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

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

Total: $2,291,138

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

Total HUD Request: $2,370,449

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

Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Erie

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

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

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

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

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

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

becoming a member. In addition, the outreach committee will contact anyone interested in joining and assist them with the process and invitation to a General Meeting.
(3)The CoC solicits for new members on an ongoing basis. The outreach committee meets bimonthly in order to brainstorm on processes for recruiting new members and developing new strategies.
(4)Our CoC currently has a formally homeless voting member on our Home Team. Our CoC is in the process of developing a new strategic plan and as part of that, we are reviewing our current membership to identify any gaps or underrepresentation. We plan to have the outreach committee focus more efforts on continually reaching out to homeless and formally homeless contacts to encourage Home Team participation to ensure that those experiencing homelessness have the opportunity to have their voices heard.

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

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

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

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

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

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

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

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

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

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

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

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

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

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

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

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

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

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

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

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

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

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

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

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

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

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

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X

Implemented communitywide plans:	☐
No strategies have been implemented:	☐
Other:(limit 50 characters)	
	☐
	☐
	☐

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

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

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

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Instructions

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

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

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

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

(1)Our ranking and review process considered several specific vulnerabilities for program participants. HUD's priority groups- those experiencing chronic homelessness, youth, veterans, and families- were all priority populations in our review process.
(2)All project applications were scored based on their dedication to serve the priority populations listed above. The more priority populations that project indicated that they would serve, the more points they received for that section of the scoring process. Also, several of the questions on the rating tool were related to applicants' utilization of the Housing First approach, which emphasizes low barriers and client choice in housing and service participation. Applicants must indicate that they are willing to abide by the Housing First approach in order to receive a passing score in that section of the scoring.

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

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

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

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

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Yes

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

(1) Pages 5-7 (2) Governance Charter

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

Yes

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

Mediware Information Systems

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

Single CoC

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

(3) total number of beds in HMIS.

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

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

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

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

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

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

Instructions:

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

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

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

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

Instructions:

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

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

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

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

Yes

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

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

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

Yes

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

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

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

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

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

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	1,021

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

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

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

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

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

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

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

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

(1)We are becoming a data-driven CoC, identifying data as an area of focus. We gather, analyze and utilize our data to inform our Strategic Plan, and our goals and objectives. We see more clearly the need to increase collaboration among local providers and CoC leadership, and community stakeholders, such as school districts, and healthcare providers. The data we are gathering from our SPMs and new C.E. process will provide critical insight into our populations. We will then make more informed, bolder and effective goals and objectives as a system of care, rather than as individual programs and agencies. We believe utilizing our local data in a more effective way will benefit us in multiple ways, increasing our effectiveness in ending homelessness and strengthening our relationships with mainstream resources and community partners. Ultimately, we will ensure the CoC is utilizing all available resources in our community to increase our exits to safe, stable and PH for the most vulnerable population. (2)Our C.E. process and monthly Master List meetings are a framework for collaboration among providers. Several of our shelters also have PH projects and through triage discussions we seek the best placement. We have identified the need to look outside our local providers to engage more community stakeholders, such as landlord groups, housing authorities, developers and business leaders. Through our Strategic Plan, we will be utilizing local data to clearly identify our needs and build these collaborative relationships through focused community engagement. Also, we have designed our C.E. system with a focus on continuous improvement and best practices review to ensure we are consistently improving our processes and maintaining the most effective, client-centered process for our community's needs. By considering each person's unique experiences and needs, we increase the likeliness that a PH placement will be successful in providing a stable and permanent home.

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

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

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to

homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

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

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

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

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

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

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

Instructions

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

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

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

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

Yes

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

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

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

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

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

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

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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

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

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	☐
Bad Credit or Rental History	☐

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

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

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

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

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

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

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

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

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

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

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

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

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

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

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

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

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

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

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

People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

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

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

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

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

Homeless, which is available every Friday. The Wellness Connection Clinic offers services such as basic primary healthcare, behavioral health, and case management.
(2) The Home Team, the CoC's governing body, oversees the strategy for mainstream benefits and is responsible for updating program staff with new resources available.
(3) The Erie County Home Team, the governing body for the CoC, is responsible for overseeing the local strategies for mainstream benefits. Erie County DHS acts as the CoC lead, and therefore is responsible for subrecipient monitoring. Through monitoring, Erie County DHS ensures that access to mainstream benefits is provided to program participants receiving services within the CoC.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

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

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

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

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

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

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

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

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

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

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

4B. Attachments

Instructions:

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

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

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Erie County CE Assessment Tool- VI SPDAT

Attachment Details

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

Attachment Details

Document Description:

Attachment Details

Document Description: Proof of Rating and Ranking Process Publicly Posted

Attachment Details

Document Description: PA-605 Reallocation Plan

Attachment Details

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

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: Erie HMIS Governance Charter

Attachment Details

Document Description: PA-605 HMIS Policies and Procedures

Attachment Details

Document Description: HDX 2018 Competition Report- PA 605

Attachment Details

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

Attachment Details

Document Description: Racial Disparity Assessment 2018- PA 605

Attachment Details

Document Description:

Attachment Details

Document Description: PA-605 CE Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

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

Submission Summary   No Input Required

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

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

**COMMUNITY
SOLUTIONS**

ORG CODE

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-spdat/

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/

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3

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ __ __	_____

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	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ 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 RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.   SCORE:

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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:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3:	no housing intervention
B. RISKS	/4	4-7:	an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4		
D. WELLNESS	/6	8+:	an assessment for Permanent Supportive Housing/Housing First
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?	☐ Yes ☐ No ☐ 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

Welcome to the SPDAT Line of Products

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• VI-SPDAT V 2.0 for Families

• VI-SPDAT V 1.0 for Youth

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

SPDAT Series

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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:

PROMPTS

- *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?*

NOTES

SCORING

4	**Any** of the following among any family member: ☐ 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 ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following among any family member: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	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: ☐ No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ 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	☐ 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	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:

PROMPTS

- *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?*

NOTES

SCORING	
4	**Any** of the following for any member of the family: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue among any family member with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ 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) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ 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	Single chronic or serious health condition in a family member, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE:

- *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?*

NOTES

	SCORING
4	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ 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) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following for any family member: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following is true for **every** family member: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

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D. Substance Use

PROMPTS	CLIENT SCORE:

PROMPTS
• *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?*

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

4	☐ An adult is in a life-threatening health situation as a direct result of substance use, **or**,
	☐ Any family member is under the legal age but over 15 and would score a 3+, **or**,
	☐ Any family member is under 15 and would score a 2+, **or** who first used drugs prior to age 12, **or**,
	In the past 30 days, **any** of the following are true for any adult in the family...
	   ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation
	   ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times
	   ☐ Substance use resulting in passing out 2+ times

3	☐ 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**,
	☐ Any family member is under the legal age but over 15 and would score a 2, **or**,
	☐ Any family member is under 15 and would score a 1, **or** who first used drugs at age 13-15, **or**,
	In the past 30 days, **any** of the following are true for any adult in the family...
	   ☐ Drug use reached the point of complete inebriation 12+ times
	   ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation
	   ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times

2	☐ Any family member is under the legal age but over 15 and would otherwise score 1, **or**,
	In the past 30 days, **any** of the following are true for any adult in the family...
	   ☐ Drug use reached the point of complete inebriation fewer than 12 times
	   ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times

1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

E. Experience of Abuse & Trauma of Parents

PROMPTS
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.
Because this section is self-reported, if there are more than one parent present, they should each be asked individually.
• *"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?"*

CLIENT SCORE: [   ]

NOTES

	SCORING
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ 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
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

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F. Risk of Harm to Self or Others

PROMPTS
• *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 themself 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?*

CLIENT SCORE: _____

NOTES

SCORING	
4	**Any** of the following for any family member: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following for any family member: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ 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: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, a family member had 1-3 involvements in physical alterations
0	☐ 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:

- *[Observe, don't ask] Any abcesses or track marks from injection substance use?*
- *Does anybody force or trick people in your family to do things that they don't want to do?*
- *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?*
- *Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?*
- *Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*

NOTES

	SCORING
4	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events ☐ In the past 90 days, any member of the family left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events ☐ 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: ☐ In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events ☐ 181+ days ago, any member of the family left an abusive situation
1	☐ 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	☐ In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS
• 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?

CLIENT SCORE: _____

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	☐ In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE:
• *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?*	**NOTES**

	SCORING
4	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ 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: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ 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: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ 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	☐ No family member has had any legal issues within the past 365 days, **and** currently no conditions of release

J. Managing Tenancy

PROMPTS
• *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?*

CLIENT SCORE:	
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 <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

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

K. Personal Administration & Money Management

PROMPTS
• *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?*

CLIENT SCORE: _____

NOTES

	SCORING
4	**Any** of the following: ☐ No family income (including formal and informal sources) ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments **Or**, for the person who normally handles the household's finances, **any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Not aware of the full amount spent on substances, if the household includes a substance user
3	☐ Real or perceived debts of $999 or less, past due or requiring monthly payments, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if the household includes a substance user
2	☐ In the past 365 days, source of family income has changed 2+ times, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ 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
0	☐ 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

L. Social Relationships & Networks

PROMPTS
• *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?*

CLIENT SCORE: _____

NOTES

	SCORING
4	**Any** of the following: ☐ Currently homeless and would classify most of friends and family as homeless ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ No friends or family and any family member demonstrates an inability to follow social norms
3	**Any** of the following: ☐ Currently homeless, and would classify some of friends as housed, while some are homeless ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but all family members demonstrate ability to follow social norms ☐ Any family member is meeting new people with an intention of forming friendships ☐ Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	**Any** of the following: ☐ Currently homeless, and would classify friends and family as being housed ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Any family member is developing relationships with new people but not yet fully trusting them
1	☐ 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	☐ 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:

- *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?*

NOTES

	SCORING
4	**Any** of the following for head(s) of household: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ 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 ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following for head(s) of household: ☐ 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 ☐ 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 ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following for head(s) of household: ☐ 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 ☐ 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	☐ 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	☐ For the past 365+ days, fully taking care of all the family's daily needs independently

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N. Meaningful Daily Activity

PROMPTS
• *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?*

CLIENT SCORE: _____

NOTES

	SCORING
4	☐ Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	☐ 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	☐ 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	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

O. History of Homelessness & Housing

PROMPTS
• *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?*

CLIENT SCORE: _____

NOTES

	SCORING
4	☐ Over the past 10 years, cumulative total of 5+ years of family homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

P. Parental Engagement

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

Q. Stability/Resiliency of the Family Unit

PROMPTS
• *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?*

CLIENT SCORE: [ ]

NOTES

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

R. Needs of Children

PROMPTS	CLIENT SCORE:
• *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?*	**NOTES**

	SCORING
4	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 15+ days in any month ☐ School-aged children are not currently enrolled in school ☐ Any member of the family, including children, is currently escaping an abusive situation ☐ The family is homeless
3	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 7-14 days in any month ☐ School-aged children typically miss 3+ days of school per week for reasons other than illness ☐ 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: ☐ In the last 90 days, children needed to live with friends or family for 1-6 days in any month ☐ School-aged children typically miss 2 days of school per week for reasons other than illness ☐ 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: ☐ 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 ☐ School-aged children typically miss 1 day of school per week for reasons other than illness
0	**All** of the following: ☐ In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month ☐ School-aged children maintain consistent attendance at school ☐ There is no evidence of children in the home having experienced or witnessed abuse ☐ The family is housed

S. *Size of Family Unit*

PROMPTS
• *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?*

CLIENT SCORE:

NOTES

SCORING		
	FOR ONE-PARENT FAMILIES:	**FOR TWO-PARENT FAMILIES:**
4	**Any** of the following: ☐ A pregnancy in the family ☐ At least one child aged 0-6 ☐ Three or more children of any age	**Any** of the following: ☐ A pregnancy in the family ☐ Four or more children of any age
3	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age	**Any** of the following: ☐ At least one child aged 0-6 ☐ Three children of any age
2	☐ At least one child aged 12–15.	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age
1	☐ At least one child aged 16 or older.	☑ At least one child aged 12 or older
0	☐ 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:

PROMPTS

- *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?*

CLIENT SCORE:

NOTES

	SCORING
4	**Any** of the following: ☐ In the past 90 days, interactions with child protective services have occurred ☐ 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 ☐ There are issues still be decided or considered within family court
3	In the past 180 days, **any** of the following have occurred: ☐ Interactions with child protective services have occurred, but not within the past 90 days ☐ 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; ☐ Issues have been resolved in family court
2	☐ 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
1	☐ No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	☐ There have been no serious interactions with child protective services because of parenting concerns

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

Client: | **Worker:** | **Version:** | **Date:**

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

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

Client:	Worker:	Version:	Date:

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

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

Client:		Worker:		Version:		Date:

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

Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

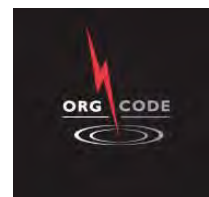# (TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

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-spdat/

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	☐ Team ☐ Staff ☐ 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	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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:

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

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?	☐ Yes ☐ No ☐ Refused

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

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

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

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

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

The criteria for scoring each question are as follows:

1. Performance Measures | Exits to Permanent Housing | Permanent Supportive Housing

___% remain in or move to Permanent Housing (PH)

90% and above	25 points
79.0% - 89.9%	20 points
69.0% - 78.9%	15 points
59.0% - 68.9%	10 points
49.0% - 58.9%	5 points
0% - 48.9%	0 points

2. Performance Measures | New or Increased Income and Earned Income | Earned income for project stayers

___% increase

8%+	2.5 points
0% - 7%	0 points

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

___% increase

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

4. Performance Measures | New or Increased Income and Earned Income | Earned income for project leavers

___% increase

8%+	2.5 points
0% - 7%	0 points

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

___% increase

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

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

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

Yes	5 points
No	0 points

7. Performance Measures | Universal Data Elements

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

Yes	5 points
No	0 points

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

Applicant has an error rate below 10% for Chronic Homelessness

Yes	5 points
No	0 points

9. Other and Local Criteria | Application Timeliness

Application was received on or before the due date

Yes	10 points
No	0 points

10. Other and Local Criteria | Application Completeness/Accuracy

All required information was included and was accurate

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

11. Other and Local Criteria | Fund Utilization

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

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

12. Other and Local Criteria | Priority Groups

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

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

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

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

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

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

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

15. Other and Local Criteria | Audit Risk Category

Most recent audit identified agency as "low risk"

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

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

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

17. Other and Local Criteria | Overall Impression of Application

Based on Overall Impression	0-10 points

RENEWAL/EXPANSION PROJECT RATING TOOL

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

Print Report Card

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED	MAX POINT VALUE
PERFORMANCE MEASURES				
Exits to Permanent Housing				
1. Permanent Supportive-Housing	90% remain in or move to PH	%		out of 25
New or Increased Income and Earned Income				
2. Earned income for project stayers	8%+ increase	%		out of 2.5
3. Non-employment income for project stayers	10%+ increase	%		out of 2.5
4. Earned income for project leavers	8%+ increase	%		out of 2.5
5. Non-employment income for project leavers	10%+ increase	%		out of 2.5
Performance Measures Subtotal			0	out of 35
OTHER AND LOCAL CRITERIA				
6. Data Quality - Applicant has an error rate below 10% for Personally Identifiable Information				out of 5
7. Data Quality - Applicant has an error rate below 10% for Universal Data Elements				out of 5
8. Data Quality - Applicant has an error rate below 10% for Chronic Homelessness				out of 5
9. Application Timeliness - Application was received on or before the due date				out of 10
10. Application Completeness/Accuracy - All required information was included and was accurate				out of 10
11. Fund Utilization - All project funds are being fully expended				out of 25
12. Priority Groups - HUD priority groups are served (Chronically Homeless, Families, Youth 18-24, Homeless Veterans)				out of 10
13. Housing First/Low Barrier - Participants quickly moved to Permanent Housing w/o requirements or preconditions				out of 25
14. Cost Effectiveness - Project is cost effective compared to average cost per person within the project type				out of 10
15. Audit Risk Category - Most recent audit identified agency as "low risk"				out of 5
16. Audit Findings - Most recent audit indicates no findings				out of 5
17. Overall Impression - Overall impression of the application				out of 10
Other and Local Criteria Subtotal			0	out of 125
TOTAL SCORE			0	out of 160
Weighted Rating Score			0	out of 100

PROJECT FINANCIAL INFORMATION

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

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

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

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

The criteria for scoring each question are as follows:

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

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

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

4. Extent to Which the Applicant:

    A.) Demonstrate the Understanding of the needs of the clients to be served (2 points)

    B.) Demonstrate type, scale, and location of the housing and how it will fit the needs of the Clients to be served (2 points)

    C.) Demonstrate type and scale of all of the supportive services, regardless of funding source Meet the needs of the clients to be served (2 points)

    D.) Demonstrate how clients will be assisted in obtaining and coordinating the provision of Mainstream benefits (2 points)

    E.) Establish performance measures for housing and income that are objective, measurable, Trackable, and meet or exceed any established HUD, HEARTH, or CoC Benchmarks (2 points)

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

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

Yes	5 points
No	0 points

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

Yes	5 points
No	0 points

7. Timeliness: Plan for Rapid Implementation of Program

30 Days or Less	10 points
30 Days to 60 Days	5 points
Beyond 60 Days	0 points

8. Financial: Project is Cost-Effective- Comparing Projected Cost per Person Served to CoC Average Within Project Type:

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

9. Financial: Most Recent Audit Identified Agency as "Low Risk"

Yes	5 points
No	0 points

10. Financial: Most Recent Audit Indicates No Findings

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

11. Fimancial: Budgeted Costs are Reasonable, Allocable, and Allowable

No Evidence of Budget Errors	10 points
Evidence of Some Budget Errors	5 points
Evidence of Multiple Budget Errors	0 Points

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

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

13. Other Local Criteria: Application Timeliness

Application was received on or before due date

Yes	10 points
No	0 points

14. Other Local Criteria: Application Completeness/Accuracy

All required information was included and was accurate

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

15. Other Local Criteria: Overall Impression of Application

Based on Overall Impression	0-10 points

NEW PROJECTS RATING TOOL

Project Name: _____

Organization Name: _____

Project Type: _____

Project Identifier: _____

Print Blank Template

Print Report Card

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
EXPERIENCE			
1. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	☐	out of	10
2. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	☐	out of	10
3. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	☐	out of	5
Experience Subtotal	0	out of	**25**
DESIGN OF HOUSING & SUPPORTIVE SERVICES			
4. Extent to which the applicant			
A. Demonstrate understanding of the needs of the clients to be served.			
B. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served			
C. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served.	☐	out of	10
D. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits			
E. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.			
5. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	☐	out of	5
6. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	☐	out of	5
Design of Housing & Supportive Services Subtotal	0	out of	**20**
TIMELINESS			
7. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	☐	out of	10
Timeliness Subtotal	0	out of	**10**
FINANCIAL			
8. Project is cost-effective - comparing projected cost per person served to CoC average within project type.	☐	out of	10
Most recent audit….			
9. …identified agency as 'low risk'	☐	out of	5
10. …indicates no findings	☐	out of	5
11. Budgeted costs are reasonable, allocable, and allowable	☐	out of	10
Financial Subtotal	0	out of	**30**
OTHER AND LOCAL CRITERIA			
12. Priority Groups - HUD priority groups are served (Chronically Homeless, Families, Youth 18-24, Homeless Veterans)	☐	out of	10
13. Application Timeliness - Application was received on or before the due date	☐	out of	10
14. Application Completeness/Accuracy - All required information was included and was accurate	☐	out of	10
15. Overall Impression - Overall impression of the application	☐	out of	10
Other and Local Criteria Subtotal	0	out of	**40**

NEW PROJECTS RATING TOOL

Print Report Card

Print Blank Template

Project Name: _____

Organization Name: _____

Project Type: _____

Project Identifier: _____

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
TOTAL SCORE	**0**	out of	**125**
Weighted Rating Score	**0**	out of	**100**

PROJECT FINANCIAL INFORMATION

NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab

CoC funding requested	$
Amount of other public funding (federal, state, county, city)	
Amount of private funding	
TOTAL PROJECT COST	$

Homeless resources for Erie County, PA

HOME   ABOUT US   MEMBERSHIP   GET HELP   CALENDAR   RESOURCES   CONTACT

Resources

RESOURCES

2018 HUD Continuum of Care Rating and Ranking Tools

HUD 2018- Renewal Rating Scale

HUD 2018- Renewal Project Rating Tool

HUD 2018- New Project Rating Scale

HUD 2018- New Project Rating Tool

General Meeting Minutes

January 2018 – .PDF

Erie City & County PA-605 Policy and Procedure Documents

Erie City County CoC Monitoring Policies and Procedures Manual – .PDF
HMIS – Erie Policy and Procedures Manual – .PDF
Erie City and County CoC Written Standards – .PDF

2017 HUD Continuum of Care Application

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

Dear Home Team,

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

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

Thank you,

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

Erie City & County PA-605

Reallocation Process for HUD Continuum of Care Competition 2018

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

Wilcox, Autumn

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

Importance: High

Dear Community Shelter Services,

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

Thank you,

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

DEPARTMENT OF HUMAN SERVICES

Erie County Office of Mental Health & Intellectual Disabilities

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Mr. Alexa:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Mr. Alexa:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Mr. Alexa:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

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

Importance: High

Dear Community of Caring,

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

Thank you,

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

DEPARTMENT OF HUMAN SERVICES
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Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Dr. Kennedy:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

erie.county

DHS

...helping people.

