Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

1A-1. CoC Name and Number: NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

1A-2. Collaborative Applicant Name: Homeless Alliance of Western New York, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeless Alliance of Western New York, Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMS/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	No
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Faith Based Organizations	Yes	Yes	Yes
VA & Veteran Service providers	Yes	Yes	Yes
University Researchers	Yes	Yes	No

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

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

1.HAWNY staff and consultants lead focus groups, one-on-one interviews, monthly public meetings, and various committees/workgroups to solicit and consider opinions from a broad array of organizations and individuals. People with "lived experiences" are also included in the various focus groups and work groups. Our public meetings are held monthly in five different locations to solicit people's opinions in urban, suburban, and rural areas. CoC Lead staff also attend community meetings related to homeless youths in public schools and hospital discharge planning, as well as meetings for specific organizations, such as the Coalition Against Family Violence.
2. Email invitations of our public meeting are sent out to 880 subscribers. Anyone can subscribe and receive information through our Homeless Alliance of WNY website. Everyone is welcome to attend our public meeting, and is encouraged to provide feedback. The minutes and agenda are subsequently posted on our website.Feedback could also be provided through

info@wnyhomeless.org.
3. At monthly meetings, we discussed topics such as the CoC's system performance, strategies that we learned from conferences or best practices, etc. Feedbacks/ideas obtained at the meeting will be shared with various workgroups/committees to continue to develop and implement.
4. All our public meetings could be accessed through online portal--Go-To-Meeting. All meeting minutes and agenda are available online. All meetings are held in handicap accessible locations.

1B-2. Open Invitation for New Members.

Applicants must describe:
1. the invitation process;
2. how the CoC communicates the invitation process to solicit new members;
3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

Formal CoC membership recruitment are conducted by promoting at monthly meeting, an annual mailing invitation, social media and through email. Anyone can sign up through CoC lead agency website to join our email list to receive meeting information or become a member at any time. Monthly meetings are open to anyone in the community. We recruited people with lived experience in various focus groups and committees to gain their input and feedback. We post events and meeting info on our social media as well. We have 880 subscribers on our email listserv, 1811 people follow us on Facebook and 873 followers on Twitter.

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

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

(limit 2,000 characters)

1.Notifications of funding availability for new proposals & local application process(RFP) was publicized via email to a diverse listserv of 880 organizations, stakeholders and interested individuals residing within the CoC's 5 county geographic area. It is also posted on social media, the HAWNY web site, distributed through United Way email list & discussed at public meetings. We use the above methods continue publicized reminders and extended the deadline to 7/31/2019. HAWNY hosted a live streamed webinar on June 10th to explain the RFP to any interested party. HAWNY staff reached out to and met with any interested agency to provide information on eligibility, best practices models, community needs etc. throughout the year.
2. Projects that meet the thresholds will be reviewed by the Project Selection Committee. Thresholds including but not limited to: use Housing First, Committed to use HMIS and Coordinated Entry, document enough match. Project Selection Committee evaluates a project based on organization capacity to manage federal grants, ability to deliver proposed services using best practice models, cost reasonableness, previous program performance outcomes etc. Projects meet the thresholds and score the highest will be included in the Competition.
3. 6/5 original announcement, 6/17 through United Way mail list, 6/19 public meeting, 6/27 public meeting, 7/3 deadline extension email.
4. All the notifications and application are available online and accepted to be submitted through emails.
5 N/A

1C. Continuum of Care (CoC) Coordination

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Funding Collaboratives	No
Private Foundations	No
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	No
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

1. The CoC collaborated with all 5 ESG recipients. For local ESG recipients, we meet at least monthly to discuss funding and project planning activities. All ESG recipients work with the CoC regarding how they should allocate ESG funds. The City of Buffalo uses the CoC Project Selection Committee to review the ESG subrecipient applications and issued a RRH RFP that was reviewed at the same time as the CoC programs to ensure there would be no gap in service seeing we were reallocating a CoC funded RRH program. CoC staff sit in the project selection review for the remaining ESG recipients. All ESG recipients are part of the CoC Project Selection Committee to ensure coordination of funding. NYS Office of Temporary and Disability Assistance contacted CoC leads to before they release the 5 years STEHP grant which is a combination of State ESG and State dollars. New York State requires a letter of support from the CoC for any of their applicants.
2. ESG recipients and CoC worked together on creating and updating ESG program performance measures. Subrecipients's project performance are published on HAWNY's website quarterly. We also offer State ESG recipient quarterly report on County based performance. Performance data are used in the project selection process.
3. The CoC provides PIT, HIC, Monthly/Quarterly performance Reports, Annual Reports and other information to ESG recipients. The CoC assists with Consolidated Plans on the homeless strategy and resources sections.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. **Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.**	Yes to both
1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. **Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it**	Yes

can be addressed in Consolidated Plan updates.

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

Applicants must describe:
1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1. As clients identify themselves as survivors of domestic violence, dating violence, sexual assault or stalking at any coordinated entry (CE) access point, including CE hubs, shelters, or other partner service locations, survivors have the option to connect to a victim service provider. Victim service providers will immediately assess the need of the survivors and determine the most appropriate and safe placement that includes licensed DV shelter facilities, motels, non-DV shelters, or a friend/family's house. Housing needs will be determined after safety is secured. Clients will be provided with options for housing based on their eligibility. All clients are informed of their Emergency Transfer options. When a survivor elects to relocate after placement due to safety concerns, an Emergency Transfer Plan will be implemented to assist and prioritize the survivor to transfer to the next available unit they are eligible for.
2. Service providers will provide as many safe options as possible to meet the unique needs of the survivor. Survivors can be connected to Coordinated Entry (CE) through victim service providers as well as community access points. CE will only collect minimum information (e.g. CE assessment score, # of bedroom, disability status, and length of homelessness) to protect survivors' confidentiality. Survivors may choose the location they are placed to ensure safety. Victim service providers are connected to other shelters within the CoC's 5 county area as well as outside the CoC to ensure providing options to the survivors. Clients may also utilize services such as legal assistance, assistance with obtaining an order of protection, court advocacy accompaniment, and counseling/referral services. Many of these services are funded by DOJ or provided by community service providers who co-locate in Police Departments and Courts as well as rape and sexual assault programs.

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

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)

1.While CoC and the DV coalition used to take on the role on providing training to homeless service providers, this year, NYS started providing an annual DV training for the Department of Social service DV unit staff, shelter staff and coordinated entry staff. This training covers trauma-informed, survivor-centered practices, understanding of domestic violence, as well as local resources. The curriculum that CoC & victim services providers have developed has reduced to covers confidentiality and HMIS data entry options for non-DV providers, which will continue to be offered annually. Other DV-related trainings are provided through the DV coalition or DV providers and focus on topics like teen dating violence, LGBTQ & intimate partner violence, identifying the signs of trafficking & skills to earn trust and intervene, legal services for survivors, etc.
2. Coordinated Entry staff are trained in safety and trauma informed care. Resources are provided to all navigators to make sure survivors have the option to be linked to local victim services providers.

1C-3b. Domestic Violence–Community Need Data.

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

Annually, domestic violence and trafficking service providers provide Point-in-Time and annual numbers to CoC Lead Agency. It could be from a comparable database or an in-house database that the service providers use. We also use non-DV providers data collected in HMIS to determine if the need is being met with the community. The Division of Criminal Justice Services' information on domestic violence incident reports (DIR), DV hotlines, and other non-residential program were obtained for an annual estimation.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Town of Amherst	20.00%	Yes-HCV	No
Niagara Falls Housing Authority	25.00%	Yes-HCV	No

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

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference–if the CoC

only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

Town of Amherst HCVs are administered by Belmont. They set aside 225 vouchers for people who are currently homeless. Referrals come directly from shetlers and coordinated entry. They also administer the VASH voucher, which assists at risk or homeless veteran. The City of Buffalo vouchers are administered by Rental Assistance Corporation of Buffalo, with their Executive Director changed last year, we were able to work with the new ED and a MOU was signed in June 2019 with 25 set aside vouchers. These vouchers support our Moving on Initiative. Other efforts/success in engaging with PHA including: Buffalo Municipal Housing Authority(BMHA) administers non-elderly disabled vouchers and has been partnering with the CoC to accept referrals for people moving on from PSH, as well as TH/RRH since April, 2017. A formal MOU is under reviewed. BMHA is also amending their Admissions and Continued Occupancy Policy to include homeless preference in their housing units and into HCV. Niagara Falls Housing Authority, City of North Tonawanda has established homeless preference in their ACOP/Admin Plan for HCV.

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

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

Yes

If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

We actively engaged with multiple PHAs within the region to encourage set aside vouchers to support the Moving On Initiative. 25 vouchers was set assigned to support the moving on strategy from City of Buffalo PHA, which administered by Rental Assistance Corporation(RAC) in June 2019. July 2019, CSH provided a moving on training to all PSH providers to kick off our new partnership with RAC. CSH also provided guidance on engaging with multifamily units. HUD local rep and CoC lead will be hosting education session this winter. We are also engaging with state funded LIHTC projects to prioritize people experiencing homelessness. Currently 23 beds are committed to prioritize and these units come with State funded supportive services. It could not be used as moving on but can be prioritizing people who are currently homeless.

1C-5. Protecting Against Discrimination.

