

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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: County of Erie

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Local VA	Yes	Yes
Community Action Committee	Yes	Yes
Non-CoC Funded Crisis Shelter Organization	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

The CoC actively recruits new members on an ongoing basis. We seek input from the geographic area by attending meetings that our collaborators hold in order to network with other systems that may be interested in homelessness. We work closely with our local VA hospital. We have integrated entitlement ESG into our system. Information from those who experience homelessness is gathered during the Single Point in Time contacts. We have formerly homeless individuals on our Home Team and seek their guidance. Home Team members participate as team members on community planning groups and bring new information back to the team. We seek input from local government. We attend the Mayor's Roundtable on disabilities. The Home Team also contracted with the Allegheny County Intermediate Unit to obtain data on homeless youth. Committees that received this information included schools, Mental Health Provider Organizations, the Office of Children and Youth, and various homeless service providers and other disciplines. We are in the process of developing a new strategic plan, and one of our goals is to constantly expand our membership to include additional organizations and community members to create an increasingly diverse membership. It is our belief that expanding the diversity of opinions will be crucial in identifying gaps as well as available resources in our system, which will ultimately assist our community in effectively preventing and ending homelessness for all in Erie County Pennsylvania.

**1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

(1)Our CoC has an outreach committee that meets bimonthly to brainstorm on process for recruiting new members on an ongoing basis. The invitation process consists of inviting the prospective new member to a General Home Team Meeting. The prospective new member is given an information packet regarding the mission of the home team, meeting schedule, and other pertinent information. The prospective new member is asked to provide information regarding their contact information so that they can be added to the Home Team list serve in order to receive Home Team updates.
(2)The Home Team website has resources regarding anyone interested in

becoming a member. In addition, the outreach committee will contact anyone interested in joining and assist them with the process and invitation to a General Meeting.

(3)The CoC solicits for new members on an ongoing basis. The outreach committee meets bimonthly in order to brainstorm on processes for recruiting new members and developing new strategies.

(4)Our CoC currently has a formally homeless voting member on our Home Team. Our CoC is in the process of developing a new strategic plan and as part of that, we are reviewing our current membership to identify any gaps or underrepresentation. We plan to have the outreach committee focus more efforts on continually reaching out to homeless and formally homeless contacts to encourage Home Team participation to ensure that those experiencing homelessness have the opportunity to have their voices heard.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

Our CoC advertises an open application process. An ad is placed in the local newspaper soliciting for both new and renewal project applications. The ad was placed in the newspaper on July 1, 2018. Emails were also sent out to the Home Team email list serve soliciting new and renewal applications on June 29,2018 and July 6, 2018. Such emails included information regarding the 2018 NOFA and application process, including detailed instructions and links to the NOFA, application instructions, and links to all required documentation. The Home Team email list serve has 92 individuals from a multitude of disciplines who are interested in ending homelessness in our community. The majority of Home Team members do not receive any CoC funding. The request for proposals is also announced at General Home Team Meetings, which are held bi-monthly. There was a recent announcement at the July 12, 2018 meeting, also announcing the request for proposals. All applications submitted are reviewed, scored, and ranked for inclusion in the application. Announcements are made at the Home Team Meetings for members that attend that applications are being accepted into the competition. Information from the Home Team Meetings is mailed even if they were unable to attend, which includes information regarding the 2018 NOFA and open application process.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

(1) ESG program recipients and subrecipients are members of the Home Team and attend regularly. The ESG recipients and subrecipients seek approval from the CoC for all program guidance related to the administration of the program. The City of Erie's ESG programs (rapid rehousing and emergency shelter) were

developed and approved by the Home Team.

(2) Throughout the year, our CoC HMIS staff work closely with the City of Erie, our ESG Recipient, as well as all subrecipients to ensure program requirements for data collection and reporting are met. The City of Erie provided training for the new SAGE ESG CAPER procedure for all subrecipients and HMIS staff attended as well to ensure the process was clear and we could support each provider during the reporting process. HMIS staff aided with ESG CAPER reports prior to submission by meeting one-on-one with program staff to ensure the highest level of data quality was attained for all subrecipients. Several of the programs receiving this funding are funded at a Domestic Violence provider. HMIS and City of Erie Staff worked with the Comparable Database vendor to ensure the provider's reports were as accurate and complete as possible. In addition, HMIS staff include the ESG CAPER report in annual HMIS User training to improve understanding of data collection and reporting requirements by subrecipient staff at all levels. HMIS staff also work with subrecipient providers to improve data collection, especially at shelters where turnover is high. Subrecipients are encouraged to enter their data in a timely manner and to run their ESG CAPER monthly to support the monthly monitoring submissions required by the City of Erie. One shelter with high turnover who serves our most vulnerable population is running the CAPER daily to catch errors quickly and improve data quality for her program. Our CoC plans to use this provider as a local 'best practice' example to encourage other providers to focus on improving data quality as well.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? No

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

**(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)**

(1) Our CoC has a single-access point coordinated entry system. The safety of those fleeing from domestic violence is our utmost priority. Every individual who contacts coordinated entry seeking services is screened first for immediate safety concerns and domestic violence. They are asked if they fear for their

safety, and if they would like assistance in contacting emergency services. As indicated throughout our coordinated entry policies and procedures, anyone fleeing domestic violence is given preference for any available homeless services. Any client has the opportunity to work with a DV provider, and those clients' information is not entered into HMIS. The client's information is kept confidential and the client is assigned a confidential identifying number for reference. The client's personally identifying information is input into a comparable database. The client's confidentiality is maintained, and the client contacts coordinated entry and is assigned a confidential identifying number for reference.

(2) If an individual indicates that they are fleeing from domestic violence during their screening, the individual is given the option of being warmly handed off directly to a local domestic violence provider or may continue with the assessment for services through the coordinated entry access point. It is the clients' choice which housing and services that they participate in. In addition, if a client is already participating in a program and indicates safety concerns including fleeing domestic violence, the client may request transfer to another program. The client would be referred to another program with availability depending on the client's choice.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

Since the launch of our coordinated entry system on January 23, 2018, all coordinated entry staff as well as homeless service providers, have been trained on the policies and procedures that we have put in place to ensure that best practices are implemented with serving survivors of domestic violence, sexual assault, and stalking. We contracted with a technical assistance group to assist us with our system and they conducted two on-site trainings for all of our local homeless service providers. Our local victim service provider has participated in all trainings and provides input for best practice. As our coordinated entry system is still a new program, we are still in the process of enhancing our training schedule. We plan to have our victim service provider conduct an annual training for all area homeless service providers on best practices. Our victim service providers are voting members of the Home Team and attend meetings on a regular basis.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

Our CoC works closely with our designated Domestic Violence provider. This provider is integrally involved in the CoC, with the Executive director serving on the Governance Board. During the design of the Coordinated Entry process, the DV provider staff were included in our team and helped in determining our DV Coordinated Entry Procedure. This DV procedure ensures survivors the highest level of safety as their unique needs are assessed and a plan is determined. This includes keeping a separate Master List of survivors managed between the

Coordinated Entry staff management and the DV provider management that protects the client's anonymity. A key feature of our Coordinated Entry process is to collaborate in prioritizing and permanently housing survivors of DV, giving this population the highest priority. This improved partnership with our DV provider and our new Coordinated Entry Master List process will provide the data we need to better meet the needs of this unique population and understand their experiences.

**1C-4. DV Bonus Projects. Is your CoC No
applying for DV Bonus Projects?**

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Housing Authority of the City of Erie	19.20%	No	No
Housing Authority of the County of Erie	13.00%	No	No

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

The CoC has initiated meetings with the local PHA's to discuss and emphasize the importance of creating a homeless admission preference. The most recent of these meetings occurred in February 2018, when the CoC lead met with the County of Erie Housing Authority. There have been recent staff changes at both local PHA's, and additional meetings and collaboration are being planned at this time. The CoC plans to continue to pursue collaboration with both local PHA's regarding this issue and the importance of adopting a homeless admission preference will have on our CoC and in meeting our goal of ending homelessness in Erie County. Our CoC also plans to conduct research on determining what data would assist us in proving the importance of the adoption of a homeless admission preference in our community.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

In October 2017, our CoC voted and approved a CoC-wide policy on equal access and non-discrimination. As per our policy, recipients and sub-recipients of CoC funds must comply with all Federal Statutes and regulations including the Fair Housing Act, The Americans with Disabilities Act, and Equal Access to Housing Final Rule. The CoC also participated in a HUD webinar series that provided education to participants about the requirements of the Equal Access Rule and Gender Identity Rule and how to ensure that projects operate in compliance with these rules. The webinar also provided "LGBT Language 101" training to assist participants in increasing their knowledge and skills in using appropriate, inclusive language with all clients that they serve.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>

Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

(1) The CoC's CE system is available to anyone seeking homeless services by phone or walk-ins. The CoC's CE system utilizes a single access point that is located at our local lead agency (LLA), which is in the downtown area. The access point is within walking distance to bus lines, MH facilities, drug and alcohol centers, food banks, hospitals, shelters, and the local jail. The phone line is available 24/7 365 days a year. CE specialists are also able to travel into the community to meet with persons seeking homeless services.

(2) Our CoC is emphasizing focus on marketing our system to those least likely to apply for assistance. In October 2017, our CoC approved an Affirmative Marketing policy which details the steps that our community will take to ensure that services are offered to everyone. The policies are made available on our Governance Board's website, as well as DHS and the LLA websites. In addition, at least once annually, our local multicultural resource centers are contacted to inform of homeless services available for all persons. The centers have everyday contact with refugees and those with limited English proficiency so are able to encourage use of CE to those persons.

(3) The CE system utilizes the VI-SPDAT. When an individual calls or presents to CE, they are immediately given an initial screening. Once crisis housing concerns are addressed (ex. shelter referral), the person is given the VI-SPDAT within 7 days to determine eligibility for PH. The VI-SPDAT takes multiple vulnerabilities into account which allows our community to prioritize the most vulnerable persons first. The tool rates higher for factors such as fleeing DV, having MH or substance abuse issues, length of time homeless, families, and youth. In addition to weekly updates on availability, the CE agency and local providers meet at least monthly to review our master list, which determines which program will be able to serve the next person on the list.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

(1)Our ranking and review process considered several specific vulnerabilities for program participants. HUD's priority groups- those experiencing chronic homelessness, youth, veterans, and families- were all priority populations in our review process.

(2)All project applications were scored based on their dedication to serve the priority populations listed above. The more priority populations that project indicated that they would serve, the more points they received for that section of the scoring process. Also, several of the questions on the rating tool were related to applicants' utilization of the Housing First approach, which emphasizes low barriers and client choice in housing and service participation. Applicants must indicate that they are willing to abide by the Housing First approach in order to receive a passing score in that section of the scoring.

1E-3. Public Postings. Applicants must indicate how the CoC made

- public:**
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
 - (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:

- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**
- (2) rejected or reduced project application(s)—attachment required; and**
- (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Did not reject or reduce any project
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: (1) Pages 5-7 (2) Governance Charter
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Mediware Information Systems

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	247	55	187	97.40%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	145	28	117	100.00%
Rapid Re-Housing (RRH) beds	170	0	170	100.00%
Permanent Supportive Housing (PSH) beds	461	0	357	77.44%
Other Permanent Housing (OPH) beds	90	0	90	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

The only non-participating project in the PSH category is a HUD-VASH project with 104 beds. This project is not required to participate in HMIS. However, our CoC has a very collaborative relationship with our local VA Homeless team and we work very closely together. We plan to include this project in HMIS in the near future as they overcome staffing issues. They are involved in our CoC Home Team and were an integral part of designing our Coordinated Entry Process. Currently, our VA Homeless Team staff participate in HMIS for Coordinated Entry when veterans contact them directly as well as entering their Homeless Outreach veterans.

**2A-6. AHAR Shells Submission: How many 12
2017 Annual Housing Assessment Report
(AHAR) tables shells did HUD accept?**

**2A-7. CoC Data Submission in HDX. 04/27/2018
Applicants must enter the date the CoC
submitted the 2018 Housing Inventory Count
(HIC) data into the Homelessness Data
Exchange (HDX).
(mm/dd/yyyy)**

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter 01/26/2018
the date the CoC conducted its 2018 PIT
count (mm/dd/yyyy).

2B-2. HDX Submission Date. Applicants 04/27/2018
must enter the date the CoC submitted its PIT
count data in HDX (mm/dd/yyyy).

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)**

The primary components of the 2018 Sheltered Count remained the same when compared to 2017. A local third party is contracted to work with housing and HMIS staff to oversee this process. The one change that was made was that to the count form that providers used to submit information regarding their service population for the evening. A more direct, streamlined data form was developed that made it easier for providers to categorize their responses. This form change was made based on input from providers who supplied data in 2017. While this change improved the process, we do not believe that it had a significant impact on the sheltered PIT count results.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Yes
Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable.

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

(1)The 2018 unsheltered PIT count was conducted throughout Erie County, as done every year. This year, however, the effort was strengthened by a large number of volunteers that enabled the count to spend more time in rural areas that have been more difficult to canvas in past years. Finding the rural homeless has always proven difficult, and historically most efforts concentrated on the populous areas of the County. Most of the population of Erie County lives within or adjacent to the City of Erie. There is, however, a stretch of small towns on what is known as the 6N corridor. This stretch covers the lateral distance of the County and runs along the southern border. This year, volunteers were able to spend time traveling along this route and off-roads in search of unsheltered individuals. In addition, to increase security for our volunteers as well as assist in the outreach effort, we collaborated with law enforcement by giving them a contact number to reach if any suspected homeless persons were seen. (2)One of the four identified as unsheltered that evening was found in the new area that was searched this year.

