

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 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 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:

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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

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	Yes
Local Jail(s)	No	No	Yes
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	No	No	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	Yes
LGBT Service Organizations	No	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Local VA	Yes	Yes	Yes
Community Action Committee	Yes	Yes	Yes
Non-CoC Funded Crisis Shelter Organizations	Yes	Yes	Yes

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
 - 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
 - 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
 - 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.**
- (limit 2,000 characters)**

1) The CoC, (Home Team) actively recruits new members. The Home Team is open to any community members or agencies. It consists of a continuously expanding network of housing providers, service providers, youth providers, school districts, businesses and community members that are invested in ending homelessness. Our membership increased to 117 members from 93 members the previous year. The Home Team meets regularly to discuss and share information on homelessness, new strategies, improving efforts, sharing data, outreach and sharing ideas to improve efforts in solving homelessness. 2) The Home Team meets bimonthly where the solicitation of new members is a topic of discussion. We have a website that is open to the public. Home team members can contact the Chair if they know any new members that are interested in joining our CoC. The CoC solicits for new members on an ongoing basis. The executive committee meets bimonthly to brainstorm on processes for recruiting new members and developing new strategies. 3) Our CoC receives

input from the geographic area by attending meetings that our collaborators hold to network with other systems that are interested in ending homelessness. Our CoC has developed a strategic plan, and one of our objectives is broadening our membership to include additional non-profit organizations, businesses and community members to create an increasingly diverse membership. 4) Members of the CoC attend the Mayor's Roundtable on disabilities monthly to share current information and receive input on ideas to address solutions to homelessness. The CoC works closely with our local VA hospital and domestic violence providers who attend home team meetings as well as Coordinated Entry (CE) master list meetings. In addition, the Home team solicits and has members that are mental health providers, D&A providers and agencies that work with the physically disabled. All communications are submitted electronically.

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 the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
 - 4. how often the CoC solicits new members; and**
 - 5. 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) Membership of the Erie County CoC is open to any person or agency that demonstrates a concern and/or commitment to ending homelessness in our region. During the past year, CoC leadership has engaged in a process to expand the membership base and recruit new and different persons and approaches. An ad-hoc group of the governing board has developed recruitment tools used to reach out and discuss the CoC with potential new members. In addition to this, the CoC held a 'meet and greet' breakfast for interested parties, which proved to be successful in bringing in new members. The newly introduced recruitment efforts have brought in new members from criminal justice reentry programs, higher education, hospitals, and private business. 2) The CoC communicates the invitation process through various leadership individuals recruiting potential members on a one-on-one basis. Our CoC also has applications for membership available on the website www.hometeamerie.org. 3) All housing information is shared electronically through our Home Team list serve as well as the Mayor's Roundtable monthly meeting which consists of disabled individuals and providers. 4) Membership recruitment is an on-going process, as new members are welcome at any point. Those who are interested are invited to attend any general meeting. 5) CoC currently has a formally homeless member on our board. The CoC and providers are encouraged to invite homeless and formally homeless to ensure that those experiencing homelessness can provide input and bring concerns to the CoC.

1B-3. Public Notification for Proposals from Organizations Not Previously

Funded.

Applicants must describe:

1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.
(limit 2,000 characters)

1) Our CoC advertises an open application process. The Home Team website and Erie County's facebook page solicits for both new and renewal project applications on open public forums so organizations that have not received CoC funding may apply. Emails were sent out to the Home Team email list serve soliciting new and renewal applications, including the CoC and DV bonus projects. Such emails included information regarding the 2019 NOFA and application process, including detailed instructions and links to the NOFA, and all required documentation. The Home Team email list serve has 117 individuals from a multitude of disciplines who are interested in ending homelessness in our community. Most Home Team members do not receive any CoC funding. 2) All applications submitted are reviewed, scored, and ranked for inclusion by the Home Team scoring committee. An e-mail to the Home team was sent that all new applications were due on August 23, 2019 so there was enough time for review and scoring (Renewal applications were already sent in to the CoC lead). 3) There was an announcement that the NOFA was released at the July 11, 2019 Home Team meeting. A follow-up e-mail was sent to the Home Team list serve announcing that applications were being accepted into the competition on August 2, 2019. The announcement for applications being accepted was also posted on 8/6/2019 to the Home Team website and on 8/9/2019 to the Erie County DHS facebook website. 4) The Home Team consists of a number of organizations that work with people of various disabilities including Voices for Independence, Northwest Legal Services and Veteran's Affairs. They are members of the Home Team list serve which also consists of both formerly homeless and disabled individuals. The agencies and disabled individuals on the e-mail list are also aware of the Home Team website which posts any new housing information and public notification of this years' NOFA competition. 5) N/A

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

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)	
IU5 with local school districts homeless liaisons	Yes

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;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

1) Our ESG program recipient and subrecipients are members of the CoC 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 CoC Governance Body. 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. HMIS staff ran the ESG reports and worked with each provider to ensure all data was accurate in HMIS. 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. 3) Our CoC ensures local homelessness information is communicated and updated in the Consolidated Plan through our County's planning department.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.

No

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it

can be addressed in Consolidated Plan updates.

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 protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and

**2. how the CoC, through its coordinated entry, 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 (CE) system. CE utilizes a Domestic Violence (DV) Procedure, which entails an initial screening during which individuals are immediately asked if they are fleeing DV and further asked if they fear for their safety. Identified DV individuals are then asked if 911 must be called on their behalf. Persons are asked if they would like to speak to a DV provider. Those that prefer to speak with a certified DV provider will be referred directly. The CE staff will ask the person if they would like to remain on the line while the agency is contacted. If not, the person will be given the number to the DV agency. If a DV identified individual does not choose to speak to the DV provider, they are able to continue screening with CE staff. Any participant has the opportunity to work with a DV provider, and their information is not entered into HMIS. The participant's personally identifying information is entered into a comparable database. Their information is kept confidential and is assigned a confidential identifying number for reference. Many agencies, including the CoC lead, are Trauma-informed or in the process of becoming trauma-informed. Those who engage with a DV provider in the CoC have access to victim-centered services such as legal assistance, counseling, medical needs, etc. 2) If an individual indicates that they are fleeing from DV during their screening, they are given the option of being warmly handed off to a local DV provider or may continue with the assessment for services through CE. It is the individual's choice which housing and services they participate in. In addition, if a client is already participating in a program and indicates safety concerns including fleeing DV, the person may request transfer to another program. The person would be referred to another program with availability. Confidentiality is maintained throughout this process.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:

1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and

**2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)**

1) Erie County Care Management (ECCM), as Lead Local Agency for Coordinated Entry (CE), will coordinate DV safety, best practices, and planning protocol training directly with any provider to serve the unique needs of survivors of DV. The CoC lead will offer, at least annually, trainings pertaining to survivors of domestic violence. The CoC is also engaging the Erie County Trauma Informed Coalition to provide trainings on trauma education and awareness opportunities.

2.ECCM and CE personnel will engage in and complete the DV safety, best practices, and planning protocol training on a regular basis . Safety Planning will be reviewed frequently. 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. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

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. Our CoC works closely with our designated Domestic Violence providers in assuring anonymity is kept. This is done by keeping a separate Master List of survivors managed by CE and DV staff. This arrangement provides the data we need to better serve the unique needs of this population and understand their experiences, while ensuring confidentiality. For DV participants, CE separately uses the Homeless Management Information System (HMIS) only if DV clients' agree to be entered into and referred by CE to housing interventions. One DV provider uses the HUD approved Efforts To Outcomes (ETO) data base. ETO is a comparable HMIS data base developed by Pa Commission on Crime and Delinquency (PCCD) and Pennsylvania Coalition Against Domestic Violence (PCADV). Confidentiality and safety of victim/survivor information is protected by this database. The database produces an annual CAPER report that is used to create the SAGE Reporting Repository.

***1C-4. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 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., Moving On
City of Erie Housing Authority	10.00%	No	No
Erie County Housing Authority	13.00%	No	No

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:

1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or

2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1) CoC Lead staff have engaged both agencies to request a homeless preference be established. Though not formally in place at this time, a positive relationship exists and dialog continues. Both PHA agencies attend our CoC meetings and are willing to collaborate with CoC members. 2) N/A

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

No

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)

Annually, our CoC votes and approves 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.

