessness. At the shelters, each case manager is responsible for coordinating educational access for all school-aged children on their caseload. Caseworkers develop transportation and enrollment plans for children in conjunction with the McKinney-Vento Regional Site Coordinator and the Homeless Liaison for the school district. Additionally, for the past two years the Regional Site Coordinator's office at the Bucks County Intermediate Unit has funded a number of small projects to support the educational needs of homeless children in transitional housing programs, such as funding for school clothes, summer enrichment programming, and parent education on navigating the public school system and understanding the rights of homeless children. Additionally, every year the CoC's transitional housing agencies have a backpack and supply drive to equip all homeless children enrolled in emergency and transitional shelter programs with the necessary tools to begin the school year. All of these efforts are planned to continue in the coming years, with the goals of more effective collaboration between the shelter staff and Homeless Liaisons, increased participation in funded programs for homeless children, and expanded outreach efforts in schools to engage homeless families.

**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)**

The CoC collaborates with the Bucks County Dept. of Veterans Affairs (VA) to provide services to homeless veterans and their families. The VA provides housing assistance for veterans in crisis through referrals to service providers, assists in benefit acquisition for eligible veterans, and coordinates with surrounding counties to access benefits that are not currently available in Bucks, such as VASH vouchers. These efforts are consistent with the CoC's goals of increasing effectiveness of referrals, improving benefit acquisition systems, and decreasing the incidences of veteran homelessness.

Additionally, staff from the Bucks County Housing Group, the VA, the County's Dept. of Health and Human Services, and Legal Aid represented the CoC at the second annual Operation Stand Down in August 2011. This three-day outreach effort targets homeless veterans and their families, providing shelter, food and health services while connecting them to housing programs, case management, employment, education, mental health, legal, and drug and alcohol services. This event responds to the CoC's goals of increasing outreach and engagement to homeless veterans and of increasing knowledge of the homeless veteran population. The CoC plans to continue to collaborate with local housing programs, service providers, and the VA to combat homelessness among veterans in Bucks County.

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

The CoC's lead youth agency is the Valley Youth House, which operates a shelter, street outreach program, and group home. VYH Shelter serves homeless and runaway youth who have been referred by Bucks County Children and Youth, Juvenile Probation and Parole, social service agencies, law enforcement, and walk-ins. Consistent with the CoC's goal of reducing the number of homeless youth through permanent housing options, case management services in the shelter prioritize family reunification whenever possible, and explore other housing options as needed. One such housing option has been the VYH's Rapid Re-Housing Program, which provides housing and case management assistance for homeless, potentially self-sufficient youth with no other resources. In order to continue the success they've had with the youth TH program, VYH is submitting a transitional housing grant with this application to assist 25 youth, a continued priority of the CoC.

The Street Outreach Program conducts daily visits to sites where youth living on the streets or in inappropriate settings can be reached. Significant effort is put into collaborating with school districts and other supportive services, such as mental health and drug and alcohol counseling, which will provide long-term support to homeless youth. This program responds to the CoC's goals of increasing outreach efforts to involve more homeless youth in county services and to decrease recidivism into homelessness through coordinated case management.

### 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 HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 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 Fy2011 into a new project. New reallocated permanent housing projects may apply under 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 whose 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?** No

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

## 4A. Continuum of Care (CoC) 2010 Achievements

### Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	24	Beds	22	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	85	%	91	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	%	75	%
Increase the percentage of homeless persons employed at exit to at least 20%	20	%	22	%
Decrease the number of homeless households with children.	90	Households	118	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes  
FY2010?**

**If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

Obj #1: Timing was the primary cause of the CoC not meeting its proposed numeric achievement for this objective. The CoC was awarded a new S+C project for the chronically homeless through the 2010 CoC Competition, but the announcement of the new project and issuance of the grant agreement made it impossible for the beds to be included in the 2011 Housing Inventory Chart. The grant agreement has been signed and returned to HUD by the recipient agency and we fully expect that these new beds will be available for the chronically homeless population by the end of 2011.

Obj #5: While the number of homeless families increased as reflected on the PIT, the number of beds for this population remained stable. Depending on the size of each family on the day of the PIT, a significant difference in the number of households can be reflected from year to year. For example, a family of eight is reflected as one household, but two families of four are reflected as two households, even though the same numbers of beds are utilized. The current economic conditions in Bucks County (high unemployment, faltering housing market) pose a challenge for the CoC in reducing the number of households with children, as this is the group most impacted in our area by these conditions.