2C-5. Identifying Youth Experiencing Yes
Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where

**youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)**

(1)The CoC included standard HUD data tools to gather information regarding this subpopulation. While recognizing this as a priority area, there has been long-time engagement of the personnel from the primary school district in the County that is impacted by youth homelessness. Erie County also has a strong Home Team subcommittee that has begun to focus efforts on homeless youth. (2)The volunteers who oversee the unsheltered count are aware of key areas where homeless individuals find shelter at night throughout Erie County (including youth), and made sure volunteers frequented those areas during the count. (3)Providers were encouraged to engage past or present participants to assist in this count.

**2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)**

Since the onset of the PIT count, the unsheltered numbers have dropped substantially; over the past 10 years, the report has recognized a 90% decrease. Recognizing that the County efforts have been successful in some areas, there is understanding that we can do better in other regards. This past year saw the implementation of Coordinated Entry, which stakeholders feel confident will lead to better placement for those priority groups. In addition, during the past year, Erie County CoC has been taking part in a planning initiative to direct the activities of the CoC over the next 3-5 years. As part of the effort, the CoC has been reaching out to engage providers that serve priority populations. Part of the efforts of engagement have focused on educating providers on definitions of the categories. (1) For example, there has historically been a lack of clarity on the definition of chronic homelessness. During the PIT training process, efforts were in place to assure that providers were reporting this category correctly. (2) As for families with children experiencing homelessness, an active youth subcommittee offered insight into potential unsheltered locations, and local providers serving this group were engaged in both the sheltered and unsheltered portions. (3) As in prior years, the local Veterans Affairs Medical Center served an integral role in the PIT count, assisting in both the planning and count itself. In addition, during the PIT count, when a person identified as a homeless veteran, the VA volunteer providing outreach came to the location to speak with the individual person. Staff were also present at the VAMC to research and determine eligibility for any consenting homeless veterans to expedite his/her connection to eligible services.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	1,021
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3A-1a. Applicants must:

(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.
(limit 2,000 characters)

(1) During our PIT survey, we include a survey of sheltered consumers and providers in which we ask each to identify what they consider to be the contributing factors that led to the clients' homelessness. In addition, we began collecting data to determine if our participants were coming from local addresses or relocating here to seek services. This data will be analyzed and used to help us in understanding the risk factors for our first-time homeless population and determining appropriate strategies to reduce this measure.
(2) Currently, we are completing a strategic planning process and we have identified Client Services as a strategic area of focus. Included in this is the need to utilize more local data to identify the causes of homelessness and what supportive services are needed to assist those at risk of becoming homeless in our CoC. We've already identified the need for stronger case management for both prevention and as a bridge between services. Our Coordinated Entry main Access point is our Mental Health Lead agency, chosen for their ability to assess and refer clients as quickly as possible. This process is preventing and diverting as many persons as possible from entering our homeless system as the Coordinated Entry staff interview and assess each participant for the correct intervention. In addition, we are building reports that will allow us to compare services requested to those we were unable to meet with the goal of better identifying gaps and determining new strategies for finding resources. Further, we plan to implement a better use of our 2-1-1 system as we partner with United Way to integrate the outreach capacity. As we continue to gather, analyze and report our local data, we will design better prevention and diversion strategies.
(3) Our CoC Governance Body will be responsible for overseeing this CoC strategy in conjunction with our contracted Strategic Planning partner, the Mercyhurst Civic Institute.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

(1)74 days. (2)Our CoC is focused on permanently and stably housing persons as quickly as possible. Our new Coordinated Entry process is designed to utilize a prioritized Master List for Permanent Housing placement. Permanent Housing providers meet monthly to collaborate by triaging each case to increase the likeliness that an individual or family will be successful in a permanent housing placement. Also, our CoC added 3 new Permanent Housing programs: 1 PSH and 2 RRH programs over the last year. This increased capacity in Permanent Housing should reduce our length of time homeless as we are able to move clients, especially those who qualify for RRH, more quickly into a permanent home.(3)Our Master List currently utilizes HMIS records to identify clients' homeless history, tracking the dates clients initially call our hotline as well as each contact made to our Coordinated Entry system. Each project that serves clients also enters data into the HMIS system, increasing the historical information gathered pertaining to their lengths of homelessness. In addition, we are building local reports and utilizing SPMs to examine the subpopulations we serve. We will use this data to help us in understanding and effectively serving our most vulnerable participants. Lastly, we are partnering with our HMIS vendor to prepare a Client Homeless History report that will streamline this data and increase our ability to prioritize those with the longest history of homelessness for permanent housing and services.(4) Our CoC Governance Body will be responsible for overseeing this CoC strategy. As we complete and implement our Strategic Plan, we will be focused on ensuring our CoC has the appropriate strategies in place to improve the process for moving persons through the homeless system of care, identifying persons' length of time homeless, and supporting those who achieve a permanent home of their own. We will be relying on local data to determine our goals and areas of focus.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	49%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	90%
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3A-3a. Applicants must:

(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
 (2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

(1) We are becoming a data-driven CoC, identifying data as an area of focus. We gather, analyze and utilize our data to inform our Strategic Plan, and our goals and objectives. We see more clearly the need to increase collaboration among local providers and CoC leadership, and community stakeholders, such as school districts, and healthcare providers. The data we are gathering from our SPMs and new C.E. process will provide critical insight into our populations. We will then make more informed, bolder and effective goals and objectives as a system of care, rather than as individual programs and agencies. We believe utilizing our local data in a more effective way will benefit us in multiple ways, increasing our effectiveness in ending homelessness and strengthening our relationships with mainstream resources and community partners. Ultimately, we will ensure the CoC is utilizing all available resources in our community to increase our exits to safe, stable and PH for the most vulnerable population.

(2) Our C.E. process and monthly Master List meetings are a framework for collaboration among providers. Several of our shelters also have PH projects and through triage discussions we seek the best placement. We have identified the need to look outside our local providers to engage more community stakeholders, such as landlord groups, housing authorities, developers and business leaders. Through our Strategic Plan, we will be utilizing local data to clearly identify our needs and build these collaborative relationships through focused community engagement. Also, we have designed our C.E. system with a focus on continuous improvement and best practices review to ensure we are consistently improving our processes and maintaining the most effective, client-centered process for our community's needs. By considering each person's unique experiences and needs, we increase the likeliness that a PH placement will be successful in providing a stable and permanent home.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	5%

3A-4a. Applicants must:

(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
 (2) describe the CoC's strategy to reduce the rate of additional returns to

homelessness; and

(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.

(limit 2,000 characters)

(1)Our CoC has begun charting and reviewing this SPM at CoC meetings. We will be drilling down into this data by project type and provider to identify characteristics of each subpopulation we have: chronically homeless, veterans, families, unaccompanied youth, and all others. We know that these groups are diverse even among their members and that many of our participants overlap. We will increase our understanding of the common reasons these participants return to homelessness by examining this measure, as well as our collaborative, monthly C.E. Master List meetings. In these discussions, we hear unique stories of both successes and failures by the providers themselves, including our C.E. management staff. Hearing these stories will help us to identify commonalities that can then be targeted for improved services and supports. (2)Our local data for this SPM will be used to identify and understand the different causes for persons to lose a PH placement in our community. We have begun reviewing the system performance measures at our Home Team meetings to understand our homeless system outcomes and trends. However, we plan to identify which providers are most successful at maintaining participants' housing and why. We will use this data to offer local best practices for sharing with providers who may benefit from these strategies. In addition, as part of our Strategic Plan, we have identified the need to review best practices for other similar communities who are successfully stabilizing persons in PH to determine if there are other strategies that may be adopted in our community for our population as well. (3)Our CoC Governance Body will be responsible for overseeing this CoC strategy. We will be focused on ensuring our CoC has the appropriate strategies to improve the process for providing the services and supports that will be needed for individuals and families to sustain a permanent home of their own.

3A-5. Job and Income Growth. Applicants must:

(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;

(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and

(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.

(limit 2,000 characters)

(1)As part of our Strategic Planning process, we have identified poverty as a threat in our community. Currently, our homeless providers work with their clients to understand work history, overcome employment barriers and prepare for job opportunities. Our providers assist clients with identifying job interests, completing job searches, preparing for interviews, acquiring appropriate attire, and transportation to and from interviews. They also refer for disability evaluations to one of our providers who is SOAR certified to assist with identifying eligibility for non-employment cash sources. Several providers offer vocational rehabilitation assistance, financial literacy, budgeting, etc. These providers are key CoC partners and attend our CoC meetings regularly. (2)Our

homeless providers work with mainstream employment resources to improve their clients' opportunities for employment. Key partnerships established between these job placement agencies and homeless providers have resulted in these agencies reaching out to providers when new job openings occur. Some local businesses have similar connections with homeless providers to hire participants who are referred. Providers work closely with PA Department of Public Welfare to determine clients' eligibility for benefits. Providers work with other local agencies for workforce testing and preparedness. As part of our Strategic Planning process, we have identified increasing community engagement as an area of focus as we believe there are more partnerships to be built. There are several community groups of business leaders and government leaders who we hope to engage as we work toward a shared vision of improving our economic base. (3)Our CoC Governance Body will be responsible for overseeing this CoC strategy.

3A-6. System Performance Measures Data 05/29/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:

- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
- (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	196
Total	196

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

(1) Since the implementation of Erie County's CE system, RRH providers have worked closely to accept, prioritize, and house referrals quickly. Providers meet at least monthly to review the families with children, youth and singles by name list. We are fortunate that housing costs and vacancy rates have not been a barrier to housing. Landlord engagement and apartment availability has exceeded expectations and has aided rapid rehousing. Apartments are typically available when the client is ready to move in. Additionally, our local RRH sub-recipient expedites move in by providing furnished apartments and moving services as part of the program – free of charge to clients. The CoC is committed to using data to determine success and when needed making changes to ensure families with children and others are housed within 30 days of initial coordinated entry referral. (2) In our second year of the rapid rehousing intervention the CoC is building on our first year successes including rapidly moving people from homeless to a permanent home of their own to increasing both the amount of case management services provided and the specificity based on need that is needed. Additional training has also been emphasized and initiated. Two direct service and one executive director from our RRH provider has attended the National Alliance to End Homelessness conference in Washington D.C. Our RRH provider is committed to hiring peers – those with lived experience to provide case management services. Additionally, our RRH provider recently added two persons of color and one Spanish speaker to strengthen case management services. The CoC RRH provider has recently launched an all staff training series to include motivational interviewing and trauma informed care. Tracking permanent housing success rates is a CoC wide commitment that has been included in the CoC strategic planning. (3) The Home Team, the CoC's governing body, is responsible for overseeing the CoC's strategy.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>
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3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	No
LGBT 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

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

(1) As noted in 2C-6, the Erie County CoC is currently engaged in a strategic planning process that will guide efforts over the next 3-5 years. The CoC has an active Children and Youth subcommittee that has been engaging stakeholders in several capacities, including outreach and education. The CoC has also initiated an agreement with the local Intermediate Unit, which is a consortia of public school districts in the region. In this agreement, data will be shared which will allow the community to better gauge the extent of underserved homeless youth in the county. The implementation of Coordinated Entry in the past year has led to more effective use of existing resources; Erie County Care Management, the Administering Entity, administers not only Coordinated Entry, but intake for the Mental Health, Early Intervention, and Intellectual Disabilities systems as well. The process for youth with multiple needs is more seamless,

and the amount of administrative overhead is reduced. Also, a focus of the CoC's strategic planning process has been the reorganization of the governing board's subcommittees, with discussion of creating a Funding subcommittee whose task it would be to research and pursue additional funding streams. (2) The Children and Youth subcommittee mentioned above has been looking at the feasibility of a local drop-in center for youth. It has additionally conducted best-practice research of what other communities have done to incorporate existing or new services to provide leverage in assisting unsheltered homeless youth. During the planning process, one key strategic area identified is that of client services and engagement. Part of the discussion is focusing on prevention and outreach strategies aimed at priority populations, including youth. The proposed Funding subcommittee mentioned above would also pursue new funding for unsheltered homeless youth.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
 - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

(1) In addition to partnering with the IU3 for data reporting, we have instituted efforts to improve local youth data collection and reporting that will help us to understand the extent and needs of this population. We are currently designing reports that will incorporate these new data elements and we will review these reports regularly to measure the success of our strategies. We will continue to grow our efforts to identify homeless youth during our PIT count. (2) The CoC will utilize the custom youth reports, CoC APRs of individual projects including the new Coordinated Entry system, as well as other system reports, such as the PIT, and LSA to measure the effectiveness of our homeless youth strategies. Though the Strategic Plan is not complete at this time, several of the strategic focus areas identified will consider youth homelessness. Client Services, Community Engagement and Data Use/Collection are having objectives developed around them. (3) The CoC believes these measures of collecting and reviewing local project and system data will enable us to define usable objectives to serve this population. Once the extent and needs of this population are more clearly understood, we will be much better positioned to examine and measure the needs of the homeless youth population and our effectiveness in addressing them.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

(1) Local and State education leaders are members of the CoC Home Team and attend local meetings regularly. (2) The Home Team partnered with the Allegheny Intermediate Unit 3 to obtain information on homeless youth in our community in 2016. We are planning to collaborate again to provide the community with current numbers. In this partnership, we are determining what additional data to collect and use to analyze how youth homelessness will be addressed in our community. (3) Homeless liaisons from local school districts are active members of the Home Team and are an integral part of our CoC. (4) Our CoC has identified Community Engagement and Client Services as areas of focus in our Strategic plan. The need to expand our partnerships with these education providers is included and will be addressed with specific goals to improve and increase services offered as we finalize this plan.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

It is the policy of the CoC that any child of school age attend school. Service providers within the CoC educate program participants regarding the rights of students who are homeless within the education system. McKinney-Vento school liaisons assist families experiencing homelessness with referrals to available resources and ensure that McKinney-Vento entitlements are relayed to families. Our CoC has a longtime working relationship with Early Intervention for children ages birth to 3 years old. It is a policy of the CoC that all children birth to 3 years old be referred to Early Intervention Services. Service providers also evaluate adults for needs of education services and make referrals to adult education resources on an as needed basis.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

Our CoC has developed a collaborative relationship with the local VA to make eligibility determination for services. With the launch of our coordinated entry system in January 2018, the referral system for VA services has been streamlined. Every individual contacting coordinated entry is screened for Veteran status. If a client indicates that they are a Veteran, they are given the option of being warmly handed off directly to the local VA for assessment for service needs. The client is also given the choice of continuing the assessment through the coordinated entry provider if they do not want services through the VA. We have a local Veteran's outreach center that assists with Veteran's who have been less than honorably discharged. They provide case management for these individuals while in the homeless system. Representatives from our local VA are members on our Home Team and attend meetings regularly.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: Yes
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
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People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare.** Applicants must indicate, for each type of healthcare listed below, whether the CoC:
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:

- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
- (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)**

(1) The CoC collaborates with local stakeholders and service providers to promote utilization of mainstream resources using the following methods: Case managers, including those SOAR trained, assist individuals and families who are homeless with completing applications for benefits including Medicaid, Medicare, Food Stamps, and TANF. In order to promote rapid access to services to encourage successful exits from homelessness, those who are experiencing homelessness are referred to available local resources for free medical, behavioral health, and dental care, even prior to receiving benefits. Free care is offered through St. Paul's Free Clinic as well as through Faith Community Nurses. Faith Community Nurses, in partnership with Erie United Methodist Alliance, offers The Wellness Connection Clinic- Healthcare for the

Homeless, which is available every Friday. The Wellness Connection Clinic offers services such as basic primary healthcare, behavioral health, and case management.