***1C-5a. Anti-Discrimination Policy and Training.**

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

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 address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

***1C-6. Criminalization of Homelessness.**

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

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 for homelessness assistance in the absence of special outreach; and**
 - 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner.**
- (limit 2,000 characters)**

1) The CoC's CE system is available to anyone seeking homeless services by phone or walk-in. The phone line is available 24/7 365 days a year. The CE system utilizes a single access point that is located downtown. The access point is walking distance to bus lines, mental health facilities, drug & alcohol centers, food banks, hospitals, shelters, and the county jail. The bus lines can be accessed throughout the county and cover the full geographic area of the CoC. CE specialists also travel into the community to meet with persons seeking homeless services. 2) Our CoC markets our system to those least likely to apply for assistance. 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 CoC website, as well as the County DHS website. 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 and can enable use of CE to this population. 3) The CE system utilizes the VI-SPDAT. When someone calls on the phone 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 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 mental health concerns, substance abuse issues, length of time homeless, families and youth. In addition, there is a monthly master list meeting with CE, DHS and housing providers. Individuals are discussed to further prioritize housing needs based on chronic homelessness, fleeing DV, client circumstances and how long a person has been on the master list.

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. 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. Local CoC Competition

Instructions

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***1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.**

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Did not reject or reduce any project
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

1) Our ranking and review process considered several specific needs/vulnerabilities such as performance measures (length of stay, exits to permanent housing, new or increased income), how applicants follow the housing first approach, fund utilization, monitoring findings, data quality (chronic homelessness and timeliness), how applicants coordinate and integrate with other mainstream resources, how applicants can assist clients to rapidly secure and maintain permanent housing, and did the applicants meet the local need of the community. 2) All project applications were reviewed and ranked based on their written applications as well as their HMIS data quality. The scoring committee is given all renewal and new applications along with a rating and ranking tool. The rating and ranking tool's questions are based on the specific needs/vulnerabilities listed above. The scoring committee then gives a score based on the applicant's answers to all the questions.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>

4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 20%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:

1. describe the CoC written process for reallocation;
 2. indicate whether the CoC approved the reallocation process;
 3. describe how the CoC communicated to all applicants the reallocation process;
 4. describe how the CoC identified projects that were low performing or for which there is less need; and
 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.
- (limit 2,000 characters)**

1) At this time, our CoC does not have a local written process for reallocation. 2) Since there is no written process for reallocation, our CoC did not approve anything. 3) The CoC was informed about the lack of a reallocation process. 4) No projects were identified. 5) No projects were identified for reallocation. We do however, follow any and all of HUD's guidelines pertaining to reallocation. This application year, our CoC will not be reallocating any funds. Our CoC will be writing and approving a reallocation process.

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	<input checked="" type="checkbox"/>
2. Joint TH/RRH	<input type="checkbox"/>
3. SSO Coordinated Entry	<input checked="" type="checkbox"/>

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

Applicants must report the number of DV survivors in the CoC's geographic area that:

Need Housing or Services	396.00
the CoC is Currently Serving	196.00

1F-2a. Local Need for DV Projects.

Applicants must describe:

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
 - 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**
- (limit 500 characters)**

1) The CoC calculates the number of survivors using HMIS and a comparable database. A DV provider makes aggregate numbers of DV and homeless DV victims based on the monthly reports. These numbers, as well as the entire CoC RRH numbers, indicate a need for increased RRH capacity. 2) The data sources used for the above numbers are Efforts to Outcomes and Runaway and Homeless Youth Homeless Information Management System.

1F-3. : SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.

DUNS Number	800184355
Applicant Name	Erie County Care Management

1F-3a. Addressing Coordinated Entry Inadequacy.

Applicants must describe how:

- 1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and**
 - 2. the proposed project addresses inadequacies identified in 1. above.**
- (limit 2,000 characters)**

1) Survivors of DV experience delayed referrals to housing projects due to the lack of dedicated staff. Coordinated Entry uses HMIS and Erie County's Certified DV provider uses ETO (Efforts To Outcome). Having two databases, as well as addressing the unique needs of the DV population requires more staff time to coordinate all of the manual tracking, coordination and follow up with all DV clients, essentially spending twice as long per DV client. Currently a CE supervisor, who has multiple duties within their agency, is also solely managing the DV clients for CE. 2) A full-time staff will better meet the needs of people experiencing homelessness who are survivors of DV, dating violence, or stalking. A dedicated staff person would create a level of trust and cooperation between the CE system and the DV and victim service providers, which is often the largest barrier in dealing with these providers. This staff member would work to design and implement new policies and procedures for the DV subpopulation that are trauma informed and client-centered. The policies and procedures would be designed to better coordinate referrals between the CoC's CE and the DV and victim service providers in the areas where the needs or concerns are different from the standard CE process. Often the data related to this subpopulation is hard to obtain and building a strong relationship with the providers through a single point of contact may break down some of those barriers. The DV and victim service population is one of the most vulnerable groups in our society and their need for housing and shelter is paramount in

helping them begin to break the cycle and get out of their current situations. Having a unique process catered to the specific needs and issues of the population will allow the CE process to better serve these individuals and address their complicated housing needs.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

Applicant Name	DUNS Number
SafeNet Domestic ...	156521445

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	156521445
Applicant Name:	SafeNet Domestic Violence Safety Network
Rate of Housing Placement of DV Survivors–Percentage:	66.00%
Rate of Housing Retention of DV Survivors–Percentage:	80.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

1,2) The rate was calculated from our Emergency Shelter using data from the comparable HMIS database. We used the percentage of all shelter adult clients and those clients who left for permanent housing. For housing retention, the percentage was based on the number of returning clients within 12 months' time. We do not screen out those who left but were not permanently housed. Housing retention is based on all clients who came to emergency shelter who were homeless because of domestic violence.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

SafeNet has changed the housing goals for our Transitional Housing project which houses those survivors who were homeless because of domestic violence. The initial Transitional Housing program provided 12 months and up to 24 months of housing for survivors before they relocated to permanent housing. We now limit their housing contract to 3 months, which is flexible based on need. Survivors are often waiting for permanent supportive housing, rapid rehousing or entry into public housing during their stay. Safety is the highest priority for these victims. Survivors are relocating to permanent housing from emergency shelter. If a client's choice is for immediate housing, we will assist them in resolving any barriers that they have to obtaining and remaining in permanent housing.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

- 1. ensured the safety of DV survivors experiencing homelessness by:**
 - (a) training staff on safety planning;**

(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

1a) All SafeNet staff who work with adults or children – either residential, legal, non-residential are trained in Safety Planning. This training is refreshed on a regular basis. 1b) Any SafeNet facility that provides services to adult survivors/victims would have a private room with a closed door to conduct an intake interview. 1c) SafeNet always conducts interviews with only one member of a couple. A 2nd person would be directed to other service providers either DV or homeless housing service. 1d) We work with survivors to have them identify what is safe for them as it relates to any assistance. this is an important part of safety planning for a survivor. 1e) SafeNet facilities serving DV victims have bullet-proof glass on all 1st floor windows and reception areas. All residents are survivors of DV. Window locks and other safety devices are available to clients through our Legal services programs and nonresidential counseling. 1f) SafeNet has provided Confidentiality for victims since we incorporated in 1972. All our residential service building are at non-published addresses. Our SafeNet Center has High security with a singular entrance. 2) Protecting the safety of our clients and their children is SafeNet's high priority. For 47 years, we have been keenly aware of the potential danger that surrounds a victim when they leave their abuser. Our facilities are highly secure with bullet-proof glass on the windows. Not only residential clients but every client of SafeNet is asked to develop a safety plan that uses strategies that the survivor has used in the past to protect themselves and their children. SafeNet and PFACS have home safety devices that we can pass to clients to protect their doors and windows. Our DV counseling informs all clients about what the legal system can do to truly protect their safety.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

- 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
- 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
 - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
 - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
 - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**

(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
(limit 4,000 characters)

1) SafeNet recognizes the signs of trauma in staff, clients and has incorporated knowledge about trauma into policies, procedures, practices and our physical operations. We prioritize restoration of the survivors' feeling of safety, choice and control. SafeNet has been providing trauma informed services for over 40 years. Our staff discusses what a victim's choices and preferences are for their situation and works to remove barriers to obtaining the goals that they set for themselves. This victim centered advocacy places the survivor's needs and interests at the heart of the work. Services are non-judgmental emphasizing the client's self-determination and clarifying choices. We work to restore feelings of safety and guard against actions that could re-traumatize. In DV services there is a saying, "Who is driving the bus"/ The answer is "the client" - "they are driving their bus." We, as staff, are simply along for the ride. SafeNet will utilize their typical process of prioritizing participant choices, while working with them to obtain housing. SafeNet staff are considered advocates. Advocates who work to help remove road blocks for victims, any decisions made regarding the victims housing are always based on the service recipients desires/needs. SafeNet staff is seen as the equal participants, without a power differential. SafeNet follows the guiding principles of one of their major funder, the Pennsylvania Coalition Against Domestic Violence (PCADV). It is a requirement of PCADV that SafeNet Staff are trained in J.A.R.S. (Justice Autonomy Restoration and Safety). SafeNet provides annual training to staff regarding trauma and trauma informed approaches.