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

(limit 2,000 characters)

Trainings and workshops are provided to landlords, shelter residents, housing providers, soup kitchens by Fair Housing Agency (such as Belmont or Housing Opportunities Made Equal) and legal service agencies, both by request & through outreach by the fair housing agencies. Fair Housing Act requirements are in our CoC Written Standards and program Policies & Procedures are reviewed through monitoring to ensure fair housing practices are implemented. Translation services are available through the International Institute & language line. The Blind Association offers assistance to the visually impaired. Most providers have bilingual staff available. All clients are advised of their right to appeal an unsatisfactory declination of assistance in program policies and procedures. Client choice is respected in the preference of housing location. Anyone who feels they have been denied or housed unfairly has access to free legal services.There is a LGBTQ committee under the Homeless Coalition to address the needs of LGBTQ individuals and facilitate ongoing community dialogues. They advocate for clients with legal agency when discrimination occurs to ensure client have equal access to safe shelter or a hotel/motel, housing and services. Basic trainings were provided by community LGBTQ advocates. CoC organizes and provides in depth trainings annually to ensure CoC-wide anti-discrimination policy is fully implemented. CoC has approved including the Equal Access final rule in the CoC Written Standards and require all CPD funded agencies to include related language in their policy. We have discussed the requirements in our membership meetings. All the training materials/webinars developed by HUD/HUD TA are shared multiple times through our mail list. Our biennial monitoring include reviewing policy related to Equal Access Rule. All ESG and CoC funded agencies' policy have been reviewed and approved.

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

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

*1C-6. Criminalization of Homelessness.

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

1. Engaged/educated local policymakers:	X
2. Engaged/educated law enforcement:	X

3. Engaged/educated local business leaders:	X
4. Implemented communitywide plans:	
5. No strategies have been implemented:	
6. Other:(limit 50 characters)	

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

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

1.A no wrong door approach has been adopted across the entire CoC geographic area. Policies and Procedures for Coordinated Entry was created and posted online along with community-wide training in regard to access points, uniform referral process, standardized tool, prioritization, data entry requirements/options etc. Multiple convenient access points are located within the cities as well as in the rural communities to ensure accessibility within the entire CoC. 2.We conduct street outreach regularly to ensure people who are living on the street is being offer the same services as those who are able to come to the access points. Department of Social Services have language line that can assist people who are seeking shelter but do not speak English.We currently have printed marketing materials in both English and Spanish and is looking to expand to other languages.
3 New York is a Right to Shelter state, all eligible clients who seek shelter will be placed in a shelter/motel the day they request shelter. A short form can be conducted through any community access points. Once determine the person meets homeless criteria, CE lead will contact the client within 24 hours to schedule further assessment(VI-SPDAT) in order to prioritized people who are most in need for RRH/PSH. Based on need/availability, our current policy prioritized people who meet CH definition or have 6 months or longer homeless history with a VI of 10 into PSH. Anyone who do not meet above criteria will be prioritized in RRH based on their homeless history and score. For those who are in shelters and in need of housing, they will be assessed within 7 days (instead of 14 days due to short average length of stay) by shelter staff. Availability from housing projects are being communicate to CE lead and CE lead will follow the CE priority to select the client. Once selected, housing

providers will try to reach out to the client within 72 hours.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

1D-1. Discharge Planning Coordination.

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

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

1E. Local CoC Competition

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

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

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

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

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

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

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

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

1. During the project review process, we considered severity of needs and vulnerabilities such as # of disability and VI-SPDAT. Other factors such as clients' criminal histories,length of time homeless, severity of illness, income, and substance use are considered on an individual basis.
2. All CoC funded providers and other interested parties reviews the scoring matrix each year to ensure fairness across program types and revise the benchmarks/scoring tool annually. This also helps them understand how and where they can improve performance. Bonus points were applied to this year's local scoring: 80% of clients with 2+ disabilities for PSH (10 points) or 50% of client with 1+ disability for RRH/TH (10 points), % of households with 5 or more members top 20% (4 points), Average VI score top 25% (5 points). Projects also need to meet the following thresholds to be considered in the project selection process: use coordinated entry, use Housing First, and low barriers approach. In the local application, all renewal applicants could describe any challenges they faced and the lower scoring agencies interviewed with the Project Selection Committee for more information about their challenges. Although these may not affect the scoring/ranking, the Committee may make decision of whether to reallocate a program based on acceptable challenges that affects a program's performance such as program participants being in and out of jail during the housing search period, how a client's sobriety impacts their ability to meet with landlords, discharging a client due violent behavior like threatening staff or other participants' life. However, low performing projects will still be put on probation and receive technical assistance from CoC lead to achieve better outcomes. This year, we created new project review criteria for DV application to ensure proposed project align with DV population's need and outcomes.

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

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

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	X	1. Email	X
2. Mail		2. Mail	
3. Advertising in Local Newspaper(s)		3. Advertising in Local Newspaper(s)	
4. Advertising on Radio or Television		4. Advertising on Radio or Television	
5. Social Media (Twitter, Facebook, etc.)	X	5. Social Media (Twitter, Facebook, etc.)	X
6. Did Not Publicly Post Review and Ranking Process		6. Did Not Publicly Post CoC Consolidated Application	

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

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

Reallocation: 19%

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

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

1. In the past 6 years, CoC total reallocated 38% of its funding. The CoC Funding Guide clearly states the circumstances a program might be partially or fully reallocated, which could occur based on program's unspent fund, performance, out of compliance, high cost etc.. An independent Project Selection Committee review projects based on the criteria listed and decide if a program should be reallocated.
2. Yes, it is reviewed by CoC members and approved by the board annually.
3. The funding guide is publicly available on the CoC lead's website and is emailed to all applicants during the RFP process.
4. CoC/HMIS lead uses HMIS information to produce a performance score, which includes utilization rate, exit to PH, quickly housing clients, return to homelessness, increase income, HMIS data quality, serving harder to serve

clients, etc. We also collects program's self-reported unspent fund as well as unspent fund information from local HUD office. This process not only happen during NOFA, we review these information quarterly with the Project Selection Committee to either prevent program falling behind or to seek potential providers that could accommodate the need.
5. The Project Selection Committee reviews program's performance information that is prepared by the CoC/HMIS lead and meet with the bottom 3-5 programs to discuss program performance and challenges. e.g. during the quarterly review, Project Selection Committee may assist the program to look at their performance and create an action plan with them but if the program has no significant improvement at the final review, the committee will then reallocate the program. Decision may also be determined by the uniqueness of the program. E.g. if there is only one youth program available and there is no replacement application, we may not reallocate this program but instead continually assist the program to improve their performance.

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

1F-1 DV Bonus Projects.

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

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

1. PH-RRH	
2. Joint TH/RRH	X
3. SSO Coordinated Entry	X

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

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

Need Housing or Services	251.00
the CoC is Currently Serving	70.00

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

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

1.Number of people who identified as currently fleeing DV plus families who resided in a licensed DV sheltered who referred to the Coordinated Entry.
2.HMIS, comparable database as well as coordinated entry records.

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

DUNS Number	021911417
Applicant Name	Child & Family Services of Erie County

1F-3a. Addressing Coordinated Entry Inadequacy.

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

1.Currently, a No Wrong Door approach is being used for Coordinated entry for all population. Erie County Child and Family Services, as the only licensed DV shelter has been supportive and collaborative. They conduct assessment for residents who are in need of housing assistance within their shelter and make referral to CE lead. However, just based on HMIS records alone, only 95 out of 187 families who were identified as currently fleeing DV are assessed/referred to the Coordinated entry. 2. The proposed project will enhance our existing CE process by creating the opportunity for DV victims to be appropriately assessed and referred by a trained DV specialist. The proposed project will support a 0.25 FTE trained DV specialist to complete assessments and assist in managing the coordinated entry list for those experiencing DV.

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

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

Applicant Name	DUNS Number
Child & Family Se...	021911417

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

Applicant Capacity

DUNS Number:	021911417
Applicant Name:	Child & Family Services of Erie County
Rate of Housing Placement of DV Survivors–Percentage:	85.00%
Rate of Housing Retention of DV Survivors–Percentage:	85.00%

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

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

1. The above rate of housing placement of DV survivors is calculated by comparing the number of DV survivors who are placed in housing (TH, RRH, PSH etc) to all DV survivors who request and are assessed to be eligible for housing assistance. The Retention rate is calculated based on those who are successfully housed and either remain in housing or exit to PH. We expect this to be 85%.
2. Coordinated Entry record and comparable database--Apricot.

1F-4b. DV Survivor Housing.

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

The applicant is the only licensed DV shelter in Erie County. DV Residential Advocates begin working with Haven House's shelter residents on day 1 of their stay to identify their permanent housing goals and refer them to appropriate services and supports. With this proposed application, clients will be assessed and prioritized for housing based on their vulnerability. The applicant will be offered both choices--Transitional Housing and Rapid rehousing. There will not be a requirement to participate in both programs. Applicant adopts a person-centered approach, survivor empowerment as well as Housing first approach to ensure services will be provided tailor to client's need. Residential DV Advocates at Haven House assist residents in searching online for appropriate apartments, discuss what to look for when viewing apartments and questions to ask, and provide bus passes and directions for clients to get to and from apartment viewings. Program participants can also be referred to Haven House's Economic Empowerment Specialist for budgeting and credit rebuilding assistance, resume writing and job application assistance, and other financial education and assistance, to support residents in obtaining and sustaining permanent housing. Program participants work with Haven House's Economic Empowerment Specialist and can be referred to DSS for financial assistance.

1F-4c. DV Survivor Safety.

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

1.a) All project applicant staff are trained in completing safety plans with clients. They uses an empowerment-based model, and staff work with clients to tailor safety plans that work best for clients and their families. b) Project Applicant has private meeting space for clients to meet with the Residential DV Advocate and Economic Empowerment Specialist. Their other positions also maintain private offices, to allow for privacy and confidentiality for all clients receiving services. C) Project Applicant only serves victims of domestic violence. Therefore, individuals served are always seen without their partner or abuser. D) Utilizing an empowerment-based model, staff working with clients regarding permanent housing and housing options always follow the lead of the client and ask for client input with regards to location and types of housing that feel safest for the client. E) The proposed budget will allow a maintenance staff person on site, who handles most day-to-day needs and repairs and ensures the safety and upkeep of the facility. F) Project Applicant's location, including their offices, shelter, and transitional housing units, is kept confidential. All mailings are sent to a P.O. Box and all packages and other deliveries are sent to their corporate office. Any required visitors to Haven House are made to sign a confidentiality agreement before entering, and are only informed of the shelter on-site on a need to know basis.

