Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	No	No
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Yes	Yes	Yes
5.	**CoC-Funded Youth Homeless Organizations**	Nonexistent	No	No
6.	**Disability Advocates**	Yes	Yes	Yes
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	Yes	No
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	No	No
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	No	No	No
13.	**Law Enforcement**	Yes	No	No
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	No	No
15.	**LGBT Service Organizations**	Yes	No	No
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	No	No	No
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	No
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	No	No
21.	**Non-CoC-Funded Victim Service Providers**	Yes	No	No
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	No	No
24.	**Organizations led by and serving people with disabilities**	Yes	No	No
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	No	No
27.	**School Administrators/Homeless Liaisons**	Yes	No	No
28.	**Street Outreach Team(s)**	Yes	No	Yes
29.	**Substance Abuse Advocates**	Yes	No	No
30.	**Substance Abuse Service Organizations**	Yes	No	No
31.	**Youth Advocates**	Yes	No	No
32.	**Youth Service Providers**	Yes	No	No
	Other:(limit 50 characters)			
33.	Landlords/Apartment Association	Yes	Yes	No
34.				

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1) Membership to the Erie County CoC is open to the public, upon application review. Interested parties are directed to our website for more information and to initiate the membership process. Additionally, membership is discussed at CoC meetings to address gaps and fill needs regarding projects. Identified persons are contacted and if needed one-on-one conversations will be held with the targeted person. 2) Membership details are also disclosed at the Mayor's Roundtable for Disabilities monthly meeting as well as their listserv. Several members of Voices for Independence, a local non-profit serving individuals with disabilities, joined our CoC as a result of this communication. 3) During the CoC planning process in 2019 this area was given strong focus by the Governing Board. Ongoing outreach has been done to engage people with lived expertise into leadership positions on the board. Personal solicitation was conducted and two spots were filled. CoC members targeted and reached out to several other formerly homeless individuals who declined membership due to COVID, but said they may be interested at a later time. The CoC will continue to outreach to identified persons with lived experience, and continue to ask our housing providers to further identify and outreach for those with lived experience to join

our CoC. 4) Culturally specific communities are represented by members of the NAACP and the Mayor's Office Liaison for New Americans who are engaged in our sub-committees.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1)The CoC meets regularly to discuss and share information on homelessness, new strategies, improving efforts, sharing data, outreach and ideas to improve efforts in solving homelessness. We collaborated with individuals and organizations who are not formal members of the CoC that have provided broader knowledge and new insight. These include non-profits such as faith-based organizations, day shelters, and public lunches. They also include the Health Department, our Federally Qualified Healthcare Center (FQHC), and the County Emergency Management System. In addition, the CoC solicits and has members that are mental health providers, D&A providers and agencies that work with the physically disabled. 2) All information from public meetings is published on the CoC and Erie County websites. Meeting minutes are distributed through the CoC listserv. 3) The CoC meetings are open to the public and input is gathered during public comment time. Input is used to develop strategies in subcommittees. Members of the CoC also attend other community-based meetings which are cross-systems based. New approaches to preventing and ending homelessness are discussed in meetings with the Public Housing Authorities, FEMA, Downtown Improvement District, managed care providers, several mental health and drug and alcohol organizations, and the Mayor's Roundtable for Disabilities. Many ideas of addressing homelessness in the community have come from these discussions where stakeholders regularly share information.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1) Our CoC advertises an open application process. An announcement was made that the 2021 HUD CoC competition was open on the CoC bi-monthly meeting on 9/9/2021. On 9/15/2021, emails were sent out to the CoC listserv soliciting new and renewal applications, including the CoC and DV bonus projects. The CoC Competition was also publicly posted on the CoC's and Erie County's website page to solicit new project applications on an open public forums so organizations that have not previously received CoC funding may apply. 2) The CoC email listserv has increased from 117 to 131 individuals from a multitude of disciplines who are interested in ending homelessness in our community. Many members and organizations that have not previously received HUD funding have been added to the CoC listserv. The CoC Competition was announced on the CoC web meeting which had over 40 members in attendance, many who were affiliated with agencies that had no past CoC funding. 3) Emails to the CoC listserv included information regarding submitting the NOFO and application process with detailed instructions, links to the NOFO, and all required documentation. Emails and Website information both included contact information to the lead applicant for any interested parties interested in applying. 4) Notification of the ranking and scoring process and the project rating and ranking tool were posted on the CoC and Erie County websites and distributed through the listserv. An Application Ranking and Scoring committee is assembled annually to review all applications under various funding streams. The committee is made of community members who are involved with homeless services, but not necessarily a housing provider. 5) The CoC Competition was announced at the Mayor's Roundtable for Disabilities Meeting. All information is posted on the CoC website as well as distributed to all individuals on the CoC listserv.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	Yes
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Nonexistent
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.		

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	**consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;**
2.	**participated in evaluating and reporting performance of ESG Program recipients and subrecipients;**
3.	**provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and**
4.	**provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.**

(limit 2,000 characters)

1) The CoC lead applicant, Erie County, is in continual contact with our ESG recipients and subrecipients. The CoC has ongoing dialogue with parties involved regarding how to address gaps in provider needs with ESG-CV funding. Regular consultation with our primary ESG recipient takes place at CoC meetings, web meetings and via email conversation. Feedback from the CoC was used to re-allocate ESG funds from Rapid Rehousing. The CoC met with the ESG recipient to discuss better uses of these re-allocated ESG funds. Our CoC consulted with our State ESG recipient about ESG-CV funding opportunities. We were awarded two State ESG-CV grants, Code Blue and Round 2, to fund hazard pay, shelter renovation, winter sheltering, and outreach. 2) The HMIS Lead staff work very closely with ESG recipients to evaluate the performance of their subrecipients. HMIS staff coordinate data quality issues with subrecipients prior to report deadlines. HMIS user training includes review of the ESG CAPER to encourage project staff to monitor data quality issues regularly so errors can be corrected quickly. For ESG-CV, HMIS staff collaborated with ESG recipients to prepare the bundles and ensure reporting deadlines were met. These processes ensure that the most accurate and timely reports are available for recipients' final submission. 3) Our CoC ensures information from the PIT and HIC is communicated and updated in the Consolidated Plan through our County's planning department. It is available upon request and posted on the CoC website. 4) The Lead Applicant, Erie County received guidance from our regional HUD reps in a meeting in July to better communicate with the City of Erie. As a result, the City of Erie invited the CoC to be part of their consolidated plan for HOME funds received from the American Rescue Plan and to coordinate utilization of their ARP funds with the CoC's lead applicant's ARP funds. The CoC attends and provides input at public town hall meetings held by our ESG Recipient.

1C-3.	**Ensuring Families are not Separated.**	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	Yes
6.	**Other. (limit 150 characters)**	

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1) Local and State education leaders are members of the CoC and attend CoC meetings. Our CoC offers assistance to youth education providers regarding directives and procedures for homeless families and youth, including our Coordinated Entry process, available housing programs, and homeless services provided by Erie County's Office of Children and Youth. Homeless liaisons from local school districts are active members and are an integral part of our CoC. Schools moved to remote learning and provided Wi-Fi packs to families in our shelters and CoC programs. 2) The CoC also partners with state and local education departments to share information on homeless youth in our community. 3) The LEA data is useful in determining how youth homelessness will be addressed in our community. Our CoC has identified Community Engagement and Client Services as areas of focus in our Strategic plan, which includes education services. The need to expand our partnerships with these education providers is included and addressed with specific action steps to improve and increase these relationships. 4) The HMIS has a formal MOU with the SEA to share annual youth homelessness data. The CoC contracts with LEAs to provide drug and alcohol prevention and mental health services in schools. 5) Members of the CoC and providers engage with resource officers within the multiple school districts to ensure that homeless youth are provided access to transportation, academic support, and advocacy. 6) The CoC collaborates through the school's homeless liaisons to ensure homeless youth continue to receive educational and school districts at their school. Also, upon finding out a family/children are homeless or nearly homeless, the school refers them to our Erie County DHS, Office of Children and Youth (OCY) office OCY can then provide a number of services, including referring them to CE for shelter and housing services.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

Our CoC policy states that any child of school age residing in a CoC funded program attend school. Service providers within the CoC educate program participants regarding the rights of students who are homeless within the education system. This year our lead applicant, Erie County had CoC providers add educational service requirements they must provide to individuals/families into their HUD contracts. The added contract language specifies that CoC providers must offer direct educational services including designating staff to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community and taking the educational needs of children into account when families are placed in housing, in order to place families with children as close as possible to their school of origin The contract language also includes that CoC providers follow policies set forth under subtitle B of title VII of the McKinney-Vento Act. It is a policy of the CoC that all children residing in a CoC funded program birth to 3 years old be referred to Early Intervention Services when needed. Service providers also evaluate adults for needs of education services and make referrals to adult education resources on an as needed basis. McKinney-Vento school liaisons assist families experiencing homelessness with referrals ensure that McKinney- Vento entitlements are relayed to families. School liaisons also provided families with children equipment and computers to participate in online classes when schools shut down due to the pandemic.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	Yes

9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.			

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

1) The CoC lead offers trainings pertaining to survivors of domestic violence and offered to our CoC, including CoC project staff and providers. The CoC also collaborates with our 2 Domestic Violence (DV) Providers, Safenet and Safe Journey, to offer additional training on DV safety protocols. While there are several annual DV trainings, during the pandemic the CoC sent out at emails at least 2 DV trainings/webinar and 3 Trauma informed trainings/webinars to the CoC listserv and CoC Project providers to educate on best practices when serving survivors of DV. Our local DV provider offers an annual DV training called “Purple One” which is sent out to our CoC listserv and announced at our CoC meeting. In addition, a specific email is sent to our CoC RRH and PSH providers when any DV and Trauma informed trainings are offered. The CoC is also engaging with the Erie County Trauma Informed Coalition to provide more trainings on trauma education and awareness opportunities. 2) Erie County Care Management (ECCM), as Lead Local Agency for Coordinated Entry (CE), will coordinate DV safety, best practices, and planning protocol training directly with any provider to serve the unique needs of survivors of DV. Coordinated Entry practices trauma-informed care for consumers fleeing domestic violence in accord with the domestic violence confidentiality regulations with consultation from SafeNet, Safe Journey, the Domestic Violence Action Alliance of Erie County and the Erie Coalition for a Trauma Informed Community (ECTIC). Coordinated Entry personnel also annually complete Safe Journey's Dynamics of Domestic Violence and the Impact on Victims Bystander Intervention training.

1C-5a.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

A key feature of our Coordinated Entry (CE) process is to collaborate in prioritizing and permanently housing survivors of domestic violence, dating

violence, sexual assault, and stalking survivors, giving this population the highest priority. Our CoC works closely with our designated Victims Service Provider (VSP) in assuring anonymity is kept and unique needs are identified. This is accomplished by keeping a separate Master List of survivors managed directly by CE and VSP staff. Also, our main VSP provider attends our Master List Meetings to assist with housing of project participants where permission has been granted for this purpose, keeping confidentiality throughout the process. This arrangement provides the data we need to better serve the unique needs of this population and understand their experiences, while ensuring confidentiality is maintained. For those identifying as DV survivors, CE screens for preference in being referred directly to a VSP agency or permission to enter into the Homeless Management Information System (HMIS). Our main VSP provider uses the Efforts To Outcomes (ETO) database. ETO is a comparable HMIS database developed by the PA Commission on Crime and Delinquency (PCCD) and Pennsylvania Coalition Against Domestic Violence (PCADV). Confidentiality and safety of victim/survivor information is protected by this database.

1C-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	**prioritize safety;**
2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

1)We have a single-access point Coordinated Entry (CE) system with established Domestic Violence (DV) Procedures, which entails an initial screening during which individuals are immediately asked if they are fleeing DV and further asked if they fear for their safety. CE's protocol is to refer DV survivors to our DV shelters. However, we are challenged with increased DV referrals and limited DV shelter space. When permission was granted, some DV survivors were referred to regular shelters during the pandemic. In response, our DV Provider collaborated with our CoC lead applicant and received ESG funds to expand a local DV shelter. CE was able to referral all DV survivors to DV shelter, so they had direct access to a safe placement provided by the DV shelter. 2) When someone calls our Coordinated Entry, they are immediately asked if they are fleeing a domestic violence situation and if they are in immediate danger, will call 911 on their behalf while keeping then on the line. The CE staff are Trauma informed and trained to handle emergencies in cases of Domestic Violence. If CE staff feel the caller fleeing DV is at risk but unable to say so on the phone, they will contact 911 if they believe they are in immediate danger. If not, they will ask the person if they would like to remain on the line while a DV provider is contacted. If the person declines, CE staff will still give the to the DV agency number and continue the screening. 3) Coordinated Entry informs any participant that is a domestic violence survivor that they have the opportunity to work with a DV provider, and their information will not be entered into HMIS. The participant's personally identifying information is entered into a comparable database of the DV provider. Their information is

kept confidential and is assigned a confidential identifying number for reference. The identifying numbers are used for the Master List and Master List prioritization meetings to identify those referred to our CoC RRH and PSH programs.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your 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 your 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.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Erie City Housing Authority	28%	No	No
Erie County Housing Authority		No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

1) Our CoC has taken strides and improved relations with both our PHA's, and recently has increased collaboration with the City PHA. Currently both are

PHA's are reluctant to offer homeless admission preference but recently the CoC reached out to the City PHA to partner with Erie County's Office of Children and Youth. They applied in a joint application for HUD's Fostering Youth to Independence grant, which provided 25 vouchers this year and adding an additional 25 vouchers next year, to homeless youth transitioning out of Foster Homes. The CoC lead applicant regularly sits on these meetings, provides guidance, and communicates progress at our CoC meetings. Our CoC also initially partnered with our city PHA for the Emergency Housing Voucher program. The CoC and the city PHA sat on three EHV webinars, had numerous emails documenting collaboration agreement, and were in the planning stages of applying when we found out HUD did not award the much needed EHV vouchers. 2) While both PHA agencies have not yet prioritized housing vouchers for the homeless, it is encouraging that our city PHA entered an informal agreement with our CoC to apply for the EHV vouchers. It is also encouraging that the City PHA agreed to apply for the Fostering Youth program, and that vouchers were made available to youth transitioning out of foster care who would otherwise be homeless. While some individuals in our CoC's PSH and RRH programs transition out through PHA's housing vouchers and support services, the CoC will continue communicate our need for the PHA's to prioritize homeless admission preference. In addition, we have made and continue to make efforts to have our PHA's enter their projects into HMIS so we can track how many homeless received PHA vouchers.

