Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1A-1. CoC Name and Number: PA-605 - Erie City & County CoC

1A-2. Collaborative Applicant Name: County of Erie

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Erie United Methodist Alliance

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Not Applicable	Not Applicable	Not Applicable
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Northwest PA Rural AIDES Alliance	Yes	Yes	No
Local VA	Yes	Yes	Yes
Community Action Committee	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area.   Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)

Our CoC is constantly recruiting new members and opinions from the geographic area. We have been working closely with the local VA Hospital and are going to start a veterans committee. We've worked closely to integrate the entitlement ESG parameters into our mission. We gather information from people who are homeless during our SPIT and we have people who were formerly homeless on our Home Team and routinely seek their guidance. Home Team members participate in several community planning groups and bring new information back to us. We also seek the input from local governmental units and departments. Our committee structure has changed base on the community input with a new veteran committee 2014. The local VA is more active since we collaborated on data issues and ESG is now available CoC wide.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
SafeNet TLC	No	Yes	Yes
Erie School District	No	Yes	Yes
Intermediate Unit	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
SafeNet	Yes	Yes
Safe Journey	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)

Our CoC consists of several committees. The committee chairs form an executive committee along with the chair, vice-chair, secretary, treasurer, and representatives from local government. The executive committee reviewed the Opening Doors strategy and tasked the committee chairs to develop action steps to further these goals. It's up to the committee chairs to pull together other Home Team members and other people from the community to carry out the action steps. Children & Youth committee is reviewing a RFP to gain some statistical data on homeless Youth in our CoC and then make recommendations for projects, the Vets committee obtained functional zero for veterans as a result of committee work, and the Housing committee's overarching goals of more permanent housing for all populations but specifically families, and Gaps is tasked with overseeing the unified intake.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015.
(limit 1000 characters)

Our CoC has an open application process. We place an ad in the local newspaper soliciting applications, the announcement appears on our website and the request for proposals is announced at all CoC meetings and committee meetings. All applications are reviewed, scored, and ranked for inclusion in the application. We make announcements at all meetings that Home Team members attend that we are seeking applications for the CoC application and publicize our local priorities on our website. The CoC provides technical assistance to new applicants in the form of one on one direction and supplying the applicants examples of successful projects that have been funded in the past. Sometimes it takes two years of up front work before the applicant is ready to take their idea off the drawing board and into an application.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?   Quarterly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00%
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

Our CoC spans 2 Consolidated Plans: City of Erie & County of Erie. Our CoC writes the homeless narrative for the City of Erie's plan. We are responsible for formulated actions steps and reporting on progress through HMIS. The City of Erie's Economic & Community Development staff sits on our Executive Committee and is intimately involved in the planning and execution of homeless projects. Our CoC agencies attend all Consolidated Plan meeting that City of Erie convenes so that individual agencies have a voice in the process if it differs from what was agreed upon at our Home team meetings. The County's Con Plan is controlled by the PA's DCED and is broader in scope than the City's. Our CoC attends the planning meetings for the plan but in smaller numbers than the City's because the meetings are often held out of County. We submit written comments when travel is prohibitive. The Commonwealth conducts meeting annually and it impacts our CoC minimally because it encompasses a large area.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)

The City of Erie's ESG rapid re-housing and homeless prevention piece was developed in our CoC Executive Committee meeting where it was decided that one agency carry out the activities. We have two agencies that already provide this service through HAP and one agency declined to bid on the project. The shelter funds are routinely contested by our CoC and we'd like to see more HOME funds be used for prevention and on-going rent subsidies for women and children and people with disabilities. It's our CoC's position that the funding cannot remain in their silos and you cannot discuss the Con plan without discussing ESG, HOME, and CDBG and the impact on homelessness. PA's ESG is a competitive process and the smaller CoCs like ours has input but little progress in changing the agenda and action steps. ESG is often a main source of funding for our shelters yet the competitive process penalizes agencies for essential services. RRH is effective but we need the safety net and more prevention.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Our CoC funds one DV provider with CoC funds and Erie County DHS, MH/ID partially funds the CoC funded and the other DV provider. We have funded security systems for both DV providers and have up-date their computer systems. The DV providers do not input into HMIS but participate in the PIT count and submit aggregate data annually. The DV providers are members in good standing on the Home Team (our CoC planning body) and one is the chair of one of our committees. Funds are provided for hotel/motel stays when the shelters are at capacity. The CoC has a good working relationship with the DV providers. Erie County DHS, MH/ID partially funds the Crime Victim Services agency and they also are members of the Home Team. Victims are not required to one of the DV shelters or transitional housing programs and are often served at other CoC participating providers. Our DV and other victim servers are then provided as a "push in" service from the experts in the field.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Erie		No
County of Erie Housing Authority		No