Wilcox, Autumn

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

Importance:	High

Dear ECCM,

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

Thank you,

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

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/21/18

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

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

Dear Mr. Kohler:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/21/18

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

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

Dear Mr. Kohler:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Mr. Kohler:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Mr. Kohler:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

Wilcox, Autumn

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

Importance: High

Dear EUMA,

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

Thank you.

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

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Mr. Crays:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Mr. Crays:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

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

Importance: High

Dear Gaudenzia,

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

Thank you.

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

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Mr. Brooks:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

Wilcox, Autumn

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

Importance: High

Dear MHA,

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

Thank you,

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

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Ms. Stucke:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

erie county
DHS
...helping people

Children & Youth - Mental Health & Intellectual Disabilities - Drug & Alcohol Abuse

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

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

Dear Ms. Stucke:

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

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

Sincerely,

Autumn Wilcox
Housing Program Specialist
Erie County Department of Human Services

Wilcox, Autumn

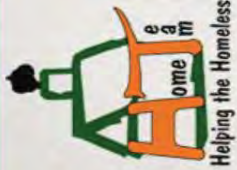|	
From:	Wilcox, Autumn
Sent:	Tuesday, August 28, 2018 4:16 PM
To:	Agnes Piscaro; Amy Clabbatz; Andrea Sliva; Ashley Franklin; Wilcox, Autumn; Barbara Ann Lewis; Barry Kohler; Betsy Wiest; Brian McLaughlin; Carl Hull; Carla Storrs; Chris Tombaugh; Clara Holden; Clifton McNair III; Craig Ulmer; Cris Taylor;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

Dear Home Team,

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

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

Thank you,

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

Homeless resources for Erie County, PA

HOME   ABOUT US   MEMBERSHIP   GET HELP   CALENDAR   RESOURCES   CONTACT

Helping the Homeless

Resources

RESOURCES

2018 HUD Continuum of Care Priority Listing

2018 HUD Priority Listing for Erie City & County CoC PA-605

2018 HUD Continuum of Care Rating and Ranking Tools

HUD 2018- Renewal Rating Scale

HUD 2018- Renewal Project Rating Tool

HUD 2018- New Project Rating Scale

HUD 2018- New Project Rating Tool

General Meeting Minutes

January 2018 – .PDF

Erie City & County PA-605 Policy and Procedure Documents

Resources | Erie Home Team

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

Tuesday, August 28, 2018

◄ August, 2018 ►

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

4:38:34 PM

Change date and time settings....

4:38 PM
8/28/2018

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

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

Total: $2,291,138

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

Total HUD Request: $2,370,449

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

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

8/28/18

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

Sincerely,

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

arre

PROOF OF PUBLICATION
In
THE ERIE TIMES-NEWS

COMBINATION EDITION

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

REFERENCE: 111888 322962
The Erie County Department of Human

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

PUBLISHED ON: 07/01/18

TOTAL COST: $130.00   AD SPACE: 30 Lines

FILED ON: 07/01/18

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

(7-322962-NT-1)

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

Affiant: _____

NOTARY: _____

Wilcox, Autumn

Dear Home Team,

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

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

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

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

Bonus: $158,621

Domestic Violence Bonus: $264,369

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

Bonus Funds:

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

1

Domestic Violence Bonus Funds:

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

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

Thank you,

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

From: Scheu, Debra
Sent: Friday, June 29, 2018 9:56 AM
To: Agnes Piscaro; Amy Clabbatz; Andrea Sliva; Ashley Franklin; Barbara Ann Lewis; Barry Kohler; Betsy Wiest; Brian McLaughlin; Carl Hull; Carla Storrs; Chris Tombaugh; Clara Holden; Clifton McNair III; Craig Ulmer; Cris Taylor; Pushic, Dan; Danielle Szklenski; Darrell Smith; David Gonzalez; David Wooledge; Debbie Dillon; Debbie Smith; Deirdre Tate; Diana Ames; Diane Brant; Dimitrovski, Kristine; Dusti Dennis; Eddie Martin; Emily Francis; Emily Goodwin; Connelly, Erin; George Fickenworth; Gina Allison; Grace Kennedy; Jacqueline Williams; Jason Sargent; Jeff McDonald; Jennie Hagerty; Jerry Gill (Jerry_Gill@iu5.org); Berdis, Joe; Joe Cancilla; Joshua Miller ; Karle, Lisa; Karns, Shelby; Kate (Elspeth) Koehle; Kathy Hubbard; Katie Schaaf; Kim Stucke; Kurt Crays; Laryssa Stolar; Lee Prindle; Linda (Lyons) King; Liz McCormick; Lori Palisin; Malone, Jennifer; Margie Olszewski; Mark Alexa; Mark Jasinski; Mary Gollmer; Matthew Good; Maureen Dunn; Michael Wehrer; Michelle Swarm; Migdalia Lavenbein; Mike Jaruszewicz; Nate McGee; Neal Brokman; Nicole Johnson; Pat Herr; Patricia Lindeman; Patti Palotas; Perry Wood; Richard Novotny; Rita Scrimenti; Rose Barr; Saunders McLaurin; Sean O'Neill; Sheila Sterrett; Sherry Braswell; Shirley Schell; Shona Eakin; Sister Phyllis Hilbert; Steve Westbrook; Steven Thomas; Tim Hilton; Tim Lavenbein; Tom Schlaudecker; Weidner, Tracey; Viveralli, Cynthia; Jacobs, Wendy; Wilcox, Autumn; Yolanda Arrington
Subject: FW: 2018 HUD CoC Competition- Deadlines and Application Details and Instructions

Dear Home Team Members,

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

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

Included in this email , you will find the following:

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

Instructions for 2018 New Project Applications:

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

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

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

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

Autumn Wilcox

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

Homeless Management Information System (HMIS-Erie)

Policies and Procedures Manual

September, 2017

Table of Contents

ERIE COUNTY DEPARTMENT OF HUMAN SERVICES

154 West Ninth Street
Erie, PA 16501

PHONE: 814-451-6800
FAX: 814-451-6868
WEB: www.eriecountypa.gov

Erie County Department of Human Services Housing Team

Shelby Karns
MENTAL HEALTH ADMINISTRATIVE TEAM LEADER
PHONE: 814-451-6846
EMAIL: skarns@eriecountypa.gov

Autumn Wilcox
HOUSING PROGRAM SPECIALIST
PHONE: 814-451-6813
EMAIL: awilcox@eriecountypa.gov

HMIS-Erie Management Team

Lisa Karle
HMIS SYSTEM ADMINISTRATOR
PHONE: 814-451-7226
EMAIL: lkarle@eriecountypa.gov

Ted Kobierski
OPERATIONS SPECIALIST
PHONE: 814-451-6807
EMAIL: ekobierski@eriecountypa.gov

Dan Pushic
PROGRAM SPECICALIST
PHONE: 814-451-6869
EMAIL: dpushic@eriecountypa.gov

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

Homelessness Management Information System

Policies and Procedures Manual

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

HMIS-ERIE Governance Charter

Introduction

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

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

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

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

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

KEY SUPPORT ROLES & RESPONSIBILITIES

Erie County Department of Human Services Housing Team

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

➢ Manages HMIS-Erie System Administrators, oversees HMIS-Erie project and has primary responsibility for all HMIS-ERIE activities

➢ Approves and facilitates enforcement of HMIS-ERIE policies as set forth in HMIS-Erie Policies and Procedures Manual

➢ Designates software to be used for HMIS-Erie in the geographic region

➢ Selects, approves and executes annual contract(s) with HMIS-ERIE vendor(s)

HMIS-ERIE Management Team

➢ Guides the implementation/maintenance of the Homeless Management Information System

➢ Ensures HMIS-ERIE compliance with all HUD rules and regulations

➢ Encourages and facilitates participation

➢ Develops, informs, and reviews HMIS-ERIE policies and procedures

➢ Advises and recommends to the ECDHS Housing Team changes to HMIS-ERIE policies and procedures

➢ Cultivates ways in which future data measurement can contribute to fulfillment of strategic goals

➢ Provides training and support to partner agency users

➢ Facilitates continuing quality improvement via data analyses and knowledge of best practices

➢ Ensures compliance with HMIS-ERIE policies and HUD requirements

➢ Monitors data quality in accordance with Data Quality Plan benchmarks as set forth in HMIS-Erie Policies and Procedures Manual

➢ Acts as liaison between the ECDHS and regional or national HMIS-ERIE related organizations and participates in related activities

➢ Supervises contract(s) with vendor(s)

HMIS-ERIE Partner Agencies

➢ Execute an HMIS-ERIE Agency Partner Agreement and, if applicable, a Network Data Sharing Agreement

➢ Agree to abide by the most current HMIS-ERIE Policy and Procedures Manual (Policy) approved and adopted by the ECDHS

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

HMIS-ERIE Agency Administrators

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

HMIS-ERIE AGENCY IMPLEMENTATION POLICIES AND PROCEDURES

HMIS-ERIE PARTICIPATION POLICY

Mandated Participation

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

Voluntary Participation

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

Minimum Participation Standards

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

Homeless Management
Information System
(HMIS-Erie)

Policies and Procedures Manual

September, 2017

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

HOMELESSNESS MANAGEMENT INFORMATION SYSTEM

POLICIES AND PROCEDURES MANUAL

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

HMIS-ERIE GOVERNANCE CHARTER

INTRODUCTION

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

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

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

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

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

KEY SUPPORT ROLES & RESPONSIBILITIES

Erie County Department of Human Services Housing Team

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

➢ Manages HMIS-Erie System Administrators, oversees HMIS-Erie project and has primary responsibility for all HMIS-ERIE activities

➢ Approves and facilitates enforcement of HMIS-ERIE policies as set forth in HMIS-Erie Policies and Procedures Manual

➢ Designates software to be used for HMIS-Erie in the geographic region

➢ Selects, approves and executes annual contract(s) with HMIS-ERIE vendor(s)

HMIS-ERIE Management Team

➢ Guides the implementation/maintenance of the Homeless Management Information System

➢ Ensures HMIS-ERIE compliance with all HUD rules and regulations

➢ Encourages and facilitates participation

➢ Develops, informs, and reviews HMIS-ERIE policies and procedures

➢ Advises and recommends to the ECDHS Housing Team changes to HMIS-ERIE policies and procedures

➢ Cultivates ways in which future data measurement can contribute to fulfillment of strategic goals

➢ Provides training and support to partner agency users

➢ Facilitates continuing quality improvement via data analyses and knowledge of best practices

➢ Ensures compliance with HMIS-ERIE policies and HUD requirements

➢ Monitors data quality in accordance with Data Quality Plan benchmarks as set forth in HMIS-Erie Policies and Procedures Manual

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- ➢ Agency staff shall enter client-level data into HMIS-Erie within two business days for emergency housing and five working days of client interaction.
- ➢ Participating agencies shall comply with all HUD regulations for HMIS-ERIE participation.

- Each agency shall designate at least one HMIS-ERIE Primary Point Person. This person may or may not also be the Agency Administrator (see below). HMIS-Erie Primary Point Person functions as the main liaison with HMIS-Erie Management Team and is responsible for organizing its agency's users, making sure proper training has taken place for the users and that all paperwork and confidentiality requirements are being followed by all users from that agency.

- Each agency having five or more users must designate at least one user to function as an Agency Administrator. Agencies with fewer than five users have the option of designating an Agency Administrator. The Agency Administrator is expected to provide on-site support to the agency's end-users, run agency reports, monitor the agency's data quality, and work with HMIS-Erie Management Team to troubleshoot HMIS-ERIE issues.

HMIS-ERIE PARTNERSHIP TERMINATION - DATA TRANSFER POLICIES

In the event that the relationship between the ECDHS HMIS-ERIE and a Partner Agency is terminated, the Partner Agency will no longer have access to HMIS-Erie. HMIS-Erie Management Team shall make reasonable accommodations to assist a Partner Agency to export its data in a format that is usable in its alternative database. Any costs associated with exporting the data will be the sole responsibility of the Partner Agency.

HMIS-ERIE SECURITY PLAN

The Continuum has defined a security plan that:

➤ Ensures the confidentiality, integrity, and availability of all HMIS-ERIE information

➤ Protects against any reasonably anticipated threats or hazards to security

➤ Ensures compliance by end-users

HARDWARE, CONNECTIVITY AND COMPUTER SECURITY REQUIREMENTS

Workstation Specification

Computers should meet the **minimum** desktop specification:

➤ Operating System: Any system capable of running a current Internet browser as specified below

➤ Processor: 2 GHz Pentium processor or higher; dual core recommended

➤ Memory: 4gb recommended (2gb minimum)

➤ Hard Drive: 40 MB available space

➤ Web Browsers: The most current version of MS Internet Explorer, Chrome or Mozilla Firefox

Internet Connectivity

Partner Agencies must have Internet connectivity for each workstation accessing HMIS-Erie. To optimize performance, all agencies are encouraged to secure a high-speed Internet connection with a cable modem, DSL or T1 line. Agencies expecting a very low volume of data may be able to connect using a dial-up connection; however, HMIS-ERIE management cannot guarantee satisfactory performance with this option.

Any network that has a Wi-Fi component must employ at least WPA2 level security.

Security Hardware/Software

All workstations accessing HMIS-Erie need to be protected by a securely configured firewall. If the workstations are part of an agency computer network, the firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates. Good examples of anti-virus software include McAfee and Symantec (Norton) Security systems, among others.

HMIS-ERIE USER IMPLEMENTATION

Eligible Users

Each Partner Agency shall authorize use of HMIS-Erie only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

HMIS-Erie Management Team shall authorize use of HMIS-Erie only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out central server responsibilities.

User Requirements

Prior to being granted a username and password, users must sign an HMIS-ERIE confidentiality agreement that acknowledges receipt of a copy of the agency's privacy notice and that pledges to comply with the privacy notice.

Users must be aware of the sensitivity of client-level data and must take appropriate measures to prevent its unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with all policies and standards described within this Policies and Procedures manual. They are accountable for their actions and for any actions undertaken with their username and password and should therefore, *never* share their unique user name and password with anyone.

Agency Administrators must ensure that users have received adequate training prior to being given access to the database.

Setting Up a New User

If the Partner Agency wants to authorize system use for a new user, the agency's Executive Director or authorized designee must:

➢ Determine the access level of the proposed HMIS-ERIE user

➢ Execute an HMIS-ERIE user confidentiality agreement

➢ Review HMIS-ERIE records about previous users to ensure that the individual does not have previous violations with HMIS-Erie Policies and Procedures that prohibit their access to HMIS-Erie

➢ Verify that an HMIS-ERIE user confidentiality agreement has been correctly executed

- ➢ Verify that appropriate and sufficient training has been successfully completed
- ➢ Create the new user ID and password in ServicePointTM, or submit request for creation to HMIS-Erie Management Team

If any user leaves the agency or no longer needs access to HMIS-Erie, the Partner Agency is responsible for immediately terminating user access by deleting or inactivating the user account, or by notifying HMIS-Erie Management Team.

Volunteers have the same user requirements that paid staff have. They must have an individual user account, go through the same training, and have the same confidentiality and privacy documents signed and on file with the agency they are serving.

The Executive Director or authorized designee is responsible for ensuring that the user understands and complies with all applicable HMIS-ERIE Policies and Procedures.

Enforcement Mechanisms

HMIS-Erie Management Team will investigate all potential violations of any security protocols. Any user found to be in violation of security protocols will be sanctioned.

Sanctions include, but are not limited to:

- ➢ A formal letter of reprimand
- ➢ Suspension of system privileges
- ➢ Revocation of system privileges

A Partner Agency's access may also be suspended or revoked if serious or repeated violation(s) of HMIS-ERIE Policies and Procedures occur by agency users.