2) Direct service staff participates in trauma informed approaches at bi-weekly at case management meetings. Much of this information is meant to be carried back to victims who participate in SafeNet Services. SafeNet advocates work with each participant to identify what works well for their relationships and where they may need some additional ideas. For example, when safety planning: the advocate would ask the victim what they have been doing so far to stay safe? The advocate would then use those ideas to build on what they are already doing. SafeNet serves all victims of domestic violence. As part of SafeNet's training program all new staff are trained in cultural awareness/cultural competence. SafeNet regularly participates in local trainings that provide awareness regarding cultural competence, and inclusivity for LGBT +Q individuals. SafeNet maintains a referral list that is used to ensure that victims have a connection to the Erie Community and services/programs that are offered by other providers. SafeNet also works to provide both individual and systems advocacy with local agencies. SafeNet has staff that has been trained in multiple parenting programs, including: Strengthening Families Curriculum, Parents In the Know, and K.I.S.S. (a Kid Is So Special) Curriculum created by the Pennsylvania Coalition Against Domestic Violence. This 12-week child-focused curriculum was developed to assist adult survivors in recognizing the impact that domestic violence has on children, as well as understanding and responding appropriately to children's reactions to abuser

behavior. K.I.S.S. offers strategies for helping children build resilience in the face of adversity. The Curriculum includes a guide for advocates and five mother-child workbooks.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- **Child Custody**
- **Legal Services**
- **Criminal History**
- **Bad Credit History**
- **Education**
- **Job Training**
- **Employment**
- **Physical/Mental Healthcare**
- **Drug and Alcohol Treatment**
- **Childcare**

(limit 2,000 characters)

SafeNet and our incorporated legal services have offices at our Center. Legal service are staffed by in-house attorney, a para legal, 2 legal counselors and 4 part-time attorneys. Legal does divorce, custody, immigration, Protection from Abuse Orders, advocacy with Landlords, clearing of erroneous credit information or incorrect criminal history are offered to low-income victims without charge. As part of intake, victims are provided with DV education and assistance in developing their personal Safety Plan. As part of intake, victims are provided with screening which identifies history and need for employment income to reduce barriers. Referrals to St. Benedict Education Center will be made if this is the client's choice. Case management will assist the victim in developing an IESP (Individual Economic Safety Plan). SafeNet can offer the victims a choice of 2 evidenced based economic recovery programs: Allstate's Moving Ahead through Financial Empowerment and WoW (Wider Opportunities for Women that will help move the victim to Financial Stability. Referrals can be made to GECAC for employment and income programs. As part of intake, victims are provided with screening which identifies history and need for physical and mental healthcare. Referrals will be made if this is client choice. As part of intake, victims are provided with screening which identifies history and need for drug, alcohol and other chemical healthcare. Referrals will be made if this is client choice to D&A services i.e. Gaudenzia. SafeNet will refer to ELR, Early learning Resources, who will provide eligible homeless victims with subsidized daycare. Safenet will assist with referrals to enable victims to comply with informational documentation avoiding jeopardizing safety. SafeNet can provide short-term or situational daycare. SafeNet has a full-time Children's Program director supervising interns, volunteers and part-time staff. Daycare is also assisted if the victim has an open case with OCY.

HIDDEN_APPLICANT_DUNS 156521445

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

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2A-1. HMIS Vendor Identification. Wellsky Corporation

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	267	54	231	108.45%
Safe Haven (SH) beds	10	0	10	100.00%
Transitional Housing (TH) beds	137	28	109	100.00%
Rapid Re-Housing (RRH) beds	178	0	178	100.00%
Permanent Supportive Housing (PSH) beds	397	0	295	74.31%
Other Permanent Housing (OPH) beds	90	0	90	100.00%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

**1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)**

1) Our PSH beds are only missing the HUD-VASH beds. Our CoC works very closely with our Veterans Affairs (VA) Homeless Team. We have discussed entering the HUD-VASH clients as they currently participate in HMIS to enter their Homeless Outreach clients. However, this past year the VA Homeless Team experienced more staffing issues due to turnover and extended illness leave. Although entering these clients is voluntary, we will again work toward including this project in HMIS by training VA HUD-VASH staff to enter them directly into HMIS. 2) HMIS staff will meet with VA Homeless staff to discuss an implementation plan. We will collaborate to determine what tasks and training are needed and schedule these.

***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

***2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)** 06/24/2019

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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2B-1. PIT Count Date. 02/01/2019

Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/26/2019

Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:

1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and

2. how the changes affected the CoC's sheltered PIT count results; or

3. state "Not Applicable" if there were no changes.

(limit 2,000 characters)

1) This year our HMIS System Administrator and our Planning grant consultant scheduled time to meet in person with each agency and gather the data on site. For each project the agency had, the team verified the clients in HMIS with actual project records. This new approach was preferred by both agency staff as well as CoC staff and stakeholders as it streamlined the process. 2) Although data submitted previously were verified and accurate, this process improvement reduced the time and effort involved tremendously. This is because data quality issues were immediately rectified in HMIS with provider verification. HMIS staff assisted agency personnel in fixing inaccurate data on the spot.

***2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

Applicants must select whether the CoC added or removed 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 2019 sheltered PIT count.

No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
 - 2. how the changes affected the CoC’s unsheltered PIT count results; or**
 - 3. state “Not Applicable” if there were no changes.**
- (limit 2,000 characters)**

1) The methodology of the unsheltered count remained the same as past years in 2019. Erie County is a relatively small county compared to other CoC geographic areas, and the local process tends to be efficient. What does change from year to year is the volunteer base that participates. This year we enlisted the assistance of a local university Public Health department with faculty and students to help with the count. Over 20 students participated throughout the evening. Their participation not only helped cover the geographic area, but also educated the students on the situations that those experiencing homelessness face on any given night. 2) This group enhanced our geographic reach enabling us to cover more rural areas. Although no unsheltered homeless persons were identified, it was important for the CoC to continue our geographic expansion of the unsheltered count. The additional volunteer base also allowed the lead agency staff to spend time at the local seasonal shelter to gather information that evening.

***2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.

Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

- 1. plan the 2019 PIT count;**
 - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
 - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

1) The CoC board includes all providers who serve youth experiencing homelessness. All members are encouraged to participate in the PIT count. 2) The CoC included any known locations for youth in our count. 3) The CoC included university students, which enhanced our knowledge beyond what the providers knew. Many of these students volunteered at other local events and gave us ideas of new places to search.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 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)**

1) PIT and HMIS coordinators communicate to providers the data that will identify individuals and families who may be chronically homeless. The questions asked focus on disability status, prior living situation and length of stays. Coordinators work one-on-one with providers to ensure the data is accurate. 2) The Erie County CoC continuously engages providers that serve families with children. This homeless population is sizably sheltered during the PIT count, which makes identification and counting this group a straightforward approach. When working with providers, special attention is given to identification of families with children and accounting for bed spaces. 3) The local PIT count also benefits from a strong relationship with the Erie Veterans Affairs hospital, which ‘co-hosts’ the annual event. Their presence, as well as the high level of involvement, assures that our count of this population is better accounted for.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.
--

1,005

3A-1a. First Time Homeless Risk Factors.

Applicants must:

1. describe the process the CoC developed to identify 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) One of the CoC's strategies to identify these risk factors is for the Coordinated Entry (CE) provider to document notes about persons' prior living situations. Also, during the CoC PIT count, a survey is given to persons that have already been housed. The survey is filled out by consumers and staff who are asked to identify what they consider to be the contributing factors that led to participants' homelessness. The CoC also records participants' permanent zip codes to determine if they are relocating here to seek housing services. This data is analyzed to help us in understanding the risk factors for our first-time homeless population and to determine appropriate strategies to reduce this measure. 2) In the new CoC Strategic Plan, Client Services was identified as an

area of focus. This includes 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. Stronger case management for both prevention and as a bridge between services has also been identified. The CoC CE main access point is the Mental Health Lead agency, chosen for their expertise in assessing and referring clients as quickly as possible. This process is diverting as many persons as possible from entering our homeless system as the CE staff interview and assess each participant for the correct intervention. In addition, the CoC is building reports that will allow us to identify unmet needs. As the CoC continues to gather, analyze and report our local data, we will design better prevention and diversion strategies. 3) The CoC governing body is responsible for overseeing this strategy.

***3A-2. Length of Time Homeless as Reported in HDX.**

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.