1C-7b.	**Moving On Strategy with Affordable Housing Providers.**	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	**Multifamily assisted housing owners**	Yes
2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	No
4.	**Local low-income housing programs**	Yes
	Other (limit 150 characters)	
5.	Emergency Rental Assistance Program	Yes

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

1C-7d.	**Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	**the type of joint project applied for;**
2.	**whether the application was approved; and**
3.	**how your CoC and families experiencing homelessness benefited from the coordination.**

(limit 2,000 characters)

1C-7e.	**Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No

1C-7e.1.	**Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.**	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	9
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	9
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

Our CoC has a number of methodologies to ensure a Housing First approach is used to prioritize rapid placement of our most vulnerable. While our CoC still uses the VI-SPDAT, our final prioritization is through our Master list meeting which encourages participation from our CoC providers, shelters, housing

providers, DV providers and the VA. Permanent Supportive Housing placements, which are limited, are discussed on a case-by-case basis to ensure those that refuse services, and are often our most difficult participants, are prioritized. Providers with PSH openings are required to accept these referrals. Recent studies have shown when Permanent Supportive Housing is not available for those prioritized, placing them in Rapid Re-housing had a high percentage of positive exits, as well as a bridge to permanent housing. Prior to the pandemic, our RRH providers only placed those who met the criteria on the VI-SPDAT for RRH, even if there was no PSH openings. Due to the need to prioritize rapid placement during the pandemic, our CoC worked with RRH providers to accept referrals of participants who meet criteria for PSH, many of whom continue in substance abuse, and refuse case management and other support services. In these cases, wrap-around services will continue to be made available by our CE provider, who also has onsite case management and MH services. Participants, however, are not required to engage in any of these services. The CoC also worked with shelters during the pandemic to strengthen established “Housing First’ principles, including accepting those who were previously banned for safety reasons. These “difficult” individuals were retained and offered supportive services, where possible. Housing First is a requirement of our CoC funding, and we also monitor our PSH and RRH programs annually to make sure they are following Housing First Principles.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	**your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;**
2.	**whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;**
3.	**how often your CoC conducts street outreach; and**
4.	**how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.**

(limit 2,000 characters)

1) Our CoC currently has two types of ongoing street outreach services that identify, and assist sheltered and unsheltered homeless individuals: the PATH program, and Faith Community Nurses (FCN). PATH case managers outreach to individuals who are homeless to offer referrals for case management and services. FCN provide outreach services to individuals who are homeless in the community and require medical care. They also link the homeless individual with Coordinated Entry (CE). Our CoC also provided ESG-CV funds for additional outreach needed to reach all persons unsheltered and find them shelter or hotel/motel. 2) The CoC’s street outreach services were initially limited geographically due to the pandemic. To address homelessness in the

rural areas outside the city of Erie, the CoC lead applicant contracted to fund hotel/motel services for homeless in the County needing shelter, and County churches provided Outreach. Faith Community Nurses also sent someone to the County if services or transportation to the hotel was needed. PATH case managers who stopped direct outreach initially for safety, have resumed direct Outreach and provide services in the County. 3) PATH case managers visit area shelters regularly to reach out to participants, assist them with finding permanent housing, and access additional services. The FCN's outreach almost daily based on need, working directly with the homeless, including transportation when necessary throughout the pandemic. 4) Our CoC's hotel project provided shelter to many unsheltered homeless and had volunteers and FCN "comb the streets" to find those unsheltered and offer them a hotel room. Our CoC requires outreach to the following organizations that work with immigrants: International Institute of Erie, Multicultural Community Resource Center, Saint Martin Center, and Multi-Cultural Health Evaluation Delivery Systems, Inc. (MHEDS) to inform them of services available for those with housing needs.

1C-11.	**Criminalization of Homelessness.**	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	Yes
5.	**Other:(limit 500 characters)**	

1C-12.	**Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).**	
	NOFO Section VII.B.1.l.	

	2020	**2021**
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	139	182

1C-13.	**Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.**	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
2.	**Private Insurers**	Yes	Yes
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1)The CoC collaborates with the City of Erie, State, local agencies, local stakeholders, and service providers to promote utilization and share information regarding mainstream resources. The lead applicant receives updates on benefits and information on new programs regularly from the Federal and Local sources and Service Providers. This information is shared on the CoC email listserv, CoC meetings, the Mayor's Roundtable for Disabilities meeting, CoC website, County website, and Provider websites. Flyers are distributed and shared in our Courts, our Multi-cultural Centers, shelters, day shelters, and meal places, as well as our CoC listserv. We have providers that are initiating new services do a presentation at our CoC meeting and recently had the Downtown Business Partnership and the County's Managed Care Provider, Community Care Behavioral Health (CCBH) present. 2)The CoC's lead applicant sends emails to the CoC listserv on at least a weekly basis, to inform them of trainings, resources, programs, or other services, many which are in addition to housing. Providers also update the CoC when a mainstream resource becomes available. The CoC annually updates any new mainstream resources with our State's PA One call line, 811, a major referral system for mainstream resources in our CoC. 3)The Department of Health, Community Health Net (CHN) and Managed Care Provider (CCBH) have all provided information on how participants can access health insurance at our COC meetings and CoC emails. CHN, our area's Federally Qualified Healthcare provider outlined specific steps on how someone without health insurance need to do to apply on a CoC call. CHN will also set up an appointment with anyone homeless and help them with the apply for Medicaid/Medicare. CoC providers regularly update participants on medical, dental, MH and D&A providers that accept Medicaid or Medicare. Participants with insurance are informed free care is offered through St. Paul's Free Clinic..

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

1) The CoC's CE system is available to anyone seeking homeless services by phone or walk-in, although walk-in services were suspended until recently due to the pandemic. The phone line is available 24/7 365 days a year. The CE system utilizes a single access point that is located downtown. CE also has an email. Anyone can also contact our CE by email and CE has its own email address. Contact information is posted publicly on our CE provider's website. This year, flyers with CE's contact information have been posted at County providers who serve our rural areas. 2) Our CoC outreaches and promotes our housing services through number of marketing strategies for those least likely to apply for assistance. We have an Affirmative Marketing policy on our CoC website and County DHS website. Flyers are posted in courtrooms, DJ's offices, the County library, public lunches, homeless providers and providers serving rural areas to make sure we cover the entire geographic area. We annually contact local multicultural resource centers to inform those with limited English proficiency on how to access housing programs through CE. 3) Coordinated Entry's first priority is to resolve crisis situations of homeless seeking shelter, and then do a VI-SPDAT for those seeking housing services. The participants that have the most need based on the VI-SPDAT score are prioritized on a Master List of those to CoC PSH and RRH programs. Our CoC further prioritizes individuals in our Master List meetings based on chronic homelessness, fleeing DV, mitigating/aggravating circumstances and how long a person has been on the list. Our CoC has started the process of adopting a new assessment tool. Our CoC has been challenged with finding low income housing for this population. We have reached out to our Apartment Association and landlord lists to let them know about our housing programs and how they can benefit in hopes that landlords/property managers will accept those most in need of assistance.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	No

1C-15a.	**Racial Disparities Assessment Results.**	

NOFO Section VII.B.1.o.

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	No
10.	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.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

Our CoC has recently begun to address racial disparities within the homeless care system in Erie County. Our CoC has participated in and distributed trainings and webinars on Racial Equity, including HUD regional and national trainings, the National Housing Alliance trainings and recent trainings offered by agencies affiliated with the Emergency Rental Assistance Program. Our Data and Client Services committees are looking for other racial equity data tools including bringing the FUSE model to our community. FUSE would link data from medical providers, jails, institutions etc. to adopt better racial equity practices for our homeless participants with a variety of services. Our CoC manages the Emergency Rental Assistance Program which collects massive amounts of demographic information. The CoC has already used this data to measure applicants across 11 different demographics for percentages of applicants applying for services, receiving assistance, the number making under 50% AMI, percentage of money each demographic received, and average number of months of assistance that were received. Our CoC is still in the planning stages, and our work on Racial Equity has been stalled by the massive amount of time our providers spent preventing and diverting crisis due to COVID-19, but we remain committed to racial equity. We will continue to train, discuss, and collect data from traditional and new sources to design a homeless system that is fair and equitable in assessing and distributing resources.

1C-16.	**Persons with Lived Experience–Active CoC Participation.**	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	**Included and provide input that is incorporated in the local planning process.**	2	2
2.	**Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.**	2	2
3.	**Participate on CoC committees, subcommittees, or workgroups.**	1	1
4.	**Included in the decisionmaking processes related to addressing homelessness.**	1	1
5.	**Included in the development or revision of your CoC's local competition rating factors.**	1	1

1C-17.	**Promoting Volunteerism and Community Service.**	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	Yes
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	No
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1) Upon the closure of a seasonal shelter due to volunteer safety, our CoC contracted with a hotel to operate a non-congregate seasonal overflow shelter. All persons were screened 24/7 by CoC Lead and Coordinated Entry (CE) staff prior to referral. Volunteers assisted hotel staff to screen participants each night for COVID-19 exposure/symptoms. CoC staff and volunteers searched known locations of unsheltered persons to offer a hotel room, PPE, transportation, food, clothing, and calls to (CE). Prior to closure, all participants were screened by CE staff for permanent housing placement. 2) CoC leaders immediately communicated with our shelters and CE staff to address COVID-19 protocol and safety measures. We provided CDC guidelines and supplies for masking, social distancing, reducing capacity, and sanitizing/handwashing. Our CoC immediately implemented 'shelter in place' requirements, closing travel from outside the county as required by our governor. Persons were screened about travel outside the county when contacting our CE hotline. We asked all shelters to encourage persons to remain where they were to reduce exits and shelter hopping. We added a COVID-19 survey in HMIS required by CE and all providers to determine persons' exposure and current COVID-19 status prior to referral to shelters. We worked with emergency departments and our Health Department to determine protocol for persons who reported they were staying at a shelter and were being tested for COVID-19 for quarantine and isolation to reduce the likelihood they would return to infect a shelter. We assembled a Vaccine Education sub-committee led by our CoC Lead staff to link housing providers with healthcare professionals to reduce vaccine hesitancy and offer vaccine support. This committee still meets weekly to collaborate and support each other through this health crisis. 3) We worked closely with Transitional

Housing projects offering the same protocol and support as for our emergency shelters.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The CoC has formed partnerships, strengthened relations and established many new contacts with healthcare providers, our local Health Department, local hospitals and the County Emergency Management System (EMS) during the pandemic. We also made a strong connection with our Healthcare for the Homeless Liaison who many of our participants know personally and trust. We partnered with our Managed Care Behavioral Health provider, Community Care Behavioral Health (CCBH) and Community Based Organizations (CBO's) where CCBH care managers track, provide shelter, and provide services to homeless with high utilization of Inpatient MH hospitalization and ER visits. We have a weekly Vaccine Education Committee meeting organized early in the COVID-19 pandemic by the CoC. A committee of providers, health workers, and other concerned citizens continues to meet weekly to discuss how the pandemic is impacting their programs and identify measures to increase vaccination rates, including providing vaccine education and vaccinations in shelters, day shelters and public meals. It is anticipated that should other public health emergencies develop, the committee would serve as a model for addressing the crisis. In addition, the Erie County Health Department is a member of our CoC Governance Board and is very active in informing CoC leadership of important health information and providing connections to members of Erie County health and safety departments. From the connections made, we will continue to build the most effective response system for the extremely vulnerable persons we serve. These relationships have connected the key stakeholders in government, housing, behavioral health, and healthcare and all agree we must continue this team indefinitely as it has filled a previously unmet need in our system of care. These partnerships will continue to provide the framework for responding to any public health crisis.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1) Our CoC partnered with the City of Erie, our primary ESG recipient to provide PPE and safety equipment. Erie County DHS, the CoC lead applicant, supplied PPE and safety equipment to shelters and housing providers, and in coordination our city ESG recipient provided additional funds to CoC providers for PPE and safety equipment. DHS applied for and was awarded two State DCED ESG-CV grants to improve safety measures by providing hazard pay to retain shelter staff, shelter expansion, and outreach. 2) Due to multiple Rental Assistance (RA) and Homeless Prevention (HP) programs managed by DHS and ESG recipients, there was continual communication in how to best utilize the funds and avoid duplication of services (HMIS was utilized). The CoC RA and HP providers also communicated with Coordinated Entry (CE) if they were not eligible for their programs so they could be referred to an ESG provider and vice versa. CE staff were trained on all RA and HP projects to ensure participants were referred to the best program. 3) The CoC lead applicant received over 28 million dollars from the Emergency Rental Assistance (ERA) program for homeless prevention (HP) and RA and created an expedited application process prioritizing evictions. This program has distributed 16.5 million for direct rental and utility assistance to stem the tide of evictions when the moratorium ended. Due to the large amount of funds for homeless and eviction prevention form this program, the CoC met with the City ESG recipient, and the City is re-allocating ESG HP funds for better utilization, as well as moving them to mortgage assistance which is not covered by the ERA program. 4) The CoC, who received an abundance of healthcare supplies from the County Emergency Management System, in coordination with the City who provided ESG funding, continue to provide all shelters, housing providers and hotel projects with healthcare supplies and 5) cleaning supplies as needed.