HMIS-ERIE AGENCY IMPLEMENTATION

Adding Partner Agencies

Prior to setting up a new Partner Agency within HMIS-Erie database, HMIS-Erie Management Team shall:

- ➢ Review HMIS-ERIE records to ensure that the agency does not have previous violations
- ➢ Verify that the required documentation has been correctly executed and submitted or viewed on site, including:
  - Partner Agreement
  - Additional Documentation on Agency and Project(s)
  - Designation of HMIS-ERIE Agency Administrator
  - Fee Payment, if applicable
- ➢ Request and receive approval from HMIS-Erie Management Team to set up a new agency in HMIS-Erie

- ➢ Work with the Partner Agency to input applicable agency and program information
- ➢ Work with HMIS-Erie Management Team to migrate legacy data, if applicable

Agency Information Security Protocol Requirements

At a minimum, Partner Agencies must develop security rules, protocols or procedures based on the final *HUD Data and Technical Standards* including but not limited to the following:

- ➢ Internal agency procedures for complying with HMIS-Erie Notice of Privacy Practices and provisions of other HMIS-ERIE client and agency agreements
- ➢ Maintaining and posting an updated copy of the agency's Notice of Privacy Practices on the agency's website
- ➢ Posting a sign in the areas of client intake that explains generally the reasons for collecting personal information
- ➢ Appropriate assignment of user accounts
- ➢ Preventing user account sharing
- ➢ Protection of unattended workstations
- ➢ Protection of physical access to workstations where employees are accessing HMIS-ERIE
- ➢ Safe storage and protected access to hardcopy and digitally generated client records and reports with identifiable client information
- ➢ Proper cleansing of equipment prior to transfer or disposal
- ➢ Procedures for regularly auditing compliance with the agency's information security protocol
- ➢ HMIS-Erie Management Team conducts annual site visits to monitor compliance with HMIS-ERIE policies, at which time agencies may need to demonstrate their procedures for securing client data.

User Access Levels

All HMIS-ERIE users must be assigned a designated user access level that controls the level and type of access the user will have within the system. Users will have access to client-level data that is collected only by their own agency unless a client specifically consents in writing to share their information.

DATA ACCESS CONTROL POLICIES

User Accounts

Partner Agencies may be permitted to manage user accounts following the procedures documented in HMIS-Erie *User Implementation* section of this manual for user account set-up including verification of eligibility, the appropriate training, and the establishment

of appropriate user type. The assigned user type will determine each user's individual access level to data, and Partner Agencies must regularly review user access privileges.

Partner Agencies are responsible for inactivating and/or removing users from the system by contacting HMIS-Erie Management Team. They should discontinue the rights of a user immediately upon that user's termination from any position with access. When a user will be on leave for an extended period (longer than 30 days), his/her account should be temporarily suspended within 5 business days from the start of the leave.

User Passwords

Each user will be assigned a unique identification code (User ID), preferably the first initial and last name of the user.

A temporary password will be assigned when a new user is created. The user will be required to establish a new password upon initial log-in. This password will need to be changed every 45 days. A password cannot be used again until another password has expired. Passwords must be between 8 and 16 characters long, contain at least two numbers or symbols, and should not be easily guessed or found in a dictionary. The password format is alphanumeric and is case-sensitive.

Users are prohibited from sharing passwords—even with supervisors. Sanctions will be imposed on the user and/or agency if user account sharing occurs. Any passwords written down should be securely stored and inaccessible to others. They should not be saved on a personal computer.

Password Reset

Except when prompted by ServicePoint™ to change an expired password, users cannot reset their own password. HMIS-Erie Management Team and in some cases, the Agency Administrator, have the ability to temporarily reset a password. If an Agency Administrator needs to have his/her password set, a member of HMIS-Erie Management Team will need to reset that password.

Temporary Suspension of User Access to HMIS-ERIE

System Inactivity

Users must log off from HMIS-Erie application and either lock or log off their respective workstation if they leave the workstation. Also, password protected screen-savers or automatic network log-off should be implemented on each workstation. If the user is logged into HMIS-ERIE and the period of inactivity in HMIS-ERIE exceeds 30 minutes, the user will be logged off HMIS-Erie system automatically.

Unsuccessful Login

If a user attempts to log in 3 times unsuccessfully, the User ID will be "locked out" and their access permission will be revoked; the user will be unable to regain access until the User ID is reactivated by the Agency Administrator or a member of HMIS-Erie Management Team.

Electronic Data Control

Agency Policies Restricting Access to Data

Partner agencies must establish protocols limiting internal access to data based on the final *HUD Data and Technical Standards*.

Downloaded Data

Users have the ability to download and save client-level data. Once this information has been downloaded from HMIS-Erie server, the security of this data then becomes the responsibility of the user and the agency.

Ability to Export Agency-specific Data from HMIS-Erie

Partner Agencies will have the ability to export a copy of their own data for internal analysis and use. Agencies are responsible for the security of this information.

Hardcopy Data Control

Printed versions (hardcopy) of confidential data should not be copied or left unattended and open to compromise. Media containing HMIS-ERIE client-identified data will not be shared with any agency, other than the owner of the data, for any reason. Authorized employees using methods deemed appropriate may transport HMIS-ERIE data between the participating agencies that meet the above standard. Reasonable care should be taken, and media should be secured when left unattended. Magnetic media containing HMIS-ERIE data which is released and/or disposed of by the participating agency and the central server should first be processed to destroy any data residing on that media. Degaussing and overwriting are acceptable methods of destroying data. HMIS-ERIE information in hardcopy format should be disposed of properly. This could include shredding finely enough to ensure that the information is unrecoverable.

HMIS-ERIE PRIVACY PLAN

The Continuum has defined a privacy plan that includes:

➢ Data collection limitation

➢ Purpose and use limitations

➢ Allowable uses and disclosures

➢ Access and correction standards

➢ Protection for victims of domestic violence, dating violence, sexual assault, and stalking

DATA COLLECTION LIMITATION POLICY

Partner Agencies will solicit or enter information about clients into HMIS-Erie database only in order to provide services or conduct evaluation or research. Partner Agency management, in consultation with the ECDHS, will decide what qualifies as essential for services or research.

CLIENT NOTIFICATION POLICIES AND PROCEDURES

The ECDHS has prepared standard documents for HMIS-ERIE Notice of Privacy Practices and Client Consent to Release Information which are available on the ECDHS web site. Partner Agencies may either use these forms or incorporate the content of HMIS-Erie documents into the agency's own documentation. All written consent forms must be stored in a client's case management file for record keeping and auditing purposes.

Agencies must make reasonable accommodations for persons with disabilities throughout the data collection process. This may include, but is not limited to, providing qualified sign language interpreters, readers, or materials in accessible formats such as Braille, audio, or large type, as needed by the individual with a disability.

Agencies that are recipients of federal assistance shall provide required information in languages other than English that are common in the community if speakers of these languages are found in significant numbers and come into frequent contact with the program.

HMIS-Erie Management Team conducts annual site visits to monitor compliance with HMIS-ERIE policies, at which time agencies may need to provide examples of the above-mentioned privacy documents and their procedures for protecting the privacy of client data.

Definitions and Descriptions of Client Notification and Consent Procedures

Client Notice

A written notice of the assumed functions of HMIS-Erie must be posted and/or given to each client so that he/she is aware of the potential use of his/her information and where it is stored. No consent is required for the functions articulated in the notice. However, as part of the notification process, clients must be informed of their right to designate their client records as hidden/closed and to view a copy of his/her record upon request. To fulfill this requirement, the agency may either adopt HMIS-Erie Notice of Privacy Practices or may develop an equivalent Privacy Notice that incorporates all the content of the standard HMIS-ERIE Notice. If the agency has a website, the adopted Notice of Privacy Practices or equivalent privacy notice must also be posted on the website.

Hidden/Closed Client Record

After learning about HMIS-Erie, if a client does not wish to have his/her Primary Identifiers accessible to all HMIS-ERIE users, the originating HMIS-ERIE user or HMIS-Erie Management Team should close the client record by locking the security setting on the client screen. Closing a client record will allow the agency to access the client's information for agency purposes. This action will allow HMIS-Erie Management Team to view client-identifying information but will prevent any personal client-identifying information from being accessed by HMIS-ERIE users outside of the originating agency. Contact HMIS-Erie Management Team for assistance, if needed.

Written Client Consent for HMIS-ERIE Data Sharing

At the initial intake, the client should be provided an oral explanation and written documentation about the option of sharing his/her Information within the CoC's HMIS-ERIE.

If a client is willing to share his/her information within HMIS-Erie, he/she must provide written consent pertaining to what he/she is willing to share and with whom (see exception below for the CoC's Coordinated Entry Process).

The client maintains a right to revoke written authorization at any time (except if that policy is overridden by agency policy or if the information is required to be shared as a condition of a provider agreement). Note that any such revocation will not be retroactive to any information that has already been released.

Client Authorization

HMIS-ERIE users may share client information only if the client authorizes that sharing with a valid Client Release of Information form, or in the case of the CoC's Coordinated Entry Process, explicit oral consent.

Authorized users will be able to grant permission based on appropriate client consent to share individual client information with another agency's users. Random file checks for appropriate client authorization, audit trails, and other monitoring tools may be used to ensure that this data sharing procedure is followed. Specific monitoring procedures around program enrollment will be implemented to ensure appropriate client information access.

Applicability of Consents

The Partner Agency shall uphold federal and state confidentiality regulations to protect client records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail.

HMIS-ERIE DATA USE AND DISCLOSURE POLICIES AND PROCEDURES

Each of HMIS-Erie Partner Agencies must comply with the following uses and disclosures, as outlined in the *HUD Data and Technical Standards: Notice for Uses and Disclosures for Protected Personal Information (PPI)*. A Partner Agency has the right to establish additional uses and disclosures if they do not conflict with the CoC-approved uses and disclosures.

Privacy Notice Requirement

Each Partner Agency must publish a privacy notice that incorporates the content of the *HUD Data and Technical Standards Notice* as described below. Agencies that develop their own privacy and security policies must allow for the de-duplication of homeless clients at the Continuum level.

Each agency must post the privacy notice and provide a copy of the privacy notice to any client upon request. If an agency maintains a public web page, the agency must post the current version of its privacy notice on its web page.

An agency's privacy notice must:

➢ Specify all potential uses and disclosures of a client's personal information

➢ Specify the purpose for collecting the information

➢ Specify the time period for which a client's personal information will be retained at the agency

➢ Offer reasonable accommodations for persons with disabilities and/or language barriers throughout the data collection process

➢ Allow the individual the right to inspect and to have a copy of his/her client record and offer to explain any information that the individual may not understand

- ➢ Specify a procedure for accepting and considering questions or complaints about the privacy and security policies and practices

CoC-approved Uses and Disclosures

Identifiable HMIS-ERIE client data may be used or disclosed for case management, billing, administrative and analytical purposes.

- ➢ Case management purposes include uses associated with providing or coordinating services for a client. As part of case management, the agency will share client information with other agencies based only on written client consent, or in the case of the CoC's Coordinated Entry Process, explicit oral consent (see p. 19)

- ➢ Billing example is invoicing funding sources for reimbursement of services

- ➢ Administrative purposes are uses required to carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions. An example would be analyzing client outcomes to evaluate program effectiveness

- ➢ Analytical purposes are functions that are related to analyzing client data to understand homelessness, including but not limited to creating de-identified protected personal information, understanding trends in homelessness and the needs of persons who are homeless, and assessing the implementation of the CoC's Strategic Plan

Unless a client requests that his/her record remains hidden, his/her primary identifiers will be disclosed to other HMIS-ERIE agencies. This will allow agencies to locate the client within HMIS-Erie system when the client comes to them for services. This will allow the CoC to determine how many people are homeless in Erie County during any specified timeframe.

Identifiable client information may also be used, or disclosed, in accordance with the *HUD Data and Technical Standards* for:

- ➢ Uses and disclosures required by law

- ➢ Aversion of a serious threat to health or safety

- ➢ Uses and disclosures about victims of abuse, neglect or domestic violence

- ➢ Uses and disclosures for academic research purposes

- ➢ Disclosures for law enforcement purposes in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial office or a grand jury subpoena

Aside from the disclosures specified above, a client's protected personal information will be disclosed only with his/her written consent.

HMIS-ERIE DATA RELEASE POLICIES AND PROCEDURES

Client-identifying Data

No identifiable client data will be released to any person, agency, or organization for any purpose other than those specified in HMIS-Erie *Data Use and Disclosure Policies and Procedures* section of this manual without the written permission of the client.

Data Release Criteria

HMIS-ERIE client data will be released only in aggregate, or in anonymous client-level data formats, for any purpose beyond those specified in HMIS-Erie *Data Use and Disclosure Policies and Procedures* section of this manual, such that the identity of any individual or household cannot be determined.

Data Release Process

Beyond individual agency reports, or ECDHS reports on its funded programs, the ECDHS Housing Team Director must approve all data for public classification and release.

Specific Coordinated Entry Process Exception to Written Consent Requirement

The CoC's Coordinated Entry Process will not be required to obtain written consent to share primary and general client information collected primarily through telephonic or other electronic means. However, all clients must be informed of their rights regarding HMIS-ERIE participation. Clients will be read the Coordinated Entry's consent and notifications script. Clients can view the Privacy Notice on the ECDHS website or pick up a copy at the ECDHS office. Callers who do not want their information shared in HMIS-ERIE will have their records closed and/or may be limited in their ability to obtain an agency referral.

Specific Client Notification Procedures for Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking

A mainstream agency that is serving a victim of domestic violence, dating violence, sexual assault, or stalking must explain the potential safety risks for victims and the client's specific options to protect her/his data, such as designating her/his record as hidden/closed to other agencies.

Specific Client Notification Procedures for Unaccompanied Minor Youth

Based on their age and potential inability to understand the implications of sharing information, HMIS-Erie cannot be used to share information about unaccompanied minor youth outside of the originating agency. Thus, even with written client authorization, users cannot share any client information of unaccompanied minor youth. For the purposes of this policy, minor youth are defined as youth under 18.

Privacy Compliance and Grievance Policy

Partner Agencies must establish a regular process of training users on this policy, regularly auditing that the policy is being followed by agency staff (including employees,

volunteers, affiliates, contractors and associates), and receiving and reviewing complaints about potential violations of the policy. Agencies may want to appoint a Chief Privacy Officer to be responsible for these tasks.

HMIS-ERIE DATA QUALITY PLAN

HMIS-ERIE DATA COLLECTION

The Continuum has defined a data quality plan that:

➢ Based on HUD data standards and CoC data requirements, specifies the importance of data quality and standards to be used by all participating agencies

➢ Provides a mechanism for monitoring adherence to the standards

➢ Provides the necessary tools and training to ensure compliance with the standard

➢ Includes strategies for working with agencies that are not in compliance with the standard

Data Quality Standard

➢ All data entered will be accurate

➢ Per HUD data standards, blank entries in required data fields will not exceed 5% per month

➢ All services provided will be compatible with providing program

➢ Data entry, including program Entry and Exit transactions, must be complete within 2 working days for emergency shelters and 5 working days for other projects

Data Quality Monitoring

HMIS-Erie Management Team will perform regular data integrity checks on HMIS-Erie data. Any patterns of error at a Partner Agency will be reported to the Agency Administrator and/or Executive Director. When patterns of error have been discovered, users will be required to correct data entry techniques and will be monitored for compliance.

Partner Agencies are expected to:

➢ Run and submit data completeness reports, data incongruities reports, and other data quality reports as required by HMIS-ERIE Lead staff

➢ Review monthly APRs to confirm accurate program entry and exit data

➢ Notify HMIS-ERIE Lead staff of findings and timelines for correction

➢ Rerun reports for agencies/programs to confirm data correction

Data Collection Requirements

Required Data Elements

A Partner Agency is responsible for ensuring that a minimum set of data elements, referred to as the Universal Data Elements (UDE's) and Program-specific Data Elements as defined by the *HUD Data and Technical Standards*, and other data elements as determined by HMIS-Erie Committee, will be collected and/or verified from all clients at their initial program enrollment or as soon as possible thereafter. Partner Agencies are required to enter data into HMIS-Erie within 2 working days for emergency shelters and 5 business days for other projects.

These required data elements are all included collectively on the *Client Profile*, *Client Demographics* section, *Entry*, and *Interim and Review* assessments and includes timely entry of program Entry and Exit transaction data.

Partner Agencies must report client-level UDE's and Program-specific Data Elements using the required response categories detailed in the *HUD Data and Technical Standards*. These standards are already incorporated into HMIS-Erie.

Entry/Exit Data

Program entry and exit dates should be recorded upon any program entry or exit on all participants. Entry dates should be recorded in compliance with project funding. Typically, they are the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence in a program's housing before the participant leaves the shelter or the last day a service was provided.

Data Quality Training Requirements

End-User Training

Each end user of HMIS-Erie system must complete ECDHS approved HMIS-ERIE training before being given HMIS-ERIE log-in credentials. It is recommended they also receive training from their Agency Administrator in order to understand agency-specific nuances in how they enter data. HMIS-ERIE Primary Point Persons and Agency Administrators should notify the ECDHS when they have specific training needs for their end-users.

Reports Training

Reports training for Agency Administrators and other interested users will be made available as needed. These will include training on how to use Provider Reports in ServicePoint™, reports in the Advanced Reporting Tool (ART), and may include opportunities for training in report creation using ART. (Note: Use of ART requires a separate Report Viewer or Ad- hoc Report Creation license).

Agencies are expected to run their own data quality reports so that they can monitor their own data quality and become more effective in serving our clients across the Continuum.

HMIS-ERIE De-duplication of Data - Policies and Procedures

De-duplicating Data Elements

HMIS-Erie application will use the following data elements to create unduplicated client records:

➢ Name (first, middle, last, suffix; aliases or nicknames should be avoided)

➢ Social Security Number

➢ Date of Birth (actual or estimated)

➢ Gender

➢ Race and Ethnicity

User-mediated Look-up

The primary way to achieve de-duplication will be a user-mediated search of the client database prior to creating a new client record. The user will be prompted to enter a **minimum** number of the data elements into HMIS-Erie application, and a list of similar client records will be displayed. Based on the results, the user will be asked to select a matching record if the other identifying fields match correctly.

If the user is unsure of a match (either because some data elements differ or because of blank information), the user should query the client for more information and continue evaluating possible matches or create a new client record.

The user will not be able to view sensitive client information or program-specific information during the de-duplication process. After the client record is selected, the user will be able to view previously existing portions of the client record only if he/she has explicit authorization to view that client's record.

TECHNICAL SUPPORT

HMIS-ERIE Technical Support Policies and Procedures

HMIS-ERIE Application Support

As unanticipated technical support questions on the use of HMIS-Erie application arise, users will follow this procedure to resolve those questions:

During the normal business hours of the ECDHS of 8:30 am – 5 pm:

➢ Begin with utilization of the on-line help and/or training materials

➢ If the question is still unresolved, direct the technical support question to the Agency Administrator

➢ If the question is still unresolved, the Agency Administrator can direct the question to HMIS-Erie Management Team

- If the question is still unresolved, HMIS-Erie Management Team will direct the question to Bowman Systems technical support staff

After the normal business hours of the ECDHS:

- Begin with utilization of the on-line help and/or training materials

- If the question can wait to be addressed during the following business day, wait and follow the normal business hours procedure outlined above

- If the question cannot wait, direct the technical support question to the Agency Administrator, if available

- If unavailable, and the question is still unresolved, contact HMIS-Erie Management Team, or the duly appointed representative. They will determine the appropriate procedure to be followed

If it is determined that the issue needs immediate attention, the user's request will be forwarded to an appropriate HMIS-ERIE technical support representative. Otherwise, the user will be instructed to pursue assistance through normal channels on the following business day.