75

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:

- 1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
 - 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
 - 3. 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) The CoC is focused on permanently and stably housing persons as quickly as possible. The CoC Coordinated Entry (CE) process utilizes a prioritized Master List for permanent housing placement. A prioritizing criterion is identifying those with the longest wait time. Providers meet monthly and triage each case to increase the probability that an individual or family will be successful in a permanent housing placement. This year, the CoC added a new Rapid Re-housing program. This increased capacity in permanent housing should reduce our length of time homeless as we move clients more quickly into a permanent home. The CoC also utilizes RRH as a bridge to PSH when the unique needs of the potential participant indicate that short term RRH placement would be successful. 2) 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 CE system. Projects that serve clients also enter data in HMIS, increasing the historical information gathered pertaining to their lengths of homelessness. This year, the CoC is contracting with our HMIS vendor to build custom reports that will give us a clearer picture of local data. The CoC will utilize the SPMs and Stella to examine the subpopulations we serve and the effectiveness of each intervention. The HMIS vendor has committed to completing a request for a custom report of Client Homeless History by the end of 2019. This report will be

utilized to increase the effectiveness of prioritizing those with the longest homelessness history for permanent housing and services. The CoC is focused on ensuring the appropriate strategies are in place to improve the process for quickly moving persons through the homeless system, identifying persons' length of time homeless, and stabilizing those who achieve a permanent home. 3) The CoC governing body is responsible for overseeing this strategy.

***3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	48%
2. Report 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 as reported in HDX.	93%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

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;
2. provide the organization name or position title responsible for overseeing 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;
3. 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; and
4. provide the organization name or position title responsible for overseeing 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) The CoC is collecting and analyzing data from our SPMs and Stella to gain critical insight into our sub-populations and the pathways that are most effective in permanently housing them. Insights provided by Stella have identified that improving the ES/SH Only pathway will have the highest impact on increasing exits to permanent housing across all household types and preventing returns to homelessness. Stella has also identified missing Destination and RRH Move-in Date as major data quality issues. We are addressing these data quality issues through improved processes and trainings for provider staff. Utilizing our local data in a more effective way will increase the effectiveness of permanently housing persons in shelters, safe havens, transitional housing and rapid rehousing. 2) The CoC governing body will be responsible for overseeing this

CoC strategy. 3) In our monthly Master List meetings, providers triage persons to identify the best placement for each unique situation. We have identified the need to look outside our local providers to engage more community stakeholders, such as landlord groups, developers and business leaders. Through engagement, both of our PHAs are active members of our CoC team. 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 CE 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. 4) The CoC governing body is responsible for overseeing this strategy.

***3A-4. Returns to Homelessness as Reported in HDX.**

Applicants must:

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

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:

- 1. describe the strategy the CoC has implemented to identify 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 return to homelessness.**
- (limit 2,000 characters)**

1) Stella has identified that our CoC can have the highest impact on this measure by focusing on the ES/SH Only pathway, which has an impact score of 75 for all household types. Drilling down further, we see that the impact increases for Adult Only to 86 and even higher for Adult Only Veterans at 100. The greater the number, the higher effect our CoC has on reducing returns to homelessness. With this detailed local insight, we will focus our efforts on the providers who serve this particular pathway. We also know that missing destination data is high for this population and have made process improvements that we will incorporate into our CoC training to improve this. 2) Our local data for this SPM will be used to identify and understand the different causes for persons returning to homelessness. In our monthly Master List meetings, we hear unique stories of participants that help us to identify commonalities that will be targeted for improved services and supports. This transparency allows us to collaborate across providers to ensure each client

receives the best placement for his/her unique needs. We are identifying providers who 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. 3) The CoC governing body is responsible for overseeing this strategy.

***3A-5. Cash Income Changes as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	8%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	13%

3A-5a. Increasing Employment Income.

Applicants must:

- 1. describe the CoC's strategy to increase employment income;**
 - 2. describe the CoC's strategy to increase access to employment;**
 - 3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - 4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.**
- (limit 2,000 characters)**

1) The CoC Strategic plan has identified poverty as a leading variable of homelessness in our community. Currently, homeless providers work with clients to overcome employment barriers and prepare for job opportunities. Providers assist clients with identifying job interests, completing job searches, preparing for interviews, acquiring appropriate attire, and transportation to and from interviews. Several providers offer vocational rehabilitation assistance, financial literacy, budgeting, etc. These providers are key CoC partners and attend meetings regularly. Housing providers and Coordinated Entry incorporate strategies to gain employment with participants in their service plans. The CoC monitors providers' impact on employment income. 2) The CoC consists of providers that offer access to employment and employment services. The CE provider is centrally located and has access to both bus lines and the LIFT service (a transportation program for local residents unable to utilize traditional bus services). Many housing providers give out bus tokens and passes to individuals for transportation to employment. The CoC providers also work with job placement agencies that often provide transportation to and from places of employment. 3) Key partnerships have been established between job placement agencies and homeless providers. Housing case managers assist

participants in job searching and often refer to these job placement agencies. When new job openings are available, the job agency often reaches out to these providers to contact the participants seeking employment. 4) The CoC Home Team Homeless and Housing Coalition is responsible for overseeing this strategy to increase jobs and income through employment.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:

- 1. describe the CoC's strategy to increase non-employment cash income;**
- 2. describe the CoC's strategy to increase access to non-employment cash sources;**
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.**

1) Housing Providers refer to a local SOAR- certified program to assist with identifying eligibility for non-employment cash sources. These case managers assist participants with disabilities in applying for Social Security and for cash assistance through the Department of Welfare's assistance programs (Temporary Assistance for Needy Families, General Assistance, Diversion Program, Refugee Cash Assistance Program). Housing Providers and Coordinated Entry incorporate strategies for participants in need of non-employment income in their service plans. The CoC monitors providers' impact on non-employment income. 2) Many CoC providers assist in helping individuals access services offered by the Social Security office and the Department of Welfare. The CE provider for our COC is centrally located and has access to both bus lines and the LIFT service. Many providers give out bus tokens and passes to individuals to access services. 3) The CoC Home Team Homeless and Housing Coalition is responsible for overseeing the strategy to increase non-employment cash income.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:

- 1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
 - 2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.**
- (limit 2,000 characters)**

1) Our homeless providers work with mainstream employment resources to improve their clients' opportunities for employment. Some local businesses have relationships with homeless providers to hire participants who are referred for work. Housing case managers work with our job placement agencies to assist in their hiring of employees that have difficulty finding work due to lack of work history, a criminal record or disability. These job placement agencies also connect with local businesses willing to hire individuals who have these barriers to employment including the homeless population. 2) Our CoC providers offer

case management services for clients facing any employment barriers. These case managers assist participants with the referral process to several vocational programs offered through the Office of Vocational Rehabilitation, Career Link and the Department of Welfare who partner with local Colleges, GED programs and Tech schools. These agencies assess for workforce testing and preparedness as well as offer financial assistance to the local vocational schools and colleges.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

3A-6. System Performance Measures 05/30/2019 **Data–HDX Submission Date**

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

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The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

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

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:

1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;

2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and

3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.

(limit 2,000 characters)

1) Coordinated Entry works closely with Rapid Re-housing programs to accept, prioritize, and house referrals within 30 days. There is a monthly master list meeting with CE, Erie County DHS and housing providers where families with children are reviewed for Rapid Re-housing. This year the CoC added a RRH program, increasing the number of beds for families with children. CoC housing providers continually work on landlord engagement and apartment availability which has aided rapid re-housing efforts. Apartments are typically available when the participant is ready to move in. Additionally, some RRH sub-recipients expedite move in by providing furnished apartments and moving services as part of the program. All program participants are assessed and connected for any service need. 2) The CoC's Rapid Re-housing programs provide case management services to help maintain participants' housing. Providers are familiar with education/employment, mental health, D & A and criminal justice systems. Our providers also have understanding serving families with lived experiences. Families are referred to any supports to help maintain their housing. Additionally, our RRH providers have case managers that are ethnically diverse which helps maintain a positive relationship in order to keep families stably housed. 3) The CoC is ultimately responsible for overseeing the CoC's strategy by coordinating services for faster entries to rapid-rehousing and faster exits to permanent housing. The CoC monitors Rapid Re-housing providers to ensure they are following the core components and practices of this model.

3B-1b. 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 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 any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

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

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing

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Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

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

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

- 1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and**
 - 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.**
- (limit 3,000 characters)**

1) The CoC has had an active Children and Youth subcommittee that has been engaging stakeholders in several capacities, including outreach and education. It has conducted best-practice research of what other communities have done to incorporate existing or new services to provide leverage in assisting

unsheltered homeless youth. CoC members have attended trainings on ending youth homeless and identifying better strategies to engage homeless youth, as well as collect better data to identify problem areas. The CoC has also initiated an agreement with the local Intermediate Unit 5, which is a consortia of public school districts in the region. In this agreement, data will be shared to better gauge the extent of underserved homeless youth in the county. The implementation of Coordinated Entry has led to more effective use of existing resources. Erie County Care Management administers not only Coordinated Entry, but intake for the Mental Health, Early Intervention, and Intellectual Disabilities systems. Any of these systems of care can identify and provide assistance to homeless youths. The process for youth with multiple needs is more seamless, and the amount of administrative overhead is reduced. 2) The Children and Youth subcommittee along with the DHS Office of Children and Youth has been looking at the feasibility of a local drop-in center for 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-1d.1. Youth Experiencing Homelessness—Measuring Effectiveness of Housing and Services Strategies.