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

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

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

1. Project applicant has been providing services to domestic violence survivors for 40 years. They provide trauma-informed, empowerment-based services, with their client's safety and choice at the center of their service provision. They train all staff in solution-focused trauma-informed service provision, and also train all staff during onboarding in being empowerment-based and victim-centered when working and interacting with clients.
2. A. When clients enter their residential programs, a domestic violence advocate meets with the client to discuss their goals, their housing preferences, and the housing assistance programs that may be available to them. Clients are then able to choose which options they would like to move forward with, and then receive support from their advocate in moving forward with their chosen plan.
B. In interactions with clients, staff assume that the client is the expert on their own situation and defer to the client's preferences and choices. This includes in meeting with advocates for support, which clients are encouraged but not required to do. Staff also make themselves available outside of their offices, frequenting client common areas, to decrease the feeling of power differentials.
C. Project Applicant offers a domestic violence and parenting after violence course, which also teaches clients about trauma and has a focus on resiliency and post-traumatic growth, as well as domestic violence support groups.
D. In all work that is done with clients, client strength and resiliency is identified and emphasized. Staff are trained in solution-focused trauma-informed care, which includes identifying strengths and past successes in clients to be able to reach identified goals and solutions.
E. They have a monthly in-service training series which addresses a multitude of topics, including those related to cultural competency, equal access, and non-discrimination. They serve all survivors regardless of gender. Their intake forms are designed to be LGBTQ friendly.
F&G. One such group offered is domestic violence education, which teaches clients about trauma and the impact of domestic violence on individuals and families. There are other groups such as an art empowerment group, a self-care group, and a domestic violence discussion group, all of which allow clients to interact in positive ways and create community in shelter. For parenting support, applicant offers a parenting group, daily childcare hours so that clients can attend groups and relax in shelter without their children, and they employ a Children's Counselor, who works with parents and children around parenting skills and the effects of domestic violence on children.

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

Applicants must describe how the project applicant met services needs

and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

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

(limit 2,000 characters)

Project applicant is a domestic violence services provider, providing both residential and non-residential services to domestic violence survivors and their dependent children. Haven House has been operating for 40 years, and, as a result, they have built strong community partnerships. They utilize a trauma-informed, empowerment-based service model, and the safety and choice of their clients is at the center of their services. Applicant's own court advocates provide legal advocacy for domestic violence survivors in Family Court, Integrated Domestic Violence Court, Felony Domestic Violence Court, and 16 justice courts. They also have partnerships with the other domestic violence service providers in Erie County, 5 of whom have legal advocates stationed at other courts not served by applicant. In addition, applicant refers clients to Volunteer Lawyer's Project and Neighborhood Legal Services for further legal assistance. Applicant employs a full-time Economic Empowerment Specialist, to work with domestic violence survivors around issues related to financial abuse and financial empowerment, including repairing credit, finding and obtaining employment, and enrolling in job training. They also assess client's health, mental health, and substance abuse treatment needs, and make referrals as appropriate. They also make community referrals for health, mental health, and substance abuse treatment as needed, discussing with clients referral options and allowing the client to choose a preferred referral based on their location, preferences, and needs. They are also able to refer clients for walk-in mental health services through a local hospital, ECMC.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

2A-1. HMIS Vendor Identification. Mediware

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

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

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

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	675	65	560	91.80%
Safe Haven (SH) beds	16	0	16	100.00%
Transitional Housing (TH) beds	285	60	210	93.33%
Rapid Re-Housing (RRH) beds	384	0	384	100.00%
Permanent Supportive Housing (PSH) beds	1,206	0	1,206	100.00%
Other Permanent Housing (OPH) beds	40	0	40	100.00%

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

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

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

Not Applicable

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

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

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

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)	04/26/2019

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).	01/23/2019
2B-2. PIT Count Data–HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).	04/26/2019

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

Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's sheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

Not Applicable

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

Applicants must select whether the CoC added or removed emergency shelter,	No

transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.

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

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's unsheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

We created a program through a collaboration with a local university to have junior-level social work students work with outreach volunteers in an undercovered area (Niagara County). They spent the fall semester doing homeless outreach and then served as the primary outreach labor for the region when the January PIT occurred. The previous time building relationships allowed them to find more unsheltered people during our Point in Time count in that region than we ever had previously and contribute to ¿ of the unsheltered PIT numbers.

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

Applicants must:

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

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

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

1. Our CoC collaborated with two of the regions' coalitions of direct service providers to create a Youth Taskforce who regularly met to plan a youth-specific point-in-time count. In order to discern how to best conduct point in time counts, the task force relied on the experience of the service providers within the organizations they represented and held focus groups of youth with lived experience. The task force included direct service providers of shelters, youth transitional housing, drop in centers, community centers, and other non-profits with a focus on youth. It met monthly until two months before the count when

the task force met biweekly. The CoC relied heavily on this committee in making decisions of how to conduct the count.
2. We used the research from the focus groups, Youth Task Force as well as the Youth Action Board to inform the youth count. Youth and task-force members informed the CoC of where we should look for homeless youth. They recommended community centers, bus stations, schools, parks, etc.
3. We relied upon youth focus groups and qualitative research conducted in the previous year that interviewed youth to identify potential places to reach out for youth and included them in the post-count service provider outreach. In the youth-specific count, we included youth in outreach activities and they went to some of the most high traffic areas (bus stations, parks, community centers) as well as volunteering for the magnet event.

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

Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:
1. individuals and families experiencing chronic homelessness;
2. families with children experiencing homelessness; and
3. Veterans experiencing homelessness.
(limit 2,000 characters)

1.We maintain a by-name list of all people experiencing chronic homelessness in the CoC, active and temporarily inactive; this is a group that has tallied single digits and we are confident all active clients were included. We include questions to all people we survey about the length of time homeless and, if they are willing to disclose, questions about their disability status.
2. New York State is a Right to Shelter state requiring shelter for all people. In our region, we find we have adequate shelter capacity. We survey all family-serving shelters and transitional housing projects including getting the numbers of families served in hotels and motels by all departments of social services in our Continuum of Care.
3. We maintain a by-name list of all veterans experiencing homelessness throughout the year and engage all participants of veteran services in the Point in Time count. The VA Healthcare for Homeless Veteran program explicitly goes out seeking veterans as part of our street canvas. All veteran-specific emergency shelter and GPD providers are on HMIS and veteran service providers engage in regular outreach to shelters to ensure all veterans are counted; we train street canvassers to pay particular attention to that information.

3A. Continuum of Care (CoC) System Performance

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

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

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	4,086

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

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

1. We collect reasons for homelessness and prior living situation at entry. Evictions 25%(court eviction:5%, evicted by primary tenant:12%, asked to leave by landlord without court eviction:8%,), non-DV family disputes (16%), releases from institutions (18%), mental/physical health issues (12%) and loss of job (9%) were the top 5 identified reasons for homelessness, which matches what we see as prior living situations(12% came from Jail/prison; 30% from double-up;9% from rental).
2.Local legal agencies have been assisting low income households to fight eviction, foreclosure, Housing code, & loss of Housing Choice Voucher by providing free assistance in housing court for over 25 years. They total assisted

978 cases in 2018. Dept. of Social Services(DSS) provides a wide range of services to prevent homelessness. In 2018, Erie County DSS assisted 950 cases on moving cost, 644 on storage cost, 3,720 on utility arrears, 3,632 for back rent, 120 for water shut-off, 739 for security agreement, 79 household establishments (furniture and household items), 86,954 households through Home Energy Assistance program, helping family to pay for utility bill (during cold winter days and hot summer days) and 748 cases of furnace repair. DSS also provide daycare to working family. This program served a monthly average of 4,685 children. Coordinated entry hubs are connected to employment programs, e.g. ACCES-VR, Ticket to Work (For SSI/SSDI recipients) and other supports, e.g. financial literacy, applying for benefits, parenting supports, education services to secure a GED or gain admittance to college. There are 19 beds recently awarded by the State plus additional 20 existing Critical Time Intervention(CTI) spots designated to homeless hospital frequent users. The County Department of Mental health also dedicated 15 new CTI slots to client coming out of long term substance use facilities to insure they do not fall into homelessness. 3. DSS and CoC Performance Review Committee

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

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	54

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

Applicants must:
1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1. We created landlord outreach for training/networking to 200 landlords who manage over 8,000 units with our services providers.We created a website for CoC providers to find vacant units and available apartments are being updated weekly. Shelter staff assist clients to look for housing and linked to public benefit/employment programs. Department of Social Services provide a security agreement that could use as security deposit if landlord is willing to accept. Part of the public assistance can be used to pay rent, which will directly go to the landlord. Dept. of Social Services monitors client length of stay at shelter and provides financial assistance (rent voucher, household startup, moving & storage, back rent/utility) to help clients exit shelter. All homeless programs are connected to the CoC Coordinated Entry and clients are being assessed by VI-SPDAT. Shelters can also make referral electronically connecting clients to the Single Point of Entry system for Department of Mental Health. The CoC reallocated all the low performing transitional housing and increased Rapid rehousing funding to meet the needs. All CoC and ESG funded projects are

utilizing the low barrier and Housing First Approach to ensure no client will be denied based on sobriety, credit history, income etc..
2. We prioritize housing to people with the longest homeless history through Coordinated Entry. We include HMIS recorded homeless time in our by name list and actively updating it. CE lead & outreach team also assist client document homeless history outside of HMIS.
3. Coordinated Entry Oversight Committee