User Training

HMIS-Erie Management Team will provide HMIS-ERIE application training periodically throughout the year. If additional, or specific, training needs arise, HMIS-Erie Management Team may arrange for special training sessions.

Agency/User Forms

All Agency Administrators and Users will be trained in the appropriate on-line and hardcopy forms. If the Agency Administrator or User has questions on how to complete HMIS-ERIE forms, he/she shall contact HMIS-Erie Management Team.

Report Generation

Each Agency may send its Agency Administrator to receive training on how to develop agency-specific reports using HMIS-Erie application. HMIS-Erie Management Team will be a resource to agency users as they develop reports but will be available to provide only a limited, reasonable level of support to each Agency.

Programming-related Service Requests

If a user encounters programming issues within HMIS-Erie application that need to be addressed, that user should identify the error or suggest an improvement to the Agency Administrator. The Agency Administrator will forward this information to HMIS-Erie Management Team, identifying the specific nature of the issue or recommended improvement, along with the immediacy of the request.

HMIS-Erie Management Team will review all application service requests and determine the action to be taken. Requests to fix programming errors will be prioritized and

forwarded to Bowman Systems. Suggested application improvements will be compiled and periodically discussed by HMIS-Erie Committee and HMIS-Erie User Group. A prioritized list of improvements will be submitted to HMIS-Erie Management Team for review. Approved recommendations will be submitted to Bowman Systems.

HMIS-ERIE System Availability Policies

There are times that ServicePoint^{TM} is unavailable because Bowman Systems is performing necessary backup and maintenance of HMIS-Erie database. These are usually in the late evenings when as few people as possible need access to the system. However, when the ECDHS receives notice of a planned interruption of service for other reasons or for an abnormal amount of time, HMIS-Erie Management Team will notify Agency Administrators and Users via email. If there is an unplanned interruption to service, HMIS-Erie Management Team will communicate with Bowman Systems, and Agency Administrators and Users will be notified of any information regarding the interruption as it is made available.

APPENDIX A: GLOSSARY OF HMIS-ERIE ACRONYMS AND TERMS

Adapted from http://www.HMIS-Erie.info/Resources/742/HMIS-ERIE-Acronyms-and-Definitions.aspx

Acronyms

AIRS - ECDHS of Information & Referral Systems

AHAR - Annual Homeless Assessment Report

APR - Annual Performance Report

CHO – Contributing HMIS-ERIE Organization

CoC - Continuum of Care

DOB - Date of Birth

DV - Domestic Violence

ESG - Emergency Solutions Grants

eHIC – electronic Housing Inventory Chart

FIPS - Federal Information Processing Standards Codes for states, counties, and named populated places.

HEARTH – Homeless Emergency Assistance and Rapid Transition to Housing

HIPAA - Health Insurance Portability and Accountability Act of 1996

HMIS - Homeless Management Information System

HUD - U.S. Department of Housing and Urban Development

I&R - Information and Referral

MH - Mental Health

NOFA - Notice of Funding Availability

PIT - Point in Time

PKI - Public Key Infrastructure

PPI - Personal Protected Information

S+C - Shelter Plus Care (McKinney-Vento Program)

SA - Substance Abuse

SHP - Supportive Housing Program

SRO - Single Room Occupancy

SSN - Social Security Number

SSI - Supplemental Security Income

SSO - Supportive Services Only

SSVF – Supportive Services for Veteran Families Program

TA - Technical Assistance

TANF - Temporary Assistance for Needy Families

VAWA - Violence Against Women Act

XML - Extensible Markup Language

Terms

Alliance of Information and Referral Systems (AIRS)

The professional association for over 1,000 community information and referral (I&R) providers serving primarily the United States and Canada. AIRS maintains a taxonomy of human services.

Annual Performance Report (APR)

A report that tracks program progress and accomplishments in HUD`s competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee`s performance.

Audit Trail

A record showing who has accessed a computer system and what operations he or she has performed during a given period of time. Most database management systems include an audit trail component.

Bed Utilization

An indicator of whether shelter beds are occupied on a particular night or over a period of time.

Biometrics

Refers to the identification of a person by computerized images of a physical feature, usually a person's fingerprint.

Chronic homelessness

HUD defines a chronically homeless person as a homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during

that time*. Persons under the age of 18 are not counted as chronically homeless individuals.*

Chronically Homeless Household

HUD defines a chronically household as a family that has at least one adult member (persons 18 or older) who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/safe haven during that time.

Client Intake

The process of collecting client information upon entrance into a program.

Consumer

An individual or family who has experienced or is currently experiencing homelessness.

Continuum of Care (CoC)

A community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS-ERIE implementations through Continuum of Care grants.

Coverage

A term commonly used by CoCs or homeless providers. It refers to the number of beds represented in an HMIS-ERIE divided by the total number of beds available.

Contributing HMIS-ERIE Organization (CHO)

Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses or processes data on homeless clients for an HMIS-ERIE. The requirements of HMIS-Erie Final Notice apply to all Contributing HMIS-ERIE Organizations.

Data Quality

The accuracy and completeness of all information collected and reported to HMIS-Erie.

Data Standards

See HMIS-ERIE Data and Technical Standards Final Notice.

De-identification

The process of removing or altering data in a client record that could be used to identify the person. This technique allows research, training, or other non-clinical applications to use real data without violating client privacy.

Digital Certificate

An attachment to an electronic message used for security purposes. The most common use of a digital certificate is to verify that a user sending a message is who he or she claims to be and to provide the receiver with the means to encode a reply.

Disabling Condition

A disabling condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

Emergency Shelter

Any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

Emergency Solutions Grant (ESG)

A federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Encryption

Conversion of plain text into unreadable data by scrambling it using a code that masks the meaning of the data to any unauthorized viewer. Computers encrypt data by using algorithms or formulas. Encrypted data are not readable unless they are converted back into plain text via decryption.

Final Notice

See HMIS-ERIE Data and Technical Standards Final Notice.

Hashing

The process of producing hashed values for accessing data or for security. A hashed value is a number or series of numbers generated from input data. The hash is generated by a formula in such a way that it is extremely unlikely that some other text will produce the same hash value or that data can be converted back to the original text. Hashing is often used to check whether two texts are identical. For the purposes of Homeless Management Information Systems, it can be used to compare whether client records contain the same information without identifying the clients.

HEARTH Act

On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act.

Homeless Management Information System (HMIS-ERIE)

Computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

HMIS-ERIE Data and Technical Standards Final Notice

Regulations issued by HUD via the Federal Register describing the requirements for implementing HMIS-ERIE. HMIS-Erie *Final Notice* contains rules about who needs to participate in HMIS-ERIE, what data to collect, and how to protect client information.

Housing Inventory Chart (HIC)

A calculation of the numbers of beds and housing units in a region on one particular night, usually coinciding with the annual Point-in-Time count.

Inferred Consent

Once clients receive an oral explanation of HMIS-ERIE, consent is assumed for data entry into HMIS-ERIE. The client must be a person of age, and in possession of all his/her faculties (for example, not mentally ill).

Informed Consent

A client is informed of options of participating in an HMIS-ERIE system and then specifically asked to consent. The individual needs to be of age and in possession of all of his faculties (for example, not mentally ill), and his/her judgment not impaired at the time of consenting (by sleep, illness, intoxication, alcohol, drugs or other health problems, etc.).

Information and Referral

A process for obtaining information about programs and services available and linking individuals to these services. These services can include emergency food pantries, rental assistance, public health clinics, childcare resources, support groups, legal aid, and a variety of non-profit and governmental agencies. An HMIS-ERIE usually includes features to facilitate information and referral.

McKinney-Vento Act

The McKinney-Vento Homeless Assistance Act was signed into law by President Ronald Reagan on July 22, 1987. The McKinney-Vento Act funds numerous programs providing a range of services to homeless people, including the Continuum of Care Programs: the Supportive Housing Program, the Shelter Plus Care Program, and the Single Room Occupancy Program, as well as the Emergency Solutions Grant Program.

Notice of Funding Availability (NOFA)

An announcement of funding available for a particular program or activity.

Penetration Testing

The process of probing a computer system with the goal of identifying security vulnerabilities in a network and the extent to which outside parties might exploit them.

Permanent Supportive Housing

Long term, community based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. Permanent housing can be provided

in one structure or in several structures at one site or in multiple structures at scattered sites.

Point in Time Count

A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

Privacy Notice

A written, public statement of an agency's privacy practices. A notice informs clients of how personal information is used and disclosed. According to HMIS-Erie *Data and Technical Standards*, all covered homeless organizations must have a privacy notice.

Program-specific Data Elements

Data elements required for programs that receive funding under the McKinney-Vento Homeless Assistance Act and complete the Annual Performance Reports (APRs).

Public Keys

Public keys are included in digital certificates and contain information that a sender can use to encrypt information such that only a particular key can read it. The recipient can also verify the identity of the sender through the sender`s public key.

Scan Cards

Some communities use ID cards with bar codes to reduce intake time by electronically scanning ID cards to register clients in a bed for a night. These ID cards are commonly referred to as scan cards.

Single Room Occupancy (SRO)

A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both. It provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.

Shelter Plus Care Program

A program that provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance.

Supportive Housing Program

A program that provides housing, including housing units and group quarters, that has a supportive environment and includes a planned service component.

Supportive Services

Services that may assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

Transitional Housing

A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

Unduplicated Count

The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated. Congress directed HUD to develop a strategy for data collection on homelessness so that an unduplicated count of the homeless at the local level could be produced.

Universal Data Elements

Data required to be collected from all clients serviced by homeless assistance programs using an HMIS-ERIE. These data elements include date of birth, gender, race, ethnicity, veteran's status, and Social Security Number (SSN). These elements are needed for CoCs to understand the basic dynamics of homelessness in their community and for HUD to meet the Congressional directive.

Written Consent

Written consent embodies the element of informed consent in a written form. A client completes and signs a form documenting the client's understanding of the options and risks of participating or sharing data in an HMIS-ERIE system and consenting to such participation and data sharing. The signed document is then kept on file at the agency.

2018 HDX Competition Report
PIT Count Data for PA-605 - Erie City & County CoC

Total Population PIT Count Data

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

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**11**	**29**	**20**
Sheltered Count of Chronically Homeless Persons	11	29	17
Unsheltered Count of Chronically Homeless Persons	0	0	3

2018 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
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	42	34	39
Sheltered Count of Homeless Households with Children	42	34	39
Unsheltered Count of Homeless Households with Children	0	0	0

Homeless Veteran PIT Counts

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

2018 HDX Competition Report
HIC Data for PA-605 - Erie City & County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	247	55	187	97.40%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	145	28	117	100.00%
Rapid Re-Housing (RRH) Beds	170	0	170	100.00%
Permanent Supportive Housing (PSH) Beds	461	0	357	77.44%
Other Permanent Housing (OPH) Beds	90	0	90	100.00%
Total Beds	1,113	83	921	89.42%

2018 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
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

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

Households with Children

	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	0	6	38

Rapid Rehousing Beds Dedicated to All Persons

All Household Types

	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	2	29	170

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	1333	1392	49	52	3	30	31	1
1.2 Persons in ES, SH, and TH	1518	1591	83	74	-9	41	37	-4

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.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1312	1417	68	161	93	32	57	25
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1497	1626	101	188	87	44	70	26

FY2017 - 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	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	10	0	0%	1	10%	0	0%	1	10%
Exit was from ES	234	49	21%	15	6%	15	6%	79	34%
Exit was from TH	188	31	16%	9	5%	9	5%	49	26%
Exit was from SH	0	0		0		0		0	
Exit was from PH	160	4	3%	6	4%	14	9%	24	15%
TOTAL Returns to Homelessness	592	84	14%	31	5%	38	6%	153	26%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - 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 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	377	369	-8
Emergency Shelter Total	219	241	22
Safe Haven Total	0	0	0
Transitional Housing Total	148	120	-28
Total Sheltered Count	367	361	-6
Unsheltered Count	10	8	-2

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	1572	1626	54
Emergency Shelter Total	1333	1403	70
Safe Haven Total	0	0	0
Transitional Housing Total	381	351	-30

FY2017 - 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 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	121	104	-17
Number of adults with increased earned income	13	12	-1
Percentage of adults who increased earned income	11%	12%	1%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	121	104	-17
Number of adults with increased non-employment cash income	22	25	3
Percentage of adults who increased non-employment cash income	18%	24%	6%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	121	104	-17
Number of adults with increased total income	32	36	4
Percentage of adults who increased total income	26%	35%	9%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	146	159	13
Number of adults who exited with increased earned income	28	21	-7
Percentage of adults who increased earned income	19%	13%	-6%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	146	159	13
Number of adults who exited with increased non-employment cash income	17	21	4
Percentage of adults who increased non-employment cash income	12%	13%	1%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	146	159	13
Number of adults who exited with increased total income	40	40	0
Percentage of adults who increased total income	27%	25%	-2%

2018 HDX Competition Report

FY2017 - 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 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1469	1445	-24
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.	447	424	-23
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)	1022	1021	-1

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1660	1775	115
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.	499	529	30
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.)	1161	1246	85

2018 HDX Competition Report

FY2017 - 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 FY2017 (Oct 1, 2016 - Sept 30, 2017) 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 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	383	242	-141
Of persons above, those who exited to temporary & some institutional destinations	304	133	-171
Of the persons above, those who exited to permanent housing destinations	22	25	3
% Successful exits	85%	65%	-20%

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1410	1407	-3
Of the persons above, those who exited to permanent housing destinations	646	683	37
% Successful exits	46%	49%	3%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	466	458	-8
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	434	413	-21
% Successful exits/retention	93%	90%	-3%

2018 HDX Competition Report

FY2017 - 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.

2018 HDX Competition Report
FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	192	176	180	174	162	199	188	144	540	561	522	509		2	2	29				
2. Number of HMIS Beds	192	176	180	174	162	199	188	144	412	433	394	383		2	2	29				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	76.30	77.18	75.48	75.25		100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	1374	1200	1333	1403	415	403	381	309	363	377	363	458	144	136	314	501				12
5. Total Leavers (HMIS)	1209	1048	1170	1233	290	270	260	233	60	82	78	84	139	103	271	273				12
6. Destination of Don't Know, Refused, or Missing (HMIS)	298	299	163	227	0	0	8	2	9	2	5	11	0	0	0	6				2
7. Destination Error Rate (%)	24.65	28.53	13.93	18.41	0.00	0.00	3.08	0.86	15.00	2.44	6.41	13.10	0.00	0.00	0.00	2.20				16.67

2018 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 2018 PIT Count	1/26/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/27/2018	Yes
2018 HIC Count Submittal Date	4/27/2018	Yes
2017 System PM Submittal Date	5/29/2018	Yes

Erie City & County Continuum of Care (PA-605)

Written Standards

October 2017

Table of Contents

A. Introduction

This document outlines the Erie City & County Continuum of Care (CoC) Written Standards, which meet The Housing and Urban Development's (HUD) minimum requirements and address CoC expectations for all Erie City & County CoC-funded projects as well as the Department of Community and Economic Development (DCED) Emergency Solutions Grant (ESG) funded projects. Erie County Department of Human Services (ECDHS) serves as the recipient/collaborative applicant for the CoC funds as well as DCED ESG Rapid Re-Housing funds. CoC and DCED ESG funds are distributed to providers in the community who are referred to as the sub-recipients. These program standards were created to insure: program accountability to individuals and families experiencing homelessness, program compliance with HUD regulations, and program uniformity across all programs in the geographic area. All sub-recipients of CoC and ECDHS ESG program funding are required to follow these standards. Sub-recipients of CoC and ECDHS ESG funds must develop additional standards for administering program assistance but these additional standards must not conflict with those established by the Erie City & County CoC or the CoC Program Interim Rule. All recipients or sub-recipients of CoC Program Funding must follow these standards and the standards must be applied consistently across the entire CoC's geographic area.

Per CFR 578.7 (a), The City of Erie Department of Economic and Community Development (DECD) maintains ESG Written Standards developed in consultation with the CoC and the Erie County Home Team. HUD's CoC and ESG regulations are similar, but may contain requirements specific to the funds and subject to local policies. Sub-recipients of City of Erie ESG funds must follow DECD ESG Written Standards and terms of the associated contract/agreement established when conducting ESG-funded activities or incurring ESG-funded costs. The City also consults with the CoC for determinations on performance standards and ESG Rapid Re-Housing policies that may vary from these CoC Written Standards. The City ESG Standards also require sub-recipients to participate in HMIS (or comparable databases or DV providers) and the CoC's coordinated entry system. Agencies should refer to the applicable standards for specific requirements and applicable terms of the funding stream when determining standards that govern.

To ensure the relevancy of these written standards against HUD requirements, these policies are subject to change depending upon updates to regulations, changes in the housing and service resources available in the CoC, or any other changes as deemed necessary by ECDHS and the CoC. Sub-recipients are also responsible for ensuring compliance with 24 CFR Part 578.

B. Standards for All Project Types

The Erie City & County CoC is committed to ensuring that homelessness is rare, brief, and nonrecurring. As part of this effort, the CoC is focused on improving access to and coordination of housing services and enhancing services for highly vulnerable populations including Chronically Homeless, Veterans, Families with Children, and Youth (ages 18-24). The standards below are applicable to all project types and are intended to promote program compliance with regulations, program uniformity, and create evidence-based program guidelines for sub-recipients to follow.

1. Housing First
   o Housing First is a concept that centers on providing individuals who are homeless with housing quickly, without preconditions, then providing supportive services to the individual to assist with any secondary concerns.
   o All sub-recipients in the Erie City & County CoC are required to abide by Housing First Principles. As such, all programs are expected to ensure low barriers to program entry for participants and there should be few to no programmatic prerequisites to permanent housing entry. Projects must allow entry to participants regardless of income, substance abuse, criminal records, history of domestic violence, or other issues or concerns.
   o Housing is not contingent on compliance with services. Supportive services are voluntary, but should be encouraged and used to persistently engage participants to ensure long term housing stability.

2. Equal Access and Non-Discrimination
   o 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.
   o Sub-recipients of CoC and ESG funds must have agency specific non-discrimination policies in place and assertively outreach to individuals who would be least likely to engage in the homeless system.
   o Individuals who present together for assistance, regardless of age or relationship, are considered a household and should be evaluated for eligibility for assistance as a household.
   o The age and gender of a child under 18 must not be used as a basis for denying any family's admission to a project.