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)**

We have two low-income housing tax credit projects that do not exclusively target people who are homeless but we've been able to acquire six units for the homeless population. The other resource our CoC employs is landlords in the community. We have a project that rents to people experiencing homelessness at far below fair market rent. The first year the rent is $200 regardless of bedroom size. The second year the rent increases to $250. During this time the participants work on gaining education and/or training for better employment opportunities. Or in the case of participants who are currently employed we work with them to obtain better paying jobs. By the third year it is an expectation that the participant would be able to manage rent closer to the fair market. However, it has been our experience that landlords renting to a family or individual continue to rent to them below fair market but not at the $250 level in year two.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	
No strategies have been implemented:	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities	X
None:	

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

N/A

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

We're struggling with our coordinated assessment as is most of the CoCs that we have contacted for technical assistance. It's as difficult to break down the silos at the local level as it is at the state and federal levels. Our CoC implemented the VI-SPDAT in a hybrid model. The VI-SPDAT assesses the family or individual that enables our providers to funnel the family of individual to the appropriate service. It is akin to serving people in the least restrictive environment but uses the least amount or resources to resolve the homeless or near homeless situation. The goal is to obtain a second appointment once the exacerbating circumstances are resolved. The second and subsequent meetings are where we further use SPDAT to develop longer term goals for the participants or none at all depending on the case. We are attempting to alter the culture of a provider or program being the exclusive resource for the participants. We're moving towards an increased shared case management component.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	X	X	X	X		
CDBG/HOME/Entitlement Jurisdiction		X				
Law Enforcement		X				
Local Jail(s)		X				
Hospital(s)						X
EMT/Crisis Response Team(s)		X				
Mental Health Service Organizations	X	X	X		X	
Substance Abuse Service Organizations	X	X	X		X	
Affordable Housing Developer(s)		X				
Public Housing Authorities		X				
Non-CoC Funded Youth Homeless Organizations						X
School Administrators/Homeless Liaisons		X				
Non-CoC Funded Victim Service Organizations	X	X	X		X	
Street Outreach Team(s)	X	X	X		X	
Homeless or Formerly Homeless Persons	X	X				

	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	12

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	12

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program **(PH, TH, HMIS, SSO, RRH, etc.)**	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X
Collaberation	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services	
Youth	
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

Our CoC's priority populations are women and children and people with disabilities who are homeless. We recognized years ago that permanent housing with appropriate supportive services produced better outcomes for participants. We also realized that people who have experienced homelessness know what works and what doesn't and we prioritized permanent housing for people who are chronically homeless that is operated by people who were formerly chronically homeless. Therefore, we prioritized projects that had a permanent housing component for chronic homeless, served women and children and/or people with disabilities. All of our permanent housing serves people with disabilities and most of our transitional housing serves women and children who suffered some trauma through domestic violence or substance abuse. All applications were scored using the above criteria. The new project was placed last to try to protect the transitional housing for women and children homeless because of DV.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

Our CoC advertised in the newspaper for renewal and new applications. Announcements were made at all CoC regular and committee meetings that we were accepting applications. All County DHS, MH/ID meetings announced that the CoC was accepting applications. We outreached to religious organizations that historically assist the poor in Erie County and asked if they wanted to apply and/or needed assistance in applying for funds and at the same time asked what barriers there may be for applying for CoC funds. We utilized our email lists to reach agencies that passively participate in the Home team meetings to advertise and the criteria for scoring and the priority populations were determined by the Home Team.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

10/29/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

No

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)   10/30/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?   Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

DHS conducts on-site monitoring of all HUD projects once a year using HUD monitoring guidelines. Letters of compliance or noncompliance are sent to the agencies. Instances of noncompliance require a corrective action plan is submitted 30 days after the date of the monitoring letter. An action plan is negotiated to standards and the issues are revisited the next year. DHS receives the APR from HMIS and enters it into ESNAP. The results of the monitoring and APR are reviewed with the Home Team. All recipients are part of the Home Team CoC

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?   Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.   Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.   26

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.   Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?   Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).   ServicePoint

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).   Bowman Systems, LLC

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$50,792
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$50,792

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$7,000
State	$0
State and Local - Total Amount	$7,000

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-2.6 Total Budget for Operating Year	$57,792

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	223	47	176	100.00%
Safe Haven (SH) beds	10	10	0	0.00%
Transitional Housing (TH) beds	199	0	199	100.00%
Rapid Re-Housing (RRH) beds	2	0	2	100.00%
Permanent Supportive Housing (PSH) beds	465	0	337	72.47%
Other Permanent Housing (OPH) beds	96	0	96	100.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