(2) The Home Team, the CoC's governing body, oversees the strategy for mainstream benefits and is responsible for updating program staff with new resources available.

(3) The Erie County Home Team, the governing body for the CoC, is responsible for overseeing the local strategies for mainstream benefits. Erie County DHS acts as the CoC lead, and therefore is responsible for subrecipient monitoring. Through monitoring, Erie County DHS ensures that access to mainstream benefits is provided to program participants receiving services within the CoC.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	13
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	13
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

(1) Our CoC currently has two types of street outreach services available; the PATH program and Faith Community Nurses. The Path program is administered by our local lead agency who is also our coordinated entry provider and single access point for all homeless services in the Erie Community. The PATH case managers will reach out to individuals who are homeless to offer service referrals when needed. Faith Community Nurses outreach services to individuals who are homeless in the community and require medical care and assist the client using a holistic approach. Faith Community Nurses also link the homeless individual with coordinated entry for evaluation for any applicable homeless service available. Our CoC lost funding for our largest street outreach program, Project Hope, in June 2017. We are in

the process of brainstorming for additional funding to enhance our street outreach services that we have available to ensure that we have appropriate services to meet the needs in our community. (2) The CoC's street outreach services are available anywhere throughout Erie County where the need exists, therefore making the services cover 100% of our CoC's geographic area. (3) Street outreach services are conducted on an as needed basis in our community. PATH case managers travel to area shelters on a daily basis to reach out to individuals to offer additional services to get the individuals permanently housed. Case managers also will travel into the community to meet with homeless individuals to assess and offer services if there is a need. Faith Community Nurses travel to the shelters to meet with individuals on a regular basis. In addition, they meet with individuals in the community as the need arises to offer multiple services including medical care. (4) Our CoC makes every effort to offer outreach to those least likely to seek assistance. Our providers are encouraged to contact street outreach regarding any known individual who is not receiving services.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

**(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)**

(1) In October 2017, the CoC voted on and approved a CoC-wide Affirmative Marketing Policy. The policy details that the CoC commits to non-discrimination and equal opportunity and further commits to affirmatively market all programs. Programs must comply with the CoC's Affirmative Marketing Policy and Procedures. CoC recipients and sub-recipients will implement affirmative marketing of programs through the following set of steps: The CoC lead informs the public and potential program participants about this policy and Federal Fair Housing Laws as follows: Inform the general public about the CoC Affirmative Marketing Policy by placing the Written Standards on the Erie County Home Team Website; Make these Written Standards available on the Erie County Website; Make copies of the policy and written standards available at the Erie County Mental Health/Intellectual Disabilities Office. The Coordinated Entry Provider will also make the written standards available on the Erie County Care Management Website. In order to inform as well as solicit referrals from persons in the geographic area who are not likely to apply for housing programs without special outreach, the CoC has established methods that sub-recipients of HUD CoC funds must use in order to be in compliance and to reach this goal. The CoC requires that all sub-recipients use special outreach methods as follows: sub-recipients must contact, at a minimum, one of the following organizations in Erie County at least once annually, to inform of program availability: International Institute of Erie, Multicultural Community Resource Center, Saint Martin Center, and Multi-Cultural Health Evaluation Delivery Systems, Inc. (MHEDS). (2) The strategy is communicated with persons with disabilities and limited English proficiencies by making the strategy and available programs known to the above-mentioned agencies. In addition, language interpreter services are available at all providers and coordinated entry.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	29	170	141

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

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

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No		
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Erie County CE As...	08/14/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Rating and Rankin...	08/14/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Proof of Rating a...	08/14/2018
1E-4. CoC's Reallocation Process	Yes	PA-605 Reallocati...	08/14/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	2018 Notification...	09/13/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notice of no Reje...	08/29/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Public Posting- L...	08/14/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	Erie HMIS Governa...	08/14/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	PA-605 HMIS Polic...	08/14/2018
3A-6. HDX–2018 Competition Report	Yes	HDX 2018 Competit...	08/14/2018
3B-2. Order of Priority–Written Standards	No	Erie County Writt...	08/14/2018

3B-5. Racial Disparities Summary	No	Racial Disparity ...	08/14/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	PA-605 CE Policie...	08/14/2018
Other	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Erie County CE Assessment Tool- VI SPDAT

Attachment Details

Document Description: Rating and Ranking Criteria and Scales- Erie County PA-605 CoC

Attachment Details

Document Description:

Attachment Details

Document Description: Proof of Rating and Ranking Process Publicly Posted

Attachment Details

Document Description: PA-605 Reallocation Plan

Attachment Details

Document Description: 2018 Notifications to Applicants of Ranking-Accepted Projects

Attachment Details

Document Description: Notice of no Rejections or Reductions in 2018 Competition

Attachment Details

Document Description: Public Posting- Local Competition Deadline- Newspaper Ad and Email to Home Team

Attachment Details

Document Description: Erie HMIS Governance Charter

Attachment Details

Document Description: PA-605 HMIS Policies and Procedures

Attachment Details

Document Description: HDX 2018 Competition Report- PA 605

Attachment Details

Document Description: Erie County Written Standards- With Highlighted
Order of Priority Policy

Attachment Details

Document Description: Racial Disparity Assessment 2018- PA 605

Attachment Details

Document Description:

Attachment Details

Document Description: PA-605 CE Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/12/2018
1C. Coordination	09/11/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/12/2018
2A. HMIS Implementation	09/12/2018
2B. PIT Count	09/12/2018
2C. Sheltered Data - Methods	09/11/2018
3A. System Performance	09/12/2018
3B. Performance and Strategic Planning	09/12/2018
4A. Mainstream Benefits and Additional Policies	09/12/2018
4B. Attachments	Please Complete

FY2018 CoC Application	Page 43	09/13/2018
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Submission Summary

No Input Required

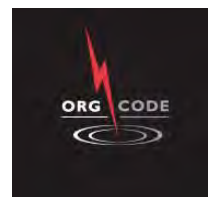
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdats/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____

☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

☐ Refused

3. In the last three years, how many times have you been homeless? _____

☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

☐ Refused

b) Taken an ambulance to the hospital? _____

☐ Refused

c) Been hospitalized as an inpatient? _____

☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**

SCORE:

5. Have you been attacked or beaten up since you've become homeless? _____

☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? _____

☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

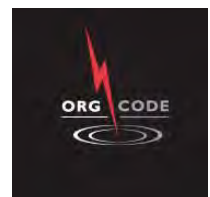
- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Family Service Prioritization Decision Assistance Tool (F-SPDAT)

Assessment Tool for Families

VERSION 2.01

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- VI-SPDAT V 1.0 for Youth

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www.orgcode.com/products/vi-spdatt/

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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool (“SPDAT”) and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Has anyone in your family ever received any help with their mental wellness? • Do you feel that every member in your family is getting all the help they need for their mental health or stress? • Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that? • Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally? • Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities? • Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant? • Has anyone in your family ever hurt their brain or head? • Do you have any documents or papers about your family's mental health or brain functioning? • Are there other professionals we could speak with that have knowledge of your family's mental health? 	<h3>NOTES</h3> <div></div>

SCORING	
4	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	<p>While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	<ul style="list-style-type: none"> <input type="checkbox"/> All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and are engaged with mental health supports as necessary.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • How is your family's health? • Are you getting any help with your health? How often? • Do you feel you are getting all the care you need for your family's health? • Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family? • Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that? • When was the last time anyone in your family saw a doctor? What was that for? • Do you have a clinic or doctor that you usually go to? • Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life? • Are there other professionals we could speak with that have knowledge of your family's health? • Do you have any documents or papers about your family's health or past stays in hospital because of your health? 	<h3>NOTES</h3> <div></div>

SCORING	
4	<p>Any of the following for any member of the family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-occurring chronic health conditions <input type="checkbox"/> Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> Palliative health condition
3	<p>Presence of a health issue among any family member with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not connected with professional resources to assist with a real or perceived serious health issue, by choice <input type="checkbox"/> Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) <input type="checkbox"/> Unable to follow the treatment plan as a direct result of homeless status
2	<ul style="list-style-type: none"> <input type="checkbox"/> Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care <input type="checkbox"/> Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	<p>Single chronic or serious health condition in a family member, but all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to manage the health issue and live a relatively active and healthy life <input type="checkbox"/> Connected to appropriate health supports <input type="checkbox"/> Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No serious or chronic health condition <input type="checkbox"/> If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Has anyone in your family recently been prescribed any medications by a health care professional? • Does anyone in your family take any medication, prescribed to them by a doctor? • Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take? • Were any of your family's medications changed in the last month? Whose? How did that make them feel? • Do other people ever steal your family's medications? • Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to? • How does your family store their medication and make sure they take the right medication at the right time each day? • What do you do if you realize someone has forgotten to take their medications? • Do you have any papers or documents about the medications your family takes? 	<h3>NOTES</h3> <div></div>

SCORING	
4	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps more than is sold or shared <input type="checkbox"/> Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and distributed by a third-party
2	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week <input type="checkbox"/> Self-manages medications except for requiring reminders or assistance for refills <input type="checkbox"/> Successfully self-managing medication for fewer than 30 consecutive days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	<p>Any of the following is true for every family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No medication prescribed to them <input type="checkbox"/> Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • When was the last time you had a drink or used drugs? What about the other members of your family? • Anything we should keep in mind related to drugs/alcohol? • How often would you say you use [substance] in a week? • Ever have a doctor tell you that your health may be at risk because you drink or use drugs? • Have you engaged with anyone professionally related to your substance use that we could speak with? • Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs? • Have you ever used alcohol or other drugs in a way that may be considered less than safe? • Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that? 	<h3>NOTES</h3> <div></div>

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING	
	<input type="checkbox"/> An adult is in a life-threatening health situation as a direct result of substance use, or , <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 3+, or , <input type="checkbox"/> Any family member is under 15 and would score a 2+, or who first used drugs prior to age 12, or ,
4	In the past 30 days, any of the following are true for any adult in the family... <ul style="list-style-type: none"> <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in passing out 2+ times
	<input type="checkbox"/> An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or , <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 2, or , <input type="checkbox"/> Any family member is under 15 and would score a 1, or who first used drugs at age 13-15, or ,
3	In the past 30 days, any of the following are true for any adult in the family... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
	<input type="checkbox"/> Any family member is under the legal age but over 15 and would otherwise score 1, or ,
2	In the past 30 days, any of the following are true for any adult in the family... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times
1	<input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or , <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days
0	<input type="checkbox"/> In the past 365 days, no substance use

E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE: <input type="text"/>	
<p>*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.</p> <p>*Because this section is self-reported, if there are more than one parent present, they should each be asked individually.</p> <ul style="list-style-type: none"> • “I don’t need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?” • “Are you currently or have you ever received professional assistance to address that abuse?” • “Does the experience of abuse or trauma impact your day to day living in any way?” • “Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?” • “Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?” • “Have you ever become homeless as a direct result of experiencing abuse or trauma?” 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
	Any of the following:
2	<input type="checkbox"/> A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness <input type="checkbox"/> Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	<input type="checkbox"/> A reported experience of abuse or trauma, and considers self to be recovered
0	<input type="checkbox"/> No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened? • Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themselves or others? How long ago was that? Does that happen often? • Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that? • Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

SCORING	
4	Any of the following for any family member: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an abusive situation <input type="checkbox"/> In the past 30 days, attempted, threatened, or actually harmed self or others <input type="checkbox"/> In the past 30 days, involved in a physical altercation (instigator or participant)
3	Any of the following for any family member: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days <input type="checkbox"/> In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	Any of the following for any family member: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical alterations
1	<input type="checkbox"/> 366+ days ago, a family member had 1-3 involvements in physical alterations
0	<input type="checkbox"/> Whole family reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i> • <i>Does anybody force or trick people in your family to do things that they don't want to do?</i> • <i>Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i> • <i>Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?</i> • <i>Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	<th>NOTES</th>	NOTES