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

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	41%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

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

Applicants must:
1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1. All emergency shelters, transitional housing and outreach are linked to Coordinated Entry. We encourage housing focus shelters and outreach programs. All clients in these programs are offered assistance to link to employment and public benefit. Resulting 43% of clients in these programs are linked to cash benefit/employment and 47% have non-cash income, which supports the client to obtain housing. Our Department of Social services requires clients to do 3 housing search a week. DSS and shelter staff also provide landlord listing to help clients look for affordable housing. Increased number of RRH and PSH play part in this measure as well. By reviewing our recidivism,which is fairly low as well, which makes us believe that our data,

especially the shelter exit data, does not reflect the true outcomes for our programs due to high number of client exited shelter without reporting their exit destination. We have been working with providers to improve data quality and exit interview, which resulting 2% of increase in this measure.
2. Coordinated Entry Oversight Committee.
3.PSH retention rate remains consistently high at 97%. We are trained by CHS on Moving on strategies and moving on assessment. We are in the process of working with HUD and the City's multifamily grantees and Public Housing Authorities to prioritize clients who are graduated out of our projects. The Outreach/Housing committee that meets twice a month to discuss any challenges that participant faces. Providers brainstorm strategies together and often team up multiple providers to provide helps to clients who needed additional attention.
4. Outreach/Housing Committee

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

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	9%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	15%

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

Applicants must:
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
(limit 2,000 characters)

1.Using HMIS data, we looked at age, race, gender, income, 1st exit destination, reason for homeless, individual providers, service pathway, household composition etc. However, we found that most factors don't have significant impacts on clients returning homelessness. Moving forward, we will be able to add VI-SPDAT as part of the consideration, but the current data looking at people who exited two years ago would not have a VI attached to them. There are three themes we think contributed to the cause. A) Unaccompanied minor (18 or younger) were more likely to come back at average of 39%(within 1 yr), which is the highest age group follow by 18-24 at 28% and 50-59 at 19%. B) Household without children is more likely to return compared to household with children(22% vs 8% excluded unaccompanied minor). C) People who exited shelter without additional assistance(21% return rate exiting rental without subsidy+family/friends vs 13% rental with subsidy).
2.We have been reallocating lower performing projects, all programs with a high

return rate in the past 2 years had been reallocated. We recognized that youth are more likely to return because the project is their safetynet. We have been allocating more resources to youth program and ensure client in the youth program receive wrap around services as well as assisting the family. In this year's application, we reallocated dollar to expand services with youth with TH/RRH programs. We have increased our RRH for single and PSH to meet the need of single adult. To support and prevent them to return to homeless. We also set up transfer policy for clients who are assisted by defunded program to access their needs and ensure they do not fall back to homelessness when assistance ends.
3. CoC CE oversight Committee

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

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	13%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	35%

3A-5a. Increasing Employment Income.

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

1.2.3. CoC has encouraged all programs to start the employment conversation with program participants as soon as they enroll into a program, especially for those who are assisted by Rapid Rehousing. We are reallocating RRH funds to a provider with higher employment outcomes, as well as allowing program to move funds into supportive service line to hire an employment specialist, which we see positive outcomes with programs who has one. CoC and members try to increase access to employment by recruiting employers, creating in-house employment/job training program, referring to training/education centers, signing up for temp agents, conducting soft skill training, and to remove potential barriers to employment, such as day care, transportation, phone, etc. CoC shared information with case managers on existing employment programs, such as Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR), which assist individuals with disabilities with vocational rehabilitation to reach their employment goal;Ticket To Work; YouthBuild; Mayor's Summer work program; Dress for success; Job fairs etc. A

workgroup has created called GoodWork!. Besides sharing employment program information, this workgroup also organize Peer Speak event to encourage participants' interests in employment and remove the stigma. The workgroup is currently applying to become an Individual Placement and Support(IPS) learning community member and to adopt this supported employment model for people with serious mental illness. Allowing program to increase service budget to support an employment specialist has seen success as well. 4. GoodWork! workgroup

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

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

All programs within the CoC are encouraged through points in our local application to have a SOAR trained staff. We use CoC Planning funds to help organize the local SOAR steering committee. All case managers are trained annually on mainstream cash benefits eligibility and application process, such as temporary assistance, TANF, . Clients are assisted in applying for these mainstream benefits. We monitor funded program outcome quarterly. Department of Social Services and Social Security Administration are very supportive of our communities. The Homeless Coalition hosts a DSS dialogue monthly to communicate updates on application, concerns from clients or case managers, confusion or any concerning matters regarding the services/cash benefits that DSS offers. Erie DSS is one of the pilot sites in NYS who signed up to test online interviewing function to increase access for non-employment cash income for people who are in treatment or with disabilities that prevent them to physically go to DSS. Representatives from the Office of Temporary and Disability Assistance, Social Security and SOAR trained staff meet quarterly to ensure SOAR trained staff are assisting eligible clients to apply for benefits and create partnership with hospitals to expedite the collection of medical records.
SOAR Steering Committee and Homeless Coalition DSS dialogue committee

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

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

1. Each local Department of Social Service(DSS) provides employment and

training programs. DSS works with a wide range of employers (in 2018, they have engaged 256 employers) and provide job fairs monthly. DSS also fund partner agencies to provide employment services to clients. Agencies utilized temp agencies. CoC partnered with other non-for-profit agencies, such as Cantalician Center who offers entry level jobs for people with disabilities, or do not speak English. Veteran One Stop works with GoodWill employment program, which is WIOA funded program that prioritized veteran in employment. 2. The CoC has formal partnerships with the WIOA funded programs. These programs facilitates relationships with private employers. Clients are referred to these agencies and assisted with resume building and job searching. We also have a formal MOU with Isaiah 61, which take referrals from the CoC agencies to assist client in job training. We encourage participants to enroll in NYS Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR), which assists individuals with disabilities to achieve and maintain employment and to support independent living through training, education, rehabilitation, and career development. We are applying to become Individual Placement and Support(IPS) learning community member and to adopt this supported employment model for people with serious mental illness who are resided in PSH. Agencies also refer clients to local adult training and education centers, churches, internship programs to assist clients gain volunteer/intern experience. As well as training that will allow participants to gain better income to be able to live independently. There are many education/employment agencies that providers have informal relationships with to assist clients to gain employment.

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

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

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	☐
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).	☐
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☐
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☐
5. The CoC works with organizations to create volunteer opportunities for program participants.	☐
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☐
7. Provider organizations within the CoC have incentives for employment.	☐
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☐

3A-6. System Performance Measures Data–HDX Submission Date

05/31/2019

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

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

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at:
https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

3B-1. Prioritizing Households with Children.

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

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

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

Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.
(limit 2,000 characters)

1.There is no unsheltered family and they are placed in shelter immediately when they become homeless. Average length of stay in shelter for household with children is 27 day. The avg. length from RRH entry to move in was 40 days in FY2016 and with increasing engaged landlords,and having a dedicated housing navigator the average of project entry date to move in date reduced to only 29 days in FY2018. A no wrong door policy allow all programs to connect to coordinated entry. There are 78 RRH slots dedicated to household with children and all utilizing low barrier and Housing First approaches. Case managers are trained on these two approaches in a practical way. Prioritization is based on household with highest vulnerability and length of time homeless. We use progressive engagement approach, which do not encourage households within certain range of score to wait for PSH to open up. They all are given choice to be referred to RRH unless there are availabilities in PSH program. Shelter staff are trained to be housing focus and actively assist families in searching for housing. Our Dept. of Social Services provides start-up household goods, security agreement, rent vouchers, landlord list and utility assistance.
2. Case managers meet with participants at least monthly to assist clients on gaining employment and other public benefits. As well as offering linkage to childcare, Headstart, counseling, budgeting. Service providers meet monthly to share knowledge of available services as well as discuss difficult cases and creative solutions. Case manager assist some clients get on subsidized housing waitlist as soon as they are enrolled in the program.The CoC lead is actively engaging with PHA to create a moving on strategy for families who are in need.
3.The Rapid Rehousing Committee, which includes CoC lead staff, shelter staff and all RRH grantees as members.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	X
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	X

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

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

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

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

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

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

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

Applicants must describe how the CoC increased availability of housing and services for:
1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)

1&2.Our region focused on expanding youth specific programs, diversifying our projects, and increased funding. We adding new projects such as joint TH/RRH for youth. FY18 we added at least 6 crisis transitional beds/30 RRH beds for highly vulnerable youth. This will help both sheltered/unsheltered youth quickly access safety. Several providers in our region applied for State funding and private grants for youth drop in centers to be located on property already owned by their agency. We applied for the YHDP in the past 3 years and were awarded in round 3 for Erie and Niagara Counties. CoC and City of Buffalo (ESG recipient) collaborated to fund a youth RRH program in 2017 - expanded in 2018. CoC also works with the Department of Social Services Youth bureau, which decides how to distribute funding from the State and the County, to ensure services are effective and align with the goal of ending youth homelessness. The International Institute works with trafficked youth & created a RRH program with DOJ & OVC funds. Our region has two youth-specific RHY-funded shelters, both of which takes referrals from DSS, child welfare, and schools. CoC lead agency participated in a partnership with Cornell University to create a business plan for a youth drop-in center to define the need and cost for any agency who decides they'd expand into this field. Our Youth Task Force is actively meeting and identifying needs and funding opportunities and hosting public awareness events on youth homelessness, supported by public officials. HUD TA has assisted all youth projects to be trained in implementing Housing First and low-barrier best practices to increase utilization of beds and reduce the length of stay. Providers are also trained on Positive Development and Trauma Informed Care approach. We identify all youth experiencing homelessness who have accessed coordinated entry. We track length of stay, VI scores, referrals, housing status, MIA status, demographics, etc. Youth are prioritized and referred through bi-weekly case conferencing. We use the youth-specific by-name list because it allows us to connect the most vulnerable youth with youth-specific housing quickly – outreach members know which youth have been referred and can offer the housing to the youth as soon as they make contact. Keeping youth on the by-name list for 90 days has allowed outreach to more consistently follow-up with clients who may have exited homelessness and refer them to mainstream resources as appropriate to prevent future homelessness episodes. Youth suspected of "couch-surfing" are also kept on the list for at least 90 days, since these youth often experience multiple episodes of homelessness and are more likely to become literally homeless. If housing is not able to be offered to youth, outreach still continues to engage the youth in order to identify alternative housing options such as family reunification.

