



THE 2017 ERIE COUNTY SINGLE POINT IN TIME COUNT

GAP Analysis for January 27, 2017

Identifying the Erie County Homeless Population in Emergency
Shelter, Transitional Housing, Permanent Housing and Unsheltered

Erie County Department of Human Services and Erie County Home Team
Prepared by the Mercyhurst University Civic Institute

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Executive Summary

The 2017 Single Point in Time (SPIT) count of the homeless population in Erie County, Pennsylvania was conducted on January 27, 2017. The national Housing and Urban Development (HUD) initiative was locally overseen by Erie's Home Team, the county-level collaborative that addresses the needs of homeless individuals and families and strives to eliminate homelessness in our region. In addition to the Home Team, the Erie County Department of Human Services had extensive involvement with the implementation of the process. The SPIT count was conducted simultaneously with the local Housing Inventory Count (HIC), which provides data on the number of beds/slots available at local emergency shelters and transitional housing programs that serve homeless individuals.

As there were many 'moving parts' to this initiative, two outside agencies were utilized to oversee parts of the process. Erie United Methodist Alliance (EUMA), which has staff who oversee the Homeless Management and Information System (HMIS) for the county, was instrumental in gathering data for the Housing Inventory Count portion of the process. EUMA staff also oversaw the coordination of the unsheltered portion (detailed and defined further in this document) of the SPIT count. The Mercyhurst University Civic Institute was contracted to oversee aspects of the sheltered count, including data from both the Direct Service agencies that provide bed space to homeless individuals the night of the count, as well as Supportive Service agencies, which provide services other than bed space and referrals for this population.

What is the SPIT and HIC?

The Single Point in Time count is a HUD-led initiative that requires Continuums of Care (CoC's) across the country to administer a census of homeless individuals and families. Dates of conducting this count must be held within the last ten days of January, as HUD has identified this as a peak time to locate individuals in shelters and transitional housing units. HUD requires CoC's to collect information on a minimum-level of data variables, many of which are collected in HMIS from providers. Local efforts may collect additional data that they may find helpful for their local decision making efforts, as well. The SPIT count consists of gathering information from three sources: Direct Service providers, Supportive Service providers, and an unsheltered census count. All data must correspond to 9pm on the evening of January 27, 2017 through 4am on January 28th, 2017. Supportive Service data corresponds to January 27, 2017 from the hours of 8am to 8pm.

Direct Service providers are those that offer emergency shelter, transitional housing, or permanent housing spaces for homeless populations and individuals. These providers are asked to return completed data forms identifying the number of homeless individuals within their programs for that evenings. The data consists of demographic information as well as service-oriented breakdown to help identify the most pressing needs facing the population. Most providers utilize the HMIS data system for completion of this process, as many regularly use this system. Other providers use an 'internal' data-tracking process and generate reports from this process. Additionally, a HUD-derived survey is available for those agencies that do not use any sort of data-tracking system. Counts of those at a Direct Service provider take place between the hours of 9pm through 4am the next morning. Agencies are asked to report data on those residing during that timeframe only.

Supportive Service providers are those that do not provide bed space for homeless individuals and families, but oversee programs that work with them for delivering other needed services and/or make referrals to the

Direct Service providers. Because individuals do not reside in the programs, their count does not take place during the same timeframe. These programs supply data from the time of 8am to 8pm on the day of the SPIT count. It should be noted that those identified in this portion are often duplicated with the Direct Service count, as they may be served in different capacities and for different reasons other than housing or shelter. Gathering data from these providers is often more difficult, as many do not solely focus on serving homeless populations and their data-tracking methods are not conducive to HUD-required methods. These providers are asked to complete forms similar to those distributed to the Direct Service providers, but include less detailed demographic categories and information regarding current housing status.

The third component of the Single Point in Time count consists of conducting a census of homeless individuals and families that are unsheltered on the night of the count. This effort utilizes volunteers who traverse the CoC area and attempt to locate those in the local homeless population. Once found, volunteers approach the individuals in attempt to ask them to complete a questionnaire that will gather information also found in the Direct Service survey. An observation tool is also made available for those situations which the identified homeless persons do not wish to talk to the data collector. Because of large geographic areas that CoC's cover, volunteers traditionally begin canvassing areas that are known 'hang-outs' of homeless individuals and families. This count takes place from 9pm the night of the count to 4am the following morning.

In addition to the three primary components of the SPIT portion, a Housing Inventory Count (HIC) is also conducted. Agencies that provide emergency shelter or transitional housing are asked to provide the number of bed slots available for the evening of the count. In addition they provide general census data that is reported along with SPIT count data. This count is administered by the local-level HMIS system administrator and only reported to HUD.

SPIT Implementation

The Mercyhurst University Civic Institute (MCI) was contracted to oversee the Single Point in Time count on behalf of the Home Team and Erie County Department of Human Services. The MCI is a local university-based research and evaluation organization that has been providing services to Erie County and state-based agencies and governments in the areas of youth and family services, drug and alcohol, mental health, and criminal justice for over 20 years.

Staff from the MCI began collaborating with key stakeholders from the Erie County Home Team and Erie County Department of Human Services to develop a plan for gathering needed information for the count. Data templates were developed for all three aspects of the SPIT process that providers would be asked to fill out and return for their portion of the process. Introductory letters were sent to agencies that provide shelter or services to the homeless announcing SPIT survey dates. The week prior to the count, two trainings were held in which all providers were invited to attend. At these trainings, attendees were given an overview of the process, including why it is conducted and reviewing their agency's responsibilities. Additionally, the attendees were given the opportunity to review the data collection tools they would be asked to complete. At the conclusion of each session, attendees were given packets which included surveys corresponding to the type of service they provide. In addition to the data collection tool, agencies also received a Causes of Homelessness Survey, to be completed by a staff person who works directly with homeless clients, and ten

copies of a Housing Needs Survey, to be completed by homeless clients themselves. Any agencies not represented at that meeting had their survey packets hand-delivered.

Direct Service Provider Survey. Direct Service providers are those that are described as offering shelter or housing spaces for homeless individuals and families. For Single Point in Time reporting to HUD, figures for emergency shelters and transitional housing are utilized. For local data collection and analysis (such as this report), Permanent Housing programs are also included in the process. Thirteen (13) agencies that offer such programs were contacted regarding the initiative and asked to submit data. A total of 30 programs within the agencies participated and returned surveys. A complete listing of agencies that participated can be found in Appendix F at the conclusion of this report. The 2017 count of Direct Service providers is also inclusive of the unsheltered count for this year. A total of 1,063 individuals were identified as: receiving shelter services (941), having unmet (not receiving services) shelter needs (114); identified in the unsheltered count (8). Detailed results of this count can be found in Appendices A and B.

Supportive Service Provider Survey. Supportive Service providers are those that, while not providing bed space to homeless individuals, do interact with them in various capacities including making referrals to Direct Service providers. Utilizing the list of responding agencies from 2016, a total of 13 agencies were notified about their participation in the SPIT count, to which there were 20 different programs. Fifteen programs supplied data for the count. There were a reported 435 total individuals (either single or part of a homeless family) that received services on January 27, 2017. These individuals are further primarily categorized as either Chronically Homeless or having a Serious Mental Illness. The top services being provided to them on this date are Health Care, Case Management, and Mental Health Services. An in-depth summary can be found later in this report, and complete responses found in Appendix C.

Causes of Homelessness Survey. A Causes of Homelessness Surveys was distributed to each Direct and Supportive Service program that was asked to participate in the SPIT count. A program administrator with sufficient knowledge of the population being served was asked to complete and return it with the completed data form. A total of 32 surveys were completed and returned. Respondents were asked to rate 29 factors that are key contributors to homelessness using a Likert Scale to identify what they felt are the most pressing factors leading to their clients' homelessness. The three top-rated factors in 2017 are Poor Money Management Skills, Mental Health Problems, and Poor Decision Making Skills. An in-depth summary can be found later in this report, and complete responses found in Appendix D.

Housing Needs Survey. Ten copies of a Housing Needs Survey were distributed to each program that was asked to participate in the SPIT count this year. Programs were asked to hand them out to clients to fill out anonymously. The Housing Needs Survey was developed to collect information from homeless individuals regarding the reasons they are homeless and what they need to improve their situation. A total of 239 surveys were filled out and returned. Clients were asked a series of questions to gain insight into factors they feel contribute to their homelessness situation as well as what they need to become stable. Clients identified Not Enough Money and Lack of Employment as the primary reasons leading to their homelessness, and their biggest needs are More Money and Employment to get back on their feet. Responding clients also identified Housing and Transportation as leading needs to become independent. An in-depth summary can be found later in this report, and complete responses found in Appendix E.

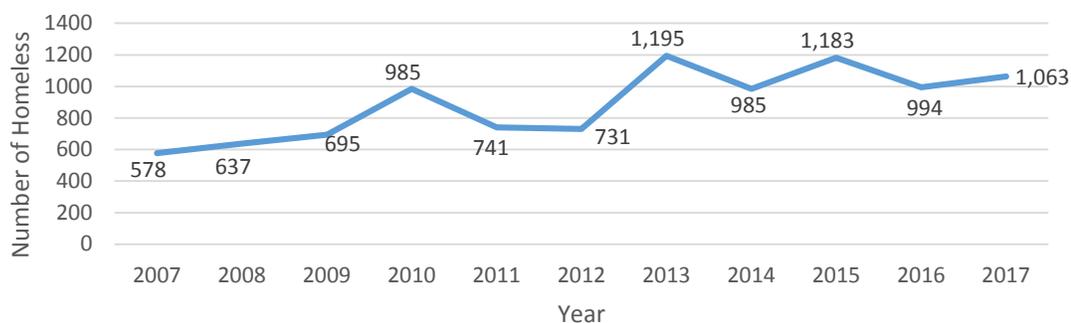
2017 Erie County Single Point in Time Survey

The information contained in the 2017 Single Point in Time (SPIT) report is critical to understanding the extent of homelessness in Erie County, Pennsylvania. Homeless individuals and families remain an important concern locally, as well as across the United States. It is difficult to imagine the day-to-day struggles of people having no place to live and nothing to eat for themselves or their children. The root causes of homelessness need to be fully examined to understand how to empower people and society in order to avoid this situation. This report aims to capture the number of individuals and families that are considered homeless in Erie County, as well as to document the causes of homelessness as described by both the program recipients and service providers.