SCORING	
4	Any of the following: <input type="checkbox"/> In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, any member of the family left an abusive situation
3	Any of the following: <input type="checkbox"/> In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	Any of the following: <input type="checkbox"/> In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, any member of the family left an abusive situation
1	<input type="checkbox"/> Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How often does your family go to emergency rooms? • How many times have you had the police speak to members of your family over the past 180 days? • Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days? • How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days? • How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay? 	<th>NOTES</th>	NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	<input type="checkbox"/> In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Does your family have any “legal stuff” going on? • Has anyone in your family had a lawyer assigned to them by a court? • Does anyone in your family have any upcoming court dates? Do you think there’s a chance someone in your family will do time? • Any outstanding fines? • Has anyone in your family paid any fines in the last 12 months for anything? • Has anyone in your family done any community service in the last 12 months? • Is anybody expecting someone in your family to do community service for anything right now? • Did your family have any legal stuff in the last year that got dismissed? • Is your family’s housing at risk in any way right now because of legal issues? 	<th>NOTES</th>	NOTES

SCORING	
4	Any of the following among any family member: <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	Any of the following among any family member: <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines less than \$500 <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	Any of the following among any family member: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) <input type="checkbox"/> Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	<input type="checkbox"/> There are no current legal issues among family members, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	<input type="checkbox"/> No family member has had any legal issues within the past 365 days, and currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Is your family currently homeless? • [If the family is housed] Does your family have an eviction notice? • [If the family is housed] Do you think that your family's housing is at risk? • How is your family's relationship with your neighbors? • How does your family normally get along with landlords? • How has your family been doing with taking care of your place? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	Any of the following: <input type="checkbox"/> Currently homeless <input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> In the past 365 days, was re-housed 6+ times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	Any of the following: <input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	Any of the following: <input type="checkbox"/> In the past 365 days, was re-housed 2 times <input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> Continuously housed for at least 90 days but not more than 180 days <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	Any of the following: <input type="checkbox"/> In the past 365 days, was re-housed 1 time <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	<input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How are you and your family with taking care of money? • How are you and your family with paying bills on time and taking care of other financial stuff? • Does anyone in your family have any street debts or drug or gambling debts? • Is there anybody that thinks anyone in your family owes them money? • Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs? • Does your family try to pay your rent before paying for anything else? • Is anyone in your family behind in any payments like child support or student loans or anything like that? 	<th>NOTES</th>	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No family income (including formal and informal sources) <input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments <p>Or, for the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot create or follow a budget, regardless of supports provided <input type="checkbox"/> Does not comprehend financial obligations <input type="checkbox"/> Not aware of the full amount spent on substances, if the household includes a substance user
3	<p><input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments, or</p> <p>For the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) <input type="checkbox"/> Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> Not budgeting for substance use, if the household includes a substance user
2	<p><input type="checkbox"/> In the past 365 days, source of family income has changed 2+ times, or</p> <p>For the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs <input type="checkbox"/> Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) <input type="checkbox"/> Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days</p>
0	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days</p>

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Tell me about your family's friends, extended family or other people in your life. • How often do you get together or chat with family friends? • When your family goes to doctor's appointments or meet with other professionals like that, what is that like? • Are there any people in your life that you feel are just using you, or someone else in your family? • Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that? • Have you ever had people crash at your place that you did not want staying there? • Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment? • Have you ever been concerned about not following your lease agreement because of friends or extended family? 	<div>NOTES</div> <div></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless and would classify most of friends and family as homeless <input type="checkbox"/> Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety <input type="checkbox"/> In the past 90 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> No friends or family and any family member demonstrates an inability to follow social norms
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify some of friends as housed, while some are homeless <input type="checkbox"/> In the past 90-180 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Friends, family or other people are having some negative consequences on wellness or housing stability <input type="checkbox"/> No friends or family but all family members demonstrate ability to follow social norms <input type="checkbox"/> Any family member is meeting new people with an intention of forming friendships <input type="checkbox"/> Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify friends and family as being housed <input type="checkbox"/> More than 180 days ago, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Any family member is developing relationships with new people but not yet fully trusting them
1	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for less than 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for at least 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Do you have any worries about taking care of yourself or your family? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Does anyone in your family ever need reminders to do things like shower or clean up? • Describe your family's last apartment. • Do you know how to shop for nutritious food on a budget? • Do you know how to make low cost meals that can result in leftovers to freeze or save for another day? • Do you tend to keep all of your family's clothes clean? • Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment? • When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty? 	<th>NOTES</th>	NOTES

SCORING	
4	<p>Any of the following for head(s) of household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No insight into how to care for themselves, their apartment or their surroundings <input type="checkbox"/> Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis <input type="checkbox"/> Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	<p>Any of the following for head(s) of household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period <input type="checkbox"/> Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	<p>Any of the following for head(s) of household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, family accessed community resources 4 or fewer times, and head of household is fully taking care of all the family's daily needs
0	<ul style="list-style-type: none"> <input type="checkbox"/> For the past 365+ days, fully taking care of all the family's daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How does your family spend their days? • How does your family spend their free time? • Do these things make your family feel happy/fulfilled? • How many days a week would you say members of your family have things to do that make them feel happy/fulfilled? • How much time in a week would you or members of your family say they are totally bored? • When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day? • How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love? • Are there any things that get in the way of your family doing the sorts of activities they would like to be doing? 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	<input type="checkbox"/> Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	<input type="checkbox"/> Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, or they are not fully committed to continuing the activities.
1	<input type="checkbox"/> Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	<input type="checkbox"/> Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How long has your family been homeless? • How many times has your family experienced homelessness other than this most recent time? • Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address? • Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that? • Has your family ever spent time sleeping in an abandoned building? • Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out? 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of family homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

P. Parental Engagement

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Walk me through a typical evening after school in your family. • Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed? • Does your family have play time together? What kinds of things do you do and how often do you do it? • Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day? 	<th>NOTES</th>	NOTES

Note: In this section, a child is considered “supervised” when the parent has knowledge of the child’s whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. “Caretaking tasks” are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

SCORING	
4	<input type="checkbox"/> No sense of parental attachment and responsibility <input type="checkbox"/> No meaningful family time together <input type="checkbox"/> Children 12 and younger are unsupervised 3+ hours each day <input type="checkbox"/> Children 13 and older are unsupervised 4+ hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	<input type="checkbox"/> Weak sense of parental attachment and responsibility <input type="checkbox"/> Meaningful family activities occur 1-4 times in a month <input type="checkbox"/> Children 12 and younger are unsupervised 1-3 hours each day <input type="checkbox"/> Children 13 and older are unsupervised 2-4 hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	<input type="checkbox"/> Sense of parental attachment and responsibility, but not consistently applied <input type="checkbox"/> Meaningful family activities occur 1-2 days per week <input type="checkbox"/> Children 12 and younger are unsupervised fewer than 1 hour each day <input type="checkbox"/> Children 13 and older are unsupervised 1-2 hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	<input type="checkbox"/> Strong sense of parental attachment and responsibility towards their children <input type="checkbox"/> Meaningful family activities occur 3-6 days of the week <input type="checkbox"/> Children 12 and younger are never unsupervised <input type="checkbox"/> Children 13 and older are unsupervised no more than an hour each day
0	<input type="checkbox"/> Strong sense of attachment and responsibility towards their children <input type="checkbox"/> Meaningful family activities occur daily <input type="checkbox"/> Children are never unsupervised

Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred? • Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened? 	<th>NOTES</th>	NOTES

SCORING	
4	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relative within the family have changed 4+ times <input type="checkbox"/> Children have left or returned to the family 4+ times
3	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 3 times <input type="checkbox"/> Children have left or returned to the family 3 times
2	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 2 times <input type="checkbox"/> Children have left or returned to the family 2 times
1	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 1 time <input type="checkbox"/> Children have left or returned to the family 1 time
0	In the past 365 days, any of the following have occurred: <input type="checkbox"/> No change in parental arrangements and/or other adult relatives within the family <input type="checkbox"/> Children have not left or returned to the family

R. Needs of Children

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Please tell me about the attendance at school of your school-aged children. • Any health issues with your children? • Any times of separation between your children and parents? • Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse? • Have your children ever accessed professional assistance to address that abuse? 	<th>NOTES</th>	NOTES

SCORING	
4	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 15+ days in any month <input type="checkbox"/> School-aged children are not currently enrolled in school <input type="checkbox"/> Any member of the family, including children, is currently escaping an abusive situation <input type="checkbox"/> The family is homeless
3	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 7-14 days in any month <input type="checkbox"/> School-aged children typically miss 3+ days of school per week for reasons other than illness <input type="checkbox"/> In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 1-6 days in any month <input type="checkbox"/> School-aged children typically miss 2 days of school per week for reasons other than illness <input type="checkbox"/> In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days <input type="checkbox"/> School-aged children typically miss 1 day of school per week for reasons other than illness
0	All of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month <input type="checkbox"/> School-aged children maintain consistent attendance at school <input type="checkbox"/> There is no evidence of children in the home having experienced or witnessed abuse <input type="checkbox"/> The family is housed

S. Size of Family Unit

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again? • Is anyone in the family currently pregnant? 	NOTES <div></div>

SCORING		
	FOR ONE-PARENT FAMILIES:	FOR TWO-PARENT FAMILIES:
4	Any of the following: <input type="checkbox"/> A pregnancy in the family <input type="checkbox"/> At least one child aged 0-6 <input type="checkbox"/> Three or more children of any age	Any of the following: <input type="checkbox"/> A pregnancy in the family <input type="checkbox"/> Four or more children of any age
3	Any of the following: <input type="checkbox"/> At least one child aged 7-11 <input type="checkbox"/> Two children of any age	Any of the following: <input type="checkbox"/> At least one child aged 0-6 <input type="checkbox"/> Three children of any age
2	<input type="checkbox"/> At least one child aged 12-15.	Any of the following: <input type="checkbox"/> At least one child aged 7-11 <input type="checkbox"/> Two children of any age
1	<input type="checkbox"/> At least one child aged 16 or older.	<input type="checkbox"/> At least one child aged 12 or older
0	<input type="checkbox"/> Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

T. Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> Any matters being considered by a judge right now as it pertains to any member of your family? Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back? Has there ever been an investigation by someone in child welfare into the matters of your family? 	<th>NOTES</th>	NOTES

SCORING	
	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, interactions with child protective services have occurred <input type="checkbox"/> In the past 365 days, one or more children have been removed from parent's custody that have not been reunited with the family at least four days per week <input type="checkbox"/> There are issues still be decided or considered within family court
4	
	In the past 180 days, any of the following have occurred: <ul style="list-style-type: none"> <input type="checkbox"/> Interactions with child protective services have occurred, but not within the past 90 days <input type="checkbox"/> One or more children have been removed from parent's custody through child protective services (non-voluntary) and the child(ren) has been reunited with the family four or more days per week; <input type="checkbox"/> Issues have been resolved in family court
3	
	<input type="checkbox"/> In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
2	
	<input type="checkbox"/> No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
1	
	<input type="checkbox"/> There have been no serious interactions with child protective services because of parenting concerns
0	

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING	0	
PHYSICAL HEALTH & WELLNESS	0	
MEDICATION	0	
SUBSTANCE USE	0	
EXPERIENCE OF ABUSE AND/OR TRAUMA	0	
RISK OF HARM TO SELF OR OTHERS	0	
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS	0	
INTERACTION WITH EMERGENCY SERVICES	0	

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT	0	
MANAGING TENANCY	0	
PERSONAL ADMINISTRATION & MONEY MANAGEMENT	0	
SOCIAL RELATIONSHIPS & NETWORKS	0	
SELF-CARE & DAILY LIVING SKILLS	0	
MEANINGFUL DAILY ACTIVITIES	0	
HISTORY OF HOUSING & HOMELESSNESS	0	

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT	0	
STABILITY/RESILIENCY OF THE FAMILY UNIT	0	
NEEDS OF CHILDREN	0	
SIZE OF FAMILY	0	
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/OR FAMILY COURT	0	
TOTAL	0	No housing intervention

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

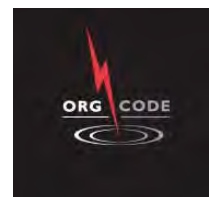
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**COMMUNITY
SOLUTIONS**



Eric Rice, PhD
USC
SCHOOL OF
SOCIAL WORK



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____ : ____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters
 ☐ Couch surfing
 ☐ Other (specify): _____
☐ Transitional Housing
 ☐ Outdoors
☐ Safe Haven
 ☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ ☐ Refused
 b) Taken an ambulance to the hospital? _____ ☐ Refused
 c) Been hospitalized as an inpatient? _____ ☐ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ ☐ Refused
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

8. Were you ever incarcerated when younger than age 18? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

9. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? ☐ **Y** ☐ N ☐ Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? ☐ **Y** ☐ N ☐ Refused
- c) Because your family or friends caused you to become homeless? ☐ **Y** ☐ N ☐ Refused
- d) Because of conflicts around gender identity or sexual orientation? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

- e) Because of violence at home between family members? ☐ **Y** ☐ N ☐ Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ **Y** ☐ N ☐ Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ **Y** ☐ N ☐ Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? ☐ **Y** ☐ N ☐ Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

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22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused
- b) A past head injury? ☐ **Y** ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

HUD 2018 NOFA (NOTICE OF FUNDING AVAILABILITY)
ERIE COUNTY CoC RATING CRITERIA FOR RENEWAL PROJECTS
Finalized August 7, 2018