Applicants must:

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. 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 both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (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. Our CoC has a confidentiality release of information that will allow for better data sharing with our youth providers, including school districts. We have designed better reports that incorporate data elements and 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. Several of the focus areas identified in our CoC's strategic plan consider youth homelessness. Client Services, Community Engagement and Data Use/Collection subcommittees will all incorporate aspects of youth homelessness. 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-1e. Collaboration–Education Services.

Applicants must describe:

- 1. the formal partnerships with:**
 - a. youth education providers;**
 - b. McKinney-Vento LEA or SEA; and**
 - c. school districts; and**
- 2. how the CoC collaborates with:**
 - a. youth education providers;**
 - b. McKinney-Vento Local LEA or SEA; and**
 - c. school districts.**

(limit 2,000 characters)

1) Local and State education leaders are members of the CoC and attend meetings regularly. Homeless liaisons from local school districts are active members and are an integral part of our CoC. The CoC also partners with the Allegheny Intermediate Unit 3 to obtain information on homeless youth in our community. 2) The IU3 data is useful in determining how youth homelessness will be addressed in our community. Our CoC has identified Community Engagement and Client Services as areas of focus in our Strategic plan, which includes education services. The need to expand our partnerships with these education providers is included and addressed with specific action steps to improve and increase these relationships.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe 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 residing in a CoC funded program 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 residing in a CoC funded program birth to 3 years old be referred to Early Intervention Services when needed. Service providers also evaluate adults for needs of education services and make referrals to adult education resources on an as needed basis.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and

supports and may add other providers not listed.

	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	Yes
Birth to 3 years	No	Yes
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC Yes
uses an active list or by-name list to identify
all veterans experiencing homelessness in
the CoC.

3B-2a. VA Coordination—Ending Veterans Homelessness.

Applicants must indicate whether the CoC is Yes
actively working with the U.S. Department of
Veterans Affairs (VA) and VA-funded
programs to achieve the benchmarks and
criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC Yes
has sufficient resources to ensure each
veteran experiencing homelessness is
assisted to quickly move into permanent
housing using a Housing First approach.

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial
Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.

☐

2. People of different races or ethnicities are less likely to receive homeless assistance.	<input type="checkbox"/>
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input checked="" type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input checked="" type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input type="checkbox"/>
5. The CoC has identified resources available to reduce disparities in their homeless system.	<input type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

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

Instructions:

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare—Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and 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 systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;

4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and

**5. 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 several service providers to promote utilization and share information regarding mainstream resources. These providers share updates to resources in our meetings. Mainstream resource information is also shared through the CoC's email list serve. 2) Our CoC disseminates the availability of resources and other information to projects via email, bi-monthly meetings and posting on our CoC website. 3) The CoC partners with local healthcare systems to assist program participants with enrolling in health insurance. Faith Community Nurses of NWPA's Health Care for the Homeless Partnerships (HC4HP) offers healthcare resources. They partner with housing agencies and offer the Wellness Clinic, a healthcare service available every Friday. Their volunteer nurses also conduct a basic health screening and provide outreach at emergency shelters. ECCM also assists clients enroll in health insurance. The CoC aids in the enrollment and utilization of benefits through several sources. Case managers from both MH and homeless providers assist participants with scheduling medical appointments, obtaining a primary care physician, medication monitoring and facilitating transportation to appointments. 4) The CoC collaborates with service providers to promote utilization of mainstream resources. Case managers, including those SOAR trained, assist with completing applications for benefits including Medicaid, Medicare, Food Stamps, and TANF. To promote rapid access to services and encourage successful exits, clients are referred to local resources for medical, behavioral health, and dental care. Free care is offered through St. Paul's Free Clinic and Faith Community Nurses' Wellness Connection Clinic. These clinics offer services such as basic primary healthcare, behavioral health, and case management. 5) The CoC oversees the strategy for aligning mainstream benefits and is responsible for updating program staff with new resources.

4A-2. Lowering Barriers to Entry Data:

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 has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	12
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	12
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:

1. describe the CoC's street outreach efforts, including the methods it

uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
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 ongoing street outreach services that identify and assist sheltered and unsheltered homeless individuals; the PATH program and Faith Community Nurses (FCN). The PATH program is administered by our local lead agency who is also our Coordinated Entry provider. The PATH case managers reach out to individuals who are homeless to offer referrals for case management and services. FCN provide outreach services to individuals who are homeless in the community and require medical care. They also link the homeless individual with CE. In addition, during the PIT count, volunteers conduct street outreach by disseminating resources to unsheltered individuals, directing them to CE and potential services. 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) PATH case managers visit area shelters regularly (daily, weekly or as needed) to reach out to participants, assist them with finding permanent housing, and access additional services (employment, benefits etc.). The FCN's outreach is daily. These providers work with the CoC and refer all individuals with housing needs to CE. The PIT is annually. 4) Erie is a nationally designated refugee resettlement community resulting in many barriers. This population is least likely to request assistance and therefore the CoC providers must contact at least annually one of the following organizations: International Institute of Erie, Multicultural Community Resource Center, Saint Martin Center, and Multi-Cultural Health Evaluation Delivery Systems, Inc. (MHEDS). These agencies are contacted to inform them of services available for those with housing needs.

4A-4. RRH Beds as Reported in 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 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	170	178	8

4A-5. Rehabilitation/Construction Costs–New No Projects.

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing

rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes. No

Applicants must indicate whether the CoC is 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.

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
FY 2019 CoC Competition Report (HDX Report)	Yes	FY 2019 CoC Compe...	08/27/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No		
1C-4. PHA Administrative Plan Homeless Preference.	No		
1C-7. Centralized or Coordinated Assessment System.	Yes	CE Assessment Tool	09/04/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Projects Accepted...	09/09/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Project Rejected/...	09/09/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Local Competition...	08/28/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Local Competition...	08/28/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No		
3A. Written Agreement with State or Local Workforce Development Board.	No		
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity ...	09/10/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No	Rating and Rankin...	08/28/2019
Other	No		

Other	No		
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Attachment Details

Document Description: FY 2019 CoC Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Project Rejected/Reduced Notification

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Public Announcement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Racial Disparity Assessment Summary

Attachment Details

Document Description:

Attachment Details

Document Description: Rating and Ranking Local Competition Public Announcement

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	08/26/2019
1B. Engagement	09/11/2019
1C. Coordination	09/11/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/10/2019
1F. DV Bonus	09/10/2019
2A. HMIS Implementation	09/12/2019
2B. PIT Count	09/12/2019
3A. System Performance	09/12/2019
3B. Performance and Strategic Planning	09/10/2019
4A. Mainstream Benefits and Additional Policies	09/10/2019
4B. Attachments	Please Complete

FY2019 CoC Application	Page 53	09/12/2019
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Submission Summary

No Input Required

2019 HDX Competition Report

PIT Count Data for PA-605 - Erie City & County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	377	369	336	356
Emergency Shelter Total	219	241	238	246
Safe Haven Total	0	0	0	8
Transitional Housing Total	148	120	94	96
Total Sheltered Count	367	361	332	350
Total Unsheltered Count	10	8	4	6

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	11	29	20	38
Sheltered Count of Chronically Homeless Persons	11	29	17	36
Unsheltered Count of Chronically Homeless Persons	0	0	3	2

2019 HDX Competition Report

PIT Count Data for PA-605 - Erie City & County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	42	34	39	31
Sheltered Count of Homeless Households with Children	42	34	39	31
Unsheltered Count of Homeless Households with Children	0	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	36	23	29	29	25
Sheltered Count of Homeless Veterans	28	22	27	27	25
Unsheltered Count of Homeless Veterans	8	1	2	2	0

2019 HDX Competition Report

HIC Data for PA-605 - Erie City & County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	267	54	213	100.00%
Safe Haven (SH) Beds	10	0	10	100.00%
Transitional Housing (TH) Beds	137	28	109	100.00%
Rapid Re-Housing (RRH) Beds	178	0	178	100.00%
Permanent Supportive Housing (PSH) Beds	397	0	295	74.31%
Other Permanent Housing (OPH) Beds	90	0	90	100.00%
Total Beds	1,079	82	895	89.77%

2019 HDX Competition Report

HIC Data for PA-605 - Erie City & County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	71	21	196	177