1D-4.	**CoC Coordination with Mainstream Health.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	**decrease the spread of COVID-19; and**
2.	**ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).**

(limit 2,000 characters)

1)Our CoC collaborated with the Erie County Health Department, Community Health Net (CHN) and the County's Emergency Management System in multiple meetings with housing providers to establish COVID protocol. The Health Department went to every shelter to provide safety measures for safe spacing, proper COVID screening of participants and proper mask wearing. They provided CDC flyers for COVID safety measures that housing providers posted in their facilities. The CoC collaborated with the Health Department to provide quarantine and isolation for the homeless at a local hotel, providing support services when needed. CHN provided vaccine education at every shelter. CHN's Healthcare for the Homeless Liaison also provided onsite testing for any shelter exposed to COVID or with a positive participant immediately and 4-5 days after the initial exposure/positive case. 2) Guidance provided by our Health Department, our local health providers and the CDC was used by housing providers, Coordinated Entry (CE) and the CoC lead to ensure safety measures were implemented. CHN and the Health Department continue to go to shelters to provide guidance and ensure safety measures are implemented.

Shelters continue mask requirements, beds spacing of 6 feet, sanitizing, and COVID screenings. COVID surveys of positive or exposed participants are recorded in HMIS and CE staff are notified 24/7 to ensure no one is referred to shelter before their quarantine/isolation is complete. The CoC collaborates with local Emergency Departments (EDs) and the Health Department to identify homeless persons at the hospitals who need quarantine/isolation and communicate with CE. The CoC recently set up homeless isolation at a hotel and informed the Health Department and EDs of the referral process and criteria.

1D-5.	**Communicating Information to Homeless Service Providers.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	**safety measures;**
2.	**changing local restrictions; and**
3.	**vaccine implementation.**

(limit 2,000 characters)

1) The CoC immediately communicated with homeless service providers and set up multiple meetings with the County's Emergency Management System and Health Department to establish safety measures. On these meetings homeless providers were provided guidance on COVID safety measures. Homeless providers communicated with our CoC discussing difficulty retaining shelter staff, and the CoC lead applicant was awarded 2 ESG CARES grants to six homeless providers for hazard pay. 2) There were multiple times the CoC changed local restrictions. Shelters communicated quarantine cases in meetings and emails with CE staff 24/7 to ensure no one is referred to another shelter until their quarantine is complete. COVID Surveys are updated in HMIS based on new CDC guidance and given to providers and CE. Surveys are recorded in HMIS for all positive and exposed cases, so CE does not refer them to shelter. The lead applicant communicated with shelters, asking them to lift any barriers for participants and many shelters responded by lifting restrictions they had before the pandemic. 3) The CoC created a vaccine committee consisting of healthcare providers, the Dept. of Health, housing providers, and CoC members that proved a huge success in communication of vaccine information and implementation. During Vaccine Education Committee meetings, local healthcare experts and CoC leadership explain the requirements for homeless providers. Meetings are recorded and minutes sent out to all committee members for those unable to attend. Healthcare experts offer vaccine education on-site to reduce vaccine hesitancy. Donations of Vaccine incentive gift cards were collected and offered to reduce vaccine hesitancy. The CoC contacted shelters, public meals and day shelters to organize on-site vaccination education and vaccinations. This great effort and communication helped reduce vaccine hesitancy and increased vaccine rates of participants.

1D-6.	**Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.**	

NOFO Section VII.B.1.q.

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

Our CoC has connected with healthcare providers and our local Health Department through a Vaccine Education Committee meeting organized early in the COVID-19 pandemic by the CoC Lead staff that connects homeless providers with healthcare staff. Each week, the Health Department and healthcare providers brief the homeless providers on the most recent status of the COVID-19 pandemic from a national and local perspective. We discuss the most up-to-date information about who is eligible to receive the vaccine. Our meetings include question and answer and updates from healthcare providers who interpret where our providers fall in the local guidelines for vaccine rollout. From that, we collaborate to offer clinics as well as provide information about where and how to obtain vaccines for those staff and participants who are eligible. Our local healthcare providers have been extremely supportive in offering to either come to shelters with vaccine or to staff any vaccine clinics we organize in our community. We continue to discuss who is eligible to receive vaccine booster shots and when it is expected children 5-11 will be eligible for the vaccine in our local area. In addition, now that these connections have been made, providers have contact information for our Health Department and Healthcare for the Homeless liaison who reach out to experts in their agencies to answer pertinent questions pertaining to vaccine eligibility and concerns.

1D-7.	**Addressing Possible Increases in Domestic Violence.**	

NOFO Section VII.B.1.e.

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

Our CoC as well as the City of Erie, both supplied funds to our local city DV shelter for renovation, which provided extra shelter beds for DV survivors and families. The CoC also provided funding for hazard pay to both our City and County DV shelters. This funding retained DV staff that often had multiple tasks of a shelter worker, answering calls, DV counselor, case manager and resource coordinator. It also enticed hiring extra DV staff needed partly due to the increase in DV calls for assistance by providing additional pay. Our County DV shelter had a significant decrease in shelter numbers, but an increase in calls. Shelter counselors fielding these calls attended trainings, and also communicated to the CoC lead challenges that DV survivors faced to best address them. There were also DV trainings and webinars from HUD and other housing agencies that provided best practices for DV during the pandemic that were attended by DV providers, housing providers and Coordinated Entry (CE). The state Sheltering Task Force calls that CoC members attended on a regular basis specifically addressed the increase in domestic violence and protocol for DV survivors during the pandemic. CE staff also attended Sheltering Task force meetings because they were often the ones fielding the calls. All CE staff have

DV and Trauma-informed training to address any crisis, including calling the police on behalf of DV providers if necessary.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

Our CoC leaders acted immediately to communicate with our shelters and Coordinated Entry (CE) system to address and mitigate the risk of COVID-19 for persons experiencing homelessness. CoC Leadership wrote an Emergency Response Addendum to our CE Policies and Procedures. Our CoC implemented protocol and safety measures such as ‘shelter in place’ requirements and closing travel from outside of our county as required by our governor. To support this, persons were screened about travel outside the county when contacting our CE hotline. In addition, we asked all shelters to lift any bans for previous incidents, requesting staff do all in their power to encourage persons to remain where they were and reduce exits and shelter hopping. We added a COVID-19 survey in HMIS required by CE and all providers to determine persons’ exposure and current COVID-19 status prior to referral to shelters. HMIS is used to record COVID-19 positive cases as well as those exposed. CE staff are notified 24/7 to ensure no one who has tested positive or exposed is referred to another shelter before their quarantine/isolation is complete. We worked with healthcare emergency departments and our local Health Department to determine protocol for persons who reported they were staying at a shelter and were being tested for COVID-19 for quarantine and isolation to reduce the likelihood they would return to infect a congregate shelter. All persons must go through CE to be referred to any of our shelters. All resources were secured to assist with non-congregate, overflow shelter to ensure unsheltered population and those at high risk were safely placed in a hotel. Rooms were also available for persons who needed a place to self-quarantine awaiting COVID-19 test results. Our Governance Board approved a Vaccine Education Committee, and our CE Supervisor is a member of this group. CE staff worked with all exiting the hotel to offer permanent housing screening and placement.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/16/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	10/04/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

Our ranking and review process considered several specific needs/vulnerabilities such as performance measures (length of stay, exits to permanent housing, new or increased income), how applicants follow the housing first approach, fund utilization, monitoring findings, data quality (chronic homelessness and timeliness), how applicants coordinate and integrate with other mainstream resources, how applicants can assist clients to rapidly secure and maintain permanent housing, and did the applicants meet the local need of the community. Members of the Scoring Committee met with our Planning Grant staff and giving guidance on the Ranking and Scoring tool and process, to ensure they scored to criteria that projects served those with the highest needs and vulnerabilities. After initial scoring by the committee, they had a final meeting to ensure all projects were scored based on the criteria, as well as adjust any scores if projects did not address these needs and vulnerabilities. 2). All project applications were reviewed and ranked based on written applications as well as their HMIS data quality which targets performance measures in projects. They were scored based on the rating and ranking tool's questions that address specific needs/vulnerabilities listed above. There were considerations the scoring committee took back to the CoC because our Scoring Tool was mostly based on performance measures and did not take into consideration "intangibles". These include several providers who were in major staffing transitions and lost their executive director and program director. One provider also lost their project support staff. Our DV provider checked yes for Coordinated Entry, but then said all referrals would come from their DV shelter and TH program, when also our CoC HUD projects are required to serve the entire region and the most vulnerable. The Scoring Committee also score our DV Bonus application higher because currently our COC has no HUD DV projects.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1)The rating factors for our CoC all came from the HUD Rating and Ranking Tool. Due to time constraints on the HUD NOFA including the rating and

ranking tool, our CoC did not obtain feedback for rating factors from persons of different races over-represented in the homeless population. When the NOFA came out, our CoC was in the middle of addressing multiple projects due to the pandemic, which included Winter Shelter planning and a new hotel project for isolation of positive homeless individuals. In addition, the CoC's lead applicant manages the massive 28 million dollar Emergency Rental Assistance Program, and in late September, the Treasury required a report collecting large amount of data back to the beginning of the program. CoC provider staff and the CoC lead applicant worked many overtime hours to address the NOFA, but in our prioritization did not obtain rating factors from different races over-represented in the homeless population. 2) Our CoC reached out to persons of different races over-represented in the homeless the CoC listserv, which includes these persons, as well as through individual outreach. While we did include persons of different races (without lived experience) and persons with lived experience, persons of different races with lived experience and over-represented in our homeless population declined 3) Our Rated and Ranked projects did not specifically address how a project promotes racial equity, although some of the HUD rating factors may have addressed this. Our Scoring Committee provided feedback to improve our Ranking tool for next year, and this will include scoring specific racial equity/disparity measures.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1) Currently, our CoC has no set re-allocation protocol, and measures have been stalled to incorporate partly due to the pandemic and partly due having two low performing projects eliminated from our CoC in 2019. While both these providers had PSH projects which were direly needed in our CoC, the performance of these providers were sub-par, and we lost PSH beds in our community. Our remaining CoC RRH and PSH providers with HUD projects have all performed up to or above HUD standards, as well as scored well in our Rating and Ranking of projects, including this year's Renewal projects. Our CoC prioritized our CoC Bonus to have applicants applying for only PSH, which was communicated in our CoC Executive Committee meeting, and is a much greater need that RRH in our community at this time. 2) NO 3) Due to the high-performing subrecipients, there was no need to reallocate. 4) We did not have any low-performing or less needed projects this CoC competition year. 5) Our new reallocation process will be incorporated into our policies and procedures, distributed to the listserv, and posted on the CoC website. Additionally, the reallocation process and policies will be distributed with future award notices.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	No
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/10/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/15/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky Corporation

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1) Our CoC and HMIS Lead work closely with our Victim Service Provider (VSP) to support their participation in our CoC. The HMIS Lead has helped them in ensuring the comparable database they use is able to produce the reports they need for their funding. They have both HUD ESG as well as HHS RHY funding for one of their projects that is a Maternity Group Home. In discussions with the VSP leadership who were considering switching to another vendor due to support issues, the HMIS Lead reached out to the comparable database vendor they were considering inquiring about the ability for ESG and RHY reporting. She passed on information that this vendor was not able to produce the needed report for the RHY MGH reporting. The VSP is now working closely with the current and other comparable database vendors to ensure they meet all reporting requirements and find a vendor that offers better customer support. 2) Our HMIS Lead is supporting the VSP in moving the MGH project to their comparable database, although this has been a struggle for the VSP. They have had leadership turnover recently and are in the midst of replacing these positions. Our HMIS Lead also works with the HUD ESG and ESG-CV recipients who fund this agency to act as an intermediary and to ensure the data requirements are understood and the data is collected and reported in a timely manner. The VSP supports the HMIS Lead when data is requested for system reports such as the PIT and HIC.

2A-5.	**Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.**	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	231	53	178	100.00%
2. Safe Haven (SH) beds	10	0	10	100.00%
3. Transitional Housing (TH) beds	124	36	88	100.00%
4. Rapid Re-Housing (RRH) beds	182	0	182	100.00%
5. Permanent Supportive Housing	440	0	350	79.55%
6. Other Permanent Housing (OPH)	90	0	90	100.00%

2A-5a.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.**	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

Our HMIS Lead contracted with our HMIS vendor, Wellsky, to provide an import process for the HUD-VASH PSH clients. These were the only PSH participants that were not in our HMIS previously. This is currently being tested with the VA

Homeless Outreach team at our VA Medical Center in Erie and we anticipate that this will be available for our 2022 HIC and PIT reports. We have a very positive and collaborative relationship with this VA team, who also participates in our Coordinated Entry process, Master List meetings, and our PIT and HIC.

2A-5b.	**Bed Coverage Rate in Comparable Databases.**	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.**	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	No

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

1) We have identified the lack of affordable housing as a key risk factor for persons to become homeless for the first time. We identified this through Master List Meeting case conferencing and data analysis. During 2021, our CoC contracted with a vendor to create dashboards for our System Performance Measures to provide the local data we report in a format that our Data Committee as well as other stakeholders can view, comprehend, and analyze. First Time Homeless is one of the key measures we will gain more understanding of. Our Data Committee Chair resigned this year, and we hope to prioritize further analysis of this performance measure data once that position is filled. 2) Our CoC uses Coordinated Entry (CE) to assist all persons at risk of becoming homeless. CE staff identify consumers with a notice of eviction (court-ordered, formal landlord letter, or other written notice) through initial screening. CE staff refer these consumers to our rental assistance programs (non-COVID-related and COVID-related) for which they are eligible based on further screening. Most persons are referred to our Emergency Rental Assistance Program (ERA) which provides the most expedited application processing and most months funding of any of our Homeless Prevention programs. Since the ERA's program start in April 2021, over 3600 households in our CoC have received assistance. CE also offers contact information to consumers who believe they are experiencing housing discrimination from landlords, to legal-assistance agencies (Northwestern Legal Services, Fair Housing Law Project, etc.). CE staff assist consumers in obtaining an emergency shelter referral if they need immediate crisis housing. CE encourages consumers to communicate with mainstream service providers (MH BCM, D&A ICM, Peer Specialist, Psych Rehab, etc.) for systemic homelessness prevention. 3) The CoC governing body is responsible for overseeing this strategy.