Under the 2018 HUD Continuum of Care process, the Erie County Continuum of Care is required to rate and rank all renewal projects. The HUD CoC Program Rating and Ranking tool that was released from HUD, was modified to meet local priorities and performance outcomes, and is being utilized for the 2018 rating and ranking process. In order to rate all renewals in a fair and impartial manner, the rating tool consists of an evaluation system based on performance measures, data quality, application timeliness/accuracy, fund utilization, serving priority groups, Housing First/low barrier implementation, cost effectiveness, and audit risk factors. The overall score will equal 160 points maximum when a project receives a perfect score for all performance benchmarks. The criteria for the benchmarks were developed from the System Performance Measures (submitted to HUD 5/31/2018) and the projects last submitted Annual Performance Report. The benchmarks for other criteria were obtained from the individual 2018 project applications, invoice reports submitted to Erie County Department of Human Services, and agency audit reports. The benchmarks that were established for the evaluation include the following:

- 90% or More of Participants in Permanent Housing will remain in or move to Permanent Housing
- 8% or More of Participants (Stayers) Will Increase Their Earned Income
- 10% or More of Participants (Stayers) Will Increase Their Non-Employment Income
- 8% or More of Participants (Leavers) will Increase Their Earned Income
- 10% or More of Participants (Leavers) will Increase Their Non-Employment Income
- 10% or Less Error Rate for Project Data Quality for Personally Identifiable Information
- 10% or Less Error Rate for Project Data Quality for Universal Data Elements
- 10% or Less Error Rate for Project Data Quality for Chronic Homelessness
- Application received on or before local due date of July 20, 2018
- Application submitted contained all required information and was accurate
- Project funds are being fully expended
- Project will Serve HUD Priority Groups- Maximum Points For Serving All 4 HUD Priority Groups
- Project will Abide by Housing First/Low Barrier Model
- The project is cost-effective per person served in comparison to other projects of the same component type within the CoC
- Agency audit report found identified agency as low risk and indicated no findings

The criteria for scoring each question are as follows:

1. Performance Measures Exits to Permanent Housing Permanent Supportive Housing ____% remain in or move to Permanent Housing (PH)	
90% and above	25 points
79.0% - 89.9%	20 points
69.0% - 78.9%	15 points
59.0% - 68.9%	10 points
49.0% - 58.9%	5 points
0% - 48.9%	0 points

2. Performance Measures New or Increased Income and Earned Income Earned income for project stayers ____% increase	
8%+	2.5 points
0% - 7%	0 points

3. Performance Measures New or Increased Income and Earned Income Non-employment income for project stayers ____% increase	
10%+	2.5 points
0% - 9%	0 points

4. Performance Measures New or Increased Income and Earned Income Earned income for project leavers ____% increase	
8%+	2.5 points
0% - 7%	0 points

5. Performance Measures | New or Increased Income and Earned Income | Non-employment income for project leavers

___% increase

10%+	2.5 points
0% - 9%	0 points

6. Other and Local Criteria | Data Quality – Personally Identifiable Information

Applicant has an error rate below 10% for Personally Identifiable Information

Yes	5 points
No	0 points

7. Performance Measures | Universal Data Elements

Applicant has an error rate below 10% for Universal Data Elements

Yes	5 points
No	0 points

8. Other and Local Criteria | Data Quality – Chronic Homelessness

Applicant has an error rate below 10% for Chronic Homelessness

Yes	5 points
No	0 points

9. Other and Local Criteria | Application Timeliness

Application was received on or before the due date

Yes	10 points
No	0 points

10. Other and Local Criteria | Application Completeness/Accuracy

All required information was included and was accurate

Yes	10 points
Some minor errors or missing information	5 points
Multiple errors or missing information	0 points

11. Other and Local Criteria | Fund Utilization

The provider has expended _% of awarded funds within 9 months of Grant start date

75%-100%	25 points
50%-74%	15 points
25%-49%	10 points
0%-24%	0 points

12. Other and Local Criteria | Priority Groups

Applicant will serve HUD priority groups (Chronically Homeless, Families, Youth Ages 18-24, and Homeless Veterans)

All 4 groups	10 points
3 groups	8 points
2 groups	6 points
1 group	4 points
No groups	0 points

13. Other and Local Criteria | Housing First/Low Barrier Implementation

Evidence that applicant quickly moves participants to permanent housing without requirements or preconditions such as sobriety or minimum income

Multiple sources of evidence that project is dedicated to Housing First	25 points
Some Evidence that project is dedicated to Housing First	10 points
No evidence that project is dedicated to Housing First	0 Points

14. Other and Local Criteria | Project is Cost-Effective- Comparing Projected Cost per Person Served to CoC Average Within Project Type:

Cost is > 20% Below Average	10 points
Cost is 20% Below to 20% Above Average	5 points
Cost is > 20% Above Average	0 points

15. Other and Local Criteria | Audit Risk Category

Most recent audit identified agency as “low risk”

Agency identified as low risk	5 points
Agency identified as moderate risk	2.5 points
Agency identified as high risk	0 points

16. Other and Local Criteria | Most recent Audit Indicates No Findings

No Findings Found	5 points
One or More Findings Found	0 points

17. Other and Local Criteria | Overall Impression of Application

Based on Overall Impression	0-10 points
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RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name:

Organization Name:

Project Type:

Project Identifier:

Print Report Card

[Instructions on Awarding Points](#)

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED	MAX POINT VALUE
PERFORMANCE MEASURES				
Exits to Permanent Housing				
1. Permanent Supportive-Housing				25
New or Increased Income and Earned Income				
2. Earned income for project stayers	90% remain in or move to PH	<input type="text"/> %	<input type="text"/>	out of
3. Non-employment income for project stayers	8%+ increase	<input type="text"/> %	<input type="text"/>	out of
4. Earned income for project leavers	10%+ increase	<input type="text"/> %	<input type="text"/>	out of
5. Non-employment income for project leavers	8%+ increase	<input type="text"/> %	<input type="text"/>	out of
	10%+ increase	<input type="text"/> %	<input type="text"/>	out of
Performance Measures Subtotal			0	35

OTHER AND LOCAL CRITERIA				
6. Data Quality - Applicant has an error rate below 10% for Personally identifiable information		<input type="text"/>	<input type="text"/>	out of 5
7. Data Quality - Applicant has an error rate below 10% for Universal Data Elements		<input type="text"/>	<input type="text"/>	out of 5
8. Data Quality - Applicant has an error rate below 10% for Chronic Homelessness		<input type="text"/>	<input type="text"/>	out of 5
9. Application Timeliness - Application was received on or before the due date		<input type="text"/>	<input type="text"/>	out of 10
10. Application Completeness/Accuracy - All required information was included and was accurate		<input type="text"/>	<input type="text"/>	out of 10
11. Fund Utilization - All project funds are being fully expended		<input type="text"/>	<input type="text"/>	out of 25
12. Priority Groups - HUD priority groups are served (Chronically Homeless, Families, Youth 18-24, Homeless Veterans)		<input type="text"/>	<input type="text"/>	out of 10
13. Housing First/Low Barrier - Participants quickly moved to Permanent Housing w/o requirements or preconditions		<input type="text"/>	<input type="text"/>	out of 25
14. Cost Effectiveness - Project is cost effective compared to average cost per person within the project type		<input type="text"/>	<input type="text"/>	out of 10
15. Audit Risk Category - Most recent audit identified agency as "low risk"		<input type="text"/>	<input type="text"/>	out of 5
16. Audit Findings - Most recent audit indicates no findings		<input type="text"/>	<input type="text"/>	out of 5
17. Overall Impression - Overall impression of the application		<input type="text"/>	<input type="text"/>	out of 10
Other and Local Criteria Subtotal			0	125
TOTAL SCORE			0	out of 160
Weighted Rating Score			0	out of 100

PROJECT FINANCIAL INFORMATION	
CoC funding requested	NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab
Amount of other public funding (federal, state, county, city)	\$
Amount of private funding	
TOTAL PROJECT COST	\$
CoC Amount Awarded Last Operating Year	NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab
CoC Amount Expended Last Operating Year	\$
Percent of CoC funding expended last operating year	NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab

HUD 2018 NOFA (NOTICE OF FUNDING AVAILABILITY)
ERIE COUNTY CoC RATING CRITERIA FOR NEW PROJECTS
Finalized August 7, 2018

Under the 2018 HUD Continuum of Care process, the Erie County Continuum of Care is required to rate and rank all new project applications. The HUD CoC Program Rating and Ranking tool that was released from HUD, was modified to meet local priorities and performance outcomes, and is being utilized for the 2018 rating and ranking process. In order to rate all new project applications in a fair and impartial manner, the rating tool consists of a 125-point evaluation system based on experience, design of housing and supportive services, timeliness of implementation of project, financial including any recent audit findings, whether the project intends on serving HUD priority groups, and application timeliness/accuracy. The benchmarks were developed from the information on individual 2018 project applications, HUD standards as evidenced in the 2018 HUD Notice of Funding Availability, and The Federal Register (24 CFR Part 578), most recent audit reports, and an average of project cost per program participant, that was developed by comparing all local applications. The benchmarks that were established for the evaluation include the following:

- The Provider Has Documented Extensive Experience Working with The Proposed Population and Providing Similar Housing Services
- The Provider Documented that the Program Utilizes a Housing First/Low Barrier Model
- The Provider Has Previous Experience Effectively Utilizing Federal Funds
- The Provider Has a Documented Understanding of the Design of Housing & Supportive Services
- The Provider has a Documented Detailed and Efficient Description of the Plan to Assist Clients to Rapidly Secure and Maintain Permanent Housing
- The Provider Describes a Detailed Method that Clients will be Assisted to Increased Employment/Income and Ability to Live Independently
- The Provider Plans to Implement the Program within 30 Days or Less of the Program Start Date
- The Project is Cost- Effective: The Project Budget Details that the Cost per Program Participant is > 20% Below Average within the Project Type
- Audit Findings: The Provider's Most Recent Audit Report Indicate that the Agency is Identified as Low Risk and Indicates No Findings.
- The Budgeted Costs are Detailed, Reasonable and Allowable as per the 2018 Notice of Funding Availability and The Federal Register (24 CFR, Part 278), and Allocable (per the 2018 Estimated Annual Renewal Demand Report).
- Project will Serve HUD Priority Groups- Maximum Points for Serving all 4 HUD Priority Groups.
- The application was received on or before the local due date of July 27, 2018
- The application contained all required information and was accurate

The criteria for scoring each question are as follows:

1. Experience: Working with Proposed Population and Providing Housing Similar to that Proposed in the Application	
Evidence of Extensive Previous Experience	10 points
Evidence of Some Previous Experience	5 points
No Evidence of Prior Experience	0 points

2. Experience: Utilizing a Housing First Approach	
Yes	10
No	0

3. Experience: Experience in Effectively Utilizing Federal Funds	
Yes	5
No	0

4. Extent to Which the Applicant:**A.) Demonstrate the Understanding of the needs of the clients to be served (2 points)****B.) Demonstrate type, scale, and location of the housing and how it will fit the needs of the Clients to be served (2 points)****C.) Demonstrate type and scale of all of the supportive services, regardless of funding source Meet the needs of the clients to be served (2 points)****D.) Demonstrate how clients will be assisted in obtaining and coordinating the provision of Mainstream benefits (2 points)****E.) Establish performance measures for housing and income that are objective, measurable, Trackable, and meet or exceed any established HUD, HEARTH, or CoC Benchmarks (2 points)**

Evidence of Understanding of all 5 Criteria	10 points
Evidence of Understanding of 4 of 5 Criteria	8 points
Evidence of Understanding of 3 of 5 Criteria	6 points
Evidence of Understanding of 2 of 5 Criteria	4 points
Evidence of Understanding of 1 of 5 Criteria	2 points
No Evidence of Understanding of any of Criteria	0 points

5. Design of Housing & Supportive Services: Description of Plan to Assist Clients to Rapidly Secure and Maintain PH

Yes	5 points
No	0 points

6. Design of Housing & Supportive Services: Description of how Clients will be Assisted to Increase Employment and/or Income and to Maximize their Ability to Live Independently

Yes	5 points
No	0 points

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7. Timeliness: Plan for Rapid Implementation of Program	
30 Days or Less	10 points
30 Days to 60 Days	5 points
Beyond 60 Days	0 points

8. Financial: Project is Cost-Effective- Comparing Projected Cost per Person Served to CoC Average Within Project Type:	
Cost is > 20% Below Average	10 points
Cost is 20% Below to 20% Above Average	5 points
Cost is > 20% Above Average	0 points

9. Financial: Most Recent Audit Identified Agency as “Low Risk”	
Yes	5 points
No	0 points

10. Financial: Most Recent Audit Indicates No Findings	
No Findings Found	5 points
One or More Findings Found	0 points

11. Financial: Budgeted Costs are Reasonable, Allocable, and Allowable	
No Evidence of Budget Errors	10 points
Evidence of Some Budget Errors	5 points
Evidence of Multiple Budget Errors	0 Points

12. Other Local Criteria: Provider is Serving a HUD Priority Group (Chronic Homeless, Homeless Families, Homeless Youth ages 18-24, or Homeless Veterans)

All 4 groups	10 points
3 groups	8 points
2 groups	6 points
1 groups	4 points
No groups	0 points

13. Other Local Criteria: Application Timeliness

Application was received on or before due date

Yes	10 points
No	0 points

14. Other Local Criteria: Application Completeness/Accuracy

All required information was included and was accurate

Yes	10 points
Some minor errors or missing information	5 points
Multiple errors or missing information	0 points

15. Other Local Criteria: Overall Impression of Application

Based on Overall Impression	0-10 points
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NEW PROJECTS RATING TOOL

Print Report Card

Print Blank Template

Project Name: _____
 Organization Name: _____
 Project Type: _____
 Project Identifier: _____

[Instructions on Awarding Points](#)