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	0	6	38	38

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	2	29	170	178

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for PA-605 - Erie City & County CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2018 DATA: If you provided revised FY2018 data, the original FY2018 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2017	Revised FY 2017	FY 2018	Submitted FY 2017	Revised FY 2017	FY 2018	Difference	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	1392	1415	1355	52	50	55	5	31	31	34	3
1.2 Persons in ES, SH, and TH	1591	1589	1514	74	79	75	-4	37	40	41	1

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2017	Revised FY 2017	FY 2018	Submitted FY 2017	Revised FY 2017	FY 2018	Difference	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1417	1411	1384	161	155	211	56	57	57	65	8
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1626	1606	1564	188	181	227	46	70	70	75	5

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2017	FY 2018	Revised FY 2017	FY 2018	% of Returns	Revised FY 2017	FY 2018	% of Returns	Revised FY 2017	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	9	23	0	5	22%	1	1	4%	0	1	4%	7	30%
Exit was from ES	196	319	43	54	17%	15	16	5%	11	28	9%	98	31%
Exit was from TH	157	149	31	9	6%	7	8	5%	9	10	7%	27	18%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	128	315	4	28	9%	6	22	7%	13	14	4%	64	20%
TOTAL Returns to Homelessness	490	806	78	96	12%	29	47	6%	33	53	7%	196	24%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	369	336	-33
Emergency Shelter Total	241	238	-3
Safe Haven Total	0	0	0
Transitional Housing Total	120	94	-26
Total Sheltered Count	361	332	-29
Unsheltered Count	8	4	-4

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	1626	1606	1553	-53
Emergency Shelter Total	1403	1397	1352	-45
Safe Haven Total	0	0	23	23
Transitional Housing Total	351	337	261	-76

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	104	122	108	-14
Number of adults with increased earned income	12	18	17	-1
Percentage of adults who increased earned income	12%	15%	16%	1%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	104	122	108	-14
Number of adults with increased non-employment cash income	25	24	24	0
Percentage of adults who increased non-employment cash income	24%	20%	22%	2%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	104	122	108	-14
Number of adults with increased total income	36	33	32	-1
Percentage of adults who increased total income	35%	27%	30%	3%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	159	157	192	35
Number of adults who exited with increased earned income	21	23	16	-7
Percentage of adults who increased earned income	13%	15%	8%	-7%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	159	157	192	35
Number of adults who exited with increased non-employment cash income	21	21	25	4
Percentage of adults who increased non-employment cash income	13%	13%	13%	0%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	159	157	192	35
Number of adults who exited with increased total income	40	41	38	-3
Percentage of adults who increased total income	25%	26%	20%	-6%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1445	1426	1409	-17
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	424	419	404	-15
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1021	1007	1005	-2

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1775	1748	1763	15
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	529	523	525	2
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1246	1225	1238	13

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	242	197	5	-192
Of persons above, those who exited to temporary & some institutional destinations	133	109	1	-108
Of the persons above, those who exited to permanent housing destinations	25	18	3	-15
% Successful exits	65%	64%	80%	16%

Metric 7b.1 – Change in exits to permanent housing destinations

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1407	1346	1420	74
Of the persons above, those who exited to permanent housing destinations	683	619	684	65
% Successful exits	49%	46%	48%	2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	458	448	423	-25
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	413	413	393	-20
% Successful exits/retention	90%	92%	93%	1%

2019 HDX Competition Report

FY2018 - SysPM Data Quality

PA-605 - Erie City & County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	176	180	174	192	199	188	144	117	561	522	509	551	2	2	29	170				
2. Number of HMIS Beds	176	180	174	187	199	188	144	117	433	394	383	447	2	2	29	170				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	97.40	100.00	100.00	100.00	100.00	77.18	75.48	75.25	81.13	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	1200	1333	1397	1376	403	381	303	263	377	363	473	511	136	314	492	763	42	44	46	9
5. Total Leavers (HMIS)	1048	1170	1233	1223	270	260	219	188	82	78	90	86	103	271	298	547	40	42	38	5
6. Destination of Don't Know, Refused, or Missing (HMIS)	299	163	228	195	0	8	2	5	2	5	11	23	0	0	20	15	5	1	4	1
7. Destination Error Rate (%)	28.53	13.93	18.49	15.94	0.00	3.08	0.91	2.66	2.44	6.41	12.22	26.74	0.00	0.00	6.71	2.74	12.50	2.38	10.53	20.00

2019 HDX Competition Report

Submission and Count Dates for PA-605 - Erie City & County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	2/1/2019	No

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/26/2019	Yes
2019 HIC Count Submittal Date	4/26/2019	Yes
2018 System PM Submittal Date	5/30/2019	Yes

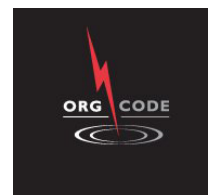
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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**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-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
- 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:

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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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 service delivery contexts. 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 may 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-spdatt/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is 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/>

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? 	<th>NOTES</th>	NOTES

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? 	<th>NOTES</th>	NOTES

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... <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... <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... <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: <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: <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: <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: <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: <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: <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? 	<th>NOTES</th>	NOTES

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? 	<th>NOTES</th>	NOTES

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: <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: <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: <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: <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: <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 style="border: 1px solid black; height: 200px; width: 100%;"></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		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/ OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

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		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		

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		
STABILITY/RESILIENCY OF THE FAMILY UNIT		
NEEDS OF CHILDREN		
SIZE OF FAMILY		
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/OR FAMILY COURT		
TOTAL		

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

“Next Step Tool for Homeless Youth”

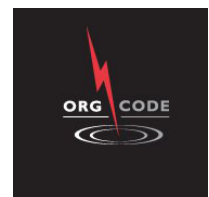
AMERICAN VERSION 1.0

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**COMMUNITY
SOLUTIONS**



Eric Rice, PhD



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:

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

AMERICAN VERSION 1.0

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

Dimitrovski, Kristine

From: Dimitrovski, Kristine
Sent: Friday, September 6, 2019 5:58 PM
To: Scheu, Debra; Amy Clabatz; Andrea Sliva; Ashley Franklin; Barbara Ann Lewis; Barry Kohler; Beatriz Torres; Betsy Wiest; Brad Whitman; Brian McLaughlin; Burke, Peter; Carl Hull; Carla Storrs; Charles Barber; Chris Tombaugh; Clara Holden; Clark, Tyrone; Clifton McNair III; Colleen Hammon; Craig Ulmer; Cris Taylor; Danielle Szklenski; Darrell Smith; David Gonzalez; David Wooledge; Debbie Dillon; Debbie Smith; Deirdre Tate; Diana Ames; DiMattio, John; Don Orlando; Dusti Dennis; Eddie Martin; Emily Francis; Emily Goodwin; Pushic, Emily; Eric McGrath; Connelly, Erin; Fred Williams; Gail and Chris Detar; George Fickenworth; Gina Allison; Grace Kennedy; Holland, Bridget; Jacqueline Williams; Jason Sargent; Jay Bowes; Jeff McDonald; Jennie Hagerty; Jennifer Malone; Jerry Gill; Berdis, Joe; Joe Cancilla; Karns, Shelby; Kate (Elspeth) Koehle; Kathy Hubbard; Kathy Wyrosdick; Katie Schaaf; Kennedy, Patricia; Kim Stucke; Kristie Rhoades; Kurt Crays; Lee Prindle; Lee, Gary; Linda (Lyons) King; Karle, Lisa; Liz McCormick; Lori Palisin; Luz Merchant; Major Colin DeVault; Margaret Simms; Margie Olszewski; Marissa Thomas; Mark Alexa; Mark Jasinski; Mary Gollmer; Matthew Good; Maureen Dunn; Lyon, Melissa; Michael Wehrer; Michelle Swarm; Migdalia Lavenbein; Mike Jaruszewicz; Monica Stanford; Nancy J. Brown; Nate McGee; Neal Brokman; Nicole Johnson; Paige Baiocchi; Pat Herr; Pat Tracey; Patricia Lindeman; Patti Palotas; Perry Wood; Richard Novotny; Rita Scrimenti; Rush, Christine; Saunders McLaurin; Schember, Joe; Sean O'Neill; Sheila Silman; Sheila Sterrett; Sherry Braswell; Shirley Schell; Shona Eakin; Sister Phyllis Hilbert; Steve Westbrook; Tania Bogatova; Tanya Smith; Terri Lash; Tim Hilton; Tom Schlaudecker; Weidner, Tracey; Franklin, Twanisha; Viveralli, Cynthia; Jacobs, Wendy; Yolanda Arrington
Subject: 2019 HUD Ranking Results
Attachments: 2019 Priority Listing - Public Announcement - pdf.pdf

Dear Home Team Members,

The raking results for the 2019 HUD Continuum of Care competition are complete, attached and are now available on the Home Team Website and The DHS County Facebook page.