NOTE: The number of homeless people including families, individuals, children, and people with unmet needs has fluctuated considerably since the beginning of the SPIT count. Various factors may impact the actual count, such as date of count and economic factors, among others. In terms of reported numbers, there is also variance that is tied to project methodology as well as the number of programs reporting data. Site reporting can be impacted by staff changes, knowledge and willingness to participate in the Single Point in Time count, accurate HMIS use, and other factors. The reader should understand that the annual reporting is based off of figures and numbers provided by the participating agencies each year. In addition, information collected locally for this report is above and beyond what is required for Point in Count data that is supplied to the U.S. Department of Housing and Urban Development each spring. Numbers seen here are typically more inclusive than what is submitted. In addition, the continued Gap Analysis report is also inclusive of Permanent Housing data, which is not submitted on the HUD Exchange report. This information is found to be helpful in generating a complete picture of the local homeless population. Though the local Single Point in Time data report has been published since 2004, this report will compare results over the past 10 years.

Figure 1 illustrates the total number of homeless in Erie County on the night of January 27, 2017. This number is derived from information gathered from Emergency Shelters, Transitional Housing, Permanent Housing, the unsheltered count, and those with unmet needs. The current year represents the third-highest reported figure over the comparative period, and a 7% increase from 2016's count, shown in Figure 1.

Figure 1: Total Number of Homeless in Erie County (Met and Unmet Needs) 2007-2017



As noted in the previous figure, the number of individuals counted as homeless is comprised of different subgroups: those in either a shelter or transitional/permanent housing, those identified by one of these programs as having unmet needs for the evening of the count, and those who were identified during the unsheltered count on January 27th. Figure 2 shows the categorical breakdown.

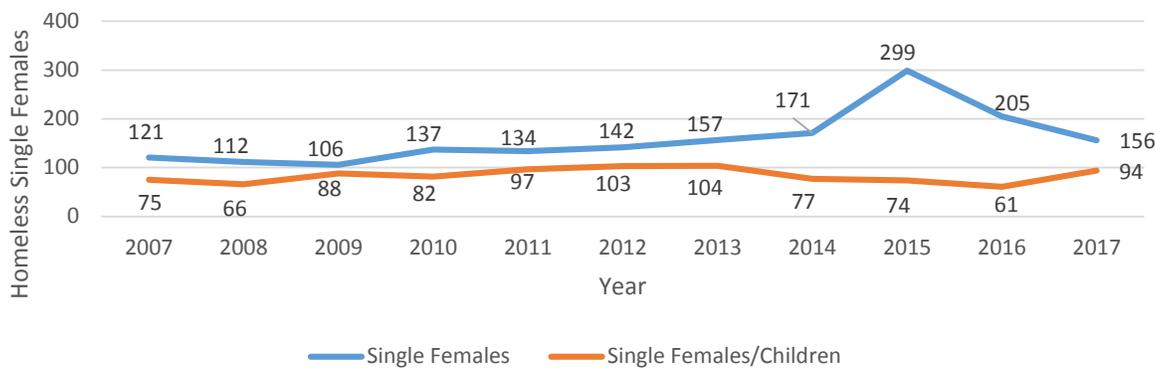
Figure 2: Total Number of Homeless in Erie County, by Category, 2017



Females

Breaking down the populations of those counted as being homeless, single females represent a population that providers offer specific services to. In 2017, the number of single females counted as homeless in Erie County was 25% lower than the previous year (205 to 156). However, the number of single females with children increased by 54% during this time period, as shown in Figure 3.

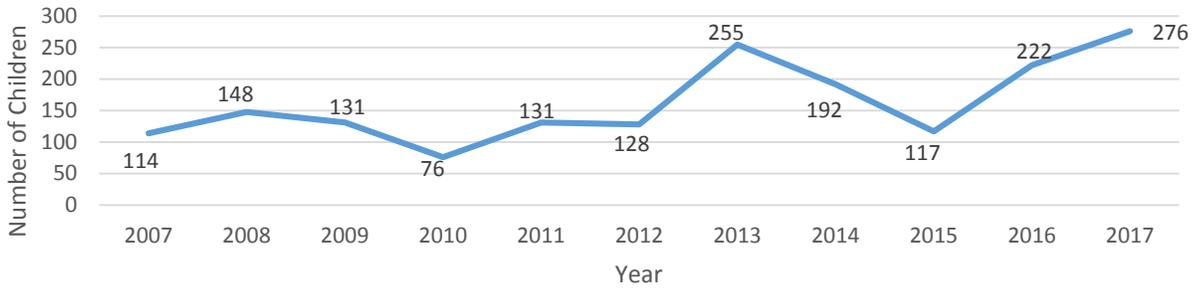
Figure 3: Single Females in Erie County (Met and Unmet Needs), 2007-2017



Individuals and Families in Erie County

An often overlooked aspect of homelessness is the impact that it has on families. In addition to the 94 single females with children, there were 25 single males and 33 two-adult households with children. These 152 homeless family structures were responsible for 276 children, up 24% from 222 in 2016 and highest in the comparative timeframe, as shown in Figure 4.

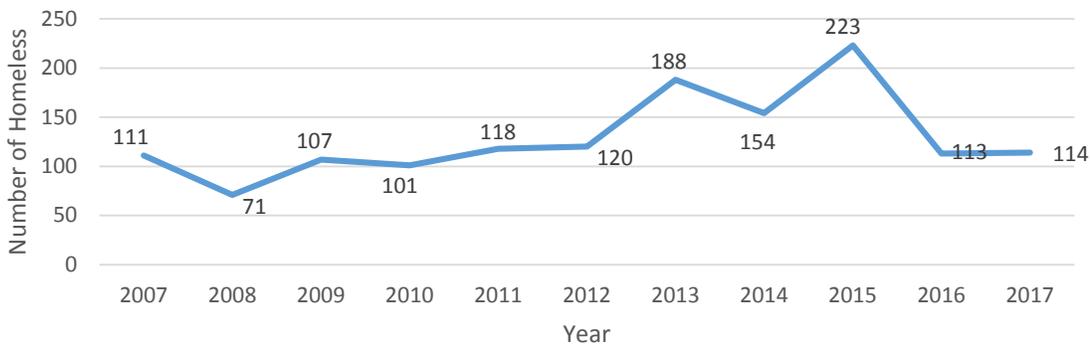
Figure 4: Children in Families as Reported by Direct Service Providers (Met and Unmet Needs), 2007-2017



Unmet Need

Included in the total number of homeless people in Erie County are the individuals, families, and children whose needs were not met. These people were not able to receive services for homelessness on January 27, 2017 from Direct Service providers. This year saw a reported 114 of said individuals, similar to the 2016 figure of 113, as shown in Figure 5. It is possible that there are a few duplicates; people could have been counted at one homeless provider where they did not receive services and then went to another on the same day.

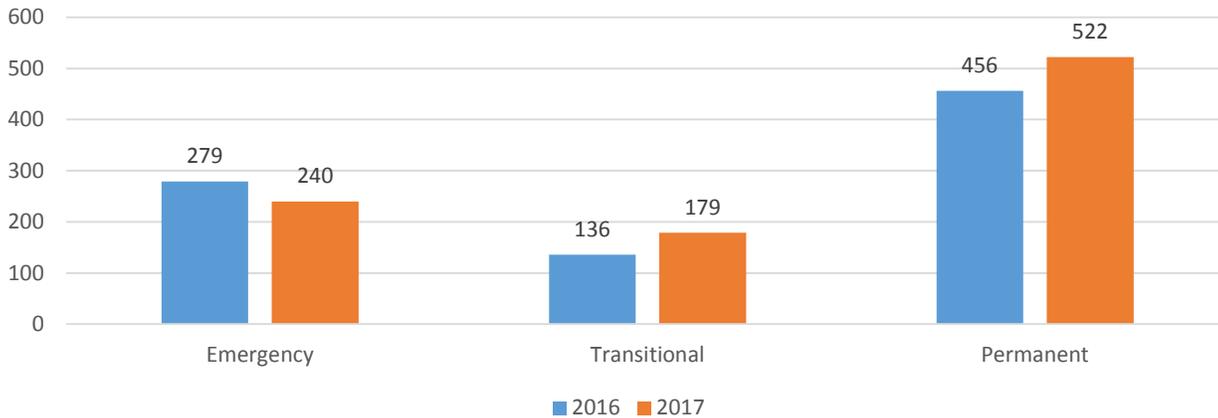
Figure 5: Homeless People with Unmet Needs, 2007-2017



Direct Service Provider Survey

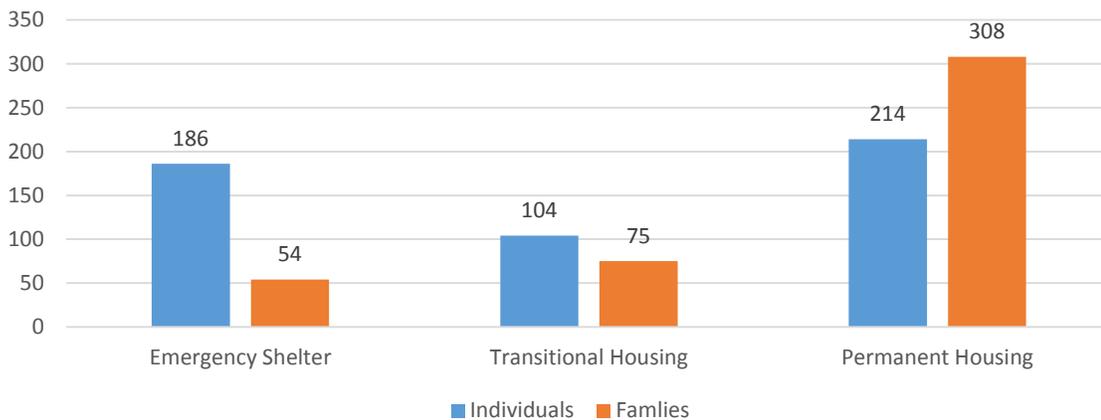
Direct Service providers are comprised of Emergency Shelter, Transitional Housing, and Permanent Housing providers. Figures provided in 2017 represent fluctuation from 2016 totals. The number of homeless individuals in Emergency Shelters on January 27, 2017 was 14% lower than last year, while the numbers of homeless individuals residing in Transitional and Permanent Housing this year were 31% and 3% higher, respectively, shown in Figure 6.