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
EXPERIENCE		
1. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	<input type="text"/>	out of 10
2. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	<input type="text"/>	out of 10
3. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	<input type="text"/>	out of 5
Experience Subtotal	<input type="text" value="0"/>	out of 25
DESIGN OF HOUSING & SUPPORTIVE SERVICES		
4. Extent to which the applicant <ul style="list-style-type: none"> A. Demonstrate understanding of the needs of the clients to be served. B. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served C. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. D. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits E. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks. 	<input type="text"/>	out of 10
5. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	<input type="text"/>	out of 5
6. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	<input type="text"/>	out of 5
Design of Housing & Supportive Services Subtotal	<input type="text" value="0"/>	out of 20
TIMELINESS		
7. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	<input type="text"/>	out of 10
Timeliness Subtotal	<input type="text" value="0"/>	out of 10
FINANCIAL		
8. Project is cost-effective - comparing projected cost per person served to CoC average within project type.	<input type="text"/>	out of 10
Most recent audit...		
9. ...identified agency as 'low risk'	<input type="text"/>	out of 5
10. ...indicates no findings	<input type="text"/>	out of 5
11. Budgeted costs are reasonable, allocable, and allowable	<input type="text"/>	out of 10
Financial Subtotal	<input type="text" value="0"/>	out of 30
OTHER AND LOCAL CRITERIA		
12. Priority Groups - HUD priority groups are served (Chronically Homeless, Families, Youth 18-24, Homeless Veterans)	<input type="text"/>	out of 10
13. Application Timeliness - Application was received on or before the due date	<input type="text"/>	out of 10
14. Application Completeness/Accuracy - All required information was included and was accurate	<input type="text"/>	out of 10
15. Overall Impression - Overall impression of the application	<input type="text"/>	out of 10
Other and Local Criteria Subtotal	<input type="text" value="0"/>	out of 40

NEW PROJECTS RATING TOOL

Print Report Card

Print Blank Template

Project Name: _____
Organization Name: _____
Project Type: _____
Project Identifier: _____

Instructions on Awarding Points

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
TOTAL SCORE	0	out of 125
Weighted Rating Score	0	out of 100
PROJECT FINANCIAL INFORMATION		
CoC funding requested	\$	
Amount of other public funding (federal, state, county, city)		
Amount of private funding		
TOTAL PROJECT COST	\$	

http://www.eriehometeam.org/resources/ Resources | Erie Home Team



Homeless resources for Erie County, PA

HOME ABOUT US MEMBERSHIP GET HELP CALENDAR RESOURCES CONTACT

Resources

RESOURCES

2018 HUD Continuum of Care Rating and Ranking Tools

- [HUD 2018- Renewal Rating Scale](#)
- [HUD 2018- Renewal Project Rating Tool](#)
- [HUD 2018- New Project Rating Scale](#)
- [HUD 2018- New Project Rating Tool](#)

General Meeting Minutes

January 2018 - .PDF

Erie City & County PA-605 Policy and Procedure Documents

- [Erie City County CoC Monitoring Policies and Procedures Manual - .PDF](#)
- [HMIS - Erie Policy and Procedures Manual - .PDF](#)
- [Erie City and County CoC Written Standards - .PDF](#)

2017 HUD Continuum of Care Application

9:13 AM
8/10/2018

Wilcox, Autumn

From: Scheu, Debra
Sent: Thursday, August 09, 2018 9:24 AM
To: Agnes Piscaro; Amy Clabbatz; Andrea Sliva; Ashley Franklin; Wilcox, Autumn; Barbara Ann Lewis; Barry Kohler; Betsy Wiest; Brian McLaughlin; Carl Hull; Carla Storrs; Chris Tombaugh; Clara Holden; Clifton McNair III; Craig Ulmer; Cris Taylor; Danielle Szklenski; Darrell Smith; David Gonzalez; David Woledge; Debbie Dillon; Debbie Smith; Deirdre Tate; Diana Ames; Dimitrovski, Kristine; Dusti Dennis; Eddie Martin; Emily Francis; Emily Goodwin; Pushic, Emily; Connelly, Erin; Gail and Chris Detar; George Fickenworth; Gina Allison; Grace Kennedy; Jacqueline Williams; Jason Sargent; Jeff McDonald; Jennie Hagerty; Jennifer Malone; Jerry Gill; Berdis, Joe; Joe Cancilla; Joshua Miller ; Karns, Shelby; Kate (Elspeth) Koehle; Kathy Hubbard; Katie Schaaf; Kim Stucke; Kurt Crays; Lee Prindle; Linda (Lyons) King; Karle, Lisa; Liz McCormick; Lori Palisin; Margie Olszewski; Mark Alexa; Mark Jasinski; Mary Gollmer; Matthew Good; Maureen Dunn; Michael Wehrer; Michelle Swarm; Migdalia Lavenbein; Mike Jaruszewicz; Nate McGee; Neal Brokman; Nicole Johnson; Pat Herr; Pat Tracey; Patricia Lindeman; Patti Palotas; Perry Wood; Richard Novotny; Rita Scrimenti; Rose Barr; Saunders McLaurin; Sean O'Neill; Sheila Sterrett; Sherry Braswell; Shirley Schell; Shona Eakin; Sister Phyllis Hilbert; Steve Westbrook; Steven Thomas; Tim Hilton; Tim Lavenbein; Tom Schlaudecker; Weidner, Tracey; Viveralli, Cynthia; Jacobs, Wendy; Yolanda Arrington
Subject: FW: 2018 HUD CoC- Rating and Ranking Tools Available for Review

Dear Home Team,

The 2018 HUD Continuum of Care Rating and Ranking Tools for the Erie City & County CoC have been finalized and are now available on the Home Team website. Please see the link below to view:

<http://www.eriehometeam.org/resources/>

Thank you,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services
MH/ID Office
154 West 9th Street
Erie, PA 16501
(814)451-6813
awilcox@eriecountypa.gov

Erie City & County PA-605

Reallocation Process for HUD Continuum of Care Competition 2018

Erie City & County, PA-605, is not reallocating any funds in the 2018 HUD CoC program competition. All project submissions included in the 2018 competition are Permanent Housing Projects. In the 2016 program competition, \$677,268 of our ARD was reallocated to create new Permanent Housing projects, HMIS, and a Coordinated Entry System. As over 20% of our ARD was reallocated in the last program competition, our CoC plans to give time for the new projects to perform prior to the next evaluation for possible reallocation.

Wilcox, Autumn

From: Wilcox, Autumn
Sent: Tuesday, August 28, 2018 4:05 PM
To: 'Mark Alexa'
Cc: Joe Cancilla; Rich Turri; Karns, Shelby; Dimitrovski, Kristine; Karle, Lisa; Maries, Anne; Jarzynka, Linda
Subject: 2018 HUD CoC Ranking Results- LTC I, LTC II, and LTC I Consolidation
Attachments: 2018 HUD CoC Ranking Result- LTC I Consolidation.pdf; 2018 HUD CoC Ranking Result- LTC I.pdf; 2018 HUD CoC Ranking Result- LTC II.pdf

Importance: High

Dear Community Shelter Services,

Attached, please find your ranking and scoring results for the 2018 HUD CoC competition for Lighting the Candle I, Lighting the Candle II, and Lighting the Candle I Consolidation.

Thank you,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services
MH/ID Office
154 West 9th Street
Erie, PA 16501
(814)451-6813
awilcox@eriecountypa.gov



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

Mr. Mark Alexa
Community Shelter Services
655 W. 16th St.
Erie, PA 16502

Re: 2018 HUD Continuum of Care Competition
Lighting the Candle II Renewal Application Ranking and Scoring Results

Dear Mr. Alexa:

I am pleased to inform you that your 2018 renewal project application for Lighting the Candle II has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$111,762. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

A handwritten signature in black ink, appearing to read "Autumn Wilcox".

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services





DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
*DHS Director
MH/ID Administrator*

8/28/18

Mr. Mark Alexa
Community Shelter Services
655 W. 16th St.
Erie, PA 16502

Re: 2018 HUD Continuum of Care Competition
Lighting the Candle I Renewal Application Ranking and Scoring Results

Dear Mr. Alexa:

I am pleased to inform you that your 2018 renewal project application for Lighting the Candle I has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$133,635. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services





DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

Mr. Mark Alexa
Community Shelter Services
655 W. 16th St.
Erie, PA 16502

Re: 2018 HUD Continuum of Care Competition
Lighting the Candle I Consolidation Application Ranking and Scoring Results

Dear Mr. Alexa:

I am pleased to inform you that your 2018 consolidation project application to combine Lighting the Candle I and Lighting the Candle II, has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$245,397. Please note that if HUD accepts your consolidated application, your separate renewal applications will be removed from the ranking list. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services



Wilcox, Autumn

From: Wilcox, Autumn
Sent: Tuesday, August 28, 2018 4:11 PM
To: 'Grace Kennedy'; 'Community of Caring Shelter'
Cc: Karns, Shelby; Dimitrovski, Kristine; Karle, Lisa; Maries, Anne; Jarzynka, Linda
Subject: 2018 HUD CoC Ranking Results- Finally Home
Attachments: 2018 HUD CoC Ranking Result- Finally Home.pdf

Importance: High

Dear Community of Caring,

Attached, please find your ranking and scoring results for the 2018 HUD CoC competition for Finally Home.

Thank you,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services
MH/ID Office
154 West 9th Street
Erie, PA 16501
(814)451-6813
awilcox@eriecountypa.gov



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

Dr. Grace Kennedy
Executive Director
Community of Caring
245 E. 8th St.
Erie, PA 16503

Re: 2018 HUD Continuum of Care Competition
Finally Home Renewal Application Ranking & Scoring Results

Dear Dr. Kennedy:

Thank you for the submission of your renewal project application for Finally Home. After review of the 2018 Housing and Urban Development (HUD) Continuum of Care Competition projects, ranking placed a portion of funding for Finally Home into Tier 2. The scoring process was very competitive this year. Some of the factors that impacted this decision were less than average cost effectiveness per program participant, low fund utilization, and poor outcomes related to new or increased income and earned income for program participants. Project Finally Home could receive a maximum award of \$74,232 as your application will be included in the 2018 consolidated application. Of this maximum award amount, \$12,121 is straddled into Tier 2. As in previous years, Tier 2 funding is at risk of being cut if HUD has insufficient funds. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services



Wilcox, Autumn

From: Wilcox, Autumn
Sent: Tuesday, August 28, 2018 4:00 PM
To: Barber, Charlie; 'McGrath, Eric'; 'Kohler, Barry'; O'Neill, Sean
Cc: 'Swantek, Brian'; McDonald, Jeffrey; Karns, Shelby; Dimitrovski, Kristine; Karle, Lisa; Maries, Anne; Jarzynka, Linda
Subject: 2018 HUD CoC- Ranking Results- ECCM
Attachments: 2018 HUD CoC Ranking Result- Self Start I.pdf; 2018 HUD CoC Ranking Result- Self Start II.pdf; 2018 HUD CoC Ranking Result- Self Start III.pdf; 2018 HUD CoC Ranking Result- ECCM RRH 1.pdf

Importance: High

Dear ECCM,

Attached, please find your ranking and scoring results for the 2018 HUD CoC competition for Self Start I, Self Start II, Self Start III, and ECCM Rapid Rehousing 1.

Thank you,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services
MH/ID Office
154 West 9th Street
Erie, PA 16501
(814)451-6813
awilcox@eriecountypa.gov



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
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Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/21/18

Mr. Barry Kohler
Erie County Care Management
1640 Sassafra St.
Erie, PA 16501

Re: 2018 HUD Continuum of Care Competition
Self Start III Renewal Application Ranking and Scoring Results

Dear Mr. Kohler:

I am pleased to inform you that your 2018 renewal project application for Self Start III has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$145,056. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

A handwritten signature in black ink, appearing to read "Autumn Wilcox".

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services





DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/21/18

Mr. Barry Kohler
Erie County Care Management
1640 Sassafras St.
Erie, PA 16501

Re: 2018 HUD Continuum of Care Competition
Self Start II Renewal Application Ranking and Scoring Results

Dear Mr. Kohler:

I am pleased to inform you that your 2018 renewal project application for Self Start II has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$143,818. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services





DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

Mr. Barry Kohler
Erie County Care Management
1640 Sassafra St.
Erie, PA 16501

Re: 2018 HUD Continuum of Care Competition
Self Start I Renewal Application Ranking and Scoring Results

Dear Mr. Kohler:

I am pleased to inform you that your 2018 renewal project application for Self Start I has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$428,819. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services





DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

Mr. Barry Kohler
Erie County Care Management
1640 Sassafras St.
Erie, PA 16501

Re: 2018 HUD Continuum of Care Competition
ECCM Rapid Rehousing 1 New Application Ranking and Scoring Results

Dear Mr. Kohler:

I am pleased to inform you that your 2018 new Bonus project application for ECCM Rapid Rehousing 1 has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$158,054. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services



Wilcox, Autumn

From: Wilcox, Autumn
Sent: Tuesday, August 28, 2018 4:03 PM
To: 'Kurt Crays'
Cc: Lori Lewis; Karns, Shelby; Dimitrovski, Kristine; Karle, Lisa; Maries, Anne; Jarzynka, Linda
Subject: 2018 HUD CoC Ranking Results- My Way Home & Independence
Attachments: 2018 HUD CoC Ranking Result- My Way Home.pdf; 2018 HUD CoC Ranking Result- Independence.pdf

Importance: High

Dear EUMA,

Attached, please find your ranking and scoring results for the 2018 HUD CoC competition for My Way Home and Independence.

Thank you.