HUD-VASH contributes to the 75.47% coverage rate for Permanent Supportive Housing (PSH) beds. HUD-VASH is currently not recorded in HMIS. As the CoC continues to work with the local VA, including HUD-VASH in HMIS will be a priority.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	
Youth focused projects:	
HOPWA projects:	
Not Applicable:	X

2C-4. How often does the CoC review or assess its HMIS bed coverage?   Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	2%
3.3 Date of birth	0%	0%
3.4 Race	1%	1%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	2%
3.9 Residence prior to project entry	0%	3%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	1%	19%
3.15 Relationship to Head of Household	96%	0%
3.16 Client Location	8%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	55%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

	☐
None	☐

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?   12

2D-4. How frequently does the CoC review data quality in the HMIS?   Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?   Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	☐
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	☐
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.
(limit 750 characters)

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for 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 the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/23/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

We survey all of the homeless service providers in Erie County. We contract with Penn State CORE to conduct the survey that goes beyond asking how many beds a facility has and how many beds were occupied on the PIT date. We request two additional parts of information on homelessness from the provider's and participant's point of view. Save the date post cards and emails are sent to providers. Training is scheduled two weeks before the PIT. Surveys are distributed by hand to the providers. Follow-up calls are made to ensure they received this year's survey and answer any questions from the training. Follow-up calls are made if the survey is not returned in a timely manner. The surveys are tabulated and then we check the responses with what is entered into HMIS on that date. If the data varies widely we schedule an appointment with the provider to reconcile the data submitted. If the data is off a few we call the provider to seek an explanation of the discrepancy before final HDX entry.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

No changes planned.

**2F-5. Did your CoC change its provider   No
coverage in the 2015 sheltered count?**

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

N/A

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The change that we made this year is to ensure that all the service providers were trained and called to see if there were any lingering questions about the PIT. We held a group training and for those who didn't attend we went to their agency and trained them one on one.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?　　Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):　　01/23/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?　　Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):　　05/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	
HMIS:	

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology.
(limit 1000 characters)

We have two homeless outreach teams that go out on the PIT date and go to known places
where homeless people congregate. We have an overflow shelter that operates during the winter and a day room where people go to get off the streets. We also ask that our emergency shelters (if full) keep a list of the people that they have to turn away. We then un-duplicate the people who are unsheltered as best we can by seeing if they presented at numerous shelters that day and night by checking with our HMIS. We use volunteers that go out at night to search for unsheltered homeless on the PIT date. We utilize the local VA as a command post and for the resources they have to assist us in our count. We notify the media of the count in an effort to reach un-shelter people and bring them in. We train the volunteers that go out in pairs and we stress that safety comes first. We conduct regular call ins. We tabulate the information and enter it into HDX.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

No changes planned.

**2I-4. Does your CoC plan on conducting   Yes
     an unsheltered PIT count in 2016?**

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	
Survey question:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method).
 (limit 1000 characters)

We utilized volunteers for the first time. We trained the volunteers with the assistance of the VA. We attempted to seek out un-sheltered homeless where ever they were staying not just in an effort to count them but to offer them services to resolve their homelessness.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		769	804	35
Emergency Shelter Total		215	222	7
Safe Haven Total		0	6	6
Transitional Housing Total		146	166	20
Total Sheltered Count		361	394	33
Total Unsheltered Count		408	410	2

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		1,625
Emergency Shelter Total		1,375
Safe Haven Total		0
Transitional Housing Total		416

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)

Our CoC is always held that preventing homelessness is key in ending homelessness. We increased our prevention efforts with more funding to prevention through small grants. We require that case managers keep detailed records of the cause of the near homeless episode. We are attempting to find common threads that are woven around the near homeless experience in an attempt to identify risk factors such as: unemployment, underemployment, substance abuse, mental illness, or physical disability. We will then use the data to advocate for systematic changes. For example: we aren't employment specialist but we may be able to collaborate with those agencies and ensure, with case management, the participants follow through with the plans that were made with them. The long-range goal is the implementation of housing court to resolve tenant/landlord issues before a people are evicted.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