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

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

1.Outreach now engages more youth, leading to an increase in the # of youth

on the byname list to 162, up from 150 last year. This year, 28 have been housed in youth RRH, and 17 youth are currently housed in youth RRH. Many more self-resolve or return to their families. Of the 645 youth (minor & TAY) who stayed at a shelter in the past year, 75% exited to safe housing. Of the 65 youth exits from RRH/PSH/TH, 80% exited to safe housing. Via training and TA, we have modified TH projects' policies to lower the entry barriers, strengthen program design and increase their capacity from 40% to consistently over 80%. Youth-specific RRH offers services to youth with higher VI scores and/ or disability to start with the lightest touch possible to get youth quickly housed without screening out the most vulnerable, as well as offering shorter term assistance to those with lower / moderate VI scores. In 2018, Compass House RRH has housed 28 clients; 14 of which have a disability. 2. We use several measurements to discern if our programs are successful. The ratio and number of youth who are housed vs those who are identified. We use CoC performance benchmarks such as quickly housed and maintain housing, increased income, exit to positive destination. To measure effectiveness of housing first and low barrier policies, we examine a program's utilization rate and successful referrals.We also look at reasons for leaving or being discharged from the program. This way we can ensure that those with the highest needs are being served through youth specific housing, and youth are being housed without preconditions & with low-barriers. 3. Our measures are effective for several reasons. First, the TAY-SPDAT provides predictive reliability and is effective at matching youth with different service needs to an appropriate housing intervention. We ensure interobserver reliability on the TAY-SPDAT by annually or as needed providing trainings to VI implementers to ensure fidelity to the instrument. Our CoC has operationalized what successes and failures mean on a systems level, allowing us to measure performance uniformly across several youth serving programs, and determine that success for us is that youth homelessness is brief and non-recurring. The data points we collect through the byname lists and HMIS, as well as input from our Youth Action Board, help us determine if our strategies are reducing homelessness among youth.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
a. youth education providers;
b. McKinney-Vento LEA or SEA; and
c. school districts; and

2. how the CoC collaborates with:
a. youth education providers;
b. McKinney-Vento Local LEA or SEA; and
c. school districts.
(limit 2,000 characters)

We have a formal partnership and MOU with Community Action Organization's (CAO) Head Start and Early Head start programs stating that homeless children and families are prioritized for Head Start and early Head Start services, and that CoC providers will educate their clients on the services offered by CAO. We actively collaborate with Buffalo (BPS) and Niagara Falls (NFCSD) city schools on youth homelessness, as documented with MOUs. McKinney-Vento liaisons

are part of our Youth Task Force and are invited to our CoC meetings. BPS created a Homeless Committee, focused on policy change of which the HAWNY E.D. is the co-chair.. HAWNY is a member of the BPS committee administering the Youth Risk Behavior Survey, including homeless questions to better understand homelessness. CoC lead has collaborative relationships with NFCSD administration for research and policy, including administering YRBS. Our youth shelters regularly communicate with LEA & SEA liaisons, conduct in-school trainings, and participate in staff development trainings. Trainings include how to identify potential unaccompanied youth & homeless families & what to do to connect them with resources if it is confirmed. All shelters have a staff person trained in McKinney Vento regs & communicate regularly with the schools to make accommodations for children's educational & transportation needs. BPS sends tutors into the family shelters to further help youth. The CoC lead has staff persons assigned to help coordinate these efforts.

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

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

The CoC written standards say "For projects that serve households with children, a staff person must be designated as the educational liaison that will ensure children are: 1.Enrolled in school 2.Connected to appropriate services in the community, including early childhood projects such as Head Start."

In addition, all shelters have policies and procedures that include informing individuals and families who become homeless of their eligibility for education services. This is a standard operating procedure that has been in place for years. NYTeach holds regular trainings of McKinney-Vento liaisons and provides resources for continued education on regulations.

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

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	Yes	No
Early Head Start	Yes	No
Child Care and Development Fund	Yes	No
Federal Home Visiting Program	No	Yes
Healthy Start	Yes	No
Public Pre-K	No	Yes

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

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

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

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

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

3B-2b. Housing First for Veterans.

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

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

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

1. People of different races or ethnicities are more likely to receive homeless assistance.	X
2. People of different races or ethnicities are less likely to receive homeless assistance.	X
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	
7. The CoC did not conduct a racial disparity assessment.	

3B-3a. Addressing Racial Disparities.

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

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

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

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

4A-1a. Mainstream Benefits.

Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.
(limit 2,000 characters)

1. Department of Social Services(DSS) staff provides training on application and eligibility annually through Homeless Coalition. This includes training on food stamps, SSI, TANF. DSS makes referral to substance abuse program when needed. Coalition members also have monthly discussion meeting with DSS staff to address any current issues, clarifying policy and eligibility etc. SOAR training is promoted and available to all providers.SOAR coordinator provides training bi-monthly related to applying for SSI and SSDI.
2. Three regional coalitions meet monthly to share existing and new programs available within the areas and provide training and networking events to learn about resources. The annual Project Homeless Connect event is not only an event for clients gain access to over 80 service providers, also is where service providers could learn about each other's services.
3. Representatives of various healthcare organizations are onsite at various homeless service providers locations, working hand in hand with providers, enrolling new clients in medical insurance programs or re-certifying clients to ensure coverage does not lapse. In addition, providers and healthcare organization representatives participate jointly in outreach events, assisting individuals with obtaining healthcare coverage and making referrals to needed services.
4.The CoC has a number of Health Homes. Health Home staff provide case management services to those eligible Medicaid recipients, linking individuals to a primary care physician, local hospital, pharmacy and basic navigation of the healthcare system. Health Home staff develop care plans with individual clients, identifying goals and barriers associated with their medical needs. In addition, Health Home staff provide assistance/referrals for wrap around services such as substance abuse counseling, housing issues, domestic violence counseling, to name a few.
5. Department of Social Services

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	27
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	27
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:

1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1.Street outreach is conducted daily by visiting populated locations throughout the city and stationed at certain locations, such as City of Buffalo's main transit hub and library. Outreach teams provide basic needs like hygiene products, food, and clothing as well as transportation and linkages to services like medical care, housing, shelters, benefits, and employment. Anyone who sees an unsheltered person can contact our outreach team who will then follow up wherever the unsheltered person is reported to be located. Outreach staff from different agencies meets twice a month to share/identify new locations/new clients found as well as keeping track of engaged clients.
2.Consistent street outreach only covers the higher population areas. Some rural areas are not covered due to funding restrictions. In addition to seek funding to expand outreach in these rural areas, we have facilitated increased communication and collaboration between community-based organizations serving individuals who may encounter individuals experiencing homelessness.
3.Daily outreach is conducted in both early morning and late-night hours during the week. Outreach partners with a local university each week to conduct joint outreach services to provide needed medical interventions. When the temperature is below 32, nightly outreach rounds are conducted to provide basic needs and offer transportation to available shelter for those who are residing in places not meant for human habitation.
4.Through bi-weekly case conferencing, individualized plans are made to assertively engage those deemed hardest to serve and those refusing assistance. Outreach puts persistent efforts in engaging with all unsheltered clients and offering housing to them. Outreach providers also work to build relationships with local law enforcement, businesses, and other service providers to specifically target individuals experiencing long term homelessness who may not otherwise access homeless specific services.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	420	384	-36

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

Applicants must indicate whether any new

project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.	
4A-6. Projects Serving Homeless under Other Federal Statutes. **Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.**	No

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
_FY 2019 CoC Competition Report (HDX Report)	Yes	NY508 Competition...	08/28/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No	NY409 admin plan-...	09/06/2019
1C-4. PHA Administrative Plan Homeless Preference.	No	1c-4 homeless pre...	08/28/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	Non-HMIS user ref...	08/28/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	p1-2 online posti...	09/06/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	rejection and red...	08/28/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	local rfp annouce...	08/29/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	announcement of l...	08/28/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No	MOU with local ed...	09/23/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	MOU with WIOA fun...	09/23/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparitie...	09/24/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No		
Other	No		

Other	No		

Attachment Details

Document Description: NY508 Competition Report

Attachment Details

Document Description: NY409 admin plan- set aside 25 HCV to support Moving On Inititive

Attachment Details

Document Description: 1c-4 homeless preference or set aside

Attachment Details

Document Description: Non-HMIS user referral form and 3 VI-SPDAT tools

Attachment Details

Document Description: p1-2 online posting, page 3-29 individual letter

Attachment Details

Document Description: rejection and reduction letters

Attachment Details

Document Description: local rfp annoucement and deadline

Attachment Details

Document Description: announcement of local competition

Attachment Details

Document Description:

Attachment Details

Document Description: MOU with local education, training organization and employer

Attachment Details

Document Description: MOU with WIOA funded programs

Attachment Details

Document Description: Racial Disparities and Homelessness in WNY

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. Identification	09/16/2019
1B. Engagement	09/16/2019
1C. Coordination	09/23/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/16/2019
1F. DV Bonus	09/23/2019
2A. HMIS Implementation	09/23/2019
2B. PIT Count	09/18/2019
3A. System Performance	09/23/2019
3B. Performance and Strategic Planning	09/18/2019
4A. Mainstream Benefits and Additional Policies	09/18/2019
4B. Attachments	Please Complete