<http://www.eriehometeam.org/resources/>
<https://www.facebook.com/eriecountydhs/>

Thank you,

Krissy Dimitrovski, MSW
Housing Program Director
Dept of Human Services MH/ID
154 W. 9th St.
Erie, PA 16501
Phone: 814-451-6823
Fax: 814-451-6868
kdimitrovski@eriecountypa.gov

2019 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	SSO	Coordinated Entry	\$12,000	1	Renewal
3	SSO	Coordinated Entry Expansion	\$133,121	1	New - Expansion - CoC Bonus
4	**DV CE	DV Coordinated Entry	\$97,827	**1	New - DV bonus
5	RRH	ECCM Rapid Rehousing 1	\$158,198	1	Renewal
6	RRH	Independence	\$209,540	1	Renewal
C6	*RRH - Consolidation	My Way Home RRH	\$571,146	*1	Consolidation
7	PSH	Lighting the Candle I	\$247,283	1	Renewal
8	PSH	Self Start I	\$429,683	1	Renewal
C8	*PSH - Consolidation	Self Start PSH	\$719,001	*1	Consolidation
9	PSH	Self Start III	\$145,596	1	Renewal
10	PSH	Self Start II	\$143,722	1	Renewal
11	RRH	My Way Home	\$361,606	1	Renewal
12	PSH	Fresh Start	\$144,908	1	Renewal
13	PSH	Make it a Home Always I	\$109,090	1 (\$61,789) & 2 (\$47,301)	Renewal
14	PSH	Finally Home	\$74,112	2	Renewal
15	**DV RRH	Passage to Safety	\$167,422	**2	New - DV bonus

Renewals:	\$2,181,765	Tier 1 amount	\$2,060,352
New (Bonus):	\$398,370	CoC Bonus \$133,121	Tier 2 amount w/out DV Bonus \$121,413
		DV Bonus \$266,243	
Planning Grant (not ranked)	\$79,873		
Total HUD Request:	\$2,660,008		

*Consolidations are pending HUD approval. If approved, the amounts for Self Start I, II and III will be combined (\$719,001), and the consolidated project will be ranked #C8. If approved, the amounts for My Way Home and Independence will be combined (\$571,146) and the consolidated project will be ranked #C6.

**If a DV Bonus project is conditionally selected by HUD, HUD will remove the ranked DV bonus project and all other projects ranked below will slide up one rank position. If the DV Bonus project is not conditionally selected, the project will remain in its ranked position.


11:20 AM
9/9/2019

Resources | Erie Home Team x

Not secure | eriehometeam.org/resources/

Apps Suggested Sites F Eight Most Popular... iDashboards Battle of the Bots, b... Y Symbol Lookup fro... List of reserved wor... Check if two cells c... Other bookmarks

Erie Home Team Customize 9 36 + New Edit Page SEO Howdy, Erie Home Team



Homeless resources for Erie County, PA

HOME ABOUT US MEMBERSHIP GET HELP CALENDAR RESOURCES CONTACT

Resources

RESOURCES

- 2019 HUD Continuum of Care Application
- 2019 HUD NOFA Announcement for PA-605
- 2019 PH RRH and SSO CE DV Bonus Application**
- HUD CoC Program Interim Rule
- 2019 HUD Continuum of Care Rating and Ranking Tools
- 2019 Rating and Ranking New Projects
- 2019 Rating and Ranking Renewal PSH
- 2019 Rating and Ranking Renewal RRH
- 2019 COC New Project Application – scoring
- 2019 COC Renewal Project Application – scoring
- 2019 HUD Continuum of Care Priority Listing
- 2019 HUD Priority Listing for Erie City & Erie County CoC PA-605
- 2018 Single Point in Time Count

3:27 PM 9/6/2019

Dimitrovski, Kristine

From: Dimitrovski, Kristine
Sent: Friday, September 6, 2019 5:34 PM
To: Barber, Charlie; 'McGrath, Eric'; O'Neill, Sean; Kohler, Barry
Cc: Burke, Peter; Karle, Lisa
Subject: 2019 HUD CoC Ranking Results
Attachments: 2019 Rating and Ranking notification - ECCM.docx; 2019 Priority Listing - Public Announcement - pdf.pdf

ECCM,

Attached, please find your ranking and scoring results for the 2019 HUD CoC competition.

Thank you,

Krissy Dimitrovski, MSW
Housing Program Director
Dept of Human Services MH/ID
154 W. 9th St.
Erie, PA 16501
Phone: 814-451-6823
Fax: 814-451-6868
kdimitrovski@eriecountypa.gov



COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

9/6/19

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

Re: 2019 HUD Continuum of Care Competition
Self Start I, II, III Renewal, Consolidation, DV CE
Bonus & ECCM RRH 1 Application Ranking and
Scoring Results

Dear Mr. Kohler:

I am pleased to inform you that your 2019 renewal project applications for Self Start I, II & III and RRH 1, your 2019 new DV CE Bonus, as well as your 2019 consolidated project application combining the Self Start programs have been accepted for ranking on the Continuum of Care Priority Listing. The total request for these projects will be \$975,026. 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 as well as on Erie County's DHS Facebook page.

If you have any questions, please contact me at (814)451-6823.

Sincerely,

A handwritten signature in black ink, appearing to read "K-D", is written over a horizontal line.

Krissy Dimitrovski
Housing Program Director
Erie County DHS

Dimitrovski, Kristine

From: Dimitrovski, Kristine
Sent: Friday, September 6, 2019 5:45 PM
To: 'Kurt Crays'; Lori Lewis
Cc: Karle, Lisa; Burke, Peter
Subject: 2019 HUD CoC Ranking Results
Attachments: 2019 HUD Ranking Letter - EUMA.pdf; 2019 Priority Listing - Public Announcement - pdf.pdf

EUMA,

Attached, please find your ranking and scoring results for the 2019 HUD CoC competition.

Thank you,

Krissy Dimitrovski, MSW
Housing Program Director
Dept of Human Services MH/ID
154 W. 9th St.
Erie, PA 16501
Phone: 814-451-6823
Fax: 814-451-6868
kdimitrovski@eriecountypa.gov



COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

9/6/19

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

Re: 2019 HUD Continuum of Care Competition
My Way Home, Independence & Consolidated
Application Ranking and Scoring Results

Dear Mr. Crays:

I am pleased to inform you that your 2019 renewal project applications for My Way Home, Independence, as well as your 2019 consolidated project application combining the RRH programs have been accepted for ranking on the Continuum of Care Priority Listing. The total request for these projects will be \$571,146. 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 as well as on Erie County's DHS Facebook page.

If you have any questions, please contact me at (814)451-6823.

Sincerely,

A handwritten signature in black ink, appearing to read "Krissy D.", with a stylized flourish at the end.

Krissy Dimitrovski
Housing Program Director
Erie County DHS

Dimitrovski, Kristine

From: Dimitrovski, Kristine
Sent: Friday, September 6, 2019 5:47 PM
To: 'Mark Alexa'; Rich Turri
Cc: Karle, Lisa; Burke, Peter
Subject: 2019 HUD Ranking Results
Attachments: 2019 HUD Ranking Letter - CSS.pdf; 2019 Priority Listing - Public Announcement - pdf.pdf

CSS,

Attached, please find your ranking and scoring results for the 2019 HUD CoC competition.

Thank you,

Krissy Dimitrovski, MSW
Housing Program Director
Dept of Human Services MH/ID
154 W. 9th St.
Erie, PA 16501
Phone: 814-451-6823
Fax: 814-451-6868
kdimitrovski@eriecountypa.gov



COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

9/6/19

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

Re: 2019 HUD Continuum of Care Competition
Lighting the Candle I Application Ranking and
Scoring Results

Dear Mr. Alexa:

I am pleased to inform you that your 2019 renewal project applications 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 \$247,283. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website as well as on Erie County's DHS Facebook page.

If you have any questions, please contact me at (814)451-6823.

Sincerely,

A handwritten signature in black ink, appearing to read "Krissy D.", is written over a horizontal line.

Krissy Dimitrovski
Housing Program Director
Erie County DHS

Dimitrovski, Kristine

From: Dimitrovski, Kristine
Sent: Friday, September 6, 2019 5:46 PM
To: 'Jesse Hayward'; 'Susan Rea'
Cc: Karle, Lisa; Burke, Peter
Subject: 2019 HUD Ranking Results
Attachments: 2019 HUD Ranking Letter - Guadenzia.pdf; 2019 Priority Listing - Public Announcement - pdf.pdf

Guadenzia,

Attached, please find your ranking and scoring results for the 2019 HUD CoC competition.