Our CoC is using our coordinated assessment in order to lessen the length of time people are homeless. We are using a two pronged approach: identify the easy resilient ones and identify the hard to serve people. The assessment shows assets that the people have coming into the homelessness and what are the weaknesses. We've implemented a policy that everyone will have an exit strategy for permanent housing within 7 shelter days (excluding voucher wait list). A person/family may only need first month's rent, security deposit and a sympathetic landlord will to give them a second chance to resolve their homelessness. The assessment also identifies deficits that people are experiencing. We want to intervene proactively to assist persons/families with quicker appointment times for resources in the community such as supportive housing, TANF, SNAPS, SSI & SSDI, representative payee etc. We will then ensure that the participants keep their appointments in order to move into permanent housing.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		687
Of the persons in the Universe above, how many of those exited to permanent destinations?		369
% Successful Exits		53.71%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		351
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		324
% Successful Retentions/Exits		92.31%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Our first strategy is to wrap supportive services around people who are homeless. We ensure that people are connected to mental health and/or substance abuse treatment services upon exit. Next is we employ mentors that assist the participants in problem solving to reduce the likelihood that homelessness will reoccur because of non-payment of bills. Third is working with the landlords, with proper releases of information, to develop an early warning system for participants who are leaving a homeless situation. We want to intervene as soon as possible to assist the participant to remain housed where they currently live. We track people in our HMIS and implemented an open system where all participating agencies have access to the same data. Our HMIS is able to identify participants as returning to homelessness with 80% accuracy even when the participant changes some of their identifying information such as SS number. We monitor the recidivism and want to cut that rate in half by 2018.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

Our strategies for increased income and employment are to maximize participants' eligibility for entitlement program funding and collaborate with our career link to either obtain employment or gain the skills necessary to increase their employability. We assist participants in applying for health care benefits, SNAPS, SSI and/or SSDI. We utilize the same demographic information for participants to use when applying for non-employment related income. We collaborate with the United Way to assist participants to file free taxes and use all credits available to them to increase their return. The Mental Health Association of NW PA is leading our efforts for non-employment benefits. We use unique identifier to alert people at the career link that this is a homeless person and may need additional assistance to increase their employability. We assist people with resume writing and appropriate dress for interviews. Mercy Center for Women is leading our efforts for employment services.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

The mainstream employment services organizations are located directly across the parking lot for the DHS, MH/ID building. We have an intimate relationship with the career link and work force development agency (they are the same agency). We've been able to amend their standard curriculum for employment preparation to embrace the unique qualities, both strengths and weaknesses, of being homeless. The strategies that we are able to bring are not that different than their standard approach but we've been able to convince them that our population needs more attention because of the stressors of being homeless. We coordinate activities with OVR for people with disabilities who may need more intense services such as job shadowing. Most of the services are contracted out to community agencies such as GECAC. GECAC is an active member of our Home Team. The director of the employment services is a member of our Home Team but is a passive participant.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

The CoC encompasses Erie County, PA that is a 50-50 mix of urban and rural. Our CoC has two outreach teams: one CoC funded and the other PATH funded. The CoC team is also the agency that provides HMIS and shares data and locations with the PATH team. They utilize the information in HMIS to ensure that they return to places frequented by unsheltered homeless. We have an overflow shelter that opens when the traditional shelters are full and our teams are at this shelter offering services daily. We've coordinated activities with our MH Crisis Services that ensures that they report incidences of homelessness to our teams for follow-up. We've trained police, hospitals, library staff, and municipal workers on our services to enable them to make referrals to us when they encounter homelessness. The local and state police have been informed of our services and often drop people off at the shelter and call our teams to make referrals when their transportation isn't available.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?   No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

We tried not to exclude any area of Erie County for the PIT. We concentrated on the known areas of where homeless people congregated in the past such as parks and camps. We walked along railroad tracks that have seen tent cities appear and dissipate. Our volunteer teams followed-up on tips received from letter carriers and police. We used the "last contact" theory and asked people we encountered to point us in the direction of places were other people who were homeless may be. We used the media to advertise the PIT and to give people a way to be counted by cell phone if they didn't want a face to face interview. Our decisions were a Home Team lead matter and we based it on our experiences and new information (we've been attempting to count unsheltered people for 20 years).

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		43	28	-15
Sheltered Count of chronically homeless persons		35	28	-7
Unsheltered Count of chronically homeless persons		8	0	-8

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)

The overall total decreased by 15 people because of the implementation of our overflow shelter that allowed us to bring people in and start the engagement process. The decrease of 7 people who are shelter is due to us moving chronically homeless into housing quicker and by having dedicated chronically homeless beds. The fact that we found no unsheltered people who are chronically homeless is due to the fact tthat we have an overflow shelter that doesn't have an upper end capacity. In short, we're better at identifying people, knowing their names, engaging people, and assisting them to seek permanent housing.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(read only)**