Figure 6: Number of Homeless Served by Direct Service Providers, by Type, 2016 vs. 2017



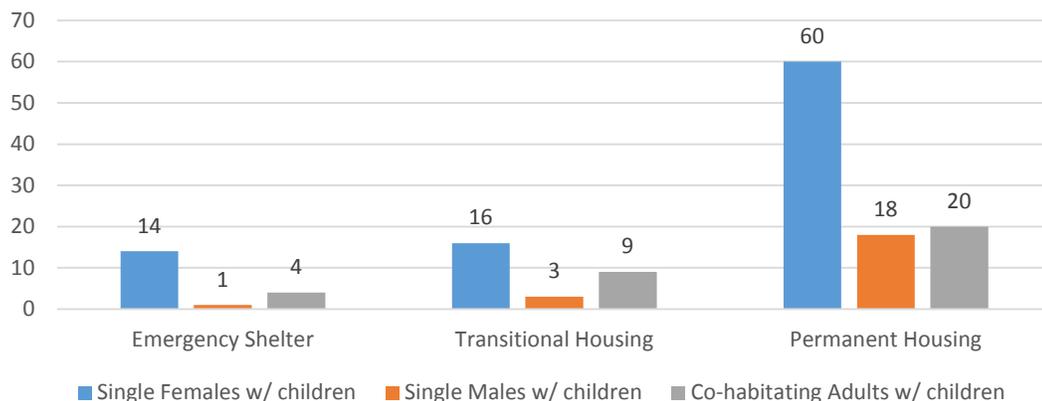
Further breakdown of the 2017 figures shown in the previous chart reveals that in some instances family structures account for various shares of the population as compared to individuals. Of the 240 persons accounted for in Emergency Shelters the night of the count, 186 were identified as being single, while 54 were part of a familial structure. Transitional Housing was proportioned in the same manner, with more singles compared to families (104 vs 75, respectively). Permanent housing, however, housed 44% more persons in families than singles, shown in Figure 7.

Figure 7: Individuals vs. Families, by Direct Service Type, 2017



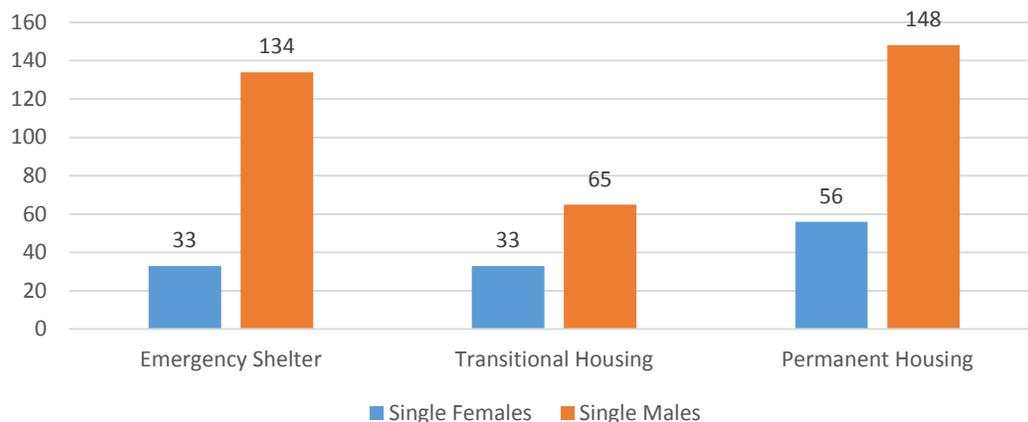
The family structure of those identified as being homeless face a different set of challenges than those identified as being single. One of the most notable obstacles is that of raising children as a single parent. Figure 8 breaks down the adult population that is responsible for raising children in a homeless environment. There were 19 adults raising children in Emergency Shelters, 28 adults raising children in Transitional Housing, and 98 adults raising children in Permanent Housing on the night of January 27, 2017.

Figure 8: Family Structure, by Direct Service Type, 2017



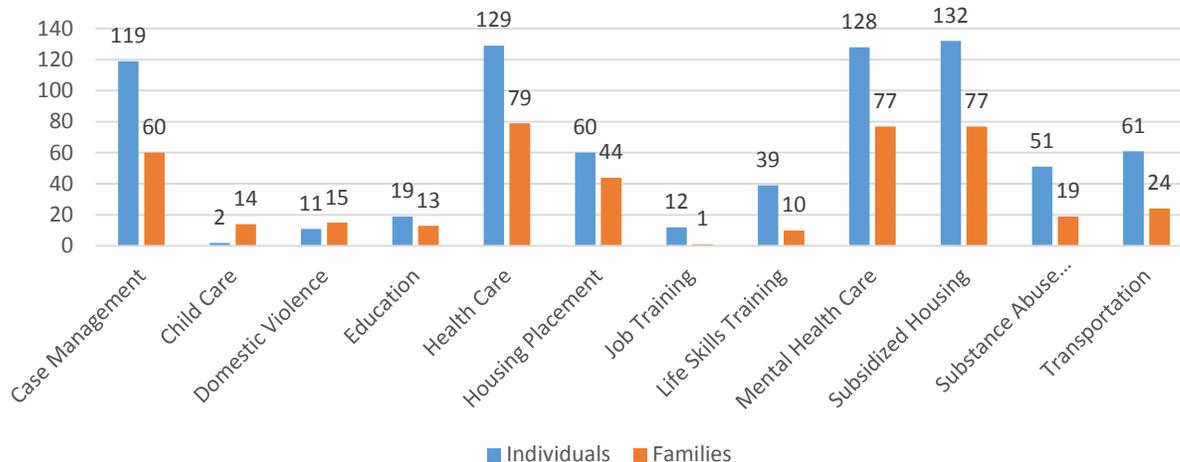
Single individuals account for the largest groups of homeless persons, specifically those identified as being 25 years old or older. Figure 9 illustrates the type of Direct Service that single males and single females 25 years or older received the night of the SPIT count.

Figure 9: Single Females vs Single Males, 25+, by Direct Service Type, 2017



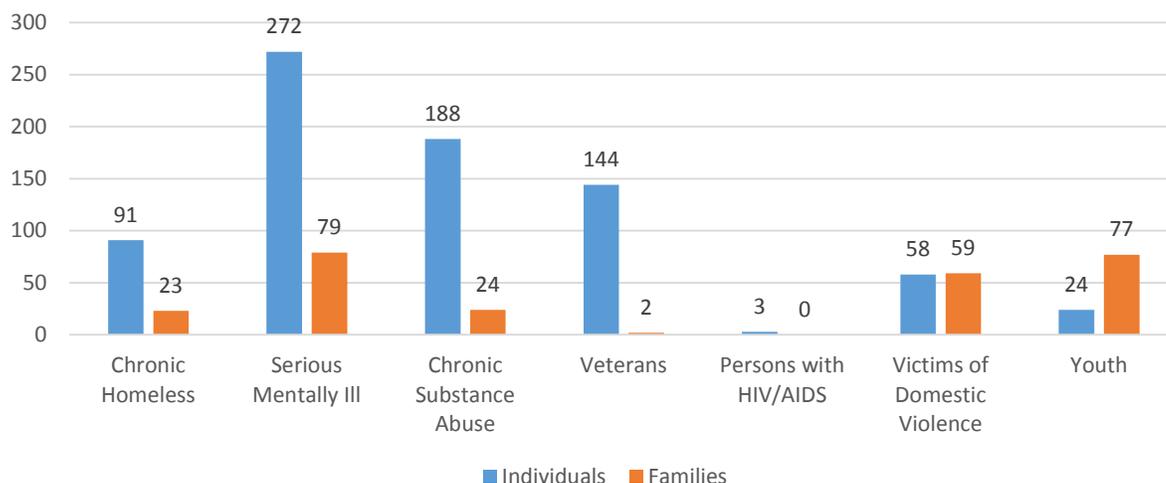
While in Direct Service programs, various services are provided to individuals and families to address pressing needs that may be contributors to their homeless situation. Some programs are offered through the shelter or housing structure, while others are provided by secondary agencies. Figure 10 illustrates the primary types of service offerings that are received by individuals and families. The top identified services received by individuals are support for Subsidized Housing, Health Care (physical and mental), and Case Management. The primary services received by those in families are Health Care (physical and mental), Subsidized Housing, and Case Management.

Figure 10: Individuals and Families in Various Programs Serving Homeless, as Reported by Direct Service Providers, 2017



In addition to receiving specific services that contribute to homelessness, many individuals and families are identified as being a member of a targeted subcategory. The most common of these being identified as having a Serious Mental Illness, followed by Chronic Substance Abuse issue, as shown in Figure 11.

Figure 11: Individuals and Families within Subpopulations, as Reported By Direct Service Providers, 2017



Supportive Service Provider Survey

Supportive Service providers are those that provide assistance to homeless individuals and families, but not direct housing or shelter space. In Erie County there are many agencies that do so. Many of these agencies, however, lack sophisticated tracking mechanisms to identify homeless individuals and the services that they receive. The following information is based off of figures submitted by Supportive Service programs correlating to the date of the SPIT count. It should be noted that because individuals may receive more than one type of service from different agencies, some of the numbers may be duplicative of the individuals that they represent.