2C-2.	**Length of Time Homeless–Strategy to Reduce.**	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	**your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
2.	**how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.**

(limit 2,000 characters)

1) Our CoC uses a multi-faceted approach to reduce the length of time individuals and families remain homeless. In addition to our Master List prioritization and Master List meetings, the CoC's RRH providers who have many more openings than PSH providers, are accepting and working with many individuals and families who met criteria for PSH on our VI-SPDAT assessment tool. The CoC Lead applicant who runs the Emergency Rental Assistance implemented screening for Security Deposit and 3 months forward rent into their application for those who became homeless due to income affected by the pandemic. The CoC worked with our PHA and Office of Children and Youth (OCY) for the Fostering Youth to Independence project to provide housing vouchers for homeless or nearly homeless youth. The CoC partnered with our Apartment Association who advertises for our housing programs in every monthly newsletter to landlords. In addition, the CoC sends emails to our landlord lists informing them of our housing programs. 2) Our CoC houses persons eligible for permanent housing based on a prioritized Master List and one criteria is identifying those with the longest wait time. We have a monthly meeting that includes shelter, outreach, and permanent housing providers as well as our HMIS, Coordinated Entry (CE) and CoC Lead staff to ensure the most effective case conferencing occurs before permanent housing openings are offered. The list prioritizes all who are chronically homeless and those with the longest homeless history. We also use Rapid-Rehousing (RRH) as a bridge for persons who qualify for PSH and the team believes may also stabilize or at least maintain in RRH until a PSH opening is available. This type of collaboration has helped us to identify and house persons in an expeditious and effective manner. 3) The CoC governing body is responsible for overseeing this strategy.

2C-3.	**Exits to Permanent Housing Destinations/Retention of Permanent Housing.**	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	**emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and**
2.	**permanent housing projects retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

1) During the pandemic, we have worked very hard with these project types to keep participants safe. In doing so, we have increased collaboration with and

among all housing providers, building a much stronger network of support for staff and leadership. This support has enabled our providers to increase the services offered to assist participants in identifying unique barriers to housing and meeting their needs. Challenges remain in finding landlords and safe, affordable rentals for our participants. To address this, we have increased marketing of our housing programs to landlords and a local Apartment Association. We also recruited a landlord who serves on our CoC Governing Board. 2) Our PSH providers work with participants to help them in stabilizing and identifying unique barriers to maintain housing. Our CoC emphasizes working with mainstream resources once specific needs are identified. Our largest PSH provider is also our Mental Health Lead and is very knowledgeable in referring for services needed. The CoC plans to work with all PSH providers in building a more comprehensive and cohesive moving on strategy. Although all providers currently work with participants to apply for Housing Vouchers when they are available, these are very rare in our community. Our CoC leadership has been unsuccessful in partnering with the PHA agencies in our area to prioritize vouchers for our participants who have stabilized in permanent housing. However, we have improved relationships through our partnership and involvement with the Fostering Youth to Independence Program, and an initial agreement by the PHA to partner with the CoC for applying for the Emergency Housing Vouchers (EHV) Unfortunately, our CoC was not awarded these EHV. We were also able to encourage one of our providers who utilizes housing vouchers for two projects to join our monthly Master List meetings.

2C-4.	**Returns to Homelessness–CoC's Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	**how your CoC identifies individuals and families who return to homelessness;**
2.	**your 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 your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.**

(limit 2,000 characters)

1) Our CoC identifies the persons who return to homelessness through the Master List meeting case conferencing and review of this measure in Stella. Our highest population who returned to homelessness are individuals in the 12 – 24 month timeframe. We discuss the challenges providers have identified for these persons and how a particular intervention may provide a more stable placement. Often, participants are facing mental health, addiction, or multiple issues that make stabilization a challenge. However, our team always seeks to house these persons in the best possible intervention when openings exist. 2) We seek to reduce the rate of additional returns to homelessness through case conferencing and review of each person's homeless history. Our Master List Meetings utilize HMIS to review all notes, project entries, contacts with Coordinated Entry (CE) and housing providers, and previous outcomes that have been documented. With the help of outreach, providers, and CE staff input, we are often able to gain a recent update to each person's status. This collaboration is very helpful in successfully housing each individual or household and reducing the likelihood of a return to homelessness. In addition, housing staff and CE staff reach out to persons on the Master List to attempt to fill in missing pieces of information when needed. This is a key strategy we will

be focusing on with our new Data Dashboards to gain more understanding of the root causes for this measure. 3) The CoC governing body is responsible for overseeing this strategy.

2C-5.	**Increasing Employment Cash Income-Strategy.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase employment income;**
2.	**how your 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 your CoC's strategy to increase income from employment.**

(limit 2,000 characters)

1) The CoC has identified poverty as a key factor for persons experiencing homelessness locally. This has been exceedingly compounded this year due to the pandemic. Our governor declared a disaster emergency throughout our state and closed businesses that were not life-sustaining to mitigate the spread of COVID-19. Many clients who worked at non-essential businesses began collecting unemployment. This unemployment income affected some clients' willingness to seek another job when the businesses reopened months later. Our homeless providers continued to work with clients to identify employment barriers and prepare for job opportunities. Providers assist clients with identifying job interests, completing job searches, preparing for interviews, acquiring childcare, obtaining appropriate attire, and transportation to and from interviews. Transportation and childcare were identified by persons with lived experience as key necessities for employment interview success. Coordinated Entry (CE) staff and housing providers also refer to PATH case managers who determine eligibility for referrals and services such as, employment, drug and alcohol treatment, Peer Support, and Blended Case Management. Several providers offer vocational rehabilitation assistance, financial literacy, budgeting, etc. Housing providers incorporate strategies to gain employment with participants in their service plans. 2) Housing providers report a strong partnership with 'Just in Time Staffing', an agency that offers our participants assistance with employment and employment services. Many housing providers give out bus tokens and passes to individuals for transportation to employment appointments. Some providers also work with job placement agencies that provide much needed transportation to and from places of employment for our participants without their own transportation. 3) The CoC governing body is responsible for overseeing this strategy.

2C-5a.	**Increasing Employment Cash Income–Workforce Development–Education–Training.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:
1.	**promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
2.	**is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.**

(limit 2,000 characters)

1) Our homeless providers work with mainstream employment resources to connect their clients with opportunities for employment. Homeless providers have formed partnerships with employers who seek our participants first when openings arise. In addition, fliers are placed at shelters with contact information for job placements agencies. In other cases, local businesses have relationships with homeless providers to permanently hire participants who are referred for temporary work. Housing case managers work with our job placement agencies to assist in their hiring of employees that have difficulty finding work due to lack of work history, a criminal record, bad credit, and disabilities. These job placement agencies also connect with local businesses willing to hire individuals who have these barriers to employment including the homeless population. 2) Our CoC providers offer case management services for clients facing any employment barriers. These case managers assist participants with the referral process to several vocational programs offered through the Office of Vocational Rehabilitation, Career Link, and the Department of Welfare who partner with local Colleges, GED programs and Tech schools. These agencies assess for workforce testing and preparedness, as well as offer financial assistance to the local vocational schools and colleges. One of our agencies has a strong alumni connection with successful graduates who want to give back. This agency connects new graduates with businesses affiliated with these alumni who partner to offer transportation and mentoring in the job placement. This is a critical connection for those with addiction and/or criminal history and bad credit who otherwise would not pass most employment screenings.

2C-5b.	**Increasing Non-employment Cash Income.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase non-employment cash income;**
2.	**your CoC's strategy to increase access to non-employment cash sources; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.**

(limit 2,000 characters)

1) Housing Providers refer to a local SOAR-certified program to assist with identifying eligibility for non-employment cash sources. SOAR case managers assist participants with disabilities in applying for Social Security and for cash assistance through the Department of Welfare's assistance programs (Temporary Assistance for Needy Families, General Assistance, Diversion Program, and Refugee Cash Assistance Program). Coordinated Entry (CE) staff and housing providers also refer to PATH case managers who determine eligibility for non-employment referrals and services. Providers and CE case managers incorporate strategies for participants in need of non-employment income into their service plans. The CoC monitors providers' impact on non-employment income. 2) Many CoC providers assist in helping individuals access services offered by the Social Security office and the Department of Welfare. CE staff and housing providers also refer to PATH case managers who determine eligibility for referrals and services, such as drug and alcohol treatment, Peer Support, and Blended Case Management. The CE provider for

our CoC is centrally located and has access to both bus lines and the LIFT service. Many providers give out bus tokens and passes to individuals to access services. 3) The CoC governing body is responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	No
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	No
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	No
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	No

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	No
2.	**PH-RRH or Joint TH/RRH Component**	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	462
2.	**Enter the number of survivors your CoC is currently serving:**	406
3.	**Unmet Need:**	56

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

The CoC keeps of Master List of all DV referrals to PSH and RRH projects as well as those seeking services for our CoC programs. This is the number of those seeking additional CoC projects and other housing services recorded in HMIS and a comparable data base but does not record DV survivors seeking services from projects outside HMIS (i.e. the Emergency Rental Assistance Program). These numbers as well as CoC RRH numbers indicate a need for increased RRH capacity 2) The data sources used are HMIS, a DV comparable Data base and our Master List which includes DV survivors seeking services.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Safenet

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	**Applicant Name**	Safenet
2.	**Rate of Housing Placement of DV Survivors–Percentage**	66.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	80.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 characters)

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

4A-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;**
2.	**prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;**
3.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

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

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

1) All SafeNet staff who work with adults or children – either residential, legal, non-residential are trained in Safety Planning. This training is refreshed on a regular basis. 2) Any SafeNet facility that provides services to adult survivors/victims would have a private room with a closed door to conduct an intake interview. 3) SafeNet always conducts interviews with only one member of a couple. A 2nd person would be directed to other service providers either DV or homeless housing service. 4) We work with survivors to have them identify what is safe for them as it relates to any assistance. this is an important part of safety planning for a survivor. 5) SafeNet facilities serving DV victims have bullet-proof glass on all 1st floor windows and reception areas. All residents are survivors of DV. Window locks and other safety devices are available to clients through our Legal services programs and nonresidential counseling. 6) SafeNet has provided Confidentiality for victims since we incorporated in 1972. All our residential service building are at non-published addresses. Our SafeNet Center has High security with a singular entrance.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

2) Protecting the safety of our clients and their children is SafeNet's high priority. For 47 years, we have been keenly aware of the potential danger that surrounds a victim when they leave their abuser. Our facilities are highly secure with bullet-proof glass on the windows. Not only residential clients but every client of SafeNet is asked to develop a safety plan that uses strategies that the survivor has used in the past to protect themselves and their children. SafeNet and PFACS have home safety devices that we can pass to clients to protect their doors and windows. Our DV counseling informs all clients about what the legal system can do to truly protect their safety.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

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

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

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

SafeNet and our incorporated legal services have offices at our Center. Legal service are staffed by in-house attorney, a para legal, 2 legal counselors and 4 part-time attorneys. Legal does divorce, custody, immigration, Protection from Abuse Orders, advocacy with Landlords, clearing of erroneous credit information or incorrect criminal history are offered to low-income victims without charge. As part of intake, victims are provided with DV education and assistance in developing their personal Safety Plan. As part of intake, victims are provided with screening which identifies history and need for employment income to reduce barriers. Referrals to St. Benedict Education Center will be made if this is the client's choice. Case management will assist the victim in developing an IESP (Individual Economic Safety Plan). SafeNet can offer the victims a choice of 2 evidenced based economic recovery programs: Allstate's Moving Ahead through Financial Empowerment and WoW (Wider Opportunities for Women that will help move the victim to Financial Stability. Referrals can be made to GECAC for employment and income programs. As part of intake,

victims are provided with screening which identifies history and need for physical and mental healthcare. Referrals will be made if this is client choice. As part of intake, victims are provided with screening which identifies history and need for drug, alcohol and other chemical healthcare. Referrals will be made if this is client choice to D&A services i.e. Gaudenzia. SafeNet will refer to ELR, Early learning Resources, who will provide eligible homeless victims with subsidized daycare. Safenet will assist with referrals to enable victims to comply with informational documentation avoiding jeopardizing safety. SafeNet can provide short-term or situational daycare. SafeNet has a full-time Children's Program director supervising interns, volunteers and part-time staff. Daycare is also assisted if the victim has an open case with OCY.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1)Safenet works with households to move into permanent housing, either market rate or subsidized, by identifying housing options or working with existing subsidized housing providers and providing the household with the rental assistance, housing relocation, domestic violence counseling, and stabilization services needed to prevent a return to homelessness due to finances or future domestic violence incidents. Safenet also refers to HUD RRH and PSH programs and is on every Master List meeting where we bring new DV referrals and review DV survivors on the list for rapid placement. All participants have their choose of apartments, from scattered sites to project housing if available. Our transitional program, Bridge House also provides a bridge to permanent housing when none is available. 2)SafeNet targets families and individuals who are victims of domestic violence using the "Housing First" model. The SafeNet shelter and housing is offered without preconditions and the services provided will be tailored to the needs of the household. Participants will not be screened out for assistance based on criteria that assumes to predict successful outcomes, such as income, employment, criminal history, mental health history, medical history or evidence of "motivation".3) Case management services and domestic violence services will be provided with consideration to trauma informed care, but not required to participate in any of our housing programs or shelter. In addition, SafeNet provides in house domestic violence

counseling by licensed counselors. Safenet's staff all attend regular trauma training and webinars, including updates on the DV protocol during the pandemic.4) Program participants will be provided individualized case management based on needs and goals for what they want from the program. All participants will be "driving their own bus", meaning they will chose the supports that are best for themselves and their families.Case managers consider individual's strengths when developing a service plan to offer service options, such as legal services, health care, vocational assistance, transportation, child care, and other forms of assistance.5)SafeNet has non-discrimination policies, and staff attend racial equity trainings and LBGTQ trainings regularly. Staff is also trained on cultural specific inclusivity and practices. 6)SafeNet provides regular groups, and prior to the pandemic conducted regular outings. Some of these groups and outings have been curtailed due to the pandemic but will resume when deemed safe.7)SafeNet offers parenting classes, parenting support groups and has child care on site.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	VI-SPDAT Individu...	11/12/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/12/2021
1E-2. Project Review and Selection Process	Yes	PA-605 Project Ra...	11/12/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	PA-605 Project Re...	11/12/2021
1E-5a. Public Posting–Projects Accepted	Yes	2021 Public Posti...	11/15/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: VI-SPDAT Individual, Family, TAY