Our CoC will continue to actively engage people who are chronically homeless with our PATH and HUD outreach programs to enter permanent housing. The CoC is small and evenly divided into urban and rural areas. We have 6 HUD funded permanent housing projects for chronic homeless and two of the legacy S+C projects are not at capacity. We have also dedicated 10% of all existing HUD project turn over beds for chronic homeless use. We hope to engage the chronic homeless with supportive mainstream services that will enable them to obtain and maintain permanent housing. Transform transitional housing projects to chronic permanent housing projects in the 2014 CoC competition that will enable us to serve more chronic homeless. The national focus is on ending chronic homeless but most of the chronic homeless we see in our geographic area are transient chronic homeless moving through to other areas. We do not experience the chronic homeless problem that is evident in other metropolitan areas.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?
(limit 1000 characters)**

No child in foster care was discharged to a homeless facility. We connected with OCY in Erie County and were able to assist them in getting people permanent housing and/or employment or SSI.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	98	98	0

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)

We had no difference in the identified chronic homeless beds because we believe that we may need 8 to 10 more beds to be able to fully serve the chronic homeless need in our CoC. The beds remained the same because we were able to move chronic homeless people into apartments that were turned over in the year.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?   No

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.		182
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.		78

Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	45

This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	57.69%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?   Yes

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The strategy that we are employing to end chronic homeless is basically the same as we used to end veteran homelessness. First is to identify them. Next is to get to know them and engage them. Next is for them to trust us. Finally we will house them with our chronic homeless projects and supply supportive services as needed.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

Our CoC plan is to use our ESG funds for rapid re-housing families in 30 days or less. We'll use the funds for first month's rent and security deposit and short-term rental assistance. Case management will be utilized to link families with appropriate services for them or their children. We'll look to increase their mainstream resources and income for them to take on the full rent themselves as soon as possible. We have two housing first family permanent housing projects and will seek to place families there when there is a disability. Our waiting lists are closed for the voucher program at the housing authorities and we will look to serve people in community arrangements. We have been successful in obtaining rents for some landlords in the community at below fair market and these resources will be used for participants where there is no disability. When the waiting lists open we'll attempt to transfer some of our families to that rent subsidy to free up slots in our family programs.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	2	2

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	57	44	-13
Sheltered Count of homeless households with children:	49	44	-5
Unsheltered Count of homeless households with children:	8	0	-8

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The difference is that we are better at identifying, engaging,moving people into permanent housing, and wrapping supportive services around them so they have every chance to succeed.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	No

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	☐
Increase housing and service options for youth fleeing or attempting to flee trafficking:	☐

Specific sampling methodology for enumerating and characterizing local youth trafficking:	☐
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	☐
Community awareness training concerning youth trafficking:	X
	☐
N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
	☐
	☐
N/A:	☐

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	6	13	7

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$370,000.00	$370,000.00	$0.00
CoC Program funding for youth homelessness dedicated projects:	$245,000.00	$245,000.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$125,000.00	$125,000.00	$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	5
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	0

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(limit 1000 characters)

The local and state education liaisons are member of our Home Team and attend our meetings. We are working with then to ascertain an accurate count of homeless youth that are not in our services. We are trying to build a case for a youth shelter in our community but we are having difficulty identifying unaccompanied youth.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The policy of our CoC is that any child of school age is required to attend school. We have arrangements for buses to pick children up at the s ES or TH provider. We've begun to work with Early Intervention services for children birth to 3 years old to make referrals. It is our policy that all children in ES and TH birth to 3 years old be referred to EI. We have no RHY projects in our CoC. We've established relationships with all the area schools' homeless liaisons to ensure continuity of educational services for individuals and families who become and/or remain homeless. The City of Erie's homeless liaison is a member of our CoC and provides information to other school districts at their regular meetings. The majority of the homeless services are in the City and often people need to be in the city for housing. Every effort is made to ensure that children continue to be educated in their school of origin through transportation agreements with our providers and then permanent housing is sought in the area of origin so that the children can continue their educational pursuits. The homeless liaisons in the schools make referrals to our CoC projects for homeless services and prevention services. Our services providers have the contact information for all the homeless liaisons in the area and have all the information for adult educational opportunities as well. Juvenile justice has been late to the table to discuss issues surround youth and homelessness. It is their position that they place children in their own homes and never make children homeless. OCY is a member of our Home Team and attends meetings. OCY involvement is usually through the parent(s). OCY acts as a resource for the family to move into permanent housing. OCY case manages the family with children and has similar with schools that our homeless providers do.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	22	15	-7
Sheltered count of homeless veterans:	21	15	-6
Unsheltered count of homeless veterans:	1	0	-1

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)