Figures 12 and 13 illustrate the number of individuals who were enrolled to receive Supportive Services the day of the SPIT count. Because these programs are not housing or shelter programs, the count for this population represents those receiving services on January 27, 2017 from 8am to 8pm. There were a total of 435 reported individuals. Figure 12 are those that are identified as single, shown by gender and age breakdown. Figure 13 illustrates those identified as family, as well as the total number of children the cumulative population cares for.

Figure 12: Single Individuals Receiving Supportive Services, 2017

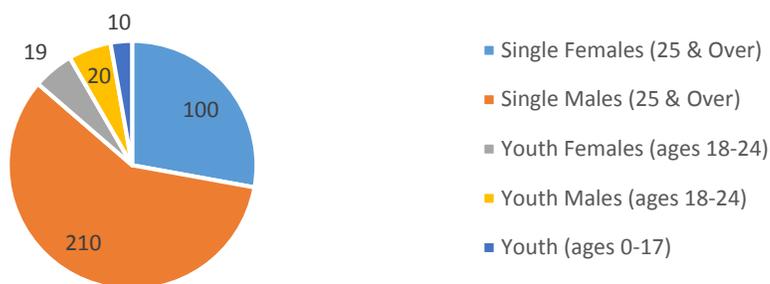
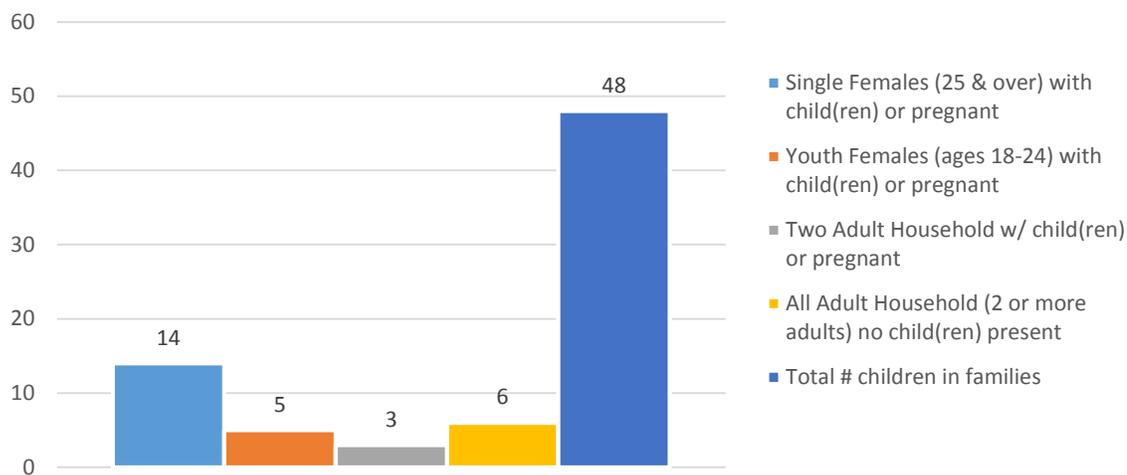
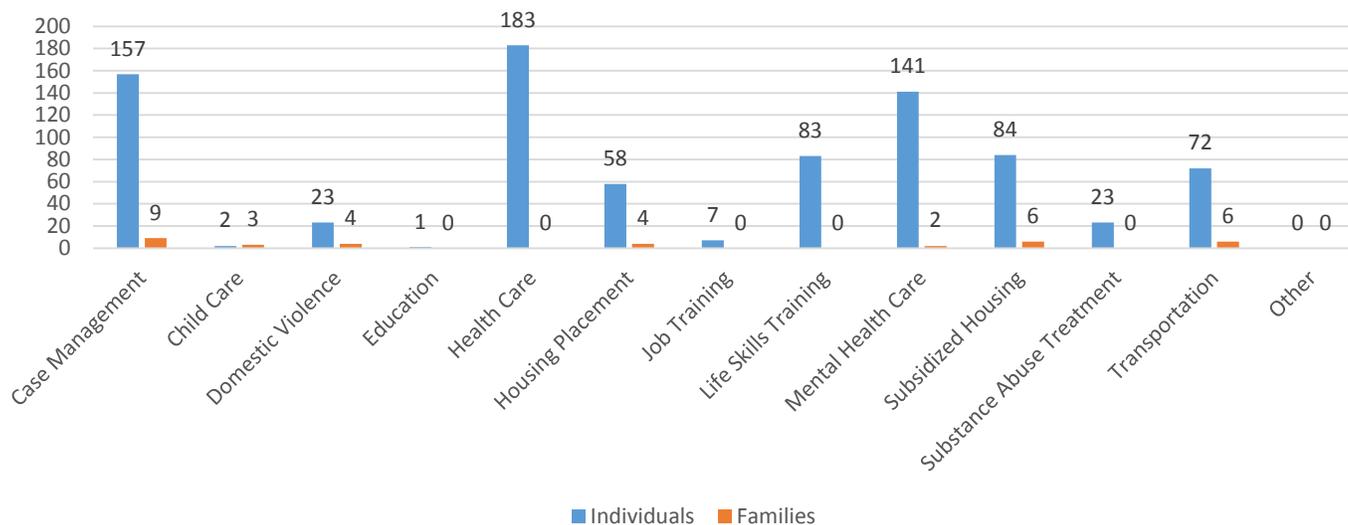


Figure 13: Family Structure, with Supported Children, 2017



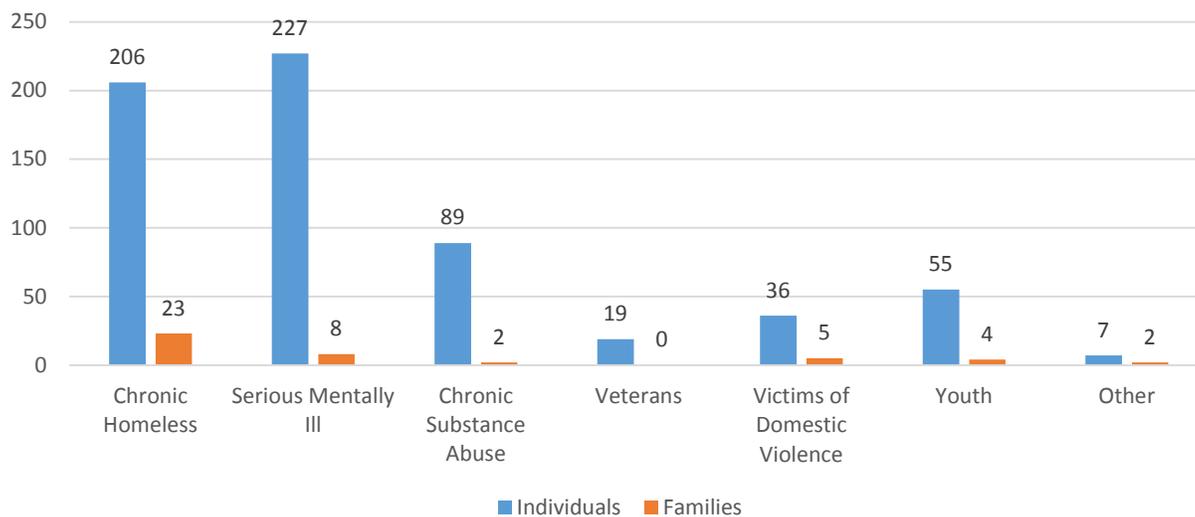
Supportive Service providers were asked to identify what types of assistance their clients are receiving. Figure 14 shows the number of homeless individuals and families that are enrolled in various types of programming. The most common types of help sought by individuals are Health Care, Case Management, and Mental Health Care. There were very few reports of families receiving assistance by these providers, as shown in Figure 14.

Figure 14: Individuals and Families reported by Supportive Service Providers, by Types of Assistance, 2017



The most common homeless subpopulations serviced by the supportive service providers were individuals with Serious Mental Illness (227), followed by Chronically Homeless (206), and Chronic Substance Abuse (89), as shown in Figure 15. Very few families were represented within these subpopulations, other than those identified as being Chronically Homeless (23).

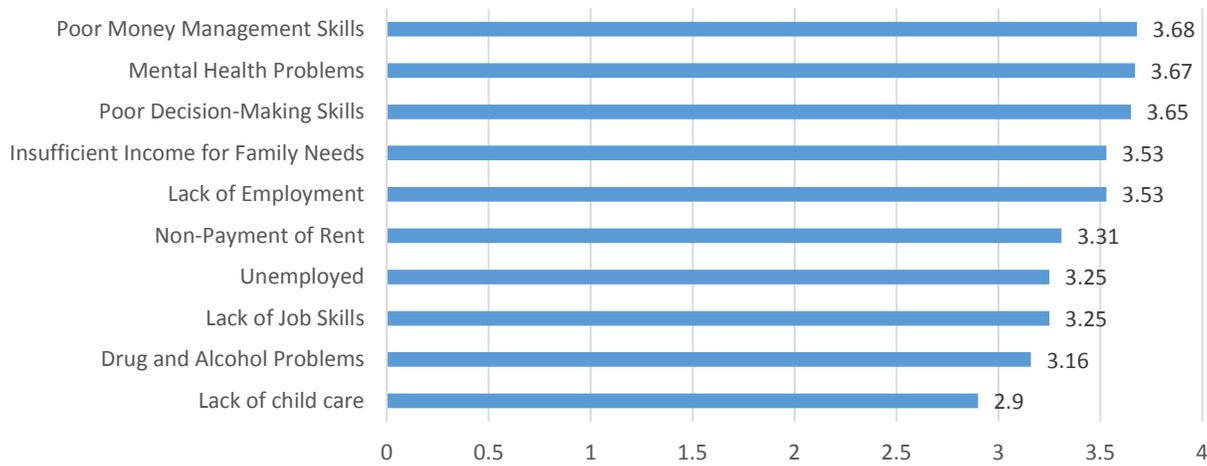
Figure 15: Individuals and Families in Various Subpopulations, as Reported by Supportive Service Providers, 2017



Causes of Homelessness Survey

The Causes of Homelessness survey captures the significant causes of homelessness from the perspective of the individuals who work with the homeless within each agency. Thirty-two service providers returned surveys. Respondents were asked to rate a series of 29 issues that are common factors that may contribute to homelessness. By identifying on a Likert scale the Level of Significance (1 no significance, 2 little or some significance, 3 moderate impact, or 4 significant impact), mean scores were derived to illustrate what respondents felt were the primary causes. The top ten causes of homelessness rated as most significant by employees of the responding agencies are listed below from highest to lowest, shown in Figure 16. The full results can be found in the Appendix of this document.