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services
MH/ID Office
154 West 9th Street
Erie, PA 16501
(814)451-6813
awilcox@eriecountypa.gov



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

Mr. Kurt Crays
Erie United Methodist Alliance
1033 E. 26th St.
Erie, PA 16504

Re: 2018 HUD Continuum of Care Competition
My Way Home Renewal Application Ranking and Scoring Results

Dear Mr. Crays:

I am pleased to inform you that your 2018 renewal project application for My Way Home has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$360,502. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services





DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
*DHS Director
MH/ID Administrator*

8/28/18

Mr. Kurt Crays
Erie United Methodist Alliance
1033 E. 26th St.
Erie, PA 16504

Re: 2018 HUD Continuum of Care Competition
Independence Renewal Application Ranking and Scoring Results

Dear Mr. Crays:

I am pleased to inform you that your 2018 renewal project application for Independence has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$209,264. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services



Wilcox, Autumn

From: Wilcox, Autumn
Sent: Tuesday, August 28, 2018 4:10 PM
To: David; 'Jesse Hayward'
Cc: 'Susan Rea'; Karns, Shelby; Dimitrovski, Kristine; Karle, Lisa; Maries, Anne; Jarzynka, Linda
Subject: 2018 HUD CoC Ranking Results- Fresh Start
Attachments: 2018 HUD CoC Ranking Result- Fresh Start.pdf

Importance: High

Dear Gaudenzia,

Attached, please find your ranking and scoring results for the 2018 HUD CoC competition for Fresh Start.

Thank you.

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services
MH/ID Office
154 West 9th Street
Erie, PA 16501
(814)451-6813
awilcox@eriecountypa.gov



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

Mr. David Brooks
Gaudenzia Erie
2005 W. 8th St,
Erie, PA16505

Re: 2018 HUD Continuum of Care Competition
Fresh Start Renewal Application Ranking and Scoring Results

Dear Mr. Brooks:

I am pleased to inform you that your 2018 renewal project application for Fresh Start has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$143,877. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services



Wilcox, Autumn

From: Wilcox, Autumn
Sent: Tuesday, August 28, 2018 4:08 PM
To: 'Patricia Stucke'; 'Bill Grove'
Cc: 'Tina Richardi'; David Wooledge; Karns, Shelby; Dimitrovski, Kristine; Karle, Lisa; Maries, Anne; Jarzynka, Linda
Subject: 2018 HUD CoC Ranking Results- MIHA I & II
Attachments: 2018 HUD CoC Ranking Result- Make it a Home Always I.pdf; 2018 HUD CoC Ranking Result- Make it Home Always II.pdf

Importance: High

Dear MHA,

Attached, please find your ranking and scoring results for the 2018 HUD CoC competition for Make it a Home Always I and Make it a Home Always II.

Thank you,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services
MH/ID Office
154 West 9th Street
Erie, PA 16501
(814)451-6813
awilcox@eriecountypa.gov



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities
154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

Ms. Pat Stucke
CEO
Mental Health Association
1101 Peach St.
Erie, PA 16503

Re: 2018 HUD Continuum of Care Competition
Make it a Home Always II Renewal Application Ranking and Scoring Results

Dear Ms. Stucke:

Thank you for the submission of your renewal project application for Make it a Home Always II. After review of the 2018 Housing and Urban Development (HUD) Continuum of Care Competition projects, ranking placed Make it a Home Always II into Tier 2. The scoring process was very competitive this year. Some of the factors that impacted this decision were: less than average cost effectiveness, low fund utilization factors, and poor outcomes related to new or increased income and earned income for program participants. While your project will be included in the 2018 consolidated application, as in previous years, Tier 2 is at risk of being cut if HUD has insufficient funds. The total request for this project will be \$115,864. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services





DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

154 West Ninth Street
Erie, Pennsylvania 16501-1303
Telephone: 814-451-6860 • TTY: 814-451-6858 • Fax: 814-451-6868

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

Ms. Pat Stucke
CEO
Mental Health Association
1101 Peach St.
Erie, PA 16503

Re: 2018 HUD Continuum of Care Competition
Make it a Home Always I Renewal Application Ranking and Scoring Results

Dear Ms. Stucke:

I am pleased to inform you that your 2018 renewal project application for Make it a Home Always I has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$108,228. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website.

If you have any questions, please contact me at (814)451-6813.

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

Wilcox, Autumn

From: Wilcox, Autumn
Sent: Tuesday, August 28, 2018 4:16 PM
To: Agnes Piscaro; Amy Clabbatz; Andrea Sliva; Ashley Franklin; Wilcox, Autumn; Barbara Ann Lewis; Barry Kohler; Betsy Wiest; Brian McLaughlin; Carl Hull; Carla Storrs; Chris Tombaugh; Clara Holden; Clifton McNair III; Craig Ulmer; Cris Taylor; Danielle Szklenski; Darrell Smith; David Gonzalez; David Woledge; Debbie Dillon; Debbie Smith; Deirdre Tate; Diana Ames; Dimitrovski, Kristine; Dusti Dennis; Eddie Martin; Emily Francis; Emily Goodwin; Pushic, Emily; Connelly, Erin; Gail and Chris Detar; George Fickenworth; Gina Allison; Grace Kennedy; Jacqueline Williams; Jason Sargent; Jeff McDonald; Jennie Hagerty; Jennifer Malone; Jerry Gill; Berdis, Joe; Joe Cancilla; Joshua Miller ; Karns, Shelby; Kate (Elspeth) Koehle; Kathy Hubbard; Katie Schaaf; Kim Stucke; Kurt Crays; Lee Prindle; Linda (Lyons) King; Karle, Lisa; Liz McCormick; Lori Palisin; Margie Olszewski; Mark Alexa; Mark Jasinski; Mary Gollmer; Matthew Good; Maureen Dunn; Michael Wehrer; Michelle Swarm; Migdalia Lavenbein; Mike Jaruszewicz; Nate McGee; Neal Brokman; Nicole Johnson; Pat Herr; Pat Tracey; Patricia Lindeman; Patti Palotas; Perry Wood; Richard Novotny; Rita Scrimenti; Rose Barr; Saunders McLaurin; Sean O'Neill; Sheila Sterrett; Sherry Braswell; Shirley Schell; Shona Eakin; Sister Phyllis Hilbert; Steve Westbrook; Steven Thomas; Tim Hilton; Tim Lavenbein; Tom Schlaudecker; Weidner, Tracey; Viveralli, Cynthia; Jacobs, Wendy; Yolanda Arrington
Subject: 2018 HUD CoC- Competition Ranking Results for Erie City & County CoC- PA-605
Importance: High

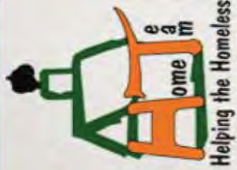
Dear Home Team,

The ranking results for the 2018 HUD Continuum of Care Competition are complete and are now available on the Home Team Website. Please use the link below to view results:

<http://www.eriehometeam.org/resources/>

Thank you,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services
MH/ID Office
154 West 9th Street
Erie, PA 16501
(814)451-6813
awilcox@eriecountypa.gov



Homeless resources for Erie County, PA

HOME ABOUT US MEMBERSHIP GETHELP CALENDAR RESOURCES CONTACT

Resources

RESOURCES

- 2018 HUD Continuum of Care Priority Listing
- 2018 HUD Priority Listing for Erie City & County CoC PA-605
- 2018 HUD Continuum of Care Rating and Ranking Tools
 - HUD 2018- Renewal Rating Scale
 - HUD 2018- Renewal Project Rating Tool
 - HUD 2018- New Project Rating Scale
 - HUD 2018- New Project Rating Tool

General Meeting Minutes

January 2018 - .PDF

Erie City & County PA-605 Policy and Procedure Documents

Tuesday, August 28, 2018

Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

4:38:34 PM

Change date and time settings...

2018 ERIE CITY AND COUNTY CONTINUUM OF CARE (PA-605 CoC) PRIORITY LISTING

RANKING	PROJECT TYPE	PROJECT NAME	AMOUNT	TIER	STATUS
1	HMIS	HMIS	\$146,027	1	Renewal
2	Coordinated Entry	Coordinated Entry	\$12,000	1	Renewal
3	PSH	Self Start II	\$143,818	1	Renewal
4	PSH	Self Start III	\$145,056	1	Renewal
5	PSH	Lighting the Candle II	\$111,762	1	Renewal
5 (C)	PSH	Lighting the Candle I *		1	Renewal- Consolidated
6	PSH	Self Start I	\$428,819	1	Renewal
7	PSH	Lighting the Candle I	\$133,635	1	Renewal
8	PSH	Make it a Home Always I	\$108,228	1	Renewal
9	RRH	My Way Home	\$360,502	1	Renewal
10	RRH	Independence	\$209,264	1	Renewal
11	PSH	Fresh Start	\$143,877	1	Renewal
12	RRH	ECCM Rapid Rehousing 1	\$158,054	1	New (Bonus)
13	PSH	Finally Home	\$74,232	1(\$62,111) 2(\$12,121)	Renewal
14	PSH	Make it a Home Always II	\$115,864	2	Renewal

Total: \$2,291,138

Renewals: \$2,133,084
New (Bonus): \$158,054
Planning Grant (not ranked) \$79,311

Total HUD Request: \$2,370,449

*The Lighting the Candle I consolidation is pending HUD approval. If approved, the amounts for Lighting the Candle I and II will be combined (\$245,397), and the consolidated project will be ranked #5.



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities
154 West Ninth Street
Erie, Pennsylvania 16501-1303
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Kathy Dahlkemper
County Executive

John A. DiMattio
*DHS Director
MH/ID Administrator*

8/28/18

Erie City & County CoC (PA-605) did not reject or reduce any project applications in the 2018 HUD CoC Competition.

Sincerely,

A handwritten signature in black ink, appearing to read "Autumn Wilcox".

Autumn Wilcox
Housing Program Specialist
Erie County DHS
154 W. 9th Street
Erie, PA 16501

Anne

PROOF OF PUBLICATION
In
THE ERIE TIMES-NEWS
COMBINATION EDITION

ERIE COUNTY MHMR
154 W 9TH ST
ERIE PA 16501-1303

REFERENCE: 111888 322962
The Erie County Department of Human

STATE OF PENNSYLVANIA)
COUNTY OF ERIE) SS:

Brenda L. Learn, being duly sworn, deposes and says that: (1) he/she is a designated agent of the Times Publishing Company (TPC) to execute Proofs of Publication on behalf of the TPC; (2) the TPC, whose principal place of business is at 205 W. 12th Street, Erie, Pennsylvania, owns and publishes the Erie Times-News, established October 2, 2000, a daily newspaper of general circulation, and published at Erie, Erie County Pennsylvania; (3) the subject notice or advertisement, was published in the regular edition(s) of said newspaper on the date(s) referred to below. Affiant further deposes that he/she is duly authorized by the TPC, owner and publisher of the Erie Times-News, to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statement as to time, place and character of publication are true.

PUBLISHED ON: 07/01/18

TOTAL COST: \$130.00 AD SPACE: 30 Lines

FILED ON: 07/01/18

The Erie County Department of Human Services, Office of Mental Health and Intellectual Disabilities (MH/ID) is soliciting project applications for the U.S. Department of Housing and Urban Development, Community Planning and Development, for the 2018 Continuum of Care Program Competition. A copy of the Notice of Funding Availability (NOFA) can be obtained online by visiting: <https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf>. Project Applications can be obtained by contacting Autumn Wilcox at: Erie County MH/ID Office, 154 West 9th St. Fourth Floor, Erie, PA 16501. Renewal project applications must be submitted by 5:00 PM on Friday, July 20, 2018. New project applications must be submitted by Friday, July 27, 2018. All projects must be submitted to Autumn Wilcox at: Erie County MH/ID Office, 154 West 9th St. Fourth Floor, Erie, PA 16501.

(7-322962-NT-1)

Sworn to and subscribed before me this 2nd day of July 2018

Affiant: Brenda L. Learn

NOTARY: Barbara J. Moore

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Barbara J. Moore, Notary Public
City of Erie, Erie County
My Commission Expires March 23, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Wilcox, Autumn

From: Wilcox, Autumn
Sent: Friday, July 06, 2018 3:21 PM
To: Scheu, Debra; Agnes Piscaro; Amy Clabatz; Andrea Sliva; Ashley Franklin; Barbara Ann Lewis; Barry Kohler; Betsy Wiest; Brian McLaughlin; Carl Hull; Carla Storrs; Chris Tombaugh; Clara Holden; Clifton McNair III; Craig Ulmer; Cris Taylor; Pushic, Dan; Danielle Szklenski; Darrell Smith; David Gonzalez; David Wooledge; Debbie Dillon; Debbie Smith; Deirdre Tate; Diana Ames; Diane Brant; Dimitrovski, Kristine; Dusti Dennis; Eddie Martin; Emily Francis; Emily Goodwin; Connelly, Erin; George Fickenworth; Gina Allison; Grace Kennedy; Jacqueline Williams; Jason Sargent; Jeff McDonald; Jennie Hagerty; Jerry Gill (Jerry_Gill@iu5.org); Berdis, Joe; Joe Cancilla; Joshua Miller ; Karle, Lisa; Karns, Shelby; Kate (Elspeth) Koehle; Kathy Hubbard; Katie Schaaf; Kim Stucke; Kurt Crays; Laryssa Stolar; Lee Prindle; Linda (Lyons) King; Liz McCormick; Lori Palisin; Malone, Jennifer; Margie Olszewski; Mark Alexa; Mark Jasinski; Mary Gollmer; Matthew Good; Maureen Dunn; Michael Wehrer; Michelle Swarm; Migdalia Lavenbein; Mike Jaruszewicz; Nate McGee; Neal Brokman; Nicole Johnson; Pat Herr; Patricia Lindeman; Patti Palotas; Perry Wood; Richard Novotny; Rita Scrimenti; Rose Barr; Saunders McLaurin; Sean O'Neill; Sheila Sterrett; Sherry Braswell; Shirley Schell; Shona Eakin; Sister Phyllis Hilbert; Steve Westbrook; Steven Thomas; Tim Hilton; Tim Lavenbein; Tom Schlaudecker; Weidner, Tracey; Viveralli, Cynthia; Jacobs, Wendy; Yolanda Arrington
Subject: RE: 2018 HUD CoC Competition- Deadlines and Application Details and Instructions
Importance: High

Dear Home Team,

The final deadline for **new** project applications for the 2018 HUD CoC Competition is by **5:00 PM on Friday, July 27, 2018**. The deadline for all **renewal** project applications for the 2018 competition remains by **5:00 PM on Friday, July 20, 2018**. Applications will not be accepted past these deadlines.