The reason for the decrease is better coordination between our CoC and local VA. Our CoC agencies are referring all veterans to the VA to their determination of eligibility. Also we have HUD-VASH that uses the housing first strategy to reduce time and number of veterans who are homeless.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)

We've developed a close relationship with the local VA to make the determination on eligibility for services. We have a vet's outreach center that assists with less than honorably discharged vets that provide needed case management for these individuals and families when they are in our shelters and transitional housing programs. We assist with upgrading discharges and have been successful except for the Marine Corps. They do not receive preferential treatment but we are able to enrich their services with additional people power. We've outreached to the local VFWs for employment opportunities for them. We've prioritized them for rent assistance (prevention & RRH). We have a transitional housing project that utilizes the grant per diem. Coordinate SSVF services and work well with the local VA with the HUD-VASH. Our CoC recently designated by HUD as a best practice for ending vet homelessness. In short all CoC agencies refer to the VA and the VA takes it from there.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

We have found few veterans who are not eligible for services through the VA programs using the protocol cited above. When we do encounter them they generally have a disability and we prioritize them for our supportive housing program because of their disabling condition.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	6	15	150.00%
Unsheltered count of homeless veterans:	0	0	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.   Yes

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015?
(limit 1000 characters)

We have a close relationship with our VA and all identified veterans are referred to them. We share data in real time between our HMIS and VA. We make automatic referrals from the field when we encounter homeless veterans through our outreach teams. We meet. We're at the same table with the same goals.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**4A-1. Does the CoC systematically provide information
to provider staff about mainstream benefits, including
up-to-date resources on eligibility and mainstream
program changes that can affect homeless clients?**   Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	13
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	12
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	92%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)**

Community HealthNet: free medical assessment and treatment and dental care for all participants who are homeless. Automatic enrollment in medical assistance programs for all participants who are homeless.

St Paul's Free Clinic: free medical care for all participants who are homeless.

St Vincent Hospital: free screening and assessment of medical needs for all participants (especially TB testing).

Lake Erie College of Osteopathic Medicine: Interns that provide screening, assessment and treatment for young teenaged mothers and their children who are homeless.

Erie United Methodist Alliance: moving to integrate health care record with HMIS record. Exploring H2 concept.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	X
In-Person Trainings:	
Transportation to medical appointments:	
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	13
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	12
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	92%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	13
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	12
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	92%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	
Use of phone or internet-based services like 211:	
Marketing in languages commonly spoken in the community:	
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		0	0	0

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes		
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	10/28/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

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Attachment Details

Document Description: HMIS Policy and Procedures

Attachment Details

Document Description:

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Submission Summary

Page	Last Updated
1A. Identification	10/29/2015
1B. CoC Engagement	10/29/2015
1C. Coordination	10/29/2015
1D. CoC Discharge Planning	10/29/2015
1E. Coordinated Assessment	10/29/2015
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2A. HMIS Implementation	10/30/2015
2B. HMIS Funding Sources	10/29/2015
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2D. HMIS Data Quality	10/29/2015
2E. Sheltered PIT	10/29/2015
2F. Sheltered Data - Methods	10/29/2015
2G. Sheltered Data - Quality	10/29/2015
2H. Unsheltered PIT	10/29/2015
2I. Unsheltered Data - Methods	10/29/2015
2J. Unsheltered Data - Quality	10/29/2015
3A. System Performance	10/29/2015
3B. Objective 1	11/02/2015
3B. Objective 2	10/29/2015
3B. Objective 3	10/29/2015
4A. Benefits	10/30/2015
4B. Additional Policies	10/30/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required

ERIE COUNTY
CONTINUUM OF CARE
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
MANAGED BY: THE ERIE UNITED METHODIST ALLIANCE
POLICY AND PROCEDURE MANUAL

Erie County PA Homeless Management Information (HMIS-Erie) System Policy and Procedure Manual lists local procedures for operating the HMIS. It documents specific expectations regarding the use of the system and procedures that should be followed regarding routine and occasional functions.

SECTION 1: Federal Operating Procedures

Erie County Continuum of Care (ECCoC) adheres first and foremost to policies and procedures outlined in the Department of Housing and Urban Development HMIS Data and Technical Standards Final Notice 2009.

SECTION 2: Contractual Requirements and Roles

ECCoC Contract Requirements: Erie United Methodist Alliance, in its role as the HMIS Lead Agency for Erie County Dept. of Human Services office of MH/MR (ECDHS-MH/MR), agrees to provide the necessary equipment and staff to operate and maintain the centralized HMIS database site. This includes required licenses for software[1] and direct technical assistance to sites who serve homeless populations, with regard to the HMIS application. This applies to all Contributory HMIS Organizations (CHO) that Erie County CoC is currently funded to serve.