Submission Summary	No Input Required

2019 HDX Competition Report

PIT Count Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	**962**	**925**	**957**	**924**
Emergency Shelter Total	524	565	672	646
Safe Haven Total	14	15	15	16
Transitional Housing Total	367	327	255	229
Total Sheltered Count	**905**	**907**	**942**	**891**
Total Unsheltered Count	**57**	**18**	**15**	**33**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**38**	**24**	**25**	**31**
Sheltered Count of Chronically Homeless Persons	23	21	25	28
Unsheltered Count of Chronically Homeless Persons	15	3	0	3

2019 HDX Competition Report

PIT Count Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**124**	**110**	**108**	**118**
Sheltered Count of Homeless Households with Children	124	110	108	118
Unsheltered Count of Homeless Households with Children	0	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**33**	**97**	**91**	**88**	**74**
Sheltered Count of Homeless Veterans	20	88	89	88	73
Unsheltered Count of Homeless Veterans	13	9	2	0	1

2019 HDX Competition Report

HIC Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**675**	**65**	**560**	**91.80%**
Safe Haven (SH) Beds	**16**	**0**	**16**	**100.00%**
Transitional Housing (TH) Beds	**285**	**60**	**210**	**93.33%**
Rapid Re-Housing (RRH) Beds	**384**	**0**	**384**	**100.00%**
Permanent Supportive Housing (PSH) Beds	**1206**	**0**	**1206**	**100.00%**
Other Permanent Housing (OPH) Beds	**40**	**0**	**40**	**100.00%**
Total Beds	2,606	125	2416	97.38%

2019 HDX Competition Report

HIC Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	186	219	281	363

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

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	32	100	98	78

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	165	396	420	384

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

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

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

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

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

Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2017	Revised FY 2017	FY 2018	Submitted FY 2017	Revised FY 2017	FY 2018	Difference	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	4528	4657	4803	37	37	39	2	19	20	20	0
1.2 Persons in ES, SH, and TH	4882	4987	5023	62	61	54	-7	23	23	22	-1

b. This measure is based on data element 3.17.

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

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

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2017	Revised FY 2017	FY 2018	Submitted FY 2017	Revised FY 2017	FY 2018	Difference	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	4563	4757	4894	90	91	102	11	26	29	31	2
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	4970	5091	5116	117	112	114	2	33	34	35	1

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2017	FY 2018	Revised FY 2017	FY 2018	% of Returns	Revised FY 2017	FY 2018	% of Returns	Revised FY 2017	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	104	147	8	18	12%	13	20	14%	12	13	9%	51	35%
Exit was from ES	1148	1184	101	114	10%	73	71	6%	83	91	8%	276	23%
Exit was from TH	216	198	17	7	4%	16	9	5%	15	15	8%	31	16%
Exit was from SH	4	3	2	1	33%	0	0	0%	1	1	33%	2	67%
Exit was from PH	499	316	20	19	6%	20	13	4%	21	10	3%	42	13%
TOTAL Returns to Homelessness	1971	1848	148	159	9%	122	113	6%	132	130	7%	402	22%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

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

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	925	957	32
Emergency Shelter Total	565	672	107
Safe Haven Total	15	15	0
Transitional Housing Total	327	255	-72
Total Sheltered Count	907	942	35
Unsheltered Count	18	15	-3

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	5049	5183	5218	35
Emergency Shelter Total	4627	4775	4959	184
Safe Haven Total	22	22	18	-4
Transitional Housing Total	608	595	407	-188

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

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	647	702	657	-45
Number of adults with increased earned income	50	60	53	-7
Percentage of adults who increased earned income	8%	9%	8%	-1%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	647	702	657	-45
Number of adults with increased non-employment cash income	254	240	315	75
Percentage of adults who increased non-employment cash income	39%	34%	48%	14%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	647	702	657	-45
Number of adults with increased total income	281	267	338	71
Percentage of adults who increased total income	43%	38%	51%	13%

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	343	379	439	60
Number of adults who exited with increased earned income	44	48	56	8
Percentage of adults who increased earned income	13%	13%	13%	0%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	343	379	439	60
Number of adults who exited with increased non-employment cash income	112	117	152	35
Percentage of adults who increased non-employment cash income	33%	31%	35%	4%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	343	379	439	60
Number of adults who exited with increased total income	148	155	189	34
Percentage of adults who increased total income	43%	41%	43%	2%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	4761	4745	4832	87
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	995	994	1136	142
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3766	3751	3696	-55

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	5261	5248	5434	186
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1176	1177	1348	171
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4085	4071	4086	15

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

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

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

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	356	352	325	-27
Of persons above, those who exited to temporary & some institutional destinations	20	21	20	-1
Of the persons above, those who exited to permanent housing destinations	183	186	205	19
% Successful exits	57%	59%	69%	10%

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

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	4705	4447	4820	373
Of the persons above, those who exited to permanent housing destinations	1851	1753	1959	206
% Successful exits	39%	39%	41%	2%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	1060	1084	1095	11
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1014	1047	1061	14
% Successful exits/retention	96%	97%	97%	0%

2019 HDX Competition Report

FY2018 - SysPM Data Quality

NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

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

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

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

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	483	538	596	651	426	389	336	259	1205	1232	1255	1460	54	165	396	417				
2. Number of HMIS Beds	387	442	488	590	337	334	328	221	802	818	865	1043	54	165	396	417				
3. HMIS Participation Rate from HIC (%)	80.12	82.16	81.88	90.63	79.11	85.86	97.62	85.33	66.56	66.40	68.92	71.44	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	3371	3880	4508	4718	675	617	599	412	913	968	1234	1198	903	1002	1329	1544	315	271	401	427
5. Total Leavers (HMIS)	3044	3507	4100	4306	387	348	460	254	141	185	223	249	677	483	720	973	210	212	268	286
6. Destination of Don't Know, Refused, or Missing (HMIS)	635	1163	1365	1354	28	36	40	27	4	11	5	8	63	25	46	113	35	58	97	73
7. Destination Error Rate (%)	20.86	33.16	33.29	31.44	7.24	10.34	8.70	10.63	2.84	5.95	2.24	3.21	9.31	5.18	6.39	11.61	16.67	27.36	36.19	25.52

2019 HDX Competition Report

Submission and Count Dates for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/23/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/26/2019	Yes
2019 HIC Count Submittal Date	4/26/2019	Yes
2018 System PM Submittal Date	5/31/2019	Yes

HOMELESS SET- ASIDE

In 1989, HUD's Buffalo Field Office began a "Homeless Initiative", which was intended to make housing assistance programs more responsive to the needs of families and individuals who had been identified by local agencies as homeless and able to live independently in a stable housing environment. Initially, this PHA reserved 50 vouchers for this initiative; currently there are 225 vouchers set aside for homeless applicants.

This addendum is intended to address those areas of program administration that may be handled differently than they are for regular vouchers. The changes or exceptions discoursed in this addendum apply only to the homeless set-aside units.

A. OUTREACH

Initially, program outreach was done primarily through direct contact with local agencies and shelters serving the homeless population. HUD organized the initial informational meetings and mailings, and the housing agency has conducted follow-up outreach since then.

Presently, applicant selection for this set-aside is conducted by a select group of homeless service providers including Salvation Army, Cornerstone Manor, City Mission, Matt Urban Center and others. Therefore, the PHA provides informational updates only to these agencies. The PHA continues marketing the program to other agencies that provide services to homeless families but includes in that marketing the fact that all applicants are now selected and referred by the select agencies. There are opportunities for other agencies to join the select group.

B. QUALIFYING AGENCY

The program design calls for applicants to be "linked" with a local service agency or shelter referred to as the "qualifying agency". There are two reasons for doing this:

> To ensure that clients receive the supportive services they require, to improve their ability to locate suitable housing, and to increase the likelihood that the client will be successful in their transition to permanent housing; and
>
> To ensure that set-aside units are made available to persons who are truly homeless. The qualifying agencies take on responsibility of interviewing applicants relative to their housing situation and then verify for the housing agency the applicants' homelessness.

The PHA does not waitlist homeless applicants but rather notifies the select agencies when homeless vouchers become available. The select agencies then refer an equal number of qualified families to the PHA for income eligibility determination. Homeless persons who contact the housing agency in hopes of receiving a set-aside voucher are referred to one of the select agencies for homeless services as well as transitional or temporary housing.

C. APPLICANT ELIGIBLITY & SELECTION

Homeless Determination

A few vouchers tend to "turn over" or become available each month for some other applicant's use. The PHA contacts the select agencies to let them know when and how many vouchers are available. The select agencies review their caseloads and identify qualified (homeless) clients. They refer clients to the PHA equal in number to the vouchers available. To qualify for assistance under this initiative, applicants must be homeless at the time of referral to the PHA.

A homeless family or individual is one who:

Lacks a fixed, regular and adequate nighttime residence; or

Has a primary nighttime residence that is:

A supervised publicly or privately operated shelter designed to provide temporary living accommodations; or

An institution that provides a temporary residence for individuals intended to be institutionalized ; or

A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

A homeless family may be one that is exiting a transitional housing program. Families meeting this criterion must contact one of the select agencies and request a referral to the PHA next time vouchers are available.

Income Determination

Upon receipt of referral, the PHA contacts the applicant, has them complete an application, and then gathers information and verification of household composition and income. Eligible applicants' income may not exceed the Section 8 very low income limit for their family size.

Program Eligibility Determination

Applicants who are determined to be homeless and income eligible are notified of their selection for the homeless program and directed to attend an orientation, during which they will receive their housing choice voucher.