HUD has released the ARD report and the link is below:

<https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Estimated-ARD.pdf>

There are two separate bonus categories this year, Bonus and Domestic Violence Bonus. Below is a summary of funds available for new applications in the 2018 competition:

Bonus: \$158,621

Domestic Violence Bonus: \$264,369

Please review the NOFA in its entirety for details on new applications. Pay special attention to pages 28-29 for details on new project applications. We do not have plans to reallocate renewal projects so the Bonus and Domestic Violence Bonus funds are the only funds available for new project applications in the 2018 competition.

Bonus Funds:

We are accepting applications for the bonus funds for the project types listed on pages 28-29 of the NOFA under "New Projects Created through Reallocation or Bonus". These project types consist of: a) Permanent Supportive Housing projects that meet all of the requirements of Dedicated Plus or where 100% of the beds are dedicated to individuals and families experiencing chronic homelessness, (b) Rapid Re-Housing projects that will serve homeless individuals and families, including unaccompanied youth, c) Joint TH/RRH projects that serve homeless individuals and families, including individuals and families fleeing or attempting to flee domestic violence. Please read the NOFA for full details on eligible projects and requirements.

Domestic Violence Bonus Funds:

We are accepting applications for the Domestic Violence Bonus funds for the project types listed on page 29 of the NOFA under "New Projects for DV Bonus". These project types consist of: a) Rapid Re-Housing projects dedicated to serving survivors of domestic violence, b) Joint TH and RRH component projects as defined in Section III.C.3.m. of the NOFA dedicated to serving survivors of domestic violence, c) Supportive Services-Only Coordinated Entry project to implement policies, procedures, and practices that equip the CoC's Coordinated Entry to better meet the needs of survivors of domestic violence. Please read the NOFA for full details on eligible projects and requirements.

If you plan to apply for a new project in the 2018 competition, please email me to let me know and follow the directions in this email and the email below.

Thank you,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services
MH/ID Office
154 West 9th Street
Erie, PA 16501
(814)451-6813
awilcox@eriecountypa.gov

From: Scheu, Debra

Sent: Friday, June 29, 2018 9:56 AM

To: Agnes Piscaro; Amy Clabatz; Andrea Sliva; Ashley Franklin; Barbara Ann Lewis; Barry Kohler; Betsy Wiest; Brian McLaughlin; Carl Hull; Carla Storrs; Chris Tombaugh; Clara Holden; Clifton McNair III; Craig Ulmer; Cris Taylor; Pushic, Dan; Danielle Szklenski; Darrell Smith; David Gonzalez; David Woledge; Debbie Dillon; Debbie Smith; Deirdre Tate; Diana Ames; Diane Brant; Dimitrovski, Kristine; Dusti Dennis; Eddie Martin; Emily Francis; Emily Goodwin; Connelly, Erin; George Fickenworth; Gina Allison; Grace Kennedy; Jacqueline Williams; Jason Sargent; Jeff McDonald; Jennie Hagerty; Jerry Gill (Jerry_Gill@iu5.org); Berdis, Joe; Joe Cancilla; Joshua Miller ; Karle, Lisa; Karns, Shelby; Kate (Elspeth) Koehle; Kathy Hubbard; Katie Schaaf; Kim Stucke; Kurt Crays; Laryssa Stolar; Lee Prindle; Linda (Lyons) King; Liz McCormick; Lori Palisin; Malone, Jennifer; Margie Olszewski; Mark Alexa; Mark Jasinski; Mary Gollmer; Matthew Good; Maureen Dunn; Michael Wehrer; Michelle Warm; Migdalia Lavenbein; Mike Jaruszewicz; Nate McGee; Neal Brokman; Nicole Johnson; Pat Herr; Patricia Lindeman; Patti Palotas; Perry Wood; Richard Novotny; Rita Scrimenti; Rose Barr; Saunders McLaurin; Sean O'Neill; Sheila Sterrett; Sherry Braswell; Shirley Schell; Shona Eakin; Sister Phyllis Hilbert; Steve Westbrook; Steven Thomas; Tim Hilton; Tim Lavenbein; Tom Schlaudecker; Weidner, Tracey; Viveralli, Cynthia; Jacobs, Wendy; Wilcox, Autumn; Yolanda Arrington

Subject: FW: 2018 HUD CoC Competition- Deadlines and Application Details and Instructions

Dear Home Team Members,

The deadline for submission of any **renewal** project application for the 2018 HUD Continuum of Care (CoC) Competition is by **5:00 PM on Friday, July 20, 2018**. I will contact each provider who submitted an application in the 2017 CoC competition individually with instructions and to provide your most recent project application for review and approval.

For **new** project applications for the 2018 competition, you may begin working on your project applications using the attached HUD CoC-New Project Application Template (attached). HUD has not yet released the 2018 estimated Annual Renewal Demand (ARD) report. The ARD report will tell us how much funds are available to apply for in Bonus and in a new category, Domestic Violence Bonus. Once the ARD report is released, I will forward and set a firm deadline for **new** project applications. However, assuming that the ARD report is released soon, the tentative deadline for **new** project applications will be by **5:00 PM on Friday, July 27, 2018**.

Included in this email , you will find the following:

1. Link to the 2018 HUD Notice of Funding Availability (NOFA) for your review :
<https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf>
2. Attached: 24 CFR Part 578- Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Final Rule
3. Link to FY 2018 CoC Program Competition- What's New Document:
<https://www.hudexchange.info/resources/documents/fy-2018-coc-program-competition-nofa-whats-new-changes-and-highlights.pdf>
4. Link to HUD required forms for each project you are applying for:
 - a. Form 2880- <https://portal.hud.gov/hudportal/documents/huddoc?id=2880.pdf>
 - b. SF-LLL- <https://www.hudexchange.info/resources/documents/HUD-Form-Sflll.pdf>
 - c. 50070- <https://portal.hud.gov/hudportal/documents/huddoc?id=50070.pdf>

Instructions for 2018 New Project Applications:

1. Read the 2018 HUD CoC NOFA to make certain to understand all requirements (link above).
2. Fill in your new 2018 HUD CoC project application starting with section 2a using the attached template and forward back to me via email. Read the instructions above each section carefully.
3. Review 24 CFR 578.73 for detailed HUD Match requirements. Please note that match sources for all grant funds must be matched with either cash or In-Kind and must be no less than 25% of project budget except for leasing. For In-Kind services, make sure to include a Memorandum of Understanding (MOU) if the services are being provided by a third party. *Remember that match contributions must be actual funds spent or goods/services used for program participants in the HUD-funded program. Match is not funds kept in cash reserves. Make certain that your match contribution is for eligible activities as per 24 CFR Part 578.
4. Using the link for forms, complete and sign forms for each project you intend to apply for: HUD 2880, SF-LLL, and HUD 50070.

Documents needed to submit for a new project application:

1. Completed 2018 HUD CoC new application template (attached)
2. Match letter dated and signed by agency director.
3. MOU letters if applicable for In-Kind match
4. Completed and signed HUD forms: 2880, SF-LLL, and 50070- complete each form for each new project you are applying for
5. Proof of nonprofit status.

Instructions for 2018 Renewal Project Applications: I will contact each provider individually who submitted a 2017 application.

Please understand that while you will see in the NOFA that the due date of the consolidated application is 9/18/18, there are multiple other internal deadlines that our CoC must meet prior to this date. In addition, the ranking and scoring committee needs sufficient time to review all of your project applications to ensure that all are reviewed in a thorough and fair manner. Thank you in advance for your understanding of this.

Autumn Wilcox

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Homeless Management Information System (HMIS-Erie)

Policies and Procedures Manual

September, 2017

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***For HMIS-ERIE technical support, please email (preferred)
or call Lisa, Ted or Dan of the HMIS-Erie Management Team.***

HOMELESSNESS MANAGEMENT INFORMATION SYSTEM

POLICIES AND PROCEDURES MANUAL

*This manual is developed by HMIS-Erie Management and authorized by the Erie County
Department of Human Services Housing Team*

HMIS-ERIE GOVERNANCE CHARTER

INTRODUCTION

Erie County Department of Human Services (ECDHS) is the lead agency and Collaborative Applicant for the Erie County Continuum of Care (PA-605) as well as the designated lead agency for the PA-605 Homeless Management Information System (HMIS-Erie). The coverage area includes all of Erie County, PA. ECDHS has primary responsibility for all HMIS-ERIE activities.

HMIS-Erie Governance Charter serves to delineate the roles and responsibilities related to key aspects of the governance and operations of HMIS-Erie and includes the most recent **HMIS-ERIE Policies and Procedures Manual (Policy)** approved and adopted by the ECDHS, which is incorporated into this charter by reference. The Policy includes privacy, security, client consent and data entry requirements and may be modified from time to time at the ECDHS' discretion.

Beginning with the 2003 Continuum of Care (CoC) grants and continuing with the Emergency Solutions Grants (ESG), the United States Department of Housing and Urban Development (HUD) requires all grantees and sub-grantees to participate in their local Homeless Management Information System. This policy is consistent with the Congressional Direction for communities to provide data to HUD on the extent and nature of homelessness and the effectiveness of its service delivery system in preventing and ending homelessness.

HMIS-Erie and its operating policies and procedures are structured to comply with the most recently released **HUD Data and Technical Standards for HMIS**. Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate agencies, the Continuum may negotiate its procedures and/or execute appropriate business agreements with Partner Agencies so they follow applicable laws.

The ECDHS uses all submitted data for analytic and administrative purposes, including the preparation of ECDHS reports to funders and the Continuum's participation in the Federal Annual Homeless Assessment Report (AHAR). Aggregate data taken from HMIS-Erie is used to inform Strategic Planning activities and the Consolidated Plans of Erie City and County and other entitlement communities.

KEY SUPPORT ROLES & RESPONSIBILITIES

Erie County Department of Human Services Housing Team

As lead agency for the Erie City and County Continuum of Care (CoC):

- Manages HMIS-Erie System Administrators, oversees HMIS-Erie project and has primary responsibility for all HMIS-ERIE activities
- Approves and facilitates enforcement of HMIS-ERIE policies as set forth in HMIS-Erie Policies and Procedures Manual
- Designates software to be used for HMIS-Erie in the geographic region
- Selects, approves and executes annual contract(s) with HMIS-ERIE vendor(s)

HMIS-ERIE Management Team

- Guides the implementation/maintenance of the Homeless Management Information System
- Ensures HMIS-ERIE compliance with all HUD rules and regulations
- Encourages and facilitates participation
- Develops, informs, and reviews HMIS-ERIE policies and procedures
- Advises and recommends to the ECDHS Housing Team changes to HMIS-ERIE policies and procedures
- Cultivates ways in which future data measurement can contribute to fulfillment of strategic goals
- Provides training and support to partner agency users
- Facilitates continuing quality improvement via data analyses and knowledge of best practices
- Ensures compliance with HMIS-ERIE policies and HUD requirements
- Monitors data quality in accordance with Data Quality Plan benchmarks as set forth in HMIS-Erie Policies and Procedures Manual
- Acts as liaison between the ECDHS and regional or national HMIS-ERIE related organizations and participates in related activities
- Supervises contract(s) with vendor(s)

HMIS-ERIE Partner Agencies

- Execute an HMIS-ERIE Agency Partner Agreement and, if applicable, a Network Data Sharing Agreement
- Agree to abide by the most current HMIS-ERIE Policy and Procedures Manual (Policy) approved and adopted by the ECDHS

- Ensure that all employees and agents comply with the Policy
- Ensure staffing and equipment necessary to implement and ensure HMIS-ERIE participation

HMIS-ERIE Agency Administrators

- Are the main communicators and the liaison between HMIS-Erie Management Team and their respective agency's users
- Ensure compliance with HMIS-ERIE policies within their agency
- Provide support for HMIS-ERIE use within their agencies
-

HMIS-ERIE AGENCY IMPLEMENTATION POLICIES AND PROCEDURES

HMIS-ERIE PARTICIPATION POLICY

Mandated Participation

All projects that are authorized under HUD's McKinney-Vento Act as amended by the HEARTH Act to provide homeless services and projects receiving HUD funding must meet the minimum HMIS-ERIE participation standards as defined by this Policies and Procedures manual. These participating agencies will be required to comply with all applicable operating procedures and must agree to execute and comply with an HMIS-ERIE Agency Partner Agreement.

Voluntary Participation

Although funded agencies are required to meet only minimum participation standards, the ECDHS strongly encourages funded agencies to fully participate with all their homeless programs. While the ECDHS cannot require non-funded providers to participate in HMIS-Erie, the ECDHS works closely with non-funded agencies to articulate the benefits of HMIS-Erie and to strongly encourage their participation in to achieve a comprehensive and accurate understanding of homelessness in Erie City and County.

Minimum Participation Standards

- Each participating agency shall execute an HMIS-ERIE Agency Partner Agreement.
- Agency staff shall collect the Universal and Program-Specific data elements as defined by HUD and other Federal Partners. Other data elements as determined by the Erie Home Team for all clients served by programs participating in HMIS-ERIE; data may be shared with other agencies subject to appropriate client consent and data sharing agreements.
- Agency staff shall enter client-level data into HMIS-Erie within two business days for emergency housing and five working days of client interaction.
- Participating agencies shall comply with all HUD regulations for HMIS-ERIE participation.