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement PA-605

Attachment Details

Document Description: PA-605 Project Rating and Ranking Tool

Attachment Details

Document Description: PA-605 Project Reductions/Rejections

Attachment Details

Document Description: 2021 Public Posting Accepted Projects Priority Listing and Scoring

Attachment Details

Document Description:

Attachment Details

Document Description:

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. CoC Identification	09/22/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/12/2021
1E. Project Review/Ranking	11/12/2021
2A. HMIS Implementation	11/12/2021
2B. Point-in-Time (PIT) Count	11/10/2021
2C. System Performance	11/15/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	11/12/2021

3C. Serving Homeless Under Other Federal Statutes	11/12/2021
4A. DV Bonus Application	11/14/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

Modified With Additional CT HMIS Questions

Updated: 3-10-16

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

ORG CODE

Administration

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

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:**

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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:**

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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:**

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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	8+: an assessment for Permanent Supportive Housing/Housing First
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
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

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ADDITIONAL CT HMIS QUESTIONS

1. Number of adults in the household: _____

2. Number of children under the age of 18 in the household: _____

3. HIV / AIDS: ☐ **Y** ☐ N ☐ Refused

4. Has physical violence, threat of physical violence, or stalking by a spouse or intimate partner caused or contributed to your current homelessness? ☐ **Y** ☐ N ☐ Refused

5. Domestic violence victim/survivor: ☐ **Y** ☐ N ☐ Refused

   If Yes, when the experience occurred: ☐ Within the past three months ☐ 3-6 months ☐ 6 months to one year ☐ One year or more ☐ Doesn't Know ☐ Refused

6. Are you currently working with a case worker from DCF? ☐ **Y** ☐ N ☐ Refused

7. Have you slept on the streets/place not meant for human habitation or in a shelter in a state other than CT in the past 3 years? ☐ **Y** ☐ N ☐ Refused

8. Additional Intake / CAN Specific Notes (optional):

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

Modified With Additional CT HMIS Questions

Updated: 3-10-16

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Administration

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

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

PARENT 1

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

PARENT 2

☐ No second parent currently part of the household

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 EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

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Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family 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:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

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

SCORE:

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B. Risks

8. In the past six months, how many times have you or anyone in your family...

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 they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they 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:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ **Y** ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself 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:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them 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:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they 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:**

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C. Socialization & Daily Functioning

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

15. Do you or anyone in your family 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 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

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

17. Is everyone in your family 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:**

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

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

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

21. 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 or anyone in your family? ☐ **Y** ☐ N ☐ Refused

22. Does anyone in your family 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

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ N ☐ Refused

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

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24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	☐ **Y**	☐ N	☐ Refused	
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**				**SCORE:**
26. Has your family 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	
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**				**SCORE:**
28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?	☐ **Y**	☐ N	☐ N/A or Refused	
IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.				**SCORE:**
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	☐ **Y**	☐ N	☐ Refused	
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**				**SCORE:**
31. *YES OR NO:* Has your family's 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 or anyone in your family have experienced?	☐ **Y**	☐ N	☐ Refused	
IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**				**SCORE:**

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E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ **Y** ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ **Y** ☐ N ☐ Refused

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

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ **Y** ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ **Y** ☐ N ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? ☐ Y ☐ **N** ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ **Y** ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ **N** ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ **Y** ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ **Y** ☐ N ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ **Y** ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.** **SCORE:**

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Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/2
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
E. FAMILY UNIT	/4
GRAND TOTAL:	/22

RESULTS

Score:	Recommendation:
0-3	no housing intervention
4-8	an assessment for Rapid Re-Housing
9+	an assessment for Permanent Supportive Housing/Housing First

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 Morning/Afternoon/Evening/Night
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

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ADDITIONAL CT HMIS QUESTIONS

1. Number of adults in the household: _____

2. Number of children under the age of 18 in the household: _____

3. HIV / AIDS: ☐ **Y** ☐ N ☐ Refused

4. Has physical violence, threat of physical violence, or stalking by a spouse or intimate partner caused or contributed to your current homelessness? ☐ **Y** ☐ N ☐ Refused

5. Domestic violence victim/survivor: ☐ **Y** ☐ N ☐ Refused

   If Yes, when the experience occurred: ☐ Within the past three months ☐ 3-6 months ☐ 6 months to one year ☐ One year or more ☐ Doesn't Know ☐ Refused

6. Are you currently working with a case worker from DCF? ☐ **Y** ☐ N ☐ Refused

7. Have you slept on the streets/place not meant for human habitation or in a shelter in a state other than CT in the past 3 years? ☐ **Y** ☐ N ☐ Refused

8. Additional Intake / CAN Specific Notes (optional):

_____

_____

_____

_____

Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

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Eric Rice, PhD

COMMUNITY SOLUTIONS

CSH

USC SCHOOL OF SOCIAL WORK

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
- 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/

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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.

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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 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 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

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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:**

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ **Y**	☐ N	☐ Refused	
8. Were you ever incarcerated when younger than age 18?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.**				**SCORE:**
9. Does anybody force or trick you to do things that you do not want to do?	☐ **Y**	☐ N	☐ Refused	
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**				**SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ **Y**	☐ N	☐ Refused	
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused	
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.**				**SCORE:**
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**				**SCORE:**
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **SELF-CARE.**				**SCORE:**

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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:**

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22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

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

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

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

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

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

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

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

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

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

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/5
D. WELLNESS	/5
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

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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

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Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

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

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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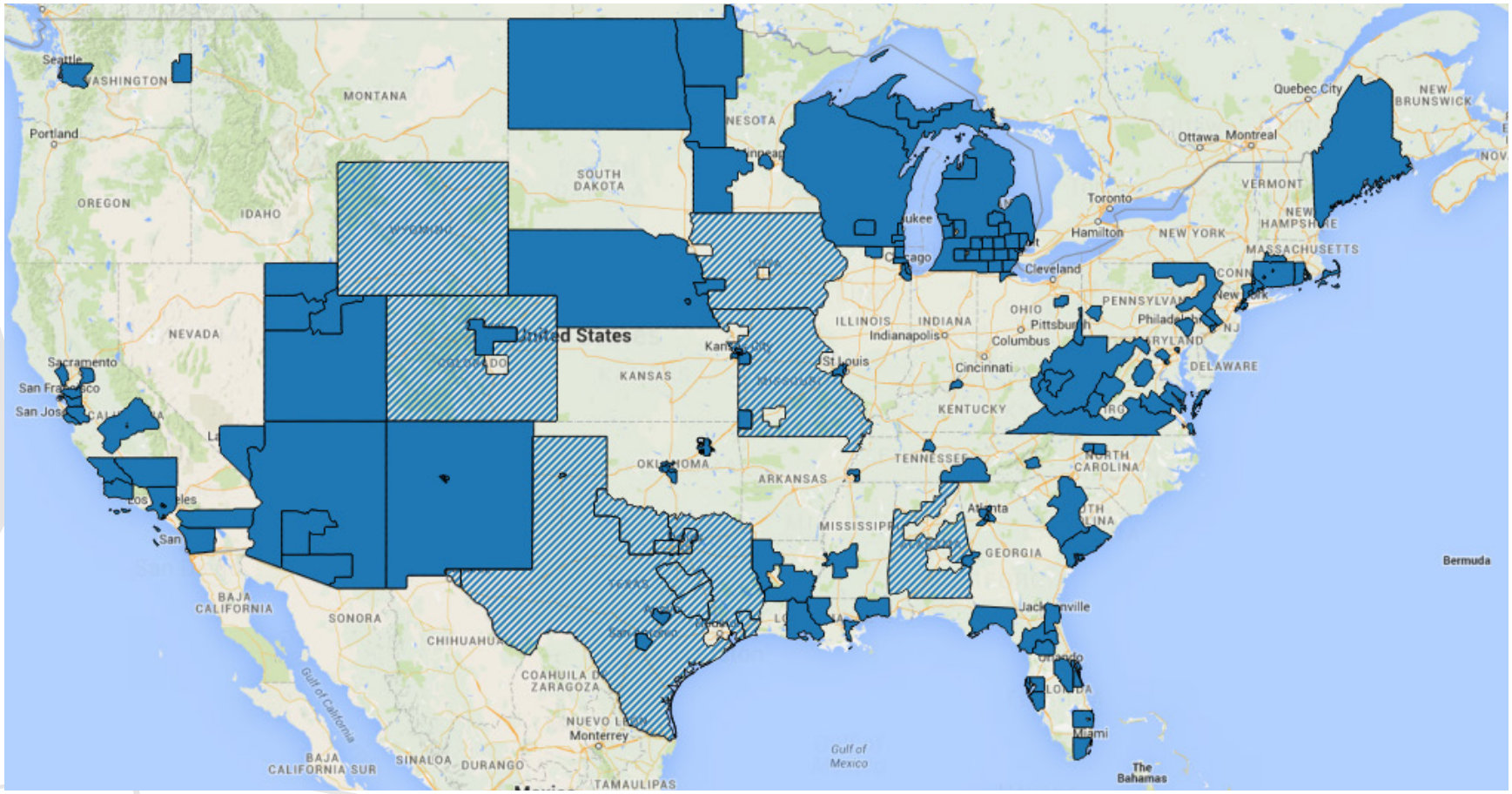
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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From: Trombacco, Kathy

To: Alyssa Truchanowicz; Amy Clabbatz; Andrea Sliva; Andy Dimperio; Ashley Franklin; Bailey Williams; Barbara Ann Lewis; Beatriz Torres; Betsy Wiest; Brad Whitman; Burke, Peter; Carl Hull; Carla Storrs; Chandra Slocum; Charles Barber; Chelsea Ellsworth; Chris Tombaugh; Clara Holden; Clark, Tyrone; Clifton McNair; Colleen Hammon; Thomas, Corinne; Craig Ulmer; Cris Taylor; Danielle Szklenski; Darrell Smith; Dave Deter; Dave Wooledge; David Gonzalez; Dawn Edwards (SDHP); Deb Bartle; Debbie Dillon; Debbie Smith; Deirdre Tate; Diana Ames; DiMattio, John; Donald Crenshaw; Dusti Dennis; Eddie Martin; Emily Goodwin; Pushic, Emily; Eric McGrath; Erin Burkett; Connelly, Judge Erin; Gail and Chris Detar; George Fickenworth; Georgia Del Freo; Gina Allison; Grace Kennedy; Jacqueline Williams; Jason Sargent; Jay Bowes; Jennie Hagerty; Jennifer Malone; Jerry Gill; Berdis, Joe; Joe Cancilla; Jonathan Kinnear; Joshua Jaeger ; Justin Corey; Karns, Shelby; Kate (Elspeth) Koehle; Kathy Howard; Kathy Hubbard; Kathy Marinock; Kathy Schaaf; Kathy Wyrosdick; Kennedy, Patricia; Kim Stucke; Kristie Rhoades; Kurt Crays; Lee Prindle; Lee, Gary; Linda (Lyons) King; Karle, Lisa; Liz McCormick; Lori Palisin; Luz Merchant; Major Colin DeVault; Margaret Simms; Margie Olszewski; Marissa Thomas; Mark Jasinski; Mary Gollmer; Johnson, Mary; Mary Louise Imbruglio; Matthew Good; Maureen Dunn; Lyon, Melissa; Michael Lindsay; Michael Wehrer; Michelle Swarm; Mike Jaruszewicz; Mindy Davis; Monica Stanford; Nancy J. Brown; Nate McGee; Neal Brokman; Nicole Johnson; Pat Herr; Pat Tracey; Patricia Lindeman; Patti Palotas; Perry Wood; Rebecca Frausel; Viszneki, Rebekah; Richard Novotny; Rita Scrimenti; Rush, Christine; Sandra Swanson; Saunders McLaurin; Schember, Joe; Sean O"Neill; Shannon Lofton; Sharee Letzelter; Sheila Sterrett; Sherry Braswell; Shirley Schell; Shona Eakin; Sister Phyllis Hilbert; Steve Westbrook; Sue Bennett; Tanya Smith; Terri Lash; Tim Hilton; Weidner, Tracey; Jacobs, Wendy; Yvonne Teed

Subject: FW: 2021 HUD CoC Program Competition is open

Date: Wednesday, September 15, 2021 11:27:14 AM

Attachments: 2021 CoC Bonus New Project PH-PSH Application.docx
2021 COC Bonus PH-PSH Expansion Application.docx
2021 DV Bonus New Project PH-RRH Application.docx
2021 DV Bonus New Project SSO-CE application.docx
CoCProgramInterimRule.pdf

Dear Home Team Members,

HUD has released the NOFA for the 2021 Continuum of Care (CoC) competition.