3. Affirmative Marketing Policy and Procedures

In accordance with the regulations of the HUD CoC program as defined in 24 CFR Part 578.93 (c), Erie City & County CoC commits to non-discrimination and equal opportunity and further commits to affirmatively market all HUD CoC funded programs. Recipients and Sub-recipients of HUD CoC funded programs must comply with the County of Erie's Affirmative Marketing Policy and Procedure requirements. Erie City & County CoC recipients and sub-recipients will implement affirmative marketing of programs through the following set of steps:

   o ECDHS will inform the public and potential program participants about this policy and Federal Fair Housing Laws as follows: Inform the general public about the ECDHS Affirmative Marketing Policy by placing these Written Standards on the Erie County Home Team Website under Resources; Make these Written Standards available on the Erie County Government Website; Make copies of this policy and written standards available at the ECDHS Mental Health/Intellectual Disabilities Office. The Coordinated Entry Provider, Erie County Care Management, will also make these written standards available on the Erie County Care Management Website.

- o In order to inform as well as solicit referrals from persons in the geographic area who are not likely to apply for housing programs without special outreach, ECDHS has established methods that sub-recipients of HUD CoC funds must use in order to be in compliance with this policy and to reach this goal. ECDHS requires that all sub-recipients use special outreach methods as follows: sub-recipients must contact, at a minimum, one of the following organizations in Erie County at least once annually, to inform of program availability:

International Institute of Erie
517 East 26th Street
Erie, PA 16504
(814) 452-9335
www.refugees.org

Saint Martin Center
1701 Parade Street
Erie, PA 16503
(814)452-6113
www.stmartincenter.org

MultiCultural Community Resource Center
554 East 10th Street
Erie, PA 16503
(814)453-2363
www.mcrcerie.org

Multi-Cultural Health Evaluation
Delivery Systems, Inc. (MHEDS)
2928 Peach Street
Erie, PA 16508
(814)453-6229
www.mheds.org

4. Coordinated Entry Participation
   - o All CoC funded and ESG funded projects are required to participate in the CoC's Coordinated Entry System to obtain referrals.
   - o Participation requires following all established policies and procedures for the Erie City & County CoC Coordinated Entry System.
   - o All other non-CoC or ESG-funded projects are strongly encouraged to participate in the CE System.

5. HMIS Participation
   - o All CoC funded and ESG funded projects are required to participate in the Homeless Management Information System (HMIS). The only exception to HMIS requirement is dedicated Domestic Violence (DV) Providers. DV providers are not required to enter client data in to HMIS but are required to utilize a comparable database to track client information.
   - o The CoC actively encourages all non-CoC or ESG funded providers to participate in HMIS.
   - o HMIS users are responsible for ensuring that they are complying with all other Erie County Department of Human Services (ECDHS) HMIS Policies and Procedures, as outlined in the ECDHS Policies and Procedures Manual.

6. Access to Mainstream Resources
   - o The CoC expects that all CoC or ESG funded programs will coordinate with and access mainstream and other targeted homeless resources.

- o Sub-recipients should assess and assist participants with obtaining any mainstream resource for which they may be eligible for including: TANF, Medicaid/Medicare, Food Stamps, and any other eligible program.
- o Where possible, sub-recipients should streamline processes of applying for mainstream benefits such as the use of a singular form to apply for benefits.

7. Recordkeeping Requirements
   - o All CoC and ESG funded programs will maintain Releases of Information, Case Notes, and all pertinent demographic and identifying data in HMIS. Paper files can also be kept so long as they are stored in an appropriate, locked and secure location.
   - o The file maintained on each participant should at minimum, include all pertinent information required by HUD such as verification of homeless status, verification of chronic homelessness (as applicable), participation agreements, service plans, case notes, information on the services provided both directly and through referrals to community agencies, and any follow-up and evaluation data that is compiled.
   - o Client information must be entered into HMIS in accordance with the data quality, timeliness, and additional requirements founds in the ECDHS HMIS policies and procedures manual.
   - o The sub-recipient will maintain each participant file in a secure place and shall not disclose information from the file without written permission of the participant, as appropriate, except to project staff and other agencies as required by law.
   - o All recipients and sub-recipients of Federal Grants must retain backup documentation for any administrative costs charged to the Federal Grant Programs. For staff time spent on Grant related activities, recipients and sub-recipients must document time spent and activity information.
   - o All records pertaining to CoC funds must be retained for the greater of five years or the participant records must be retained for five years after the expenditure of all funds from the grant under which the program participant was served. Where CoC funds are used for the acquisition, new construction, or rehabilitation of a project site, the records must be retained for 15 years after the date that the project was first occupied or used by program participants.
   - o Sub-recipients must make all records available to the Grantee as requested for program monitoring purposes.

8. Personnel

The sub-recipient shall adequately staff each program with qualified personnel to ensure effective program management and the safety and stabilization of program participants.

- o The sub-recipient selects service staff who have appropriate knowledge or experiencing in working with individuals and families experiencing homelessness.
- o The sub-recipient adequately trains all staff on the written standards of the program and on all pertinent skill areas determined by the program.

- All staff have written job descriptions that at minimum, address the tasks to be performed and the qualifications required for the position.
- For all programs that are required to use HMIS, all HMIS users must abide by the standard operating procedures found in the ECDHS policies and procedures manual. Users must adhere to the privacy and confidentiality terms set forth in the User Agreement.
- All staff will have appropriate child abuse clearances, as mandated by Pennsylvania Law.

9. Termination and Grievance Process

Termination is expected to be limited to only the most severe cases. Programs agree to exercise appropriate judgement and examine all extenuating circumstances when determining if violations are serious enough in nature to warrant termination.

- Sub-recipients must have a written termination policy outlining program rules and termination processes, including a formal due process.
- At a minimum, this process must consist of: 1) providing program participants with a written copy of the program rules and the termination process before the participant begins to receive assistance; 2) written notice to the program participant containing a clear statement of the reasons for termination; 3)a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision; and 4) prompt written notice of the final decision to the program participant.
- As outlined in 24 CFR 578.91, a program may terminate services when a participant violates the program requirements or conditions of occupancy. Termination does not bar the sub-recipient from providing further assistance at a later time to the same individual or family.
- Clients who are entering an institution (for example, jail, a mental health treatment facility, a hospital) should not immediately be terminated from projects. Providers are permitted to maintain open units for individuals and families who are institutionalized for a maximum of 60 days.

C. **Permanent Supportive Housing**

Permanent Supportive Housing (PSH) is a housing type designed for persons with disabilities. PSH is permanent housing with indefinite leasing or rental assistance coupled with supportive services to assist individuals who are homeless with a disability or families with an adult or child member with a disability achieve long term housing stability. Successful PSH utilizes the Housing First Concept, that all persons can be housed immediately without preconditions of sobriety, income, or other behaviors. Evidence has shown that individuals experiencing homelessness, even chronic homelessness, can be placed in an apartment with case management services, abide by their lease, and successfully remain in housing over a long period of time. The CoC Program Notice of Funding Availability (NOFA) may impose additional eligibility requirements not reflected in these regulations for PSH. Projects

funded to perform PSH assistance under the CoC Program must follow the CoC program NOFA, the Interim Rule, and all written standards detailed in this document.

10. Eligibility Criteria
   o All adult program participants must meet the following program eligibility requirements: Literally Homeless or Fleeing Domestic Violence (Category 1 and Category 4 of the HUD Homeless Definition).
      - Households must have an individual member with a disability
   o Projects with beds dedicated for chronically homeless persons must also evaluate and document eligibility for the HUD Chronic Homeless Definition.
   o All sub-recipients shall use the standard Order of Priority for documenting evidence to determine homeless and chronically homeless status. That order shall be as follows: 1. Third-party documentation (including HMIS), 2. Intake worker observations through outreach and visual assessment, and 3. Certification from the person seeking assistance. Sub-recipients must document in the client intake that due diligence was done to obtain the evidence in the preferred order, as detailed above.
   o Evidence of diagnoses with a disability must be evidenced by one of the following forms of documentation: written verification of the condition from a professional licensed by the State to diagnose and treat the condition, written verification from the Social Security Administration, copies of a disability check, intake or referral staff observation that is confirmed by written verification of the condition from a professional licensed by the State to diagnose and treat the condition that is confirmed no later than 4 days after the application for assistance and accompanied with one of the types of evidence above, or other documentation that is approved by HUD.
   o Sub-recipients may not establish additional eligibility requirements beyond those specified in this document and those required by funding sources.
   o The only reasons programs may disqualify an eligible individual or family from program entry are: household does not meet the homeless or disability standards, household make-up (provided that it does not violate HUD's Fair Housing and Equal Opportunity requirements- for example, singles-only programs can disqualify households with children, families-only programs can disqualify single households, etc.), all program beds are full, and if the housing has in residence at least one family with a child under age 18, the housing may exclude registered sex offenders and persons with criminal records that includes a violent crime from the project so long as the child resides in the same housing facility.
   o Programs cannot disqualify an individual or family due to lack of income or employment status, due to prior evictions or poor rental history, or due to gender.

11. Prioritization of Eligible Program Participants

The CoC has adopted the orders of priority for PSH as established in Notice CPD 16-11: Prioritizing Persons Experiencing Chronic Homelessness and other Vulnerable Homeless

Persons in Permanent Supportive Housing. As such, all PSH eligible households will be prioritized as follows:

Dedicated/Prioritized PSH Beds:

Dedicated PSH beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If there are no persons within the CoC's geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in CPD Notice 16-11.

1. Chronically Homeless individuals and families with a disability and with the longest history of homelessness and the most severe service needs (Chronically Homeless and 12 continuous months of homelessness or 4 occasions of homelessness over 3 years equaling 12 months cumulatively and having severe service needs- high incidences of ER, jail, behavioral, and physical health needs as indicated on the VI-SPDAT score).

2. Chronically Homeless individuals and families with a disability and with the longest history of homelessness (Chronically Homeless and 12 continuous months of homelessness or 4 occasions of homelessness over 3 years equaling 12 months cumulatively and not having severe service needs from the results of the VI-SPDAT score).

3. Homeless individuals and families with a disability and with the most severe service needs (4 occasions of homelessness over 3 years equaling less than 12 months cumulatively and having severe service needs as evidenced by high incidences of ER, jail, behavioral, and physical health needs per the VI-SPDAT).

4. Homeless individuals and families with a disability and with not as high of service needs (4 occasions of homelessness over 3 years equaling less than 12 months cumulatively and not having severe services needs from the VI-SPDAT).

Non-Dedicated/Prioritized PSH Beds:

1. Homeless individuals and families with a disability with the most severe service needs (any length of time homeless with a disability and very high needs).

2. Homeless individuals and families with a disability with a long period of continuous or episodic homelessness (long time-homeless with a disability, regardless of needs).

3. Homeless individuals and families with a disability coming from places not meant for human habitation, emergency shelters, or safe havens (literally homeless with a disability regardless of length of time homeless or severity of service needs).

4. Homeless individuals and families with a disability coming from transitional housing, where prior to residing in transitional housing, lived on the streets, in an emergency shelter, or a safe haven (coming from transitional housing with a disability, regardless of length of time homeless or severity of service needs).

12. Minimum Standards of Assistance

- There can be no predetermined length of stay in a Permanent Supportive Housing program.
- Supportive Services designed to meet the needs of the project participants must be made available to the participants throughout the duration of time in the Permanent Supportive Housing program.
- The sub-recipient provides assistance to the participant with accessing suitable housing. The sub-recipient will assist the participant with searching for appropriate housing. The program considers the needs of the individual or family experiencing homelessness when arranging for housing. The program participant may choose the unit of choice within reason.
- Fair Market Rent (FMR): rent reasonableness is the applicable rent standard
- Rent reasonableness: sub-recipient must ensure and document that units in a structure are in compliance with HUD's rent reasonableness standards.
- To verify that a unit's rent amount reflects what other comparable units are charging for rent, sub-recipient must obtain rental rates for at least two comparable units and maintain supporting documentation of the rental rates for the two comparable units. Examples of documentation for two comparable units include, but are not limited to, newspaper ads, internet searches, and documentation via phone conversations.
- Inspections of rental units are to be handled by the sub-recipient. The sub-recipient is responsible for ensuring that the unit is in compliance with HUD Housing Quality Standards. The sub-recipient is responsible to document the results of the unit inspection and maintain in the client file.
- In accordance with CFR 578.77, sub-recipients are not required to impose occupancy charges on program participants as a condition to reside in the program. If occupancy charges are imposed, they may not exceed the highest of: 30% of the household's adjusted gross income; 10% of the household's monthly income; or, if the household is receiving payments for welfare assistance from a public agency and a part of the payments is specifically designated by the agency to meet the household's housing costs, the portion of the payments that is designated for housing costs.
- Project participants in PSH must enter into a lease (or sublease) agreement for an initial term of at least one year that is renewable and is terminable only for a cause. Leases or subleases must be renewable for a minimum term of one month.
- All CoC-funded programs must meet any additional criteria stipulated under the CoC Notice of Funding Availability under which the program is operating.

D. **Rapid Re-Housing**

Rapid Re-Housing is a program created for the purpose of providing an immediate, permanent housing situation, for moderately vulnerable individuals. Recent research has found that RRH is one of the most effective types of housing in the fight to end homelessness from both a cost and housing stability perspective. RRH is a short to medium-term housing intervention designed to resolve the current housing crisis.

Eligibility and standards vary for different types of Rapid Re-Housing: HUD CoC Rapid Re-Housing (Erie County DHS) vs. DCED ESG Rapid Re-Housing (Erie County DHS) vs. HUD ESG-funded Rapid Re-Housing (City of Erie DECD).

HUD CoC-funded Rapid Re-Housing (Erie County DHS):

The CoC Program Notice of Funding Availability (NOFA) may impose additional requirements not reflected in these regulations for Rapid Re-Housing. Projects funded to perform Rapid Re-Housing assistance under the CoC Program must follow the CoC program NOFA, The Interim Rule, and all written standards detailed in this document.

13. Eligibility Criteria
    o For HUD CoC-funded Rapid Re-Housing: All adult program participants must meet the following program eligibility requirements: Literally Homeless or Fleeing Domestic Violence (Category 1 and Category 4 of the HUD Homeless Definition).
    o The program will have minimal entry requirements as to ensure that the most vulnerable of the population are being served.
    o All adult program participants must meet the program eligibility requirements of their respective RRH Program.
    o Re-evaluation of eligibility must include: need (amount and type of assistance) and whether the program participant is lacking resources and support networks.
    o All sub-recipients shall use the standard Order of Priority for documenting evidence to determine homeless and chronically homeless status. That order shall be as follows: 1. Third-party documentation (including HMIS), 2. Intake worker observations through outreach and visual assessment, and 3. Certification from the person seeking assistance. Sub-recipients must document in the client intake that due diligence was done to obtain the evidence in the preferred order, as detailed above.
    o The only reasons that programs may have the option to disqualify an eligible individual or family from program entry are: household does not meet the homeless or disability standard, household make-up (provided that it does not violate HUD's Fair Housing and Equal Opportunity requirements- for example, singles-only programs can disqualify households with children, families-only programs can disqualify single households, etc.), RRH funds have been exhausted, and if the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the same housing facility.
    o Programs cannot disqualify an individual or family due to lack of income or employment status (provided that the situation is temporary, for example, the individual will be receiving Section 8 disability within a reasonable amount of

time as determined by the sub-recipient), due to prior evictions or poor rental history, or due to gender.

14. Eligible Costs

- o Short-term (up to 3 months) and medium-term (4-24 months) rental assistance.
- o Tenant-based rental assistance
- o Housing relocation and stabilization services:
- Financial assistance (eligible under rental assistance): up to 2 months security deposits, first and last month's rent, and property damage.
- Supportive services: case management, child care, education services, employment assistance and job training, food, housing search and counseling services, including mediation, credit repair, and payment of rental application fee, legal services, life skills training, mental health services, moving costs, outpatient health services, substance abuse treatment services, transportation, and utility deposits.

15. Prioritization for Eligible Program Participants
- o Chronically Homeless households
- o Households with the longest history of homelessness
- o Households with the most severe service needs (as determined by the VI-SPDAT score)

16. Minimum Standards
- o Housing Standards: units must meet HUD Housing Quality Standards
- o Fair Market Rent (FMR): rent reasonableness is the applicable rent standard
- o Rent reasonableness: sub-recipient must ensure and document that units in a structure are in compliance with HUD's rent reasonableness standards.
- o To verify that a unit's rent amount reflects what other comparable units are charging for rent, sub-recipient must obtain rental rates for at least two comparable units and maintain supporting documentation of the rental rates for the two comparable units. Examples of documentation for two comparable units include, but are not limited to, newspaper ads, internet searches, and documentation via phone conversations.
- o Lease requirements: program participants receiving tenant-based rental-assistance must sign a lease of at least one year that is renewable (for a minimum term of one month) and terminable only for cause.
- o Sub-recipients of Rapid Re-Housing programs must offer the core components to RRH: at minimum, housing identification, move in and rental assistance, and case management and support services.
- o Rental Assistance is limited to 24 months per household.
- o Case management must be provided throughout the duration of the stay in housing. However, continuation in the program does not depend on participation in Supportive Services offered.

- Case management should occur not less than once per month to assist the program participant in ensuring long-term housing stability.
- Inspections of rental units are to be handled by the sub-recipient. The sub-recipient is responsible for ensuring that the unit is in compliance with HUD Housing Quality Standards. The sub-recipient is responsible to document the results of the unit inspection and maintain in the client file.
- Rental assistance cannot be provided to a program participant who is already receiving rental assistance or living in a housing unit receiving rental assistance or operating assistance through other Federal, State, or local sources.
- Sub-recipient must re-evaluate at least once annually that the program participant lacks sufficient resources and support networks necessary to retain housing without assistance.
- The program will work with the participant to determine the amount of rent that is needed to ultimately achieve housing stability. The amount of rental assistance must be reviewed and documented by the sub-recipient on an annual basis and continued need determined through consultation with the participation and case management.
- The sub-recipient assists participants in locating and obtaining suitable housing. The sub-recipient will assist by methods that may include the following: assessment of housing barriers, needs, and preferences, development of an action plan for locating housing, housing search, outreach to and negotiation with potential landlords, tenant counseling, assessment of housing for compliance with HUD Habitability Standards, assistance with rental applications, arranging for utilities, and assisting with moving arrangements.
- The program participant may not receive Supportive Services for greater than 6 months from exit from the RRH program.
- All CoC-funded programs must meet any additional criteria stipulated under the CoC Notice of Funding Availability under which the program is operating.

DCED ESG-funded Rapid Re-Housing (Erie County DHS)

The DCED ESG Program Guidelines may also pose additional program requirements not reflected in these regulations. Programs must follow the DCED ESG Program Guidelines, The Interim Rule, and all written standards in this document.