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

**Instructions:**

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless 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 last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

**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 FY2009, FY2010, and FY2011.**

Year	Number of CH Persons	Number of PH beds for the CH
2009	22	22
2010	22	22
2011	16	22

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.** 0

**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, 2010 and January 31, 2011.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
<b>Total</b>	\$0	\$0	\$0	\$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):**

The number of chronically homeless persons did not increase, nor did the number of permanent housing beds for the chronically homeless decrease.

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) 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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." 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 SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

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

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	6
b. Number of participants who did not leave the project(s)	5
c. Number of participants who exited after staying 6 months or longer	4
d. Number of participants who did not exit after staying 6 months or longer	6
e. Number of participants who did not exit and were enrolled for less than 6 months	5
<b>TOTAL PH (%)</b>	<b>91</b>

**Instructions:**

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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have 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.

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

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	40
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	30
<b>TOTAL TH (%)</b>	75

## 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-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) 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 recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps 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 who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. 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: 35**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	0	0	%
SSDI	4	11	%
Social Security	4	11	%
General Public Assistance	0	0	%
TANF	2	6	%
SCHIP	1	3	%
Veterans Benefits	0	0	%
Employment Income	8	23	%
Unemployment Benefits	3	9	%
Veterans Health Care	3	9	%
Medicaid	24	69	%
Food Stamps	16	46	%
Other (Please specify below)	5	14	%
child support (4) medicare (1)			
No Financial Resources	5	14	%

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

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

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

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

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

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

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.**

Project APRs are reviewed by the Outcomes Subcommittee of the CoC at least quarterly to assess client and program progress in improving access to mainstream programs. HMIS-generated reports are also now being used to analyze data in this area. Because client success in employment and/or self sufficiency is closely tied to benefits under federal agency programs, such as SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care, the APRs are key to identifying those programs accessed. Although the APR provides annualized information, client case management is a daily activity and the program staff are constantly coordinating and maximizing client benefits from all eligible funding sources.

**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.**

05/10/11, 06/16/11, 07/21/11, 08/18/11, 09/13/11

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Not Applicable

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

**If yes, identify these staff members** Provider Staff

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

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

November 30, 2010

## 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
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
<p>Case managers attend Citizens' Advisory Meetings (CAC) on a monthly basis at the Bucks County public assistance office. These meetings provide up-to-date information on ongoing and new public assistance programs and any revisions to such that they should be aware of. Case managers apply this knowledge base during the intake process with new clients to assess clients' current levels of access to mainstream benefits and to identify eligibility for other pertinent benefits. Case managers liaise with the public assistance office on behalf of clients, assist clients in accessing on-line mainstream benefit forms where applicable, assist clients in gathering personal and financial information necessary to complete forms, and oversee their active applications.</p>	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	0%
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
<p>Case managers hold mandatory one-on-one and mandatory in-house meetings with clients on a regular basis. Agenda items for these meetings include pursuing mainstream benefits and assessing clients' financial status and needs on an ongoing basis. Milestone objectives are set for clients during their program stays, and these objectives are reviewed by case managers and clients for follow-through.</p>	

## Continuum of Care (CoC) Project Listing

**Instructions:**

IMPORTANT: Prior to starting 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](http://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
Community Residen...	2011-10-03 13:33:...	1 Year	Penndel Mental He...	72,904	Renewal Project	SHP	PH	F
Upper Bucks Trans...	2011-10-04 09:35:...	1 Year	Keystone Opportun..	31,468	Renewal Project	SHP	TH	F
Community Residen...	2011-10-03 13:40:...	1 Year	Penndel Mental He...	83,239	Renewal Project	SHP	PH	F
Milford Square Tr...	2011-10-03 13:15:...	1 Year	Bucks County Hous...	160,407	Renewal Project	SHP	TH	F
2011 Dedicated HMIS	2011-10-04 11:51:...	1 Year	County of Bucks	108,796	Renewal Project	SHP	HMIS	F
American Red Cros...	2011-10-04 12:49:...	1 Year	American Red Cros...	80,905	Renewal Project	SHP	SSO	F
Village of Hope S...	2011-10-04 08:02:...	1 Year	Penn Foundatio n, ...	66,272	Renewal Project	SHP	TH	F
Bucks County Supp...	2011-10-13 11:10:...	1 Year	Valley Youth Hous...	371,604	New Project	SHP	TH	F1
PMHC PATH Shelter...	2011-10-13 10:33:...	5 Years	County of Bucks	108,000	New Project	S+C	SRA	P2

## Budget Summary

<b>FPRN</b>	\$975,595
<b>Permanent Housing Bonus</b>	\$108,000
<b>SPC Renewal</b>	\$0
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	10/21/2011

## Attachment Details

**Document Description:** Certificate of Consistency with the Consolidated Plan