I will reach out to current HUD providers who plan on submitting a **renewal** project application for the 2021 HUD Continuum of Care (CoC) Competition by email. While renewal projects can be imported from the 2019 CoC Competition (HUD renewed all grants in a non-competitive competition in 2020 due to the pandemic), providers must submit the additional renewal application for performance updates, as well as Ranking and Scoring of applications. The application will be attached in the email

For **new** project applications for the 2021 competition, you may begin working on your project applications using the attached HUD CoC Bonus New Project PH-PSH, CoC Bonus PH-PHS Expansion, DV Bonus New Project PHJ-RRH and DV Bonus New Project SSO-CE applications. Erie County is able to apply for two types of new funding, CoC Bonus and DV Bonus. For the CoC Bonus money, we have up to $162,002. Based on the local need, the County will be the only one applying for the CoC bonus money to fill in the much needed gap of Permanent Supportive Housing (PSH) and current PSH providers may apply for expansion. Providers applying for a new PSH project would submit the attached CoC Bonus New Project PH-PSH application. Current PSH providers applying to expand their grant would just submit their Renewal application and the attached CoC PH-PHS Expansion application. This year HUD providers applying to expand their programs do not have to put in an additional Combined Renewal Expansion grant (as was the case in 2019). For the DV Bonus money we have up to $486,005 and projects requests must be at the minimum of $50,000. For the DV Bonus, we will only accept applications that have PH-RRH or SSO-CE as a project type. Providers applying for DV projects will submit the applicable attached DV New Project application. Based on our local needs, we **will not** accept the Joint TH-RRH project type. All Mew Project/Expansion CE and DV bonus applications will be emailed back to the County (Peter Burke,

pburke@eriecountypa.gov) no later than **5:00 PM on Friday, October 15, 2021.**

Included in this email , you will find the following:

1. Link to the 2021 HUD Notice of Funding Availability (NOFA) for your review; https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/
2. Link to 2021 Continuum of Care Competition Page for review: https://www.hud.gov/program_offices/comm_planning/coc/competition?utm_source=HUD+Exchange+Mailing+List&utm_campaign=8e5efe841c-FY_2021_CoC_Program_Comp_Now_Open_8_18_21&utm_medium=email&utm_term=0_f32b935a5f-8e5efe841c-19477797
3. Attached: 24 CFR Part 578- Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Final Rule (attached CoC Program Interim Rule 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 2021 attached New Project Applications:

1. Read the 2021 HUD CoC NOFA to make certain to understand all requirements (link above).
2. Fill in your new 2021 HUD CoC project application using the applicable 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 (see COC Program Interim Rule attachment. 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 2021 HUD CoC new application template (please use applicable 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.

Please understand that while you will see in the NOFA that the due date of the consolidated application is 11/16/2021, 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.

Peter Burke
Housing Program Director
Erie County MH/ID Office
154 W. 9th Street, 4th Floor
Erie, Pa 16501
Work phone - 814-451-6813
Cell Phone – 814-923-3985

Be counted. Together we shape the future of Erie County. **2020census.gov**

Resources | Erie Home Team
eriehometeam.org/resources/
Apps | Erie County, Pennsy... | Home Page Dashbo... | E-Snaps | e-snaps : CoC Progr... | Projects for Assista... | Sign in - PATH PDX | Secure Systems Ext... | Video Conferencing... | Sage: Log in | ITHELPDESK | Reading list

For questions or comments, please email Peter Burke, DHS Housing Program Director at pburke@eriecountypa.gov

DCED ESG-CV 2021 Round 2 Public Notice

By February 26, 2021, five Erie County providers, four Erie County Homeless Shelters and one Domestic Violence Shelter requested that Erie County Department of Human Services apply on their behalf for the DCED ESG-CV Round 2 grant for hazard pay for shelter workers. The funds will be used to give hazard pay to approximately 76 shelter staff working directly with homeless individuals and families during the pandemic. Listed below are the providers and the amount of funds requested.

Sub-Recipients Total Funds Requested:

1. Community of Caring – $29,808
2. Community Shelter Services – $51,030
3. Erie City Mission – $31,347
4. Erie United Methodist Alliance – $35,316
5. Safenet – $44,226

Total Funds Requested by Erie County DHS for the DCED ESG-CV Round 2 grant is $191,727

The CoC' Home Team Housing and Homeless Coalition approve to allow Erie County DHS to apply for the DCED ESG-CV Round 2 application the providers and the amounts requested above. For questions or comments, please email Peter Burke, DHS Housing Program Director at pburke@eriecountypa.gov

HUD 2021 Continuum of Care Competition Application

2021-HUD-CoC-NOFO-Announcement

2021 DV Bonus New Project PH-RRH Application

2021 CoC Bonus New Project PH-PSH Application

2021 DV Bonus New Project SSO-CE application

2021 COC Bonus PH-PSH Expansion Application

CoCProgramInterimRule

2020 HUD Continuum of Care Rating and Ranking Tools

2020 COC Renewal Project Application

2020 COC Renewal Project Application – scoring

2019 HUD Continuum of Care Application

2019 HUD NOFA Announcement for PA-605

2019 PH RRH and SSO CE DV Bonus Application

HUD CoC Program Interim Rule

2019 CoC Approved Consolidated Application

2019 Single Point in Time Count

2019 SPIT report – Final

Type here to search
63°F Sunny
9:06 AM
9/16/2021

HUD CoC Application

HUD has released the Notice of Funding Opportunity (NOFO) for the 2021 CoC competition.

Erie County (Peter Burke, Housing Program Director), the Lead Applicant will reach out to current HUD providers who plan on submitting a renewal applications for the 2021 Continuum of Care Competition by email for further instructions. For new project applications for the 2021 competition, you may begin working on your project applications using the attached HUD CoC Bonus PH-PSH, CoC Bonus Expansion PH-PSH, DV Bonus PH-RRH and DV Bonus SSO-CE Application (attached). Erie County is able to apply for two types of new funding, CoC Bonus and DV Bonus. For the CoC Bonus money, we have up to $162,002. Based on the local need, the County will be the only one applying for the CoC bonus money to fill in the much needed financial gap of Permanent Supportive Housing. New Project applications would submit a CoC New Project PH-PHS application. Current PSH providers applying to expand their grant would just submit their Renewal application and a CoC PH-PHS Expansion application. This year HUD providers applying to expand their programs do not have to put in an additional Combined Renewal Expansion grant (as was the case in 2019). For the DV Bonus, applicants can apply for a minimum of $50,000 and up to $486,005. For the DV Bonus, we will only accept applications that have PH-RRH or SSO-CE as a project type. Based on our local needs, we will not accept the Joint TH-RRH project type. New DV projects for PH-RRH will submit a DV Bonus New Project PH-RRH application and onus New Project SSO-CE application. All new/expansion project (CoC and DV bonus) applications will be due electronically back to the county (Peter Burke, pburke@eriecountypa.gov) no later than 5:00 PM on Friday, October 15th.

Included in this email, you will find the following:

1. Link to the **2021 HUD Notice of Funding Opportunity** (NOFO) for your review.
2. Attached: 24 CFR Part 578- Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Final Rule
3. Link to HUD required forms for each project you are applying for:
    1. **Form 2880** (pdf)
    2. **Form SF-LLL** (pdf)
    3. **Form 50070** (pdf)

Instructions for 2021 New/Expansion Project Applications

1. Read the **2021 HUD CoC NOFO** to make certain to understand all requirements.
2. Fill in your new/expansion 2021 HUD CoC project application using the applicable attached template and forward back to me via email. Read the instructions above each section carefully.

HUMAN SERVICES
- Children and Youth
- Drug and Alcohol Abuse
- Emergency Contact Information
- Housing and Homelessness
    - Coordinated Entry System
    - Homeless Management Information System (HMIS)
    - HUD CoC Application
    - Point In Time Count
    - Intellectual Disabilities and Autism
- Mental Health
- Resources

CONTACT INFORMATION

Department of Human Services

154 West Ninth Street
Erie, PA 16501

814-451-6000
hsinfo@eriecountypa.gov
Find us on Facebook
Departmental Directory

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: _____ Print Blank Template Print Report Card

Organization Name: _____

Project Type: _____ Renewal/Expansion Projects Rating Complete

Project Identifier: _____ Met all threshold requirements 0%

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED		MAX POINT VALUE
PERFORMANCE MEASURES					
Length of Stay					
Exits to Permanent Housing					
Returns to Homelessness					
New or Increased Income and Earned Income					
Performance Measures Subtotal			0	out of	**0**
SERVE HIGH NEED POPULATIONS					
Serve High Need Populations Subtotal			0	out of	**0**
PROJECT EFFECTIVENESS					
Project Effectiveness Subtotal			0	out of	**0**
EQUITY FACTORS					
Agency Leadership, Governance, and Policies					
Recipient Management & Leadership Positions	BIPOC, LGBTQIA+, etc representation		10	out of	10
Recipient Board of Directors	BIPOC, LGBTQIA+, etc representation		0	out of	10
Process for receiving & incorporating feedback	Process includes persons with lived experience		10	out of	10
Internal Policies and Procedures	Policies with equitable lense, no undue barriers		5	out of	10
Program Participant Outcomes					
Outcomes with an equity lens	Data disaggregated by race, ethnicity, etc.		10	out of	10
Program changes for equitable outcomes	Plan to create more equitable program outcomes		5	out of	10
HMIS data review with equity lens	Plan to review disaggregated data		10	out of	10
Equity Factors Subtotal			50	out of	**70**
OTHER AND LOCAL CRITERIA					
CoC Monitoring Score	Project is operating in conformance to CoC standards			out of	10
Other and Local Criteria Subtotal			0	out of	**10**
TOTAL SCORE			50	out of	**80**
Weighted Rating Score			63	out of	**100**

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: _____

Organization Name: _____

Project Type: _____

Project Identifier: _____

Print Blank Template

Met all threshold requirements

Print Report Card

Renewal/Expansion Projects Rating Complete

0%

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED	MAX POINT VALUE
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				**0%**

NEW PROJECTS RATING TOOL

Project Name: _____ Print Blank Template Print Report Card

Organization Name: _____

Project Type: _____ New Projects Rating Complete

Project Identifier: _____ Met all threshold requirements 0%

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
EXPERIENCE			
Experience Subtotal	0	out of	**0**
DESIGN OF HOUSING & SUPPORTIVE SERVICES			
A. Extent to which the applicant 1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits 5. 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	15
B. 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
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		out of	5
D. Project leverages housing resources with housing units not funded through the CoC or ESG programs.		out of	5
E. Project leverages health resources, including a partnership commitment with a healthcare organization.		out of	5
Design of Housing & Supportive Services Subtotal	0	out of	**35**
TIMELINESS			
Timeliness Subtotal	0	out of	**0**
FINANCIAL			
B. Audit			
Financial Subtotal	0	out of	**0**
PROJECT EFFECTIVENESS			
Project Effectiveness Subtotal	0	out of	**0**
EQUITY FACTORS			
Agency Leadership, Governance, and Policies			
Recipient has BIPOC individuals in managerial and leadership positions		out of	10
Recipient's board of directors includes representation from persons with lived experience		out of	10
Recipient has process for receiving and incorporating feedback from persons with lived experience		out of	10
Recipient has reviewed internal policies and procedures with an equity lens and has a plan for updating policies that currently center white dominant culture		out of	10
Program Participant Outcomes			
Recipient has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age		out of	10
Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes		out of	10
Recipient is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age		out of	10
Equity Factors Subtotal	0	out of	**70**
OTHER AND LOCAL CRITERIA			
Other and Local Criteria Subtotal	0	out of	**0**
TOTAL SCORE	**0**	out of	**105**
Weighted Rating Score		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		$ -

COUNTY OF ERIE
MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

11/12/2021

To Whom It May Concern,

Erie City and County CoC (PA-605) did not reduce or reject any project applications in the 2021 HUD CoC Competition.