ECCoC New Sites Requirements: Any CHO that ECCoC does not receive alternate funding for but does want to participate must assume the costs of requisite licenses and cost share of central resources.

HMIS Project Team: HMIS Lead utilizes the HMIS Project Team to provide general oversight and guidance to the project.

HMIS-Erie Server Management: Management of an HMIS requires several divergent skill sets. The HMIS-Erie project has identified the following roles to provide the best, most efficient service to our stakeholders:

- Project Manager
- Requirement Analyst
- Technical Support Specialist
- Trainer
- Application Administrator

The project also designates the roles of every participating user in order to prevent any confusion around responsibilities and privileges. Each role must be filled in order for the Agency to begin working with the project: Participating Agency Executive Director, and User.

1-Due to budget constraints, CHO's will be limited to a maximum of two user licenses per organization. Exceptions will be made as necessary based on demonstrated need. Any CHO wishing to purchase additional user licenses may contact the HMIS-Erie Administrator.

SECTION 3: Participation Requirements

Participation Requirements: For most efficient utilization of the services provided by HMIS Lead, several steps must be completed at the Agency level before implementation can begin. Steps include:

- o High Speed Internet Connectivity (DSL or Broadband);
- o Identification of a Site Technical Administrator to serve as primary contact;
- o Signed Participation Agreement contract; and
- o Establishing client consent procedures and interview protocols.

Central Server Requirements: This section covers the exact equipment, staffing, and procedures that the HMIS-Lead staff is responsible for. Focused on security, the areas are:

- o Hardware Physical Security
- o Software Security
- o Network security
- o Client database security

Implementation Requirements: Agencies must generate documents that cover each of the following areas in order for implementation to begin.

➢ Participation Agreement: Each participating Agency must agree to the requirements set forth in the Participation Agreement, which must be signed by a duly authorized Agency representative and returned to the Agency's HMIS Lead. Each Agency must complete the Provider Form.

➢ Privacy Notice to Consumers: Each participating Agency must use a Privacy Notice. HMIS Lead will provide an HMIS Privacy Notice to each participating Agency for each Agency to adapt to their needs. Each participating Agency must provide a copy of the adapted Privacy Notice to ECDHS-MH/MR. If the participating Agency is a HIPAA covered entity, the Agency may continue to use its' own Privacy Notice; however ECDHS-MH/MR must have copy of it on file.

➢ Privacy Posting: Each participating Agency must post the Privacy Summary in a conspicuous place at each Provider site. ECDHS-MH/MR will provide the Privacy Summary, which is a summary of the Privacy Notice.

➢ Data Collection Commitment: Participation in the HMIS-Erie project requires that all participating Providers collect minimum universal and program specific data elements on all consenting clients.

➢ Information Security Protocols: Internal policies must be developed at each site to establish a process for the violation of any of ECDHS-MH/MR information security protocols.

➢ Implementation Connectivity: Once implementation has begun each site agrees to maintain connectivity in order to continue project participation.

➢ Maintenance of Onsite Computer Equipment: Each Agency agrees to maintain its computer equipment in order to continue project participation.

➢ Policy Update Schedule: HMIS Lead will provide the HMIS Policy and Procedures Manual to each participating Agency. This manual will be updated periodically.

SECTION 4: Training

HMIS Application Training: HMIS Lead provides ongoing training on all relevant aspects of system operation for the duration of the project. Training modules are developed based on skill

level and type of access to the system. Each user of the system is required to complete the application training, as well as HIPAA training, in order to begin using the system.

HIPAA Training: Each participating Agency is responsible for scheduling participating in HIPAA training and certifying that their users are trained. A HIPAA training verification will be required for all new users at the time they attend the HMIS Application training or within 90 days of an on site training.

Scheduled Training Delivery: HMIS Lead provides group user training annually while individual user training will be scheduled on an as needed basis.

HMIS Training Materials: All training documentation will be available on the HMIS page of the HMIS Lead's website, which is http://www.euma-erie.org/hmis.php.

HIPAA Training Materials: For HIPAA training and materials contact Robin Dowling at Stairways 814-878-2177.

SECTION 5: User, Location, Physical and Data Access

Access Privileges to System Software: Access to system resources will only be granted to Agency staff that need access in order to perform their job. Users must complete the HMIS User Agreement form, in order to request access privileges. All applicable licensing restrictions apply.

Access Levels for System Users: Each user of the system will be assigned an account that grants access to specific system resources that they require. A model of least-privilege is used; no user will be granted more than the least amount of privilege needed to perform their job.