Once issued a voucher the family has up to 120 days to locate suitable housing. Should the family fail to meet this deadline, the voucher expires and the family must reapply through the regular waitlist. They may not immediately receive another homeless voucher as they have already been given a chance for admission through this set-aside.

HUD - VETERANS ADMINISTRATION SUPPORTIVE HOUSING PROGRAM (VASH)

HUD -Veterans Administration Supportive Housing (HUD-VASH) Program is a national initiative of HUD and the VA. The goal of the HUD-VASH initiative is to show that appropriate health care and other supportive services combined with decent, safe, sanitary and affordable housing, can help homeless veterans with severe psychiatric or substance abuse disorders lead healthy productive lives in the community, and avoid becoming homeless. The initiative combines Section 8 rental vouchers provided by HUD with case management and clinical services provided by the VA at its medical centers.

In response to an application prepared in conjunction with the staff of the Health Care for Homeless Veterans Program at the Buffalo VA Medical Center, this PHA received FY'93 Section 8 funds for 25 VASH vouchers. Since then the inventory of VASH vouchers has increased to more than 300 vouchers.

This addendum identifies the areas of program administration that differ from the regular voucher program.

A. OUTREACH & ASSESSMENT

Staff of the local VA Medical Center identify veterans with psychiatric or substance abuse disorders, as well as those who may be at risk of homelessness. They accomplish this through their outreach efforts which include regular visits to area shelters, soup kitchens, and street locations where veterans tend to congregate.

After contact is established and a determination is made that the veteran is interested in participating in VASH, the individual is assessed, evaluated, and referred to the VAMC for medical and/or psychiatric treatment. If the individual is not yet on the Section 8 waiting list, the Belmont liaison places the veteran on the Erie County PHA Consortium WL.

B. ELIGLIBITY

With the exception of income eligibility and sex offender status (which the PHA determines), the VA determines a veteran's eligibility for the VASH program. In order to be eligible for rental assistance under this initiative, a veteran must:

- Be living in a shelter or on the street, or be in danger of homelessness when he/she is contacted by the VA staff;

The VA refers eligible veterans to the PHA for placement on the waiting list.

C. SELECTION & INCOME DETERMINATION

The PHA then extends a selection preference to homeless veterans, certified eligible by the VA Medical Center and referred to the PHA for the participation in VASH, in a number equal to the number of vouchers set aside and available for this purpose. Upon receipt of notification from the VA that an applicant is eligible for VASH, the PHA selects the applicant and begins the process of verifying income and allowable expenses. Prior to selection, the VA makes sure that the applicant has received the services necessary to stabilize his/her medical and psychiatric condition.

There is a good deal of coordination and cooperation between the PHA and VA during this stage of the process. The case manager from the VA is instrumental in collecting the necessary documents and certifications. They help the applicant to stay focused on the process; meeting deadlines and following through with tasks. The case manager usually accompanies the applicant during visits to the PHA's office.

D. VOUCHER ISSUANCE AND HOUSING SEARCH

Once the applicant has been determined income-eligible by the PHA, he/she attends an orientation and a voucher is issued. The initial term of the voucher is 120 days. The PHA and the VA both provide housing search assistance to the voucher holder during this period. Once a week, the PHA provides updated available unit listings to the VA case manager, who reviews them with their client. The case manager often arranges for the transportation (if necessary) so that the voucher-holder can see the apartment and meet the landlord.

The PHA and the VA will make every reasonable accommodation to help the VASH participants find suitable housing during the 120 day search period.

If Section 8 assistance for a participant under this initiative is terminated, the rental assistance will be re-issued to another eligible veteran.

E. TERMINATION OF ASSISTANCE.

Participants in VASH are advised prior to entering the program that their continued receipt of Section 8 assistance is dependent upon their compliance with their VA service plan. This includes being drug free. If the VAMC staff determines that a VASH participant is using illegal drugs and is not actively participating in a rehabilitation program, the participant's Section 8 assistance may be terminated.

The PHA will not terminate the assistance of a VASH participant without prior written notice to the participant and VA Case Manager. The PHA will seek to resolve problems that arise by meeting and discussing the situation with the involved parties. Termination will occur only after all other options have been exhausted.

F. DEATH OF VASH PARTICIPANT.

If the eligible veteran dies while being assisted through the VASH Program, the remaining member(s) of the assisted household shall retain the VASH voucher.

If the VASH Program is fully utilized and the VA refers a new veteran for admission to the Program, the PHA may issue the remaining member(s) of the deceased veteran's household a regular voucher, assuming there is one available. Given the scarcity of regular vouchers and the extremely long wait for those vouchers, the PHA prefers that the remaining member(s) keep the VASH voucher for as long as possible.

FAMILY UNIFICATION PROGRAM (FUP)

The Family Unification Program (FUP) is a program under which Housing Choice Vouchers (HCVs) are provided to two different populations:

1. Families for whom the lack of adequate housing is a primary factor in:
   a. The imminent placement of the family's child or children in out-of-home care, or
   b. The delay in the discharge of the child or children to the family from out-of-home care.
   There is no time limitation on FUP family vouchers.

2. For a period not to exceed 36 months, otherwise eligible youths who have attained at least 18 years and not more than 24 years of age and who have left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act, and is homeless or is at risk of becoming homeless at age 16 or older.

PHAs administer the FUP in partnership with Public Child Welfare Agencies (PCWAs) who are responsible for referring FUP families and youths to the PHA for determination of eligibility for rental assistance. Once the PCWA makes the referral the PHA places the FUP applicant on its waiting list, determines whether the family or youth meets HCV program eligibility requirements, and conducts all other processes relating to voucher issuance and administration.

In addition to rental assistance, supportive services must be provided by the PCWA to FUP youths for the entire 18 months in which the youth participates in the program; examples of the skills targeted by these services include money management skills, job preparation, educational counseling, and proper nutrition and meal preparation.

At the time this Plan went to print, the FUP-FSS Demonstration Program related to youths aging out of foster care was still in the planning stage. This PHA plans to participate in that demonstration and will write the necessary policies and procedures as it moves toward implementation.

A. OUTREACH

Since entrance into this program is through ECDSS and Child Protective Services (CPS), the PHA's outreach has been targeted to caseworkers in those agencies. Caseworkers received program fact sheets when funds originally became available, and will continue to receive periodic reminders during the life of the program.

ECDSS, as the public child welfare agency (PCWA), is solely responsible for outreach to potential participants. With the advent of the FUP/FSS Demonstration for youth aging out of foster care in 2017, additional outreach will be targeted to the subject population. ECDSS also determines preliminary eligibility for FUP.

Program guidelines do not require that the PHA screen its waiting list for youth or families that may be eligible for FUP.

B. PRELIMINARY SELECTION

Select staff at ECDSS submits referrals to the FUP committee on behalf of client-families and youths who appear to be eligible for the assistance offered through this program. The referral form requires a brief description of the potential participant's circumstances relative to the imminent placement or return of children, previous discharge from foster care, inadequate housing, domestic violence, services being rendered to the family, and any other significant factors contributing to the potential participant's current situation. The FUP committee reviews these submissions, contacts the staff member making the referral (if additional information or clarification is needed), determines if the family or youth meets HUD-prescribed eligibility criteria, selects those who meet the criteria, and passes those referrals on to the PHA for income verification and Section 8 eligibility determination.

When the PHA receives the referrals from the FUP committee, a search of the Section 8 client database is conducted to determine if any of the families have previously been assisted through any Section 8 Program. The PHA reserves the right to deny admission to FUP to any previously-assisted family that was terminated from any Section 8 Program for good cause. This denial of admission will be in effect for at least 12 months from the date of the previous termination. Furthermore, if the family owes money to any PHA, that debt must be paid in full prior to admission to FUP.

C. ELIGIBILITY (and DEFINITIONS)

A FUP-eligible **family** is defined as a family that the PCWA has certified as a family for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care, or in the delay of discharge of a child, or children, to the family from out-of-home care, and that the PHA subsequently determines is eligible to receive a Section 8 HCV.

A FUP-eligible **youth** is defined as a youth that the PCWA has certified to be at least 18 years old and not more than 24 years old (has not yet reached his/her 25th birthday) who left foster care at age 16 or older and who does not have adequate housing, and that the PHA subsequently determined is eligible to receive a Section 8 HCV.

Lack of adequate housing means a family or youth is:

- Living in substandard or dilapidated housing;
- Homeless;
- In imminent danger of losing their housing;
- Displaced by domestic violence
- Living in an overcrowded unit; or
- Living in housing not accessible to the family's disabled child or children, or to the youth, due to the nature of the disability.

Substandard housing is defined as housing that :

- Is dilapidated;
- Does not have operable indoor plumbing;
- Does not have a usable flush toilet inside the unit for the exclusive use of the family or youth;
- Does not have a usable bathtub or shower inside the unit for the exclusive use of the family or youth;
- Does not have electricity, or has inadequate or unsafe electrical service;
- Does not have a safe or adequate source of heat;
- Should, but does not, have a kitchen; or
- Has been declared unfit for habitation by an agency or unit of government.

Dilapidated housing means:

- The housing doesn't provide safe and adequate shelter, and in its present condition endangers the health, safety and well-being of the family or youth;
- The housing has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding.

The defects may result from original construction, continued neglect, lack of repair or serious damage to the structure.

A **homeless** family includes any person (including a youth) or family that:

- Lacks a fixed, regular and adequate nighttime residence, and
- Has a primary nighttime residence that is:
    - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing);
    - An institution that provides a temporary residence for persons intending to be institutionalized; or
- Stays in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Imminent danger of losing housing means the family or youth will be evicted within a week from a private dwelling unit, no subsequent residence has been identified, and the family or youth lacks the resources and support networks needed to obtain housing.