Sincerely,

Peter Burke
Housing Program Director
Erie County Department of Human Service

154 W. Ninth St., Erie, PA 16501 | Phone: 814-451-6800 | Toll free: 877-288-2022
TTY: 814-451-6237 | Fax: 814-451-6868 | www.eriecountypa.gov

From:	McElhenny, Lisa
To:	Alyssa Truchanowicz; Amy Clabbatz; Andrea Sliva; Andy Dimperio; Ashley Franklin; Bailey Williams; Barbara Ann Lewis; Betsy Wiest; Brad Whitman; Burke, Peter; Carl Hull; Carla Storrs; Chandra Slocum; Charles Barber; Chelsea Ellsworth; Chris Tombaugh; Clara Holden; Clark, Tyrone; Clifton McNair; Colleen Hammon; Thomas, Corinne; Craig Ulmer; Cris Taylor; Danielle Szklenski; Darrell Smith; Dave Deter; Dave Wooledge; David Gonzalez; Dawn Edwards (SDHP); Deb Bartle; Debbie Dillon; Debbie Smith; Deirdre Tate; Diana Ames; DiMattio, John; Donald Crenshaw; Dusti Dennis; Eddie Martin; Emily Crofoot; Emily Goodwin; Pushic, Emily; Eric McGrath; Erica Jackson; Erin Burkett; Connelly, Judge Erin; Gail and Chris Detar; George Fickenworth; Georgia Del Freo; Gina Allison; Grace Kennedy; Jacqueline Williams; Jason Sargent; Jay Bowes; Jennie Hagerty; Jennifer Malone; Jerry Gill; Berdis, Joe; Joe Cancilla; Jonathan Kinnear; Joshua Jaeger ; Justin Corey; Karns, Shelby; Kate (Elspeth) Koehle; Kathy Howard; Kathy Marinock; Kathy Schaaf; Kathy Wyrosdick; Kennedy, Patricia; Kristie Rhoades; Kurt Crays; Lee Prindle; Lee, Gary; Linda (Lyons) King; Karle, Lisa; Liz McCormick; Lori Palisin; Luz Merchant; Major Colin DeVault; Margaret Simms; Margie Olszewski; Marissa Thomas; Mark Jasinski; Mary Gollmer; Johnson, Mary; Mary Louise Imbruglio; Matthew Good; Maureen Dunn; Lyon, Melissa; Michael Lindsay; Michael Wehrer; Michelle Swarm; Mike Jaruszewicz; Mindy Davis; Monica Stanford; Nancy J. Brown; Nate McGee; Neal Brokman; Pat Herr; Pat Tracey; Patricia Lindeman; Patti Palotas; Perry Wood; Rebecca Frausel; Viszneki, Rebekah; Regina Perry; Richard Novotny; Rita Scrimenti; Robyn Young; Rush, Christine; Sandra Swanson; Sara Naughton; Saunders McLaurin; Schember, Joe; Schoolcraft, Leatrice; Sean O"Neill; Shannon Lofton; Sharee Letzelter; Sheila Sterrett; Sherry Braswell; Shirley Schell; Shona Eakin; Sister Phyllis Hilbert; Steve Westbrook; Sue Bennett; Sue Kuligowski; Tanya Smith; Terri Lash; Tim Hilton; Weidner, Tracey; Jacobs, Wendy; Yvonne Teed
Cc:	Trombacco, Kathy; Anderson, Melissia
Subject:	HUD Priority Listing
Date:	Wednesday, November 10, 2021 2:09:55 PM
Attachments:	2021 HUD Priority Listing for Erie City and County CoC PA-605.pdf

Dear Home Team Members,

The ranking results for the 2021 HUD Continuum of Care Competition are now complete, attached and can be found posted on the Home Team and Erie County Website at the links below.

http://www.eriehometeam.org/resources/
https://eriecountypa.gov/departments/human-services/housing-and-homelessness/hud-coc-application/

Peter Burke
Housing Program Director
Erie County MH/ID Office
154 W. 9th Street, 4th Floor
Erie, Pa 16501
Work phone - 814-451-6813
Cell Phone – 814-923-3985

Resources | Erie Home Team
eriehometeam.org/resources/
Apps | Erie County, Pennsy... | Go back | Home Page Dashbo... | E-Snaps | e-snaps: CoC Progr... | Projects for Assista... | Sign in - PATH PDX | Secure Systems Ext... | Video Conferencing... | Sage: Log in | Reading list

2021 DV Bonus New Project SSO-CE application

2021 COC Bonus PH-PSH Expansion Application

CoCProgramInterimRule

2021 HUD Continuum of Care Rating and Ranking Tools

2021 Rating and Ranking New Projects

2021 Rating and Ranking Renewal PSH

2021 Rating and Ranking Renewal RRH

2021 COC New Project Application – scoring

2021 COC Renewal Project Application – scoring

2021 HUD Continuum of Care Priority Listing

2021 HUD Priority Listing for ERIE CITY & COUNTY CoC (PA-605

2020 HUD Continuum of Care Rating and Ranking Tools

2020 COC Renewal Project Application

2020 COC Renewal Project Application – scoring

2019 HUD Continuum of Care Application

2019 HUD NOFA Announcement for PA-605

2019 PH RRH and SSO CE DV Bonus Application

HUD CoC Program Interim Rule

2019 CoC Approved Consolidated Application

2019 Single Point in Time Count

2019 SPIT report – Final

2019 HUD Continuum of Care Rating and Ranking Tools

2019 Rating and Ranking New Projects

2019 Rating and Ranking Renewal PSH

2019 Rating and Ranking Renewal RRH

2019 COC New Project Application – scoring

2019 COC Renewal Project Application – scoring

2019 HUD Continuum of Care Priority Listing

Type here to search
54°F Sunny
12:52 PM
11/10/2021

HUD CoC Application

2021 HUD Continuum of Care Priority Listing

- **2021 HUD Priority Listing for Erie City and County CoC PA-605** (pdf)

HUD has released the Notice of Funding Opportunity (NOFO) for the 2021 CoC competition.

Erie County (Peter Burke, Housing Program Director), the Lead Applicant will reach out to current HUD providers who plan on submitting a renewal applications for the 2021 Continuum of Care Competition by email for further instructions. For new project applications for the 2021 competition, you may begin working on your project applications using the attached HUD CoC Bonus PH-PSH, CoC Bonus Expansion PH-PSH, DV Bonus PH-RRH and DV Bonus SSO-CE Application (attached). Erie County is able to apply for two types of new funding, CoC Bonus and DV Bonus. For the CoC Bonus money, we have up to $162,002. Based on the local need, the County will be the only one applying for the CoC bonus money to fill in the much needed financial gap of Permanent Supportive Housing. New Project applications would submit a CoC New Project PH-PHS application. Current PSH providers applying to expand their grant would just submit their Renewal application and a CoC PH-PHS Expansion application. This year HUD providers applying to expand their programs do not have to put in an additional Combined Renewal Expansion grant (as was the case in 2019). For the DV Bonus, applicants can apply for a minimum of $50,000 and up to $486,005. For the DV Bonus, we will only accept applications that have PH-RRH or SSO-CE as a project type. Based on our local needs, we will not accept the Joint TH-RRH project type. New DV projects for PH-RRH will submit a DV Bonus New Project PH-RRH application and onus New Project SSO-CE application. All new/expansion project (CoC and DV bonus) applications will be due electronically back to the county (Peter Burke, pburke@eriecountypa.gov) no later than 5:00 PM on Friday, October 15th.

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1. Link to the **2021 HUD Notice of Funding Opportunity** (NOFO) for your review.
2. Attached: 24 CFR Part 578- Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Final Rule
3. Link to HUD required forms for each project you are applying for:
    1. **Form 2880** (pdf)

Children and Youth

Drug and Alcohol Abuse

Emergency Contact Information

Coordinated Entry System

Homeless Management Information System (HMIS)

HUD CoC Application

Point In Time Count

Intellectual Disabilities and Autism

Mental Health

Resources

CONTACT INFORMATION

Department of Human Services

154 West Ninth Street
Erie, PA 16501

814-451-6000
hsinfo@eriecountypa.gov
Find us on Facebook
Departmental Directory

2021 Erie City and County Continuum of Care (PA-605 CoC) Priority Listing

Ranking	Project Type	Project Name	Amount	Tier	Status
1	HMIS	HMIS	$ 146,027.00	1	Renewal
2	SSO	Coordinated Entry	$ 12,000.00	1	Renewal
3	SSO	Coordinated Entry - Expansion	$ 133,121.00	1	Renewal
4	PSH	ECCM Self Start -Expansion	$ 161,000.00	1	New-Expansion
5	RRH	EUMA My Way Home	$ 606,930.00	1	Renewal
6	PSH	CSS Lighting the Candle	$ 276,881.00	1	Renewal
7	DV - RRH	Safe Net Moving Into Stability	$ 174,788.00	1	New -DV Bonus
8	PSH	Gaudenzia Fresh Start	$ 161,093.00	1	Renewal
9	PSH	CSS Lighting the Candle- Expansion	$ 155,361.00	1	New-Expansion
10	PSH	ECCM - Self Start	$ 787,449.00	1	Renewal
11	PSH	Gaudenzia Fresh Start - Expansion	$ 142,963.00	1	New-Expansion
12	RRH	ECCM - Rapid Rehousing	$ 172,934.00	1	Renewal

Renewals	$	2,296,435.00
New (Bonus)	$	634,112.00
Planning Grant (not ranked)	$	97,201.00
TOTAL HUD REQUEST	$	3.027,748.00

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: √ My Way Home (15)
Organization Name: Erie United Methodist Alliance
Project Type: RRH (General)
Project Identifier: 15

RATING FACTOR	PERFORMANCE GOAL		PERFORMANCE		POINTS AWARDED		MAX POINT VALUE
PERFORMANCE MEASURES							
Length of Stay							
Rapid Re-Housing	On average, participants are placed in housing 30 days after referral to RRH			days	20	out of	20
Exits to Permanent Housing							
Rapid Re-Housing	90% move to PH			%	14	out of	25
Returns to Homelessness							
New or Increased Income and Earned Income							
Earned income for project stayers	8%+ of participants with new or increased income			%	2.5	out of	2.5
Non-employment income for project stayers	10%+ of participants with new or increased income			%	0.0	out of	2.5
Earned income for project leavers	8%+ of participants with new or increased income			%	1.5	out of	2.5
Non-employment income for project leavers	10%+ of participants with new or increased income			%	2.0	out of	2.5
	Performance Measures Subtotal				40	out of	**55**
SERVE HIGH NEED POPULATIONS							
	Serve High Need Populations Subtotal				0	out of	**0**
PROJECT EFFECTIVENESS							
Housing First and/or Low Barrier Implementation	Commits to applying Housing First model				23	out of	25
	Project Effectiveness Subtotal				23	out of	**25**
EQUITY FACTORS							
Agency Leadership, Governance, and Policies							
Program Participant Outcomes							
	Equity Factors Subtotal				0	out of	**0**
OTHER AND LOCAL CRITERIA							
RRH (General) - RRH Data Quality	<10%				5	out of	5
RRH (General) - RRH - Application		0			10	out of	10
RRH (General) - RRH Fund Utilization		0			22.0	out of	25
RRH (General) - RRH Monitoring Findings		0			10	out of	10
RRH (General) - RH Data Quality, 90% entry/exits		0			12	out of	15
	Other and Local Criteria Subtotal				59	out of	**65**
	TOTAL SCORE				122	out of	**145**
	Weighted Rating Score				84	out of	**100**

PROJECT FINANCIAL INFORMATION

CoC funding requested	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$ 606,930
Amount of other public funding (federal, state, county, city)		
Amount of private funding		
TOTAL PROJECT COST		$ 606,930
CoC Amount Awarded Last Operating Year	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$ 593,898
CoC Amount Expended Last Operating Year	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$ 538,901
Percent of CoC funding expended last operating year		91%

RENEWALS

	Comm. Shelter Services - Lighting the Candle								ECCM Self Start								ECCM RRH								
	TOTAL	MV	LM	mj	dw	SS	DS	CH	TOTAL	MV	LM	mj	dw	SS	DS	CH	TOTAL	MV	LM	mj	dw	SS	DS	CH	
Length of Stay	**140**	20	20	20	20	20	20	20	**0**	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	0	out of 20
Exits to Perm Housing	**160**	23	23	22	23	22	25	22	**174**	25	25	24	25	25	25	25	**109**	14	15	13	19	20	14	14	out of 25
New or increased income and earned income	**0**	0	0	0	0	0	0	0	**17.5**	2.5	2.5	2.5	2.5	2.5	2.5	2.5	**17.5**	2.5	2.5	2.5	2.5	2.5	2.5	2.5	out of 2.5
	0	0	0	0	0	0	0	0	**17.5**	2.5	2.5	2.5	2.5	2.5	2.5	2.5	**17.5**	2.5	2.5	2.5	2.5	2.5	2.5	2.5	out of 2.5
	0	0	0	0	0	0	0	0	**17.5**	2.5	2.5	2.5	2.5	2.5	2.5	2.5	**0**	0	0	0	0	0	0	0	out of 2.5
	0	0	0	0	0	0	0	0	**17.5**	2.5	2.5	2.5	2.5	2.5	2.5	2.5	**0**	0	0	0	0	0	0	0	out of 2.5
Project Effectiveness	**163**	18	25	25	23	22	25	25	**155**	20	25	25	17	18	25	25	**155**	20	25	25	17	18	25	25	out of 25
Other/Local Criteria	**16.4**	2	2	3	2.4	2	3	2	**34**	5	5	5	5	5	5	4	**34**	5	5	5	5	5	5	4	out of 5
	37	7	0		6	9	8	7	**47**	8	8		9	8	6	8	**49**	8	8		9	8	7	9	out of 10
	151.4	22	23	20	21.4	20	22	23	**158**	22	23	22	24	21	23	23	**139**	23	25	10	24	21	16	20	out of 25
	70	10	10	10	10	10	10	10	**70**	10	10	10	10	10	10	10	**70**	10	10	10	10	10	10	10	out of 10
	105	15	15	15	15	15	15	15	**15**	0	0	0	0	0	0	15	**25**	4	0	2	0	1	3	15	out of 15
TOTAL	**842.8**	117	118	115	120.8	120	128	124	**723**	100	106	96	100	97	104	120	**616**	89	93	70	89	88	85	102	145

	Gaudenzia Fresh Start								EUMA My Way Home								
	TOTAL	MV	LM	mj	dw	SS	DS	CH	TOTAL	MV	LM	mj	dw	SS	DS	CH	
Length of Stay	**0**	0	0	0	0	0	0	0	**140**	20	20	20	20	20	20	20	out of 20
Exits to Perm Housing	**168**	25	25	25	25	25	18	25	**103**	14	15	13	19	14	14	14	out of 25
New or increased income and earned income	**17**	2.5	2	2.5	2.5	2.5	2.5	2.5	**17.5**	2.5	2.5	2.5	2.5	2.5	2.5	2.5	out of 2.5
	17.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	**0**	0	0	0	0	0	0	0	out of 2.5
	15	2.5	2.5	2.5	2.5	2.5	0	2.5	**8.5**	1.5	2	0	2	1.5	1.5	0	out of 2.5
	15	2.5	2.5	2.5	2.5	2.5	0	2.5	**10.4**	2	2	0	2.4	2	2	0	out of 2.5
Project Effectiveness	**137**	18	10	25	12	22	25	25	**173**	23	25	25	25	25	25	25	out of 25
Other/Local Criteria	**34**	5	5	5	5	5	5	4	**35**	5	5	5	5	5	5	5	out of 5
	45	9	5		6	9	7	9	**60**	10	10		10	10	10	10	out of 10
	163	24	25	24	16	25	24	25	**157**	22	23	21	24	21	23	23	out of 25
	65	10	10	10	10	7	10	8	**69**	10	10	10	10	9	10	10	out of 10
	100	15	15	15	15	15	15	10	**80**	12	10	10	12	10	11	15	out of 15
TOTAL	**776.5**	116	104.5	114	99	118	109	116	**853.4**	122	124.5	106.5	131.9	120	124	124.5	145