Figure 16: Identified Causes of Homelessness

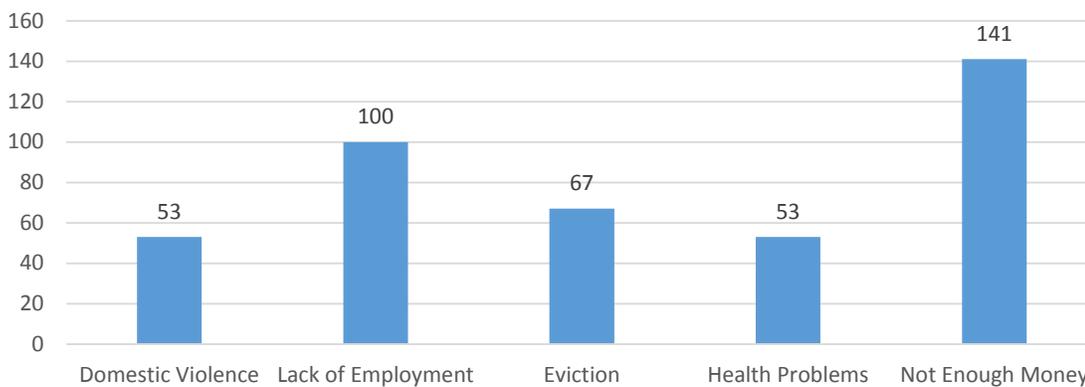


Housing Needs Survey

The Housing Needs Survey was developed by the Home Team to collect information from homeless individuals (including individuals and families) regarding why they are homeless and what they need to improve their situation. The survey also gives the respondents an opportunity to report those services that have been most and least helpful to them. Two-hundred and thirty-nine homeless individuals completed the survey. Respondents were asked to identify emergency and transitional shelters they have stayed at during the past year. The individuals were also asked a series of questions in which they were asked to check off all answers that apply to their situation.

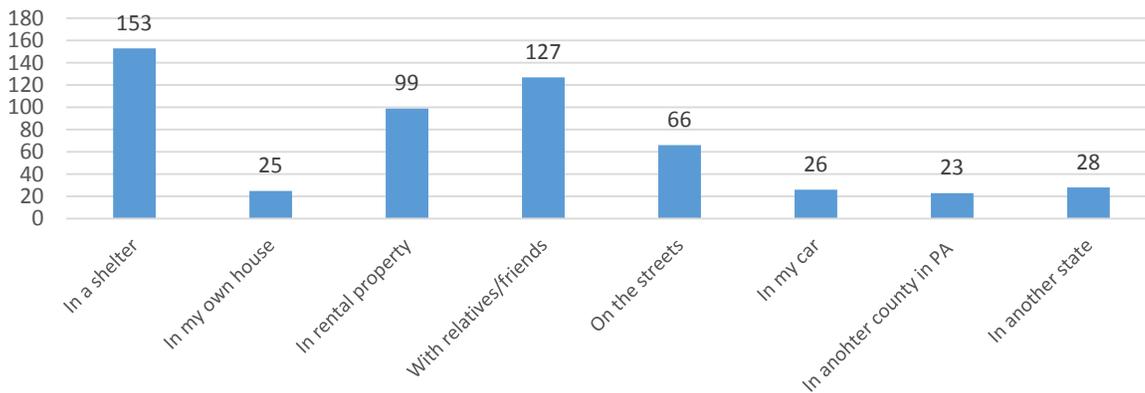
Question 1. Causes of Homelessness. Not Having Enough Money was cited most frequently as the cause of homelessness (141), followed by Lack of Employment (100), Evictions (67), Health Problems (53), and Domestic Violence (53), as shown in Figure 17. In addition, individuals were given the opportunity to write in ‘other’ answers, which represent a wide-array of responses and reasons. Those answers can be found in Appendix E.

Figure 17: The casues of my homelessness are...



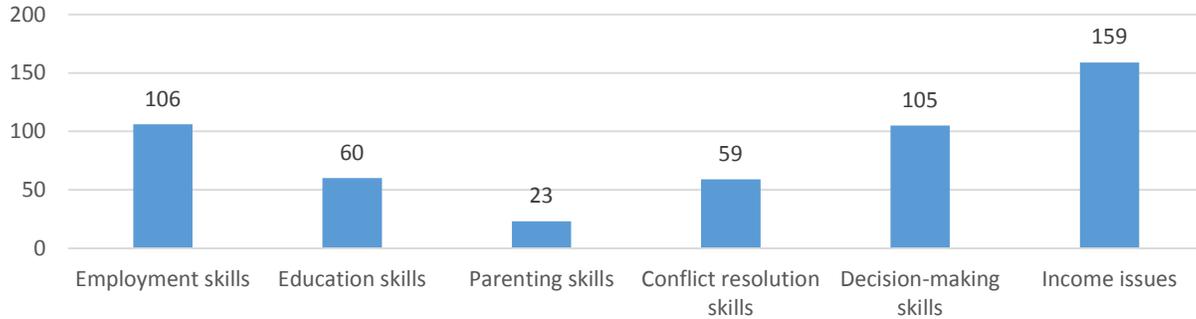
Question 2. Living Arrangements. Respondents were asked to identify what types of places they have resided within the past 24 months. Individuals reported that in the past 24 months they predominantly lived in either a Shelter (153), with Relatives (127), and/or in Rental Property (99), as shown in Figure 18.

Figure 18: In the past 24 months, I have resided...



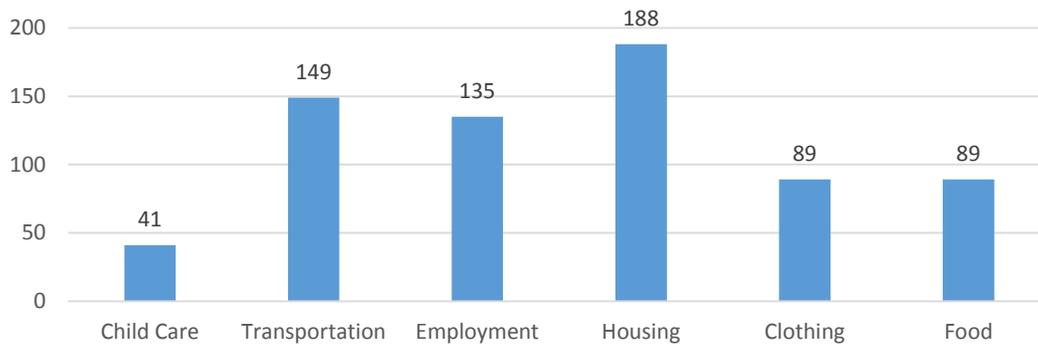
Question 3. Skills to Get Back on their Feet. Skills related to Income Issues (159) were listed as the most common reported need for the respondents to get back on their feet. This was followed by Employment Skills (106) and Decision-Making Skills (105), as shown in Figure 19.

Figure 19: I need the following skills to get back on my feet...



Question 4. To Gain Independence. The majority of the respondents reported that they needed the following to gain independence: Housing (188), Transportation (149), and Employment (135), as shown in Figure 20.

Figure 20: I need the following to be independent...



Appendices

Appendix A: Type of Person Occupying Beds for Homeless by Type of Direct Service

Appendix B: Direct Service Provider Survey Results – Services Received

Appendix C: Supportive Service Provider Survey Results

Appendix D: Causes of Homelessness Survey – 2017

Appendix E: Housing Needs Survey – 2017

Appendix F: Agencies that Responded to the 2017 SPIT Survey

Appendix A: Type of Person Occupying Beds for Homeless by Type of Direct Service

Direct Service - Emergency Shelters				
Individuals		# Clients	# of children	Unmet Needs
Single Females	(25 & Over)	33	0	0
Single Males	(25 & Over)	134	0	21
Single Transgender	(25 & Over)	0	0	0
Single Unidentified Gender	(25 & Over)	0	0	0
Youth Females	(18-24)	2	0	0
Youth Males	(18-24)	16	0	3
Youth Transgender	(18-24)	1	0	0
Youth Unidentified Gender	(18-24)	0	0	0
Youth	(0-17)	0	0	0
Families		# Clients	# of children	Unmet Needs
Single Females with child(ren) or pregnant	(25 & Over)	12	27	0
Single Males with child(ren)	(25 & Over)	1	1	0
Single Transgender with child(ren) or pregnant	(25 & Over)	0	0	0
Single Unidentified Gender with child(ren) or pregnant	(25 & Over)	0	0	0
Youth Females with child(ren) or pregnant	(18-24)	2	2	0
Youth Males with child(ren)	(18-24)	0	0	0
Youth Transgender with child(ren) or pregnant	(18-24)	0	0	0
Youth Unidentified Gender with child(ren)	(18-24)	0	0	0
Youth Females with child(ren) or pregnant	(under 18)	0	0	0
Two Adult Household w/ child(ren) or pregnant	(25 & Over)	4	5	0
All Adult Household (2 or more adults) no child(ren) present	(25 & Over)	0	0	0
Direct Service - Transitional Housing				
Individuals		# Clients	Unmet Needs	Unmet Needs
Single Females	(25 & Over)	33	0	9
Single Males	(25 & Over)	65	0	8
Single Transgender	(25 & Over)	0	0	0
Single Unidentified Gender	(25 & Over)	0	0	0
Youth Females	(18-24)	3	0	0
Youth Males	(18-24)	3	0	0
Youth Transgender	(18-24)	0	0	0
Youth Unidentified Gender	(18-24)	0	0	0
Youth	(0-17)	0	0	0