17. Eligibility Criteria
    - For DCED ESG-funded Rapid-Re-Housing: All adult program participants must meet the program eligibility requirements detailed in the most current DCED ESG Program Guidelines which are currently listed as: Literally Homeless or Fleeing Domestic Violence (Category 1 and Category 4 of the HUD Homeless Definition). *Eligible under Category 4 only if also literally homeless.
    - Re-evaluation of eligibility must be done at least annually and include: income evaluation, need (amount and type of assistance) and whether the program participant is lacking resources and support networks.

- Income: the program participants household's annual income must be less than or equal to 30 percent of the Area Median Income (AMI).
- The program will have minimal entry requirements as to ensure that the most vulnerable of the population are being served.
- All sub-recipients shall use the standard Order of Priority for documenting evidence to determine homeless and chronically homeless status. That order shall be as follows: 1. Third-party documentation (including HMIS), 2. Intake worker observations through outreach and visual assessment, and 3. Certification from the person seeking assistance. Sub-recipients must document in the client intake that due diligence was done to obtain the evidence in the preferred order, as detailed above.

18. Eligible Costs

- Short-term (up to 3 months) and medium-term (4-24 months) rental assistance
- Rental arrears (one-time payment of up to 6 months of rent arrears, including any late fees on those arrears)
- Tenant-based rental assistance or project-based rental assistance
- Housing Relocation and stabilization services:
  - Rental application fees
  - Up to 2 months security deposits
  - Last month's rent
  - Utility deposits and payments (up to 24 months, including up to 6 months for payment in arrears).
  - Moving costs
- Service Costs:
  - Housing search and placement
  - Housing stability case management
  - Mediation
  - Legal services
  - Credit repair

19. Prioritization for Eligible Program Participants
- Chronically Homeless households
- Households with the longest history of homelessness
- Households with the most severe service needs (as determined by the VI-SPDAT score)

20. Minimum Standards of Assistance

- Housing standards: sub-recipient must ensure and document that units pass HUD Habitability Standards
- Fair Market Rent: Rental assistance may cover up to the FMR for a unit and sub-recipient must maintain documentation in client file.
- Rent reasonableness: Units must comply with HUD's rent reasonableness standards

- The program will work with the participant to determine the amount of rent that is needed to ultimately achieve housing stability. The amount of rental assistance must be reviewed every 3 months and continued need determined through consultation with the participation and case management.
- Sub-recipients of Rapid Re-Housing programs must offer the core components to RRH: at minimum, housing identification, move in and rental assistance, and case management and support services.
- Case management should occur not less than once per month to assist the program participant in ensuring long-term housing stability.
- Rental assistance cannot be provided to a program participant who is already receiving rental assistance or living in a housing unit receiving rental assistance or operating assistance through other Federal, State, or local sources.
- Lease requirements: a written lease between the owner and the program participant is required for TBRA and PBRA; for program participants living in a housing with PBRA, the lease must have an initial term of one year. There is no minimum lease period for TBRA; the only exception to the written lease requirement is in the case of rental assistance provided solely for rental arrears.

HUD ESG-Funded Rapid Re-Housing (City of Erie, DECD)

The City of Erie's Department of Economic and Community Development (DECD) maintains ESG Written Standards developed in consultation with the CoC and Erie County Home Team that contain requirements for the City's ESG Rapid Re-Housing funding. The terms of eligibility, priorities, and amount of assistance of DECD's ESG funds may be modified as needed based on input from the CoC and Erie County Home Team. HUD ESG regulations (24 CFR 576) and City ESG Written Standards may contain additional requirements not listed below.

21. Eligibility Criteria

- Participants must be Literally Homeless or Fleeing Domestic Violence (Category 1 and Category 4 of HUD's Homeless Definitions);
- Participants must be referred by CoC members to the City's ESG Rapid Re-Housing sub-recipient using current versions of universal forms and releases of information:
- DECD's order of priority for documenting evidence is as follows: 1) Third party documentation (including HMIS); 2) Documented intake worker observations; and 3) Written self-certification of homelessness by the person seeking assistance;
- The household/participant may not already be receiving duplicative rental assistance from other programs;
- Initial income assessments will use the City's current applicable income limits as provided on universal intake forms and subject to medication; and

- o Participants may not have received ESG Rapid Re-Housing financial assistance within the prior twelve months unless a waiver is granted in accordance with the City's ESG Written Standards.

22. Eligible Costs

- o Short-term rental assistance (typically one month, but up to three months) and security deposit. Maximum assistance limited to $2,000.

23. Prioritization for Eligible Program Participants

- o DECD Rapid Re-Housing assistance priority will be based on the CoC's Coordinated Entry standards and ESG Rapid Re-Housing sub-recipient procedures (waiting lists, written policies, etc.).

24. Minimum Standards of Assistance

- o Housing units must meet City of Erie code standards for rental units; Emergency Solutions Grant (ESG) requirements for habitability and lead-based paint; and rent reasonableness based on the current HUD fair market rent (FMR) requirements for the local area;
- o The ESG Rapid Re-Housing sub-recipient and landlords must follow the provisions of the City's requirements and HUDs Final Rule (effective December 16, 2016) for Violence Against Women Reauthorization Act, including providing notice of occupancy rights, inclusion of lease provisions, and other applicable protections; and
- o The ESG Rapid Re-Housing sub-recipient must assess the appropriate amount of assistance from the various funding sources and document this assessment at least once annually.

E. Definitions

Chronically Homeless- (1) An individual who : (i) is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (iii) can be diagnosed with one or more of the following conditions: substance abuse disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act 2000 (42 USC 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; (2) an individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, or other similar facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless. 24 CFR 578.3.

Centralized or Coordinated Assessment System-Means a process designed to coordinate program participant intake assessment and provisions of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. 24 CFR 578.3.

Family- Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

Homeless- means (Category 1) an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodations for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or Local Government programs for low-income individuals); or (iii) an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering the institution; (Category 2) An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The

individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; or (Category 4) Any individual or family who: (i) Is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that related to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing. 24 CFR 578.3.

Housing First- An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered continuously to maximize housing stability and prevent returns to homelessness, as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Permanent Housing (PH)- Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing (PSH) and Rapid Re-housing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for a cause. 24 CFR 578.3.

Permanent Supportive Housing (PSH)- Means permanent housing in which supportive services are provided to assist homeless person with a disability to live independently. 24 CFR 578.3.

Rapid Re-Housing- An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid Re-Housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core component of a Rapid Re-Housing program are housing identification and relocation, short- and/or medium-term rental assistance and move-in (financial) financial assistance, and case management and housing stabilization services. The assistance is subject to the definitions and requirements set forth in 24 CFR 578

VI-SPDAT- (Vulnerability Index-Service Prioritization Decision Assistance Tool) The evidence-based prescreening tool that will be utilized by the Erie County Coordinated Entry System to determine initial acuity (the presence of an issue) and utilized for housing triage prioritization and housing placement.

Racial Disparity Assessment 2018
Erie City & County CoC
PA-605

1. Census Data 2016

   Erie County Population By Race & Ethnicity

White	84.6%
Black	7.0%
Hispanic	4.1%
Multiracial	2.0%
Asian	1.8%
Other	0.2%
Native American or Alaskan Native	0.2%
Pacific Islander or Native Hawaiian	<0.1%

   Source: Census Bureau, 2016 American Community Survey (ACS) 1-year estimate

2. Coordinated Entry Race Data 01/23/2018 - 08/13/2018

12a - Race	Total
White	765
Black or African American	518
Asian	3
American Indian or Alaska Native	8
Native Hawaiian or Other Pacific Islander	3
Multiple races	50

   tps://sp5.servicept.com/erie/com.bowmansystems.sp5.core.ServicePoint/index.html#reportsC

13/2018	CoC-APR - Service
Client Doesn't Know/Client Refused	25
Data not collected	5
Total	1378

White	765	55.5%
Black or African American	519	37.7%
Asian	3	.2%
American Indian or Alaskan Native	8	.6%
Native Hawaiian or Other Pacific Islander	3	.2%
Multiple Races	50	3.6%
DK/Refused/Not Collected	30	2.2%
Total	1378	100%

Based on the above data, we have determined that we do have racial disparity in our homeless system. We will use this data by incorporating it into our Strategic Plan, currently under development. We will examine available resources to assist us in addressing this disparity in our homeless system of care.

Erie County, PA
Homeless Continuum of Care
Coordinated Entry Policies and Procedures

Created December 2017

Adopted by the Erie Home Team on January 11, 2018

Table of Contents

Summary of Process – A Cheat Sheet

1. Clients seeking Homeless assistance in Erie County will contact the Coordinated Entry System – administered by Erie County Care Management (ECCM). ECCM will refer clients to emergency shelter or transitional housing based on availability.
    a. All clients seeking Emergency Shelter will be placed in Emergency Shelter on a first come, first served basis.
        i. If Emergency Shelter is not available, ECCM will NOT maintain an Emergency Shelter wait list. Instead, clients will be asked to call ECCM by 10:00 am the following morning if they are still in need of Emergency Shelter. ECCM will refer clients to emergency resources as needed.

2. No later than (7) days of a client's entry into Emergency Shelter or Transitional Housing, ECCM will utilize the VI SPDAT to conduct an assessment of the client's need for a housing intervention, either rapid re-housing or permanent supportive housing. The VI-SPDAT along with additional local criteria will prioritize each client for either no housing intervention at all, Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing.
    a. ECCM will maintain a Master List for Rapid Re-Housing and a Master List for Permanent Supportive Housing.
    b. At least every two (2) weeks, ECCM will contact each Rapid Re-Housing and Permanent Supportive Housing provider to find out how many households the provider can serve and will refer clients to each provider based on top priority on the Master List.

3. Participating service provider agencies must accept all referrals unless in the event of a "good cause." Once a client is accepted into a program, the service provider agency can submit a request to a Case Review Committee that a client be moved to another program based on "good cause." If the Case Review Committee approves the request, the client will be moved to another program once there is an open bed. The Case Review Committee may not approve the request.

4. Clients have the right to refuse a service. If they choose to refuse a service, they will remain on any wait lists for any housing interventions for which they are eligible.

5. The Coordinated Entry Sub-Committee of the Erie Home Team will meet regularly and will monitor overall progress, including stakeholder adherence to these policies and procedures.

Coordinated Entry System - Program Overview

The US Department of Housing and Urban Development (HUD) requires every Continuum of Care (CoC) to form a Coordinated Entry System (CES) and begin implementation of CES by January 23, 2018.

CES is a centralized or coordinated process designed to create a standard community method for program participant intake and screening, assessment, and provision of referrals for individuals and families seeking Homeless assistance.

A centralized or Coordinated Entry System is required by HUD to:
- cover the entire geographic area;
- be well advertised;
- include a comprehensive and standardized assessment tool;
- provide an initial, comprehensive assessment for housing and services; and
- include a specific policy to guide the operation of the Coordinated Entry System to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The Erie CoC CES is part of a collaborative process led by the Home Team and is a community-wide strategy to quickly move people from Homelessness to permanent housing. It intends to:
- Establish a streamlined and uniform method of serving clients in need of housing crisis services, using a single point of entry model;
- Reduce burden on both client and provider by having a unified systemic approach to quickly identify, assess, and refer clients to the best intervention to meet clients' specific needs at first contact;
- Increase collaboration between agencies in serving client needs more effectively and efficiently; and
- Collect data on community trends of housing needs to better target limited resources.

Definitions and Terms

Defining Homelessness
Clients seeking assistance to prevent or end a Homeless episode must meet the following HUD definition of Homelessness in order to be eligible for any type of service. HUD has four categories of circumstances that define Homelessness.

1. Literal Homelessness:
   - An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
   - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters,

Emergency Shelter, Transitional Housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals);

- An individual who is exiting an institution where he or she resided for ninety (90) days or less and who resided in an Emergency Shelter or place not meant for human habitation immediately before entering that institution.

2. Imminent Risk of Homelessness
- An individual or family who will imminently lose their primary nighttime residence, provided that:
  - Residence will be lost within fourteen (14) days of the date of application for Homeless assistance;
  - No subsequent residence has been identified; and
  - The individual or family lacks the resources or support networks needed to obtain other permanent housing.

3. Unaccompanied youth under twenty-five (25) years of age, or families with children and youth, who do not otherwise qualify as Homeless under this definition, but who:
- Are defined as Homeless under the other listed federal statutes; Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the sixty (60) days prior to the Homeless assistance application;
- Have experienced persistent instability as measured by two (2) moves or more during in the preceding sixty (60) days; and
- Are expected to continue in such status for an extended period of time due to special needs or barriers.

4. Fleeing/ Attempting to Flee Domestic Violence
- Any individual or family who:
  - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
  - Has no other residence; and
  - Lacks the resources or support networks e.g., family, friends, and faith- based or other social networks, to obtain other permanent housing to obtain other permanent housing.

HUD's Definition for Chronic Homelessness

- A "Homeless individual with a disability," as defined in the Act, who:
  - Lives in a place not meant for human habitation, a safe haven, or in an Emergency Shelter; and

- Has been Homeless (as described above) continuously for at least twelve (12) months or on at least four (4) separate occasions in the last three (3) years where the combined occasions must total at least twelve (12) months
  - Occasions separated by a break of at least seven (7) nights
  - Stays in institution of fewer than ninety (90) days do not constitute a break
- An individual who has been residing in an institutional care facility for fewer than ninety (90) days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been Homeless.

Screenings and Assessments

When a person seeking Homeless assistance contacts Coordinated Entry (ECCM), the Coordinated Entry staff will conduct a brief screening to screen for eligibility for Homeless Services. This will be called the "screening."

No later than seven (7) days after the client has resided in Emergency Shelter or Transitional Housing, ECCM will conduct the VI-SPDAT assessment. This will be called the "assessment." ECCM will also conduct VI-SPDAT assessment on those individuals that are not residing in emergency shelter and will make a plan with the client to schedule a time.

Housing Definitions

Prevention
- Activities or programs designed to prevent the incidence of Homelessness, including, but not limited to:
  - Short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices;
  - Security deposits or first month's rent to permit a Homeless family to move into its own apartment;
  - Mediation programs for landlord-tenant disputes;
  - Legal services programs that enable representation of indigent tenants in eviction proceedings;
  - Payments to prevent foreclosure on a Home; and
  - Other innovative programs and activities designed to prevent the incidence of Homelessness.

Diversion
- Assisting individuals/ families to examine his, her, or their resources and options other than entering the Homeless system

Emergency Shelter/ Housing

- Providing short-term Homeless prevention assistance to individuals or families at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

Transitional Housing
- The movement of Homeless individuals and families to permanent housing within a reasonable amount of time, usually twenty-four (24) months. Transitional Housing includes housing primarily designed to serve deinstitutionalized Homeless individuals and other Homeless individuals with mental or physical disabilities and Homeless families with children.

Rapid Re-Housing
- Rapidly connecting families and individuals experiencing Homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Permanent Supportive Housing
- Housing for individuals or families experiencing Homelessness that provides additional wrap around services to provide individuals and families with the opportunity to remain stably housed

Permanent Housing
- Individuals or families experiencing Homelessness are placed into a stable, long term, and permanent housing opportunity

Roles and Responsibilities

The Home Team Executive Committee is responsible to:
- Approve policies and procedures that guide daily implementation of the Coordinated Entry System;
- Consider and act on recommendations from the Coordinated Entry Committee regarding changes to the overall process;
- Ensure overall effective operation of the Coordinated Entry System;
- Ensure that the Coordinated Entry System meets HUD's basic requirements.

The Erie Home Team is the **membership of the Continuum of Care**. The Home Team will
- Receive updates from the CoC Board and the Coordinated Entry Subcommittee on successes and challenges of Coordinated Entry implementation;
- Provide continual feedback about the Coordinated Entry process to the Coordinated Entry Committee; and
- Vote to approve changes to CES.

The Coordinated Entry Sub-Committee is an official sub-committee of the Erie Home Team. The Coordinated Entry Sub-Committee will:
- Oversee overall operations and policy compliance of the CES;

- Convene monthly meetings to provide a forum for the discussion of information and concerns to reevaluate Coordinated Entry policies and procedures;
- Review at least annually Coordinated Entry policies and procedures and make recommendations to the CoC Board on changes and revisions;
- Review data collected through the Homeless Management Information System (HMIS) and through other means to evaluate strengths and potential areas of improvement for the entire CES, provide this information to the Home Team for discussion, as well as approve any recommendations;
- Evaluate the performance of the administering agency on an annual basis at minimum;
- Evaluate the adherence of participating service provider agencies to the policies and procedures at least bi-annually.

Erie County DHS is responsible for overall oversight of CES in its role as the CoC Collaborative Applicant, the entity receiving funding through HUD for CES, and a funder of CES.

The Erie CoC has selected ECCM to act as the **Administering Agency** to implement Erie's CES and will hire Coordinated Entry Specialists, who will be supervised by the Mental Health Supervisor.

ECCM as the administering agency will:
- Adequately train Coordinated Entry staff, including in the use of the VI-SPDAT to assess client need, and effective and culturally competent practices for working with people experiencing and at risk of Homelessness.
- Coordinate with the HMIS Lead for HMIS training.
- Ensure that any questions, concerns, or complaints from clients are handled professionally and in a timely manner.
- Ensure that any questions, concerns, or complaints from participating service agencies or other stakeholders are handled professionally and in a timely manner.
- Coordinate the creation and dissemination of marketing materials.

The Administering Agency will hire **Coordinated Entry Specialists** who will:

- Perform the initial client screening to ensure call is housing-related, and if not, refer to 2-1-1 or another appropriate agency;
- Utilize the VI-SPDAT to conduct initial assessments on people seeking Homeless assistance services;
- Enter all VI-SPDAT assessment information into HMIS in real time;
- Enter clients into HMIS as needed;
- Review the queue, refer clients, and work with provider agencies to ensure that clients are receiving services in a timely fashion;
- Record any questions for case reviews with the larger Coordinated Entry Sub-Committee and the Home Team; and
- Assist participating agencies to address any issues and questions.

Service provider agencies that receive CoC, Emergency Solutions Grant (ESG), PATH, Homeless Assistance Program, Human Services Development Fund (HSDF), and any other County DHS funding must participate in CES. Service providers that are not required to participate are encouraged to participate.