System Access Deactivation: Participating Agency duly authorized Agency representative will complete the HMIS User Deactivation form within one business day when there is a change in a user's job role or the user is no longer employed by the Agency.

Access to Data: All data collected by the HMIS-Erie project is categorized. Access to datasets, types of data, and all HMIS-Erie data releases is governed by policies developed by the HMIS Project Team.

Access to Client Paper Records: All users of the system must not have greater access to client information through the system than is accessible in the agencies paper files.

Physical Access Control: All equipment or media containing HMIS-Erie data must be physically controlled at the Agency site. Protections and destruction policies vary depending on the type of data and media.

Logical Access: Access to system resources must be limited to authorized users for authorized transactions.

Unique User ID and Password: Each user of the system must be individually and uniquely identified. Identification will be verified through a password.

Right to Deny User and Participating Agencies' Access: HMIS Lead retains the right to suspend or revoke the access of any Agency or individual to the system for consistent or egregious violation of ECCoC policies.

Data Access Control: Access to the system must be audited. All audits may be reviewed regularly.

Auditing - Monitoring, Violations and Exceptions: HMIS Lead considers any exception to stated DTS Computer Security Guideline policies a violation of those policies that must be investigated.

Auditing – Data Logs: HMIS Lead will maintain logs of all actions taken by users. Logs may include operating system logs, database, and firewall logs. All logs may be reviewed regularly.

Data Assessment and Access: All data associated with the HMIS-Erie project is categorized. Access to data is restricted based on the content of the data. Reproduction, distribution, and destruction of data are based on the content of the data.

Data Integrity Controls: Access to the production data is restricted to authorized users only. Each user that has access to production data is contracted to not falsely alter or impact data in any way. If the Agency receives information that necessitates a client's information be entirely removed from the HMIS, the Agency will complete the Client Delete Request form.

Local Data Storage: If agencies choose to store local copies of data they are required to develop policies and procedures on how data is generated, stored, and destroyed.

Transmission of Client Level Data: All authorized users agree to transmit any client level data securely.

Data Accuracy: There are many aspects to data quality, such as validity, completeness, consistency, coverage, accuracy, and timeliness. Each of these aspects is defined in detail in the HMIS Data Quality Standards.

SECTION 6: Technical Support and System Availability

Planned Technical Support: HMIS Lead offers technical support to all participating agencies. Support services include training, implementation support, report writing support, and process troubleshooting.

Participating Agency Technical Service Request: Service requests from participating agencies may originate from any authorized user either by contacting the HMIS Administrator or sending a request to the HMIS email account (hmis@euma-erie.org).

Availability – Hours of System Operation: The system is available to users 24 hours a day, except during routine system maintenance, scheduled system upgrades, and unexpected system failures.

Availability – HMIS-Erie: HMIS Lead staff are available from 8:00 AM to 4:00 PM on Monday to Friday (with the exclusion of holidays) to respond to service requests.

Availability – Planned Interruption to Service: Participating agencies will be notified of planned interruptions to service one week prior to the interruption.

Availability –Unplanned Interruption to Service: In the event of an unplanned interruption to service HMIS Lead staff will immediately notify all authorized users ASAP after system failure.

SECTION 7: Stages of Implementation

Implementation – Stage 1: Start-up and Initial Training: Implementation begins with stage 1. To enter stage 1 an Agency must complete all requisite paperwork and have user accounts created on the system.

Implementation – Stage 2: Data Entry Begins: To enter stage 2 an Agency must begin entering data on their client population.

SECTION 8: Stages of Completion

One week prior to an Agency and/or Provider contract termination, the HMIS Administrator will notify the Agency and/or Provider to exit all clients from the HMIS application. Upon the first business day of the contract termination, the HMIS Administrator will deactivate all user accounts associated with the Agency and/or Provider.

SECTION 9: Encryption Management

Encryption General: All potentially identifying information is encrypted in the database. Encryption prevents unauthorized personnel from accessing confidential information for any reason.

SECTION 10: Data Release Protocols

Data Release Authorization and Distribution: ECCoC does release data in the process of generating reports. ECCoC will only release de-identified aggregate data.

Right to Deny Access to Client Identified Information: ECCoC does not release client identified information to any third party. Court orders for information will be forwarded to the ECDHS-MH/MR Housing Specialist for review. Pursuant to policy no release will occur unless the party obtains the written release of every client within the database prior to receiving the database.

Right to Deny Access to Aggregate Information: HMIS Lead retains the right to deny access to aggregate level data. Pursuant to policy any interested party must submit a request for data to the HMIS Project Team. All requests are reviewed by the HMIS Project Team.