THE 2017 ERIE COUNTY SINGLE POINT IN TIME COUNT

Families		# Clients	# of children	Unmet Needs
Single Females with child(ren) or pregnant	(25 & Over)	11	22	2
Single Males with child(ren)	(25 & Over)	3	3	3
Single Transgender with child(ren) or pregnant	(25 & Over)	0	0	0
Single Unidentified Gender with child(ren) or pregnant	(25 & Over)	0	0	0
Youth Females with child(ren) or pregnant	(18-24)	4	4	2
Youth Males with child(ren)	(18-24)	0	0	0
Youth Transgender with child(ren) or pregnant	(18-24)	0	0	0
Youth Unidentified Gender with child(ren)	(18-24)	0	0	0
Youth Females with child(ren) or pregnant	(under 18)	1	0	0
Two Adult Household w/ child(ren) or pregnant	(25 & Over)	9	10	0
All Adult Household (2 or more adults) no child(ren) present	(25 & Over)	8	0	0
Direct Service -Permanent Housing				
Individuals		# Clients	Unmet Needs	Unmet Needs
Single Females	(25 & Over)	56	0	16
Single Males	(25 & Over)	148	0	44
Single Transgender	(25 & Over)	1	0	0
Single Unidentified Gender	(25 & Over)	0	0	0
Youth Females	(18-24)	0	0	2
Youth Males	(18-24)	1	0	4
Youth Transgender	(18-24)	0	0	0
Youth Unidentified Gender	(18-24)	0	0	0
Youth	(0-17)	8	0	0
Families		# Clients	# of children	Unmet Needs
Single Females with child(ren) or pregnant	(25 & Over)	56	136	0
Single Males with child(ren)	(25 & Over)	18	25	0
Single Transgender with child(ren) or pregnant	(25 & Over)	0	0	0
Single Unidentified Gender with child(ren) or pregnant	(25 & Over)	0	0	0
Youth Females with child(ren) or pregnant	(18-24)	4	6	0
Youth Males with child(ren)	(18-24)	0	0	0
Youth Transgender with child(ren) or pregnant	(18-24)	0	0	0
Youth Unidentified Gender with child(ren)	(18-24)	0	0	0
Youth Females with child(ren) or pregnant	(under 18)	0	0	0
Two Adult Household w/ child(ren) or pregnant	(25 & Over)	20	35	0
All Adult Household (2 or more adults) no child(ren) present	(25 & Over)	8	0	0

Appendix B: Direct Service Provider Survey Results – Services Received

Total number of individuals and families who are enrolled in the following services as of January 27, 2017				
	Clients Served		Unmet Needs	
	Individuals	Families	Individuals	Families
Case Management	119	60	4	3
Child Care	2	14	0	3
Domestic Violence	11	15	2	2
Education	19	13	0	0
Health Care	129	79	2	2
Housing Placement	60	44	9	3
Job Training	12	1	3	0
Life Skills Training	39	10	2	2
Mental Health Care	128	77	3	3
Subsidized Housing	132	77	8	1
Substance Abuse Treatment	51	19	3	1
Transportation	61	24	11	3
Total number of individuals and families who are members of the following subpopulations as of January 27, 2017				
	Clients Served		Unmet Needs	
	Individuals	Families	Individuals	Families
Chronic Homeless	91	23	25	3
Serious Mentally Ill	272	79	22	4
Chronic Substance Abuse	188	24	25	2
Veterans	144	2	3	0
Persons with HIV/AIDS	3	0	0	0
Victims of Domestic Violence	58	59	9	2
Youth	24	77	0	2
Other	0	0	0	0

Appendix C: Supportive Service Provider Survey Results

Supportive Service Programs			
Individuals		# Clients	Unmet Needs
Single Females	(25 & Over)	100	31
Single Males	(25 & Over)	210	54
Single Transgender	(25 & Over)	0	0
Single Unidentified Gender	(25 & Over)	0	0
Youth Females	(18-24)	19	6
Youth Males	(18-24)	20	10
Youth Transgender	(18-24)	0	0
Youth Unidentified Gender	(18-24)	0	0
Youth	(0-17)	10	0
Families		# Clients	Unmet Needs
Single Females with child(ren) or pregnant	(25 & Over)	14	2
Single Males with child(ren)	(25 & Over)	0	0
Single Transgender with child(ren) or pregnant	(25 & Over)	0	0
Single Unidentified Gender with child(ren) or pregnant	(25 & Over)	0	0
Youth Females with child(ren) or pregnant	(18-24)	5	1
Youth Males with child(ren)	(18-24)	0	0
Youth Transgender with child(ren) or pregnant	(18-24)	0	0
Youth Unidentified Gender with child(ren)	(18-24)	0	0
Youth Females with child(ren) or pregnant	(under 18)	0	0
Two Adult Household w/ child(ren) or pregnant	(25 & Over)	3	2
All Adult Household (2 or more adults) no child(ren) present	(25 & Over)	6	2
Total # children in families		48	3

Appendix D: Causes of Homelessness Survey – 2017

Responses were rated using the following scale to measure the impact each cause of homelessness has on clients:

4 = Significant Impact; 3 = Moderate Impact; 2 = Little or Some Significance; 1 = No Significance

<i>Employment Issues</i>	<u>Mean</u>
Lack of employment	3.53
Lack of job skills	3.25
Unemployed	3.25
Unobtainable public transportation	2.4
Lack of child care	2.9
<i>Income Issues</i>	<u>Mean</u>
Insufficient income for family needs	3.53
On waiting list for public housing	2.75
Change in family structure (divorce, separation, jail)	2.68
Loss of Welfare from Non-Compliance	1.8
Loss of Welfare from Got a job	1.78
Loss of Welfare from Maxed out	1.65
Benefits change	2.87
Pregnancy	1.93
Aging issues	1.87
Death—Loss of income	2.03
<i>Eviction</i>	<u>Mean</u>
Poor money management skills	3.68
Poor decision-making skills	3.65
Non-payment of rent	3.31
Poor housekeeping skills	2.5
Non-renewal of lease	1.87
Damage of rental property	2.03
Code enforcement	1.68
Landlord sells property	1.37
<i>Domestic Violence</i>	<u>Mean</u>
Individual/Family affected by domestic violence	2.83
<i>Health Issues</i>	<u>Mean</u>
Mental Health Problems	3.67
Drug & Alcohol Abuse	3.16
Medical/Physical reasons	2.45
<i>Other</i>	<u>Mean</u>
Just got out of jail/prison	2.5
Natural disaster	1.33

In addition, responding staff were asked to provide Other Reasons that Lead to Clients Being Homeless. Write-in responses are as follow.

- Criminal history
- Poor credit
- POV percentage level too low to obtain services
- Families that don't function in a healthy manner, or are in unsafe environments
- Parents may live in public housing - women and child are unable to reside with them there
- Lack of affordable housing options; very limited true supported housing
- Lack of knowledge of available resources; difficulty navigating resources and services
- Our clients leave due to domestic violence. Sometimes resources to getting them to be self-sufficient are hard to come by; housing being one of the main reasons and waiting lists for HUD, etc being so long
- Poor education and lack of jobs with built-in training programs

Appendix E: Housing Needs Survey – 2017

Results are based on 239 surveys returned. The following contains the questions posed to clients of homeless programs. Numbers shown by each answer identify the number of clients who marked this answer. In addition, respondents were also asked various open-ended questions. These responses are provided verbatim on how they were given.

EMERGENCY SHELTERS respondent is currently staying at and/or has stayed during this past year.

Shelter	# responses
City Mission	63
Community of Caring	53
Community Shelter Services	64
Crisis Residential Unit	21
St Patrick's Haven	21
Safe Horizons (Union City)	8
SafeNet/Hospitality House	31
Salvation Army	15
The Refuge	31
Other	20

Respondents who marked 'other' stated the following:

- Can't get in shelter+ care
- Community of Caring
- Fairweather Lodge
- Gateway
- Halfway House of Erie CCC
- In Ohio
- Men's shelter
- Mercy Center
- MHA
- MHA Warming Center
- Outside
- Overflow
- Overflow at City Mission
- Overflow Shelter
- Overflow Shelters
- RTFA
- SCI Cambridge Springs
- St Johns
- Stayed w/ friends
- VMHA Overflow

TRANSITIONAL HOUSING respondent is currently staying at and/or has stayed during this past year.