Participating Service Provider Agencies[1] will:

- Refer any individuals that call or appear in person directly to ECCM for an initial screening ;
- Update ECCM at 9:00 AM or as changes occur regarding the number of available Emergency Shelter and / or Transitional Housing beds;
- Accept referrals only from ECCM for Emergency Shelter, Transitional Housing, and Permanent Housing with the Exception of Domestic Violence Providers and Veteran's Affairs ;
- Refer to the Rapid Re-Housing Master List at least once every two (2) weeks and accept referrals from ECCM for Rapid Re-Housing from this list, based on availability of units and services;
- Refer to the Permanent Supportive Housing Master List at least once every two (2) weeks and accept referrals from ECCM for Permanent Supportive Housing from this list, based on availability of units and services;
- Follow the CES Referral Acceptance and Rejection Policy;
- Bring issues and concerns about the process from both the screening perspective as well as the client perspective to the monthly larger case review process; and
- Provide feedback to the Home Team, ECCM, and the Erie County Department of Human Services (DHS) to ensure that discussion of successes and challenges to Coordinated Entry implementation are regularly discussed and considered.

VAMC and Domestic Violence Provider (s)[2] will:

- Continue to provide initial screening to clients that present for assistance directly to them unless the client indicates that s/he would like to work with ECCM directly;
- Accept referrals when there are open beds that have not already been filled by the provider itself from ECCM for Emergency Shelter, Transitional Housing, and Permanent Housing with the Exception of Domestic Violence Providers and Veteran's Affairs;
- Coordinate with ECCM and the overall Coordinated Entry system as needed;
- Direct clients the provider is unable to serve itself back to ECCM and ensure a "warm hand off" to ECCM;
- Bring issues and concerns about the process from both the screening perspective as well as the client perspective to the monthly larger case review process; and

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[1] This includes all service provider agencies participating in Coordinated Entry with the exception of the VA Medical Center and the domestic violence provider (s.) There is a separate list of roles and responsibilities for these two types of providers.
[2] Erie's Coordinated Entry Policies and Procedures outlines a process by which those people that report they have served in the Armed Forces and / or are fleeing domestic violence will have a choice of whether or not to participate in ECCM's initial screening or have their initial screening conducted by the VAMC or a Domestic Violence Provider. Therefore, the roles and repsonsibilities for VAMC and Domestic Violence differ slightly from those for the participating service providers.

- Provide feedback to the Home Team, ECCM, and the Erie County Department of Human Services (DHS) to ensure that discussion of successes and challenges to Coordinated Entry implementation are regularly discussed and considered.

The **Coordinated Entry Case Review Committee** will:

DHS will be the lead in recruiting members to and convening a Case Review Committee. The Case Review Committee will:
- Meet every two weeks to consider requests from service provider agencies to move a client and review the number and reason for immediate client rejections.
- Inform provider agencies of their decision.

All service provider agencies must accept all agency appropriate referrals unless there is a "good cause"; Once a client is in a program, the provider agency can request to move a client for "good cause." "Good cause" is defined later in this document.

Program Elements

Access

Accessing Services
Clients will access the CES through a 24-hour hotline 814-SHELTER (814-743-5837).

To ensure 24-hour access to the CES, ECCM will assign a staff member to a cell phone after normal operating hours to answer calls to the hotline. ECCM will have up-to-date information on open emergency shelter beds in order to refer clients after hours. After the normal business hours of 8:30 AM to 5:00 PM, ECCM will conduct a screening only on clients seeking services. Arrangements will be made with the client to conduct a VI-SPDAT during business hours and no later than 7 days.

An option to do an in-person screening will be available at the ECCM main location at 1601 Sassafras Street, Erie, Pennsylvania 16502. In-person screenings are only offered during the normal operating hours of ECCM from 8:30 am to 5:00 pm Monday through Friday.

Assessment Tools and Protocols

The goal is to consistently apply a standardized assessment tool to:
- Achieve fair, equitable, and equal access to services within the community, and
- Make appropriate referrals with a consistent and transparent process.

Screening Tool
The Erie CoC has chosen to utilize a set of basic questions that will screen individuals and households seeking homeless assistance for basic eligibility. ECCM will conduct the screening.

The Erie CoC has chosen to provide clients of certain subpopulations with the option of continuing the initial screening with another entity besides ECCM:

Veterans: One of the first questions asked in the screening will be: "Have you served on Active Duty in the Armed Forces?" Individuals will then be offered the opportunity to either continue the screening with ECCM or contact the Veterans Affairs Medical Center (VAMC) for housing eligibility determination. The Homeless Outreach Team at the VAMC may work with a client to help connect him or her to services offered through the VA.

If the VA is unable to serve the client with VA resources, the VA will either conduct the VI-SPDAT assessment with the client and provide the information to ECCM OR will refer the client back to ECCM who will conduct the VI SPDAT assessment.

The VI-SPDAT assessment will then enable a client that is ineligible for VA services or for whom services are unavailable so that the client can be prioritized for rapid re-housing or permanent supportive housing.

People Fleeing Domestic Violence: One of the first questions asked in the screening will be: "Are you fleeing domestic violence?" If the answer is yes, the next question will be "Are you fearful for your safety right now?" The caller will be asked if they would like to continue with the screening or be referred to a domestic violence provider. If the client chooses to continue the screening, ECCM will not include client identifying information within HMIS and would instead provide a unique ID and use that ID to identify the client. If the client chooses to work directly with the domestic violence service provider, the domestic violence service provider will conduct the VI-SPDAT assessment and provide the information to ECCM without client identifying information.

Nondiscrimination

Coordinated Entry Specialists will ensure that no client is disqualified due to possible barriers to services and comply with equal access and nondiscrimination provisions of Federal civil rights laws. In addition, coordinated entry staff and participating agencies will ensure that no clients are referred to any particular housing program because of race, color, national origin, religion, sex, disability, or the presence of children.

Assessment Tool

The Erie CoC has chosen to utilize the VI-SPDAT to create a standard way to identify clients that should be recommended for each housing and support intervention. According to OrgCode who developed the tool, the VI-SPDAT helps identify who is in the greatest need for each type of intervention and therefore who might benefit the most from the particular service.

ECCM will re-survey clients with the VI-SPDAT after one year or if the client has had significant enough changes in his or her life to warrant a new VI-SPDAT assessment.

Wait Times

Emergency Shelter
If an Emergency Shelter bed is available, clients will be referred to a shelter and placed in a program on the same day as their request. If someone is referred and does not show, the Emergency Shelter will not hold a bed more than three hours from the time of referral, unless prior arrangements were made with the referred client.

If an Emergency Shelter bed is not available, ECCM staff will make suggestions for organizations that the individual may be able to call. There will not be a wait list. Therefore, the client will be asked to call back the next day to reconfirm that s/he is in need of Emergency Shelter and to find out if there is availability the next day. For those clients not entering emergency shelter due to lack of availability, ECCM will either schedule a time with the client to conduct the VI-SPDAT in the next few days or will conduct the VI-SPDAT over the phone, if time permits.

Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing
Clients may reside in each of these programs for varying lengths of time. Therefore, it will not be possible to provide clients on the Master List (wait list) with information on the date on which they will enter one of these programs.

Who

ECCM will utilize the VI-SPDAT either in person or by phone with each person seeking homeless assistance. The VI-SPDAT data will be entered into HMIS.

Training & Monitoring

ECCM supervisory staff will be trained to utilized the VI-SPDAT and will then either provide the training to their own staff on an annual basis or the Continuum of Care will arrange for an outside entity – either local or national – to provide training.

The Coordinated Entry Subcommittee will monitor use of the VI-SPDAT on a quarterly basis and will provide additional training and feedback as needed.

The Continuum of Care is responsible for updating and distributing training protocols at least annually.

Additional Notes

ECCM's initial screening and the VI-SPDAT assessment will not include obtaining the necessary documentation that clients may require to enter some programs.

Prioritization

Tool

The assessment tool - the VI SPDAT - requires the surveyor to ask the client questions in the following four categories with the total possible score in each category included in parentheses:

1. pre-survey question asking if the person is age 60 or over (1),
2. history of housing and Homelessness (2),
3. risks (4),
4. socialization and daily functions (4), and
5. wellness (6).

Based on the client's answers, a score is assigned to them; it is this score that determines to which, if any, housing intervention the client will be referred. Possible housing interventions are rapid re-housing and permanent supportive housing. The highest possible score on the VI-SPDAT if used only as created is 17.

The VI-SPDAT score does NOT determine entry to emergency shelter as emergency shelter will remain a first come, first serve service as long as the client meets basic eligibility criteria.

The Erie CoC has decided to add one additional point for clients that report they are fleeing domestic violence thereby increasing the total possible score to 18.

The scoring information below only reflects one of the three versions of the VI-SPDAT. ECCM will utilize the appropriate version; versions are as follows (a) individuals, (b) families, and (c) youth. ECCM will utilize the correct scoring information based on the actual version used.

Total Score	Housing / Service Intervention Recommendation
0-3	No Housing Intervention
4-7	Rapid Re-Housing
8+	Permanent Supportive Housing

Prioritization or Master List

ECCM as the CES Administrator will maintain a "Master List" for Rapid Re-Housing and a separate "Master List" for Permanent Supportive Housing.

The "Master List" prioritizes clients for rapid re-housing and permanent supportive housing with those with the highest scores at the top of the list. For those households with identical scores, they will be in order of the first that presented for assistance.

At least once a month, ECCM will meet with all rapid re-housing and permanent supportive housing providers to review the referrals accepted and any discussion points regarding the process. At this time, each provider will inform ECCM of the number of new households that

they can serve and ECCM can refer to them. ECCM will refer clients / households at the top of the priority list.

Because permanent supportive housing openings do not occur very often, ECCM and the permanent supportive housing providers can determine an alternative meeting schedule if monthly meetings are not productive due to lack of openings.

Prioritization criteria for each major housing intervention will include use of the VI SPDAT score along with additional criteria as follows:

- For Rapid Re-Housing (RRH), prioritization will be given to the most vulnerable families and individuals based on their VI-SPDAT score.

- For Transitional Housing (TH), current program eligibility criteria will be utilized.

- For Permanent Supportive Housing (PSH), prioritization will be given to families and individuals who are:
  1) chronically homeless as defined by HUD,
  2) have the longest history of Homelessness, and/or
  3) have the most severe service needs as determined by their VI-SPDAT score.

Client Refusal

A client may choose to reject an offer of referral to a rapid re-housing or permanent supportive housing provider. In this event, the client remains on the master list in the same place of priority. The client can be offered a placement for rapid re-housing or permanent supportive housing up to three times. If the client refuses three times, then ECCM can choose to remove the client from the master list and require the client to call back to request to be placed on the master list once again.

If the client has been prioritized for a certain type of housing intervention and wishes to choose another, it is up to the Coordinated Entry Subcommittee to determine whether or not to agree to the client's request.

The client has the right to refuse service from one organization but remain on the rapid re-housing or permanent supportive housing master list and wait for another organization to have availability.

If a client requests a specific organization through whom to receive housing assistance, the client has the right to wait until an opening becomes available for rapid re-housing or permanent supportive housing provided by the desired organization.

Privacy and Security Protections

The same HMIS data privacy and security protections that apply to HMIS practices apply to the Master List.

Nondiscrimination

The CoC and Coordinated Entry process does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

In some circumstances some projects may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation.

Coordinated Entry Specialists will ensure that no client is screened out due to possible barriers to services and comply with equal access and nondiscrimination provisions of Federal civil rights laws. In addition, coordinated entry staff and participating agencies will ensure that no clients are referred to any particular housing program because of race, color, national origin, religion, sex, disability, or the presence of children.

Referral

All organizations required to participate in CES will utilize the coordinated entry process as the only referral source to fill any program vacancies.

Nondiscrimination

Coordinated Entry Specialists will ensure that no client is screened out due to possible barriers to services and comply with equal access and nondiscrimination provisions of Federal civil rights laws. In addition, coordinated entry staff and participating agencies will ensure that no clients are referred to any particular housing program because of race, color, national origin, religion, sex, disability, or the presence of children.

Process and Protocol by Intervention

Emergency Shelter

- Prior to the implementation start date of coordinated entry, each emergency shelter provider must inform ECCM of the hour by which clients must arrive to their location in order to enter the emergency shelter program.
- ECCM will call or email emergency shelter providers informing them that a client has been referred to them. ECCM will send the referral through HMIS and emergency shelter providers will have access to client information including the initial VI SPDAT assessment.
- Emergency shelter providers must accept referrals and may reject some referrals by following the rejection policy.
- There is no priority list and clients will be served on a first come, first serve basis.

Emergency Shelter Low Barrier Policy

In order to ensure that the most vulnerable individuals are able to access emergency shelter, all emergency shelters will be required to begin to operate as lower barrier shelters. For those emergency shelters that currently have several rules, Erie DHS and the Home Team will work with them in a phase-in process to begin to reduce their rules. Erie DHS and the Home Team will create a plan with the emergency shelter that specifies the barriers that will be removed and a timeline for doing so.

Emergency Shelter Wait List – Lack of Availability of Emergency Shelter Beds

- If there are no available emergency shelter beds, clients will not be placed on a wait list. Clients will be asked to call by 10:00 am the next morning to indicate that they are still in need of an emergency shelter bed and will be provided with a bed if there is one available the next morning. ECCM will also assist the client with referrals to other available resources such as food pantries, hotel/motel vouchers, etc.

Transitional Housing

ECCM will refer clients to transitional housing based on the households that score highest on the VI-SPDAT for either rapid re-housing or permanent supportive housing. If rapid re-housing or permanent supportive housing is not available, ECCM will then refer clients to transitional housing based on the eligibility criteria of current programs.

For example, a client is at the top of the Master List for rapid re-housing and there is no rapid re-housing available. The client has reported that she is fleeing domestic violence and there is an available transitional housing bed for people fleeing domestic violence. Therefore the client would be referred to the transitional housing program.

Rapid Rehousing, Permanent Supportive Housing, and Permanent Housing

The Prioritization List - to be referred to as the "Master List" - prioritizes clients for rapid re-housing and permanent supportive housing with those with the highest scores at the top of the list. For those households with identical scores, they will be in order of the first that presented for assistance.

Rejection Policies

Coordinated Entry is designed to ensure that clients receive needed housing interventions and that service providers aid clients in securing stable housing. However, coordinated entry can result in rejection by either the client or service provider.

Consumers

Consumers have the right to refuse the referral that was made by the Coordinated Entry Specialists.

Service Providers

Participating service provider agencies must accept all referrals unless there is a "good cause". The number and reason for rejections will be reviewed by the Case Review Committee to analyze any potential trends.

Once a client is in a program, the service provider agency can submit a request to a Case Review Committee that a client be moved to another program based on "good cause." If the Case Review Committee approves the request, the client will be moved to another program once there is an open bed. The Case Review Committee may not approve the request.

"Good cause" is defined as follows: the service provider must provide evidence that the client poses a real safety risk to other clients in the program and / or provider staff.

DHS will recruit members to and convene the Case Review Committee on a regular schedule.

Service providers with multiple refusals and rejections within a short time period will be reviewed by the Continuum of Care Board.

Data Management

- Erie CoC will use HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.
- At time of first contact ECCM will obtain participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.
- Services to participants will not be denied in the event the participant refuses to allow their data to be shared unless federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.
- Erie County CoC will ensure all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data.

Evaluation

- The Erie Continuum of Care and its coordinated entry process will participate in continuous editing and reviewing process to ensure that its policies and procedures reflect the service providers as well as the clients of Erie Continuum of Care.

- The evaluation of policies and procedures will be conducted by the lead agencies, ECCM and Erie County DHS, in coordination with the Coordinated Entry Subcommittee and Home Team. Policies and procedures will be reviewed on occasion during Coordinated Entry Subcommittee meetings as well as large Home team meetings. Suggestions to alter the policies and procedures will be made by the Coordinated Entry Subcommittee and approved by the Home Team at least annually.

- Erie Continuum of Care will actively solicit feedback on an ongoing basis to evaluate the screening, assessment, and referral processes associated with Coordinated Entry. Feedback should be provided to the chair of the Coordinated Entry Subcommittee.

- The Erie Continuum of Care and participating agencies will ensure adequate privacy protections of all participant information collected in the course of the annual coordinated entry evaluation

Transportation

It is often a challenge for people experiencing homelessness to access transportation to a homeless assistance program. ECCM has a van that may be able to provide transportation if the driver is available. Transportation will remain a challenge that this coordinated entry system will be unable to solve. The Home Team Executive Committee and Home Team will review possible strategies to assist with transportation.

Marketing and Outreach Strategy

The Home Team will utilize its Education and Outreach Committee in partnership with ECCM to implement a marketing plan to ensure all individuals and families within the County are aware of and know how to access Coordinated Entry through the following activities:
- Create informational cards and flyers to be distributed at all provider locations;
- Conduct trainings for all providers on coordinated entry;
- Add coordinated entry hotline and information to electronic sources, such as provider and county webpages, facebook, etc.;
- Make flyers and informational cards available at community locations where people experiencing homelessness congregate, such as bus stops, library, community meals, churches, etc.

Marketing materials will be annually reviewed by the Coordinated Entry Subcommittee and the Education and Outreach Committee may recommend or be asked to make changes to the marketing materials.

The Committee may also consider implementing the following activities:
- Conduct trainings on coordinated entry with all community partners who may come into contact with persons experiencing a housing crisis such as hospitals, schools, libraries, and human service providers outside of the Homelessness service delivery system.
- Create public service announcement of resources to be advertised through local television and radio.

Before Starting the Project Listings for the CoC Priority Listing

The FY 2018 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2018 CoC Program Competition NOFA.

The FY 2018 CoC Priority Listing includes the following:

 - Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new projects as described in the FY 2018 CoC Program Competition NOFA.
- New Project Listing – lists all new project applications created through reallocation, the bonus, and DV Bonus that have been approved and ranked or rejected by the CoC.
 - Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
 - UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2018 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
 - CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
 - HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

  Things to Remember:

 - All new and renewal projects must be approved and ranked or rejected on the Project Listings.
 - Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
 - If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
 - For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
 - If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected: however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

  Additional training resources are available online on the CoC Training page of the HUD Exchange at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/ask-a-question/.