NEW PROJECTS RATING TOOL

Project Name: Self Start 1 - Expansion (29)
Organization Name: Erie County Care Management
Project Type: PSH (General)
Project Identifier: 29

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
EXPERIENCE			
A. 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.	14	out of	15
B. 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.	23	out of	25
C. 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.	23	out of	25
Experience Subtotal	60	out of	65
DESIGN OF HOUSING & SUPPORTIVE SERVICES			
A. Extent to which the applicant 1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits 5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.	18	out of	20
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	5	out of	5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	5	out of	5
Design of Housing & Supportive Services Subtotal	28	out of	30
TIMELINESS			
Timeliness Subtotal	0	out of	0
FINANCIAL			
B. Audit			
C. Documented match amount	0	out of	5
D. Budgeted costs are reasonable, allocable, and allowable	20	out of	20
Financial Subtotal	20	out of	25
PROJECT EFFECTIVENESS			
Project Effectiveness Subtotal	0	out of	0
EQUITY FACTORS			
Agency Leadership, Governance, and Policies			
Program Participant Outcomes			
Equity Factors Subtotal	0	out of	0
OTHER AND LOCAL CRITERIA			
Application Completion and Accuracy	22	out of	25
Other and Local Criteria Subtotal	22	out of	25
TOTAL SCORE	130	out of	145
Weighted Rating Score	90	out of	100

PROJECT FINANCIAL INFORMATION

CoC funding requested	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$ 162,002
Amount of other public funding (federal, state, county, city)		
Amount of private funding		
TOTAL PROJECT COST		$ 162,002

NEW PROJECTS RATING TOOL

Not showing the right factors? Make sure you've set up the project correctly on the LIST OF PROJECTS TO BE REVIEWED tab

Project Name: √ SafeNet Moving into Stability (30)
Organization Name: Safe Net Erie
Project Type: RRH (DV)
Project Identifier: 30

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
EXPERIENCE			
A. 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.	15	out of	15
B. 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.	15	out of	25
C. 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.	25	out of	25
Experience Subtotal	55	out of	65
DESIGN OF HOUSING & SUPPORTIVE SERVICES			
A. Extent to which the applicant 1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits 5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.	18	out of	20
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	3	out of	5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	5	out of	5
Design of Housing & Supportive Services Subtotal	26	out of	30
TIMELINESS			
Timeliness Subtotal	0	out of	0
FINANCIAL			
B. Audit			
C. Documented match amount	5	out of	5
D. Budgeted costs are reasonable, allocable, and allowable	20	out of	20
Financial Subtotal	25	out of	25
PROJECT EFFECTIVENESS			
Project Effectiveness Subtotal	0	out of	0
EQUITY FACTORS			
Agency Leadership, Governance, and Policies			
Program Participant Outcomes			
Equity Factors Subtotal	0	out of	0
OTHER AND LOCAL CRITERIA			
Application Completion and Accuracy	12	out of	25
Other and Local Criteria Subtotal	12	out of	25
TOTAL SCORE	118	out of	145
Weighted Rating Score	81	out of	100

PROJECT FINANCIAL INFORMATION

	NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab	
CoC funding requested		$ 182,259
Amount of other public funding (federal, state, county, city)		
Amount of private funding		
TOTAL PROJECT COST		$ 182,259

EXPANSION / DV BONUS

Comm. Shelter Services - Lighting the Candle Expansion

	TOTAL	MV	LM	mj	dw	SS	DS	CH	TOTAL	
	81	10	10	10	11.00	15	10	15		out of 15
Experience	**149.8**	20	20	25	20.80	16	23	25		out of 25
	128.2	15	20	18	17.20	15	18	25		out of 25
Design of	**99.2**	15	12.5	10	13.70	15	16	17		out of 20
Housing/Supportive	**25.8**	4	3	3	3.80	5	4	3		out of 5
Services	**24.6**	4	3	4	3.60	5	2	3		out of 5
Financial	**12.4**	2	0	0	1.40	5	0	4		out of 5
	109.4	20	10	15	15.40	20	12	17		out of 20
Other	**108.63**	23	12.5	NS	20.13	25	20	8		out of 25
TOTAL	**739.03**	113	91	85	107.03	121	105	117		145

ECCM - Self Start Expansion

	TOTAL	MV	LM	mj	dw	SS	DS	CH	TOTAL	
	101	14	15	15	15	15	12	15		out of 15
Experience	**161**	23	25	25	24	16	23	25		out of 25
	161	23	23	21	24	25	20	25		out of 25
Design of	**126**	18	20	15	20	20	18	15		out of 20
Housing/Supportive	**33**	5	5	5	5	5	4	4		out of 5
Services	**30**	5	5	5	5	5	2	3		out of 5
Financial	**5**	0	0	0	0	5	0	0		out of 5
	135	20	15	20	20	20	20	20		out of 20
Other	**132**	22	25		23	25	22	15		out of 25
TOTAL	**884**	130	133	106	136	136	121	122		145

Gaudenzia - Fresh Start Expansion

	TOTAL	MV	LM	mj	dw	SS	DS	CH	TOTAL	
	80	8	7	15	10	12	13	15		out of 15
Experience	**130**	20	12	18	18	14	23	25		out of 25
	108	15	12	18	15	18	15	15		out of 25
Design of	**103**	15	10	18	14	20	18	8		out of 20
Housing/Supportive	**28**	5	3	5	4	5	4	2		out of 5
Services	**25**	5	3	5	3	5	2	2		out of 5
Financial	**19**	2	0	0	4	5	4	4		out of 5
	119	20	10	20	17	20	15	17		out of 20
Other	**89.5**	12	12.5	12	14	12	13	14		out of 25
TOTAL	**701.5**	102	69.5	111	99	111	107	102		145

SafeNet Moving into Stability DV Bonus

	TOTAL	MV	LM	mj	dw	SS	DS	CH	TOTAL	
	103	15	15	15	15	15	13	15		out of 15
Experience	**99**	15	15	15	15	15	12	12		out of 25
	164	25	25	20	24	25	20	25		out of 25
Design of	**131**	18	20	18	19	20	18	18		out of 20
Housing/Supportive	**31**	3	5	5	5	5	4	4		out of 5
Services	**31**	5	5	5	4	5	3	4		out of 5
Financial	**34**	5	5	5	5	5	4	5		out of 5
	132	20	20	20	20	20	14	18		out of 20
Other	**84**	12	12	12	12	12	12	12		out of 25
TOTAL	**809**	118	122	115	119	122	100	113		145

From:	Burke, Peter
To:	"Katie Houpt"
Cc:	"Diane Lazette"
Subject:	2021 HUD CoC Ranking Results
Date:	Thursday, November 11, 2021 6:08:26 PM
Attachments:	2021 HUD Ranking and Scoring Letter CSS.pdf 2021 HUD Priority Listing for Erie City and County CoC PA-605.pdf

Community Shelter Services,
Please find attached your ranking and scoring results (attached Priority Listing) as well as your ranking and scoring letter.
Thank you.

Peter Burke
Housing Program Director
Erie County MH/ID Office
154 W. 9th Street, 4th Floor
Erie, Pa 16501
Work phone - 814-451-6813
Cell Phone – 814-923-3985

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COUNTY OF ERIE
MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

Ms. Katie Houpt
Community Shelter Services'
655 W. 16th Street
Erie, Pa 16502

Dear Ms. Houpt,

I am pleased to inform you that your 2021 renewal project expansion applications, Lighting the Candle I and Lighting the Candle I Expansion have been accepted for ranking on the Continuum of Care Priority Listing. The total request for these projects is $432,242. I have attached the Priority Listing to the email with this letter and the priority listing is also posted on the Home Team and Erie County Website.

If you have any questions, please contact me at 814-923-3985.

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human Services, ou=Burke, email=pburke@eriecountypa.gov, c=US
Date: 2021.11.11 18:00:50 -05'00'

Peter Burke
Housing Program Director
Erie County Department of Human Service

From:	Burke, Peter
To:	"Eric McGrath"
Cc:	Charlie Barber
Subject:	2021 HUD CoC Ranking Results
Date:	Thursday, November 11, 2021 10:42:56 AM
Attachments:	2021 HUD Ranking and Scoring Letter ECCM.pdf 2021 HUD Priority Listing for Erie City and County CoC PA-605.pdf

Eric,
Please find attached your ranking and scoring results (attached Priority Listing) as well as your ranking and scoring letter.
Thank you.

Peter Burke
Housing Program Director
Erie County MH/ID Office
154 W. 9th Street, 4th Floor
Erie, Pa 16501
Work phone - 814-451-6813
Cell Phone – 814-923-3985

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COUNTY OF ERIE
MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

Mr. Eric McGrath
Erie County Care Management
1640 Sassafras Street
Erie, Pa 16501

Dear Mr. McGrath,

I am pleased to inform you that your 2021 renewal project application, ECCM Rapid Rehousing and your renewal expansion project applications, Self-Start and Self Start Expansion project applications have been accepted for ranking on the Continuum of Care Priority Listing. The total request for these projects is $1,121,383. This amount does not include your Coordinated Entry and Coordinated Entry Expansion which are not ranked but are prioritized and are on the Priority Listing. I have attached the Priority Listing to the email with this letter and it is also posted on the Home Team and Erie County Website.

If you have any questions, please contact me at 814-923-3985.

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human Services, ou=Burke, email=pburke@eriecountypa.gov, c=US
Date: 2021.11.11 10:34:50 -05'00'

Peter Burke
Housing Program Director
Erie County Department of Human Service

From:	Burke, Peter
To:	"Kurt Crays"
Subject:	2021 HUD CoC Ranking Results
Date:	Thursday, November 11, 2021 6:17:51 PM
Attachments:	2021 Ranking and Scoring Letter EUMA.pdf 2021 HUD Priority Listing for Erie City and County CoC PA-605.pdf

EUMA,

Please find attached your ranking and scoring results (attached Priority Listing) as well as your ranking and scoring letter.

Thank you.

Peter Burke
Housing Program Director
Erie County MH/ID Office
154 W. 9th Street, 4th Floor
Erie, Pa 16501
Work phone - 814-451-6813
Cell Phone – 814-923-3985

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COUNTY OF ERIE
MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

Mr. Kurt Crays
Erie United Methodist Alliance
1033 E. 26th Street
Erie, Pa 16504

Dear Mr. Crays,
I am pleased to inform you that your 2021 renewal project application, My Way Home has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project is $606,930. I have attached the Priority Listing to the email with this letter and the priority listing is also posted on the Home Team and Erie County Website.

If you have any questions, please contact me at 814-923-3985.

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human Services, ou=Burke, email=pburke@eriecountypa.gov, c=US
Date: 2021.11.11 18:12:42 -05'00'

Peter Burke
Housing Program Director
Erie County Department of Human Service

From: Burke, Peter
To: "Jesse Hayward"
Subject: 2021 HUD CoC Ranking Results
Date: Thursday, November 11, 2021 10:59:03 AM
Attachments: 2021 Ranking and Scoring Letter Gaudenzia.pdf
2021 HUD Priority Listing for Erie City and County CoC PA-605.pdf

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Jesse,
Please find attached your ranking and scoring results (attached Priority Listing) as well as your ranking and scoring letter.
Thank you.

Peter Burke
Housing Program Director
Erie County MH/ID Office
154 W. 9th Street, 4th Floor
Erie, Pa 16501
Work phone - 814-451-6813
Cell Phone – 814-923-3985

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COUNTY OF ERIE
MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

Mr. Jesse Hayward
2005 W. 8th Street 16505
Erie, Pa 16501

Dear Mr. Hayward,
I am pleased to inform you that your 2021 renewal project expansion applications, Fresh Start and Fresh Start Expansion have been accepted for ranking on the Continuum of Care Priority Listing. The total request for these projects is $304,056. I have attached the Priority Listing to the email with this letter and the priority listing is also posted on the Home Team and Erie County Website.

If you have any questions, please contact me at 814-923-3985.

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human Services, ou=Burke, email=pburke@eriecountypa.gov, c=US
Date: 2021.11.11 10:50:25 -05'00'

Peter Burke
Housing Program Director
Erie County Department of Human Service

From: Burke, Peter
To: "Robyn Young"
Subject: 2021 HUC CoC Ranking Results
Date: Friday, November 12, 2021 11:58:04 AM
Attachments: 2021 HUD Priority Listing for Erie City and County CoC PA-605.pdf
2021 Ranking and Scoring Letter SafeNet.pdf

Please find attached your ranking and scoring results (attached Priority Listing) as well as your ranking and scoring letter.
Thank you.

Peter Burke
Housing Program Director
Erie County MH/ID Office
154 W. 9th Street, 4th Floor
Erie, Pa 16501
Work phone - 814-451-6813
Cell Phone – 814-923-3985

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COUNTY OF ERIE
MENTAL HEALTH/INTELLECTUAL DISABILITIES

Kathy Dahlkemper,
County Executive

John DiMattio,
Director

Ms. Robin Young
SafeNet
1702 French Street
Erie, Pa 16501

Dear Ms. Young,
I am pleased to inform you that your 2021 new project application, Moving into Stability has been accepted for ranking on the Continuum of Care Priority Listing. The total request for this project is $174,788. I have attached the Priority Listing to the email with this letter and the priority listing is also posted on the Home Team and Erie County Website.

If you have any questions, please contact me at 814-923-3985.

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human Services, ou=Burke, email=pburke@eriecountypa.gov, c=US
Date: 2021.11.12 11:53:18 -05'00'

Peter Burke
Housing Program Director
Erie County Department of Human Service