Transitional Housing	# responses
City Mission	46
Community House	6
Erie Dawn	4
Hope House	7
Liberty House	4
Mercy Center	13
SafeNet/Bridge	10
SafeNet/TLC	8
Stairways	29
Other	26

Respondents who marked 'other' stated the following:

- CCC
- Columbus Apartments
- Columbus Apartments
- Community Corrections Center; Community Transitions Center
- Community House; Gage House
- Community of Caring
- Columbus Apt
- CRA
- Crossroads inpatient
- Dr. Daniel Snow Halfway House Step Apt
- Friend
- Friends
- Friend's house
- Gage House/Maria House
- Gateway
- In Ohio
- Incarceration
- Lodge on Sass
- Overflow
- Overflow Shelter
- Prison/Halfway House
- RTFA
- St. Patrick's Haven
- St. Patrick's Haven
- Step Apartments; Gaudenzia
- Step Apt; Gaudenzia inpatient

Causes of respondent homelessness are:

Causes	# responses
Domestic Violence	53
Lack of Employment	100
Eviction	67
Health Problems	53
Not Enough Money	141

Respondents were asked to note additional causes of homelessness. The following reasons were given:

- ACT team
- Addiction
- Addiction
- Addiction/Alcoholism
- Alcohol
- Alcoholism
- Alcoholism
- Bed bugs
- Come back
- Divorce
- Divorce without a pre-nup
- Drug addiction
- Drug and Alcohol issues
- Drug/Alcohol addiction
- Drugs
- Due to Drug use; felonies
- Father asked her to leave
- Felonies
- Furnace broke
- Got custody of all my kids
- House fire; money issues
- House was sold beneath me
- I really don't like being around other people; I am angry a lot and do not deal with others too well
- I wasn't evicted
- ID/Birth Certificate
- In Vets Court
- Incarcerated
- Incarcerated and disabled with no disability
- Incarceration
- Incarceration; addiction
- Incarceration; D&A issues
- Indecisive about being homeless or getting an apartment
- Injured with no workers compensation
- Intellectual disability

- Jail
- Just no place to live
- Kicked out of friends' homes
- Kidnapped in Houston, Tx
- Lack of affordable housing
- Lack of family involvement; stressors; income issues; mental health
- Loss; my son wasn't working out with my daughter, my aunt took my home away from me
- Mental disability
- Mental health
- Mental health
- Mental health -applied for SSI
- Mental health issues
- Mental health issues
- Mental health; addiction
- Mental illness
- MH
- MH hospitalizations
- MH symptoms
- Mother is with a sex offender aged out of foster care; client cannot reside there; MH issues
- My crazy family
- My felonies
- My house was not livable; the landlord would not fix things and the ceiling caved in
- My mom put me out
- My mother told us we had to leave and so did her landlord
- Needs not met in Domestic care - asked to leave
- No one would rent to me
- No stable income for housing
- OCY
- PFA
- Prison
- Property manager tried putting us out after GECAC offered help
- Recent release from prison
- Recovery; depression
- Roof fell in
- Seasonal worker
- Separation
- Son coming home from placement - I did not have enough money to get a larger apartment
- Substance abuse
- Trouble with law
- Trying for SSI or SSD
- Various treatments
- Waiting for social security
- Waiting on SSI

Places where respondent has lived in the past 24 months: Note: respondents were able to select more than one answer.

Location	# responses
In a shelter	153
In my own house	25
In rental property	99
With relatives/friends	127
On the streets	66
In my car	26
In another county in PA	23
In another state	28

Clients were asked to note any additional places they have lived within the past 24 months. The following answers were given.

- Abandoned houses
- CCC
- CTC; CCC
- Domestic care
- Gauge House, RTFA, & Lake Shore
- Halfway house
- Halfway house, transitional living
- Hotel
- In a friend's car
- In a shed on my property
- In rehab, jail
- Incarcerated
- Incarcerated
- Incarceration
- Jail
- Jail
- Liberty House
- Lodge on Sass
- Lost my house, plus a son
- Lots of rehab and MH centers
- Motel in NY; welfare put us there because we were homeless
- Multiple stays at RTFA and CRM
- My efficiency apartment
- Overflow Shelter
- Prison
- Prison
- Prison; rehab
- Rehab

- RTFA LTSR CRU
- SCI Cambridge Springs
- SCI Cambridge Springs; Prison; Community House
- St Patrick’s Haven
- Treatment facilities
- Went to shelter - didn't work out, had a dispute with another client
- With best friend
- With boyfriend

Needed skills to get back on respondent’s feet: Note: respondents were able to select more than one answer.

Needed Skill	# responses
Employment skills	106
Education skills	60
Parenting skills	23
Conflict resolution skills	59
Decision-making skills	105
Income issues	159

Clients were asked to note any additional skills they need to help them get back on their feet. The following answers were given.

- Anger Mgmt - I don't like dealing with people
- Apply for SSI
- Better health
- D&A skills
- Disability
- Emotional skills
- Filing for SSD
- Finding permanent shelter
- Get restarted in a new job
- Good on everything because I am on my own pace. I would do everything I needed to do.
- Having need to come first
- Health issues - pain from working
- I came to get back on medication and be more stable
- Looking for job
- Make sure where I am renting is not being sold
- Mental health care
- MH education and coping skills
- MH problems
- MH treatment
- Money management
- Money management
- Need help from Stairways

- Personal care; independent living skills
- Save money
- To heal from my injuries; get social security
- Waiting for SSI decision

Identified Needs to be independent

Identified Needs	# responses
Child Care	41
Transportation	149
Employment	135
Housing	188
Clothing	89
Food	89

Respondents were asked what else they needed to become independent. The following were given:

- All the help I can get
- Better health
- Better health
- Better job
- Better pay
- Better paying jobs
- Continuing counseling
- Driver’s license
- Everything
- Finish school
- Finish vets court
- GED
- I am in school -will finish in 2017
- Income
- Income
- Income other than SSI
- Income, because employment doesn't usually help
- Lost a lot going to the place I am at and bugs
- Medication and outpatient clinics
- Mental health help due to kidnapping
- MH treatment
- Money
- Money
- Money, driver’s license, then car
- More stable hours at job
- My recovery program
- Sobriety

- Spiritual practices
- Therapy
- Training
- Water
- Water, electric, gas
- You basically need your own things to be independent

Most helpful services current organization has provided.

- A case manager
- A place to live; transportation to apply for jobs; food
- A place to stay and a way to get my medications and see a doctor
- A roof over my head with support (FWL) teaching me how to make better decisions
- All of you; housing, SSI, health care; food; MHA
- BCM
- BCM and other Stairway services
- BCM has been working with me to complete applications for shelter, care, Section 8 and other housing programs; ILP staff also works close up with BCM and have applied for transitional services for housing needs. I also therapist once a week.
- BCM services assisted w/ securing treatment and accessing housing funds; ECCM rep payee assisted with budgeting funds and reinstating SST; SBH dual has supported me in my recovery; City mission provided support through their services and shelter
- BCM services through Stairways - I have been doing well working with my therapist and medication needs at Stairways OP, as well as I have just started working with mobile medication through SBH
- BCM through Safe Harbor
- BCM, City Mission
- BCM, ECCM Payee
- BCM; FOPC; Adult Probation
- Being able to go to a hospital or CRU when I feel I am getting sick
- Being able to stay at a hotel from Salvation Army and GECAC helping with rent
- Being at FWL is teaching me how to live on my own
- Being in education through my domestic violence issues with what was cause of last 6 years of homelessness
- Case management, Mercy Center - on the waiting list for Section 8, being reviewed by Shelter+ Care, Stairways
- Case management
- Case management to help with SSI appeal
- City Mission
- City Mission and Church of Christ to God
- City mission and the VA
- City Mission New Life program; Gage House; RTFA
- City Mission; Case management
- Client at Stairways; Kings Closet for clothing; shelter at St Patrick's
- Clothing at Kings Closet; food stamps; having St Patrick Haven to 'call home'
- Clothing, food, shelter, supports
- Community Shelter helpful for providing housing

- Community Shelter Services
- Counseling; medical; soup kitchen
- CRA; Act Team; incarceration; Stairways
- CROMISA
- CROMISA has been a big help to me and my BCM; also my therapist Erika is very supportive at SBH forensic clinic
- CROMISA is very helpful with counseling, welfare, and anything needed; Gage House was also very helpful
- CROMISA, RTFA, LTSR
- Crossroads/Community House
- CSS
- CSS because they had a bed available
- CSS; City Mission
- D&A counseling; addressing health issues; spiritual awareness teachings
- Drug and Alcohol problems; food stamps; employment training
- Drug and alcohol counseling
- Erie City Mission New Life Program; Stairways Gage House; Stairways FOP
- Erie City Mission, for giving me a bed and a chance to get up and get out
- Erie City Mission; Stairways; St Vincent MH; welfare assistance office
- Erie County Care Mgmt: MHA: Shelter+ Care
- Erie Housing Authority
- Everything is running smooth
- Fairweather Lodge has given me a place to lay my head down; CPS is also helpful
- Food stamps; Community Health Net
- Food, clothing
- Food, clothing, referrals, Shelter+
- Food, information
- Food; clothing; referrals for meds; shelter
- Food card, CSS
- Free turkey and Thanksgiving meals
- Furniture, utility help, rent help, clothing
- Furniture; kids clothes; rent/utility help
- FWL took me in
- GECAC
- GECAC first month's rent and security
- GECAC housing
- GECAC housing program that was the most helpful service to get me back in the community; also ECCM
- GECAC, ECCM, MHA, Stairways
- Group sessions through SafeNet; housing through SafeNet; referrals
- Having a part time job for purpose and a place to live until I can learn to live on my own
- Health care through welfare for injuries that brought on homelessness
- Healthcare; what we need is affordable housing with landlords who won't raise rates because I am homeless; inflation is nuts - things are not affordable
- Help from SBH
- Help me with housing suggestions
- Helping me find a place for me and my clothing and food

- Homeless overflow shelter
- Hotel through Salvation Army
- Housing placement; subsidized rent; furniture; kids clothing
- Housing services
- Housing, budgeting
- Housing, food, counseling
- Housing, medical
- Housing, Shelter+, counseling, referrals, MH referrals for medical reasons; clothing
- Housing, Shelter+; counseling and referrals issues; clothing; food
- Housing, support from staff, budgeting help, encouragement
- I have gone through OVR and Opportunities Unlimited to get work training to get me ready to go back to work. Living at the Lodge on Sass has helped tremendously to get suitable living until I can get back to work.
- I just started getting help from ECCM
- I was able to live in the comfort of a place where there was heat and clothing and food.
- I've learned that not everything deserves a reaction; budgeting
- Information/encouragement
- It's the first time, so it's all new from this standpoint
- Just having people to be there to help with my mental health
- Just having someone to point me in the right direction as who I need to have contact with has been a great help.
- Keep rent payee so I don't go through it again
- Learning job skills for work and a home with peers to help me
- Liberty House
- Liberty House gives you a feeling of comfort, relaxation, gives a homey feel
- Living at Liberty House while I am in Vet's Court
- Make It a Home Always; CROMISA; CCC counselors
- Mercy Center
- Mercy Center for Women
- MHA and City Mission has given info; Overflow and Emmaus for food and clothing
- My BCM is a big help and FWL gives me a place to sleep
- My Lake Shore BCM
- My mental stability; living situation
- My stay at the refuge was very helpful - it gave me a safe place to bring my family and allow me the time I needed to find employment and gain a little stabilization in my life; also helped me in the process of finding a home
- New Life program has been the most helpful service towards my homelessness and all other struggling issues in my life today
- Nothing
- OCY, PRS, therapy, Shelter+
- Opportunity provided to me by St. Patrick's Haven has been immense - not only have I been provided shelter but peer support as well.
- Overflow Shelter
- Overflow shelter; upper room
- Overflow; Columbus Apt
- People's supports and services