Thank you,

Krissy Dimitrovski, MSW
Housing Program Director
Dept of Human Services MH/ID
154 W. 9th St.
Erie, PA 16501
Phone: 814-451-6823
Fax: 814-451-6868
kdimitrovski@eriecountypa.gov



COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

9/6/19

Mr. Jesse Hayward
Gaudenzia Erie
2005 W. 8th St.
Erie, PA 16505

Re: 2019 HUD Continuum of Care Competition
Fresh Start Application Ranking and Scoring
Results

Dear Mr. Hayward:

I am pleased to inform you that your 2019 renewal project applications for Fresh Start has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project will be \$144,908. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website as well as on Erie County's DHS Facebook page.

If you have any questions, please contact me at (814)451-6823.

Sincerely,

A handwritten signature in black ink, appearing to read "K. D.", is written over a horizontal line.

Krissy Dimitrovski
Housing Program Director
Erie County DHS

Dimitrovski, Kristine

From: Dimitrovski, Kristine
Sent: Friday, September 6, 2019 5:48 PM
To: Patricia Stucke; Monica Stanford; David Woledge
Cc: Karle, Lisa; Burke, Peter
Subject: 2019 HUD Ranking Results
Attachments: 2019 HUD Ranking Letter - MHA.pdf; 2019 Priority Listing - Public Announcement - pdf.pdf

MHA,

Attached, please find your ranking and scoring results for the 2019 HUD CoC competition.

Thank you,

Krissy Dimitrovski, MSW
Housing Program Director
Dept of Human Services MH/ID
154 W. 9th St.
Erie, PA 16501
Phone: 814-451-6823
Fax: 814-451-6868
kdimitrovski@eriecountypa.gov



COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

9/6/19

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

Re: 2019 HUD Continuum of Care Competition
Make It a Home Always Application Ranking and
Scoring Results

Dear Ms. Stucke:

Thank you for the submission of your renewal project application for Make It a Home Always I. After review of the 2019 HUD Continuum of Care Competition projects, ranking placed a portion of funding for MIHA I into Tier 2. The scoring process was very competitive this year. Some of the factors that impacted this decision were low fund utilization, data quality and poor outcomes related to new or increased income and earned income for program participants. Project MIHA I could receive a maximum award of \$109,090 as your application will be included in the 2019 consolidated application. Of this maximum award amount, \$47,301 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 as well as on Erie County's DHS Facebook page.

If you have any questions, please contact me at (814)451-6823.

Sincerely,

A handwritten signature in black ink, appearing to read "Krissy D.", is written over a horizontal line.

Krissy Dimitrovski
Housing Program Director
Erie County DHS

Dimitrovski, Kristine

From: Dimitrovski, Kristine
Sent: Friday, September 6, 2019 5:49 PM
To: Grace Kennedy; 'Community of Caring Shelter'
Cc: Karle, Lisa; Burke, Peter
Subject: 2019 HUD Ranking Results
Attachments: 2019 HUD Ranking Letter - COC.pdf; 2019 Priority Listing - Public Announcement - pdf.pdf

Community of Caring,

Attached, please find your ranking and scoring results for the 2019 HUD CoC competition.

Thank you,

Krissy Dimitrovski, MSW
Housing Program Director
Dept of Human Services MH/ID
154 W. 9th St.
Erie, PA 16501
Phone: 814-451-6823
Fax: 814-451-6868
kdimitrovski@eriecountypa.gov



COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

9/6/19

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

Re: 2019 HUD Continuum of Care Competition
Finally Home Application Ranking and Scoring
Results

Dear Ms. Kennedy:

Thank you for the submission of your renewal project application for Finally Home. After review of the 2019 HUD Continuum of Care Competition projects, ranking placed Finally Home into Tier 2. The scoring process was very competitive this year. Some of the factors that impacted this decision were low fund utilization, data quality and poor outcomes related to new or increased income and earned income for program participants. While your project will be included in the 2019 consolidated application, Tier 2 projects are at risk of being cut if HUD has insufficient funds. The total request for this project will be \$74,112. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website as well as on Erie County's DHS Facebook page.

If you have any questions, please contact me at (814)451-6823.

Sincerely,

A handwritten signature in black ink, appearing to read "K. D.", is written over a horizontal line.

Krissy Dimitrovski
Housing Program Director
Erie County DHS

Dimitrovski, Kristine

From: Dimitrovski, Kristine
Sent: Friday, September 6, 2019 5:50 PM
To: Linda Lyons King; Kathy Hubbard
Cc: Karle, Lisa; Burke, Peter
Subject: 2019 HUD Ranking Results
Attachments: 2019 HUD Ranking Letter - SafeNet.pdf; 2019 Priority Listing - Public Announcement - pdf.pdf

SafeNet,

Attached, please find your ranking and scoring results for the 2019 HUD CoC competition.

Thank you,

Krissy Dimitrovski, MSW
Housing Program Director
Dept of Human Services MH/ID
154 W. 9th St.
Erie, PA 16501
Phone: 814-451-6823
Fax: 814-451-6868
kdimitrovski@eriecountypa.gov



COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

9/6/19

Linda Lyons King, CEO
SafeNet
1702 French St.
Erie, PA 16501

Re: 2019 HUD Continuum of Care Competition
Passage to Safety DV Bonus Application Ranking
and Scoring Results

Dear Ms. Lyons King:

Thank you for the submission of your new 2019 Passage to Safety DV Bonus application. After review of the 2019 HUD Continuum of Care Competition projects, ranking placed Passage to Safety into Tier 2. The scoring process was very competitive this year and some of the factors that impacted this decision were; poorly written overall application and budget errors. While your project will be included in the 2019 consolidated application, Tier 2 projects are at risk of being cut. The total request for this project will be \$167,422. Results of the CoC Priority Listing will be sent via email and made available on the Home Team website as well as on Erie County's DHS Facebook page.

If you have any questions, please contact me at (814)451-6823.

Sincerely,

A handwritten signature in black ink, appearing to read "Krissy D.", with a stylized flourish at the end.

Krissy Dimitrovski
Housing Program Director
Erie County DHS



COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

9/6/19

To whom it may concern,

Erie City & County CoC (PA-605) did not reject or reduce any project applications in the 2019 HUD CoC competition.

Sincerely,

A handwritten signature in black ink, appearing to read "Krissy Dimitrovski", is written over a horizontal line.

Krissy Dimitrovski
Housing Program Director
Erie County DHS
154 W. 9th St.
Erie, PA 16501
814-451-6823

From: [Scheu, Debra](#)
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Subject: 2019 HUD CoC Competition- Deadlines and Application Details and Instructions
Date: Friday, August 2, 2019 1:12:45 PM
Attachments: [CoCProgramInterimRule.pdf](#)
[PH RRH and SSO CE DV Bonus Application 2019 in Word.docx](#)

Dear Home Team Members,

The deadline for submission of any **renewal** project application for the 2019 HUD Continuum of Care (CoC) Competition was due to the County back on May 3rd. At this time, all renewals have been received by the providers.

For **new** project applications for the 2019 competition, you may begin working on your project applications using the attached HUD CoC-PH RRH and SSO CE DV Bonus Application (attached). Erie County is able to apply for two types of new funding, CoC Bonus and DV Bonus. For the CoC Bonus money, we have up to \$133,121 and can apply to expand an existing grant. Based on the local need, the County will be the only one applying for the CoC bonus money to fill in the much needed financial gap of Coordinated Entry. At this time, we only receive \$12,000 from HUD for Coordinated Entry so we are going to take advantage of this opportunity available to our County. For the DV Bonus, applicants can apply for a minimum of \$50,000 and up to \$266,243. For the DV Bonus, we will only accept applications that have PH-RRH or SSO-CE as a project type. Based on our local needs, we **will not** accept the Joint TH-RRH project type. All new DV bonus applications will be due electronically back to the county (Krissy Dimitrovski, kdimitrovski@eriecountypa.gov) no later than **5:00 PM on Friday, August 23, 2019.**

Included in this email, you will find the following:

1. Link to the 2019 HUD Notice of Funding Availability (NOFA) for your review; <https://www.hudexchange.info/resource/5842/fy-2019-coc-program-nofa/>
2. Attached: 24 CFR Part 578- Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Final Rule
3. 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-Sfilll.pdf>
 - c. 50070- <https://portal.hud.gov/hudportal/documents/huddoc?id=50070.pdf>

Instructions for 2019 New Project Applications:

1. Read the 2019 HUD CoC NOFA to make certain to understand all requirements (link above).
2. Fill in your new 2019 HUD CoC project application 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 2019 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.

****NOTE: Please understand that while you will see in the NOFA that the due date of the consolidated application is 9/30/19, 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.**

Krissy Dimitrovski, MSW

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