Collaborative Applicant Name: County of Erie

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

2-1. 2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2019 into one or more new projects?   No

3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
$0				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
This list contains no items				

4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
$0					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
This list contains no items					

5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$0				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
This list contains no items				

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are availble at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
ECCM Rapid Rehous...	2018-09-04 13:45:...	PH	Erie City & Erie ...	$158,054	1 Year	12	PH Bonus	RRH	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing. | X |

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects. | |

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type
Finally Home	2018-09-04 14:17:...	1 Year	Erie City & Erie ...	$74,232	13	PSH	PH	
Fresh Start	2018-09-04 14:40:...	1 Year	Erie City & Erie ...	$143,877	11	PSH	PH	
Lighting the Cand...	2018-09-05 10:33:...	1 Year	Erie City & Erie ...	$111,762	5	PSH	PH	Individual

Make it a Home Al...	2018-09-05 13:05:...	1 Year	Erie City & Erie ...	$108,228	8	PSH	PH	
Make it a Home Al...	2018-09-05 13:55:...	1 Year	Erie City & Erie ...	$115,864	14	PSH	PH	
Self Start I	2018-09-05 15:03:...	1 Year	Erie City & Erie ...	$428,819	6	PSH	PH	
Self Start II	2018-09-05 16:21:...	1 Year	Erie City & Erie ...	$143,818	3	PSH	PH	
Self Start III	2018-09-06 08:56:...	1 Year	Erie City & Erie ...	$145,056	4	PSH	PH	
Erie County HMIS	2018-09-06 09:24:...	1 Year	Erie City & Erie ...	$146,027	1		HMIS	
Independence	2018-09-07 14:28:...	1 Year	Erie City & Erie ...	$209,264	10	RRH	PH	
My Way Home	2018-09-07 14:39:...	1 Year	Erie City & Erie ...	$360,502	9	RRH	PH	
Erie County Coord...	2018-09-07 16:38:...	1 Year	Erie City & Erie ...	$12,000	2		SSO	
Lighting the Cand...	2018-09-13 09:07:...	1 Year	Erie City & Erie ...	$245,397	C5	PSH	PH	Fully Consolidated
Lighting the Cand...	2018-09-13 10:49:...	1 Year	Erie City & Erie ...	$133,635	7	PSH	PH	Individual

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide," both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
PA-605 CoC Planni...	2018-09-06 09:09:...	1 Year	Erie City & Erie ...	$79,311	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide", both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	$2,133,084
Consolidated Amount	$245,397
New Amount	$158,054
CoC Planning Amount	$79,311
Rejected Amount	$0
TOTAL CoC REQUEST	$2,370,449

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificates of C...	08/29/2018
FY 2017 Rank (from Project Listing)	No	2018 HUD Ranking ...	09/13/2018
Other	No		
Other	No		

Attachment Details

Document Description: Certificates of Consistency with Con Plan-Signed by City and State

Attachment Details

Document Description: 2018 HUD Ranking Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	09/12/2018
2. Reallocation	09/12/2018
3. Grant(s) Eliminated	No Input Required
4. Grant(s) Reduced	No Input Required
5. New Project(s)	No Input Required
7A. CoC New Project Listing	09/12/2018
7B. CoC Renewal Project Listing	09/13/2018
7D. CoC Planning Project Listing	09/12/2018
Funding Summary	No Input Required

Attachments	09/12/2018
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Erie County Coordinated Entry

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2018 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature: _[signature]_

Date: 8/21/18

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Fresh Start

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2018 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature: _[signature]_

Date: 8/21/18

form **HUD-2991** (3/98)

Certification of Consistency
with the Consolidated Plan

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Erie County HMIS

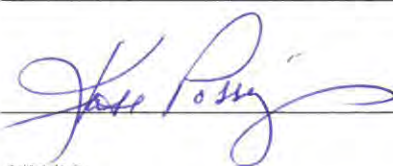Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: 2018 HUD Continuum of Care Competition

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

form **HUD-2991** (3/98)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Erie County Planning Grant

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2018 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

form **HUD-2991** (3/98)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Self Start I
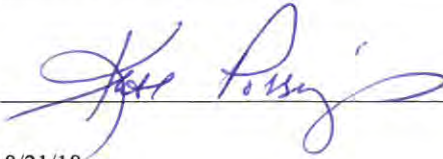
Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2018 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: ECCM Rapid Rehousing 1

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2018 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature: _(signed)_

Date: 8/21/18

form **HUD-2991** (3/98)

Certification of Consistency
with the Consolidated Plan

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Finally Home

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: 2018 HUD Continuum of Care Competition

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction
Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

form **HUD-2991** (3/98)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Independence

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2018 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature: *(signature)*

Date: 8/21/18

form **HUD-2991** (3/98)

Certification of Consistency
with the Consolidated Plan

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Lighting the Candle

Location of the Project: City of Erie, PA

County of Erie, PA

**Name of the Federal
Program to which the
applicant is applying:** 2018 HUD Continuum of Care Competition

**Name of
Certifying Jurisdiction:** Commonwealth of Pennsylvania

**Certifying Official
of the Jurisdiction
Name:** Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Lighting the Candle II
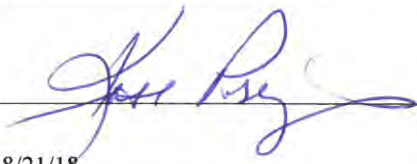
Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the   2018 HUD Continuum of Care Competition
applicant is applying:

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction   Kathy Possinger
Name:

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Make it a Home Always I

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2018 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

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U.S. Department of Housing and Urban Development

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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Make it a Home Always II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2018 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

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I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: My Way Home

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2018 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

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and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Self Start II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: 2018 HUD Continuum of Care Competition

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
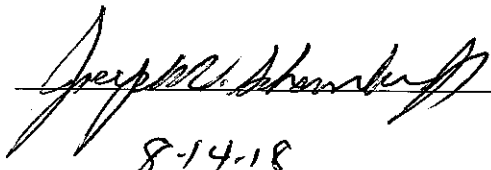of the Jurisdiction
Name: Kathy Possinger

Title: Director, Center for Community and Housing Development

Signature:

Date: 8/21/18

form **HUD-2991** (3/98)

Certification of Consistency
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**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan.
(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Self Start III

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the   2018 HUD Continuum of Care Competition
applicant is applying:

Name of
Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official
of the Jurisdiction   Kathy Possinger
Name:

Title: Director, Center for Community and Housing Development
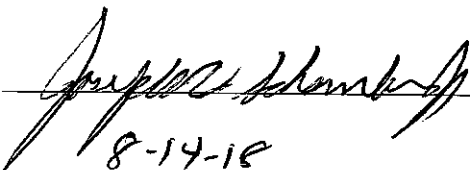
Signature:

Date: 8/21/18

form **HUD-2991** (3/98)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Fresh Start

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph Schember

Title: Mayor

Signature: *Joseph W. Schember*
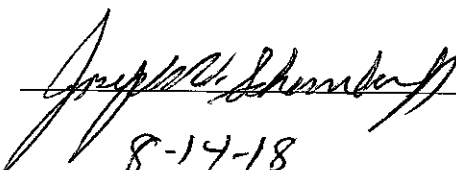
Date: 8-14-18

form **HUD-2991** (3/98)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: My Way Home

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph Schember

Title: Mayor

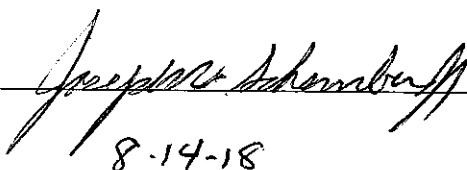Signature: *[signature]*

Date: 8-14-18

form **HUD-2991** (3/98)

Certification of Consistency
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**U.S. Department of Housing
and Urban Development**

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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Independence

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph Schember

Title: Mayor

Signature: _Joseph W. Schember_
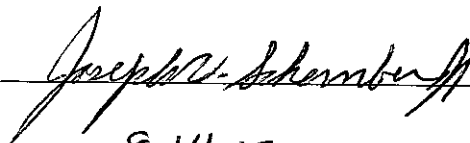
Date: 8-14-18

form **HUD-2991** (3/98)

Certification of Consistency with the Consolidated Plan

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Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Lighting the Candle I

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph Schember

Title: Mayor

Signature: _Joseph C. Schember_
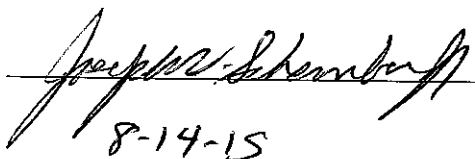
Date: 8-14-18

form **HUD-2991** (3/98)

Certification of Consistency
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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Lighting the Candle II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph Schember

Title: Mayor

Signature: _Joseph W. Schember_
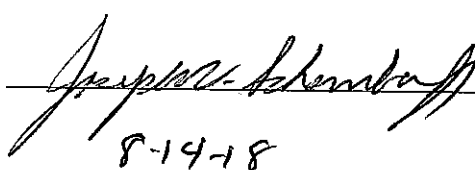
Date: 8-14-15

form **HUD-2991** (3/98)

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**U.S. Department of Housing
and Urban Development**

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Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Make it a Home Always I

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph Schember

Title: Mayor

Signature: *Joseph W. Schember*
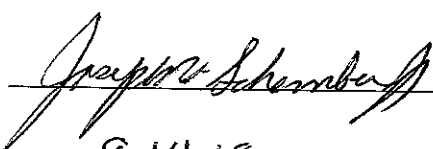
Date: 8-14-15

form **HUD-2991** (3/98)

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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Make it a Home Always II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph Schember

Title: Mayor

Signature: _Joseph W. Schember_
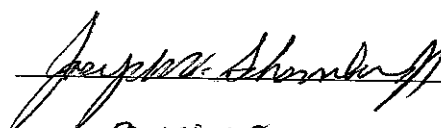
Date: _8-14-18_

form **HUD-2991** (3/98)

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Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Self Start I

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph Schember

Title: Mayor

Signature: _Joseph V Schember_
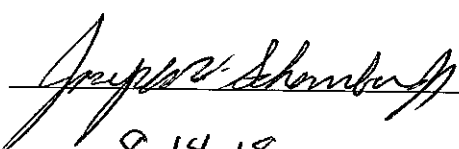
Date: 8-14-18

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Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Self Start II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph Schember

Title: Mayor

Signature: *[signature]*

Date: 8-14-18

Certification of Consistency
with the Consolidated Plan

**U.S. Department of Housing
and Urban Development**

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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Self Start III

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph Schember

Title: Mayor

Signature: _Joseph V. Schember_
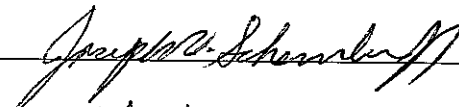
Date: 8-14-18

form **HUD-2991** (3/98)

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U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Finally Home

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph Schember

Title: Mayor

Signature: *Joseph C. Schember*
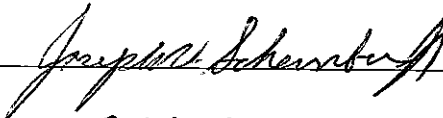
Date: 8/14/18

form **HUD-2991** (3/98)

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I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Erie County HMIS

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph Schember

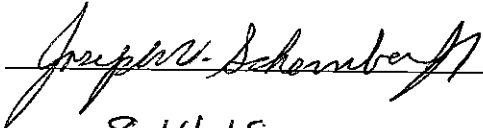Title: Mayor

Signature: *Joseph Schember*

Date: 8-14-18

Certification of Consistency
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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Erie County Coordinated Entry

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph Schember

Title: Mayor

Signature: _Joseph V. Schember_
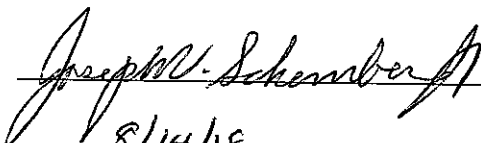
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Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: Continuum of Care Planning

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph Schember

Title: Mayor

Signature: _Joseph W. Schember_
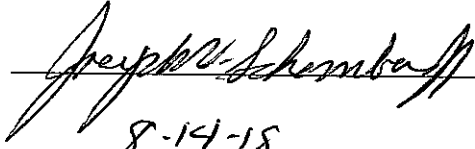
Date: 8/14/18

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(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office of MH/ID

Project Name: ECCM Rapid Rehousing 1

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care

Name of
Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official
of the Jurisdiction
Name: Joseph Schember

Title: Mayor

Signature: _Joseph V. Schember_

Date: 8-14-18

form **HUD-2991** (3/98)

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

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

Total: $2,291,138

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

Total HUD Request: $2,370,449

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

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

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

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

The criteria for scoring each question are as follows:

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

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

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

4. Extent to Which the Applicant:

    A.) Demonstrate the Understanding of the needs of the clients to be served (2 points)

    B.) Demonstrate type, scale, and location of the housing and how it will fit the needs of the Clients to be served (2 points)

    C.) Demonstrate type and scale of all of the supportive services, regardless of funding source Meet the needs of the clients to be served (2 points)

    D.) Demonstrate how clients will be assisted in obtaining and coordinating the provision of Mainstream benefits (2 points)

    E.) Establish performance measures for housing and income that are objective, measurable, Trackable, and meet or exceed any established HUD, HEARTH, or CoC Benchmarks (2 points)

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

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

Yes	5 points
No	0 points

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

Yes	5 points
No	0 points

7. Timeliness: Plan for Rapid Implementation of Program

30 Days or Less	10 points
30 Days to 60 Days	5 points
Beyond 60 Days	0 points

8. Financial: Project is Cost-Effective- Comparing Projected Cost per Person Served to CoC Average Within Project Type:

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

9. Financial: Most Recent Audit Identified Agency as "Low Risk"

Yes	5 points
No	0 points

10. Financial: Most Recent Audit Indicates No Findings

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

11. Fimancial: Budgeted Costs are Reasonable, Allocable, and Allowable

No Evidence of Budget Errors	10 points
Evidence of Some Budget Errors	5 points
Evidence of Multiple Budget Errors	0 Points

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

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

13. Other Local Criteria: Application Timeliness

Application was received on or before due date

Yes	10 points
No	0 points

14. Other Local Criteria: Application Completeness/Accuracy

All required information was included and was accurate

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

15. Other Local Criteria: Overall Impression of Application

Based on Overall Impression	0-10 points

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

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

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

The criteria for scoring each question are as follows:

1. Performance Measures | Exits to Permanent Housing | Permanent Supportive Housing

   ___% remain in or move to Permanent Housing (PH)

90% and above	25 points
79.0% - 89.9%	20 points
69.0% - 78.9%	15 points
59.0% - 68.9%	10 points
49.0% - 58.9%	5 points
0% - 48.9%	0 points

2. Performance Measures | New or Increased Income and Earned Income | Earned income for project stayers

   ___% increase

8%+	2.5 points
0% - 7%	0 points

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

   ___% increase

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

4. Performance Measures | New or Increased Income and Earned Income | Earned income for project leavers

   ___% increase

8%+	2.5 points
0% - 7%	0 points

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

___% increase

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

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

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

Yes	5 points
No	0 points

7. Performance Measures | Universal Data Elements

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

Yes	5 points
No	0 points

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

Applicant has an error rate below 10% for Chronic Homelessness

Yes	5 points
No	0 points

9. Other and Local Criteria | Application Timeliness

Application was received on or before the due date

Yes	10 points
No	0 points

10. Other and Local Criteria | Application Completeness/Accuracy

All required information was included and was accurate

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

11. Other and Local Criteria | Fund Utilization

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

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

12. Other and Local Criteria | Priority Groups

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

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

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

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

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

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

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

15. Other and Local Criteria | Audit Risk Category

Most recent audit identified agency as "low risk"

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

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

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

17. Other and Local Criteria | Overall Impression of Application

Based on Overall Impression	0-10 points

NEW PROJECTS RATING TOOL

Project Name: _____   Print Blank Template   Print Report Card

Organization Name: _____

Project Type: _____

Project Identifier: _____

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
EXPERIENCE			
1. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		out of	10
2. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		out of	10
3. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		out of	5
Experience Subtotal	0	out of	**25**
DESIGN OF HOUSING & SUPPORTIVE SERVICES			
4. Extent to which the applicant A. Demonstrate understanding of the needs of the clients to be served. B. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served C. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. D. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits E. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.		out of	10
5. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		out of	5
6. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		out of	5
Design of Housing & Supportive Services Subtotal	0	out of	**20**
TIMELINESS			
7. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.		out of	10
Timeliness Subtotal	0	out of	**10**
FINANCIAL			
8. Project is cost-effective - comparing projected cost per person served to CoC average within project type.		out of	10
Most recent audit...			
9. ...identified agency as 'low risk'		out of	5
10. ...indicates no findings		out of	5
11. Budgeted costs are reasonable, allocable, and allowable		out of	10
Financial Subtotal	0	out of	**30**
OTHER AND LOCAL CRITERIA			
12. Priority Groups - HUD priority groups are served (Chronically Homeless, Families, Youth 18-24, Homeless Veterans)		out of	10
13. Application Timeliness - Application was received on or before the due date		out of	10
14. Application Completeness/Accuracy - All required information was included and was accurate		out of	10
15. Overall Impression - Overall impression of the application		out of	10
Other and Local Criteria Subtotal	0	out of	**40**

NEW PROJECTS RATING TOOL

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

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Print Report Card

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
TOTAL SCORE	0	out of	125
Weighted Rating Score	0	out of	100

PROJECT FINANCIAL INFORMATION

CoC funding requested	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$
Amount of other public funding (federal, state, county, city)		
Amount of private funding		
TOTAL PROJECT COST		$

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: _____

Organization Name: _____

Project Type: _____

Project Identifier: _____

Print Report Card

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED		MAX POINT VALUE
PERFORMANCE MEASURES					
Exits to Permanent Housing					
1. Permanent Supportive-Housing	90% remain in or move to PH	[____] %	[____]	out of	25
New or Increased Income and Earned Income					
2. Earned income for project stayers	8%+ increase	[____] %	[____]	out of	2.5
3. Non-employment income for project stayers	10%+ increase	[____] %	[____]	out of	2.5
4. Earned income for project leavers	8%+ increase	[____] %	[____]	out of	2.5
5. Non-employment income for project leavers	10%+ increase	[____] %	[____]	out of	2.5
Performance Measures Subtotal			0	out of	**35**
OTHER AND LOCAL CRITERIA					
6. Data Quality - Applicant has an error rate below 10% for Personally Identifiable Information		[____]	[____]	out of	5
7. Data Quality - Applicant has an error rate below 10% for Universal Data Elements		[____]	[____]	out of	5
8. Data Quality - Applicant has an error rate below 10% for Chronic Homelessness		[____]	[____]	out of	5
9. Application Timeliness - Application was received on or before the due date		[____]	[____]	out of	10
10. Application Completeness/Accuracy - All required information was included and was accurate		[____]	[____]	out of	10
11. Fund Utilization - All project funds are being fully expended		[____]	[____]	out of	25
12. Priority Groups - HUD priority groups are served (Chronically Homeless, Families, Youth 18-24, Homeless Veterans)		[____]	[____]	out of	10
13. Housing First/Low Barrier - Participants quickly moved to Permanent Housing w/o requirements or preconditions		[____]	[____]	out of	25
14. Cost Effectiveness - Project is cost effective compared to average cost per person within the project type		[____]	[____]	out of	10
15. Audit Risk Category - Most recent audit identified agency as "low risk"		[____]	[____]	out of	5
16. Audit Findings - Most recent audit indicates no findings		[____]	[____]	out of	5
17. Overall Impression - Overall impression of the application		[____]	[____]	out of	10
Other and Local Criteria Subtotal			0	out of	**125**
TOTAL SCORE			0	out of	**160**
Weighted Rating Score			0	out of	**100**

PROJECT FINANCIAL INFORMATION

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