- Photo ID
- Project Hope helped me get my ID; Overflow Shelter; Bus rides
- Provided a safe home with ample space; gave me info; CCIS; my daughter now has child care
- Receive SNAP; safe shelter at St Patrick's
- Received clothing and food; safe shelter at St Patrick's
- Receiving food stamp benefits and insurance; CROMISA services and step-housing
- Reduced Housing Cost
- Referrals for employment; housing/Shelter+; bus pass; shoes for learning to walk again after I had surgery
- Referrals to welfare, housing, etc
- Refuge has given me a place to stay and let me save money for my husband to find a job and get an apartment; Esper Tx center because we are now clean and sober and have money and get a place to live.
- Relocation to be safe, but also to be around supportive family
- Rent and security; utilities; furniture; computer for online courses
- Rent help; utility help; furniture; school clothing for kids
- Rent subsidy
- Rent/utilities; furniture; kids clothing; tuition assistance
- Rental assistance, mental health
- Rental living assistance, guidance, support, and budgeting assistance; I also enjoyed the Family Circles program
- Rental payment, finding housing, transportation, referral to other agencies
- Rental payment, household items
- Rides to and from appointments
- RTFA
- RTFA was the best service I have received
- Safe Harbor
- Safe Harbor, CRC, Stairways
- SafeNet TLC
- SafeNet was a big help because before that I never reached out for help - my pride was too high. I can't thank Mercy Center enough.
- Salvation Army
- Salvation Army helped a lot
- Seasonal work employment; safe shelter at St. Patrick's
- Section 8
- Shelter
- Shelter services
- Shelter, bus passes, food
- Shelter, food, caseworker
- Shelter, food, hygiene
- Shelter; food; advice
- Shelter+
- Shelter+ Care
- Shelter+ Care rent
- Shelter+ program; bus pass; support in looking for employment transport to market; referral for clothing
- Shelter+; assistance with referral for counseling MH issues; help seeking employment
- Shelter+; clothing; referral for help getting social security

- Shelter+; individual counseling; referrals to other agencies for employment
- Shelter+; Salvation Army
- SNAP
- SNAP; staying at St. Patrick's Haven
- Someone to talk to about things that have happened; help with food
- Someone to talk to; transitional housing after emergency shelter; help with permanent housing search and constant help with making me aware of services available to help with obtaining a PFA
- Soup kitchens, Haven
- St Patrick's Haven
- St Vincent's and RTFA
- Stairways BCM/City Mission
- Stairways; RTFA; Safe Harbor
- Staying at Community of Caring Shelter - I received connections for community assistance and a show of care
- Step Apartments
- Subsidized rent; furniture and household items; housing search
- Support from people; shelters
- Temporary housing; food basket for holiday; an ear to listen
- Temporary shelter
- The available housing that I was able to get in to; food pantry services; food stamps to provide food
- The care that they have for every person to help with other services
- The Fairweather Lodge and my psychiatrist
- The LTSR which gave me time to get my life together
- The Refuge - was a blessing and very, very helpful
- The Refuge; welfare; GECAC
- The shelter gave me a place to stay
- The shelters have been helpful, but when you do not know all there is to know, you have to ask people
- There is nothing more important to a mom than a safe and cozy home -Erie Dawn has helped me to have a home while I finish my education
- They have helped me start to live again
- This is my first time and I appreciated everything they do for me and my child
- Those I have met through the overflow shelters, that have gotten or given information, direction, and applications of apartments that are income based; I also have been given the services of a BCM, which helps significantly with my current situation.
- To be able to come here
- Transitional Housing
- Transportation, educational services, life skills
- Upper Room - now they help women, too
- VA homeless care
- VA, GECAC
- Welfare - medical
- Welfare assistance, GECAC assistance
- Working support when needed; shelter; food; looking for housing

Least helpful services current organization has provided.

- All are helpful
- All of the services I have received were much needed for me
- All services are helping me
- Available clothing in my size
- BCM at Stairways
- Being a veteran among civilians - it's my fault I should not mention it
- Being told 'ok times up, back out you go'
- Being treated unfairly, not enough assistance to other services
- Being turned away
- Can't think of things that didn't help
- Cannot help with shelter -no income
- Can't say the least helpful, but quicker for transition into housing, etc. Stream flow is very important to all who need services
- Care Mgmt; CSS
- City Mission
- Code Enforcement/land lord
- CVC, but it is helping me understand my patterns
- DPW
- ECCM - I need them to help assist me in applications, being more involved in finding housing. They should meet with and assist as part of the process. I can't manage on my own.
- Employment program I was in last year - I didn't get a job
- Erie Housing Authority
- Every provider has given me something
- Everyone tells you what to do but they do not follow through so people keep losing and doing the same thing
- Everyone has been helpful
- Gage House and RTFA both just basically said 'ok your time is up, see ya", even though they acted like they would help find me housing the whole time I was there
- Gateway Rehab
- Gaudenzia
- Gaudenzia Reentry
- GECAC because I haven't applied yet
- GECAC, because I am on parole and wanted to use GECAC, no one would accept a renter's app from me
- GECAC, Housing Authority, Dept. of Welfare
- Got help from everyone - very thankful
- Grace House staff whose behavior led to PTSD; ECCM supports coordinator met with me only once; CHN has poor follow-up regarding medical concerns
- Hard to get help when do not have little kids
- Having to pay for laundry services
- Help with rent
- High risk CCBH case manager
- HUD
- I didn't need mobile meds - I am doing very good with my meds
- I have all I need and help to get more

- I have been involved w/ treatment since I got out of prison; MH hasn't been good
- I really don't have a least helpful issue - resources for my issues have been very helpful
- I refused the mentor service feeling that I do not need that service
- I won't complain about the service -I am just grateful to have a place to stay with my issues
- I'm not getting anywhere
- I've only been out of prison since Dec 6 - haven't had a lot of time yet to look into everything - CROMISA is working with me on these issues
- ID
- Issues with Stairways -get to know one counselor and then they change them - had 4 in 3 years
- Jail
- Job services
- Lake Shore
- Like it was a bad thing being homeless
- Long waiting lists, public housing in bad areas
- Made me leave middle of the night
- Millcreek Hospital
- Mobile meds because I am good with them
- Never had any help before this
- No one has helped me pay for housing until I get a job to pay my own rent
- No one is nice; people are rude when someone is asking for help except for when I came here -everyone was helpful
- None- when you are in that situation anything is better than nothing at all
- Not eligible for shelter and program
- OCY
- Online job application process
- Project Hope
- Project Hope - City Mission
- Repetitive - people who do not take advantage of available help
- RTFA, CRA,
- Section 8
- Services that may be mandatory while being in a shelter to do not pertain to me
- Shelter+
- Stairways Forensics
- The welfare office in Sullivan County NY didn't help be able to get on our feet, instead they wanted me to do so many things to qualify for services that I didn't have time to search for apartment
- Therapy - not understood
- There was never a mentor match for me.
- This is the only place I came to in regard to any services of any kind besides rehab at White Deer Run and to what I can see from myself and others no other place could have given me the same chance.
- Unable to find employment
- Upper Room
- Welfare rules say disability income is over the threshold for help
- Welfare; unemployment

Appendix F: Agencies that Responded to the 2017 SPIT Survey

DIRECT SERVICE PROVIDERS (Agency and Program)		SUPPOTIVE SERVICE PROVIDERS (Agency and Program)	
Community of Caring	<i>Emergency Shelter</i>	Erie County Care Management	
	<i>Shelter Plus Care</i>	Erie United Methodist Alliance	<i>Project Hope</i>
	<i>Transitional Living Center</i>	Erie Veterans Affairs Medical	<i>Outreach Center</i>
Community Shelter	<i>Columbus Apartments</i>	Greater Erie Community Action	<i>HCM</i>
	<i>Homeless Shelter</i>	MHA of NWPA	<i>Peer Support Services</i>
	<i>Lighting the Candle I</i>		<i>Recovery Center</i>
	<i>Lighting the Candle II</i>		<i>Warming Center</i>
	<i>Lodge on Sass</i>	Safe Harbor Behavioral Health	<i>Crisis</i>
	<i>Our Neighbors Place</i>	SafeNet	<i>Non-residential</i>
Erie City Mission	<i>Emergency Shelter</i>	The Salvation Army	
	<i>New Life Program</i>	St. Martin Center	
Erie County Care Mgmt	<i>Self-Start I</i>	Stairways Behavioral Health	<i>Blended Case Mgmt.</i>
	<i>Self-Start II</i>		<i>Forensic Outpatient</i>
	<i>Self-Start III</i>		<i>Erie Outpatient</i>
	<i>Self-Start V/ACT</i>		<i>Psych Rehab/CROMISA</i>
Erie Dawn		Upper Room Erie	
Erie United Methodist	<i>Hope House</i>		
	<i>Liberty House</i>		
	<i>The Refuge</i>		
	<i>Transitional Living Center</i>		
Erie Veterans Affairs			
MHA of NWPA	<i>Make it a Home Always</i>		
Mercy Center for Women	<i>Heritage House</i>		
Safe Journey			
SafeNet	<i>Bridge House</i>		
	<i>Shelter</i>		
	<i>Transitional Living Center</i>		
St. Patrick's Haven			
Stairways Behavioral	<i>Fairweather Lodge</i>		
	<i>RTFA</i>		