Domestic violence means felony or misdemeanor crimes of violence committed against an adult or youth victim who is protected from that person's acts by:

- A current or former spouse of the victim,
- A person with whom the victim shares a child in common,
- A person who is cohabitating or has cohabitated with the victim as a spouse,
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or
- Any other person.

Displaced by domestic violence means the family or youth

- vacated a housing unit because of domestic violence, or
- lives in a housing unit with a person who engages in domestic violence, or lives in a housing unit whose location is known to a person who has engaged in domestic violence, and moving from such housing unit is necessary in order to protect the health and safety of the family or youth.

Living in overcrowded housing exists if:

- The family is separated from its children and the parent(s) are living in an otherwise standard housing unit, but, after the family is re-united, the parents' housing unit would be overcrowded for the entire family and would be considered substandard; or
- The family is living with its children in a unit that is overcrowded for the entire family and this condition may result in the imminent placement of the children in out-of-home care; or
- The youth is living in a housing unit that is overcrowded.

For purposes of this paragraph, the PHA will determine whether or not a unit is overcrowded based on the PHA's subsidy standards.

D. FINAL SELECTION / HCV ELIGIBILITY DETERMINATION

The PHA relies on the PCWA to ensure that the family is in a position to be re-united, that the lack of adequate housing is all that stands in the way of the family getting back together. The PHA will only determine the family's or youth's income eligibility for a voucher.

Since FUP families and youths come to the PHA through the PCWA, the PHA doesn't technically select the family from the waitlist. However, the family or youth is entered into the *HousingPro* applicant database (waitlist) in order to track their admission and subsequent transfer to Occupancy.

The PHA contacts those referred by the PCWA and begins the process of verifying income and allowable expenses. Once determined income-eligible, the family or youth is invited to attend an orientation where they receive their voucher.

E. VOUCHER ISSUANCE

Families will be issued a voucher that takes into account the total number of household members, even though some of them may be in temporary out-of-home care. This is done with the understanding that all of the members will be back in the household within one year of the family's admission to FUP (the effective date of the original HAP Contract). If by the time of the first annual recertification the children have not been returned to the household, the PHA will decide whether it is appropriate to terminate the family's assistance or reduce the voucher size.

F. ELIGIBLE HOUSING

Families that are admitted to FUP are those for whom the lack of adequate housing is a primary factor in the removal, or imminent removal, of children from the household. The assistance is meant to help the family access adequate housing. Since the family's housing was deemed inadequate by the referring agency, the PHA cannot consider that same housing as adequate once the family has a voucher. The family must relocate; they may not use the voucher in the same housing that caused them to be eligible for FUP participation.

G. TERMINATION OF ASSISTANCE

Participants in FUP may have their assistance terminated for violations of family obligations and program regulations just like any other Section 8 participant. Additionally, a family or youth may lose their assistance for reasons directly related to their FUP eligibility and participation. These terminations for FUP violations are justified by the fact that families and youths bypass a significant wait for assistance when they are admitted to FUP. If it turns out that they really do not meet FUP criteria (and probably never did), then they should not be permitted to receive rental assistance sooner than other income-eligible families and youths.

Domestic Violence Referrals

If a family is admitted to FUP based on "displacement due to domestic violence," they are required to certify that the perpetrator of the violence will not be a member of the assisted household. Thus, if the PHA discovers that the perpetrator has been allowed to return to the household, for even a short period of time, the PHA would have cause to terminate the family's assistance.

This does not mean that the perpetrator can never be part of the assisted household. If the FUP participant reconciles with the perpetrator and wants that individual to rejoin the household, the PHA must be notified of the change in advance of the individual moving into the assisted unit. The PHA reserves the right to deny the request to add the individual to the household.

In making its determination as to whether or not the perpetrator should be permitted to rejoin the household and whether or not the family can continue receiving assistance under FUP, the PHA will confer with the family's CPS worker and consider, among other things, the length of time the perpetrator has been apart from the family and the therapy or counseling he/she received during that separation. The PHA may require written verification of the therapy/counseling completed, and the approval of CPS.

If the family fails to follow these steps and permits the perpetrator to rejoin the household without the prior written consent of the PHA, the family's assistance may be terminated.

Foster Care / Out-of-Home Care

If a family is admitted to FUP based on the premise that "adequate housing" is all that stands in the way of the family being re-united, the PHA expects the children to be full-time members of the household within 12 months of admission. Furthermore, if the family is admitted to FUP because the PCWA states that the children will be removed unless housing conditions improve, the PHA expects the children to be in the household on a full-time, continuous basis.

If the PHA finds that these conditions do not exist (i.e.; children have not been returned or children have been removed in spite of the family receiving assistance), the PHA would have cause to terminate the family's assistance. The PHA would also have the option of reducing the family's voucher size at annual re-examination due to the children not being in the household.

If the PHA finds that the children will <u>definitely not be returned to the household</u> (HOH has lost parental rights by court order or voluntarily relinquished rights) or if 12 months have already lapsed and still no authority is willing to provide an anticipated date of return for the children, the PHA may immediately terminate assistance or immediately reduce the voucher size (upon adequate notice to the landlord). In making this determination, the PHA will attempt to gather as much information as possible as to why the children have not been returned to the household.

Drug and Alcohol Rehabilitation

The PHA is also mindful of the fact that many of the families who are referred by the PCWA for FUP assistance have had substance abuse issues. Quite often the substance abuse was the primary factor in the placement of children in out-of-home care. If the PHA learns that the children are not going to be returned to the household or that they have once again been removed from the household, the PHA would have cause to require, as a condition of continued participation in FUP, third-party verification of the family's ongoing participation in drug or alcohol rehabilitation or third-party verification that the family member if currently free of drugs or alcohol.

Families and youths may not engage in any drug-related criminal activity if they wish to participate in FUP. The family or youth may be admitted to the Section 8 Program through a FUP referral while in drug or alcohol rehabilitation. Once admitted to FUP, should the PHA fi9nd that the family member is again abusing drugs or alcohol and refuses to enter rehabilitation, their assistance may be terminated. Participants are permitted to enter rehab once while receiving assistance; the second time they have a need for rehab, the risk the loss of assistance for violating the substance abuse policy.

H. FUP / FSS DEMONSTRATION

A 2011 study found that by the age of 26, one-third of youth who aged out of foster care had at least one episode of homelessness. FUP is HUD's only housing program explicitly targeted to youth aging out of foster care. However, the original program design limited eligibility to youths ages 18-21 and limited assistance to 18 months, which was deemed inadequate by both social workers and housing professionals.

Under HOTMA eligibility was expanded to cover youths aged 18-24 and the term for assistance was increased to 36 months.

Also during 2016, HUD published its intention to offer a FUP-FSS Demonstration Program which would further increase FUP Program benefits to youths who agree to participate in Family Self-Sufficiency. This PHA is in the process of joining this demonstration.

SECTION IV

RESIDENT SELECTION AND ASSIGNMENT

24.CFR.960.202

A. 'PREFERENCE' IN RESIDENT SELECTION

1. The Niagara Falls Housing Authority will select families based on the following preferences within each bedroom size category from among apparently eligible applicants. Preferences are based on community needs and are consistent with the Consolidated Plan and Fair Housing Laws.

2. The Housing Authority will offer appropriate housing to applicants who qualify for a 'preference' described herein, before it offers housing to any other applicant who does not qualify for such a preference. Offers of appropriate housing will be made to applicants according to date and time and the earliest applicant will receive appropriate offers before any applicant who applied later, provided that applicant has reached the top of the wait list and the appropriate size and type of apartment is available. An applicant is considered to be at the top of the wait list for the purpose of receiving offers if he/she is the next in line according to the time and date of application. The offer system is based upon the requirements of the U.S. Department of Housing and Urban Development subsequently adopted as Local Preferences. When an applicant reaches the top of the wait list, he/she will be offered a development in accordance with the following offer system.

B. THE SCORING OF PREFERENCES

Each preference shall carry equal weight:

- income ranges
- de-concentration
- involuntarily displaced
- victims of domestic violence
- rent burdened
- substandard housing
- homelessness
- working families (households that contribute to meeting income goals (broad range of incomes)
- income targeting (households that contribute to meeting income requirements
- those enrolled currently in educational training or upward mobility programs
- the elderly/handicapped/disabled over other singles

C. BROAD RANGE OF INCOME

Families will be selected from a *broad range of income* limits which will be utilized at all sites and which represents the range of income of lower income families in the Housing Authority's jurisdiction. The Housing Authority will examine data using applicable census tracts and other reliable data, residents in occupancy in each complex and applicants on the waiting list to determine what steps to take to achieve a broad range of income in each project.

D. INCOME TARGETING

The Niagara Falls Housing Authority will follow the statutory requirement that at least 40% of newly admitted families in any fiscal year will be families whose annual income is at or below 30% of the area median income. To insure this requirement is met, we shall quarterly monitor the incomes of newly admitted families and the incomes of the families on the waiting list. If it appears that the requirement to house extremely low-income families will not be met, we will skip higher income families on the waiting list to reach extremely low-income families. If there are not enough extremely low-income families on the waiting list, we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

E. DECONCENTRATION

(24CFR 9602.202; Quality Housing & Work Responsibility Act of 1988(QHWRA)

1. It is the Niagara Falls Housing Authority's policy to provide for de-concentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. To achieve this, we will skip families on the waiting list to reach other families with lower or higher income. We will accomplish this in a uniform and non-discriminating manner in order to avoid concentrating very low income families in certain housing developments.

2. The Niagara Falls Housing Authority will affirmatively market our housing to all eligible income groups. Lower income families will not be steered toward lower income developments and higher income families will not be steered to higher income developments.

3. Prior to the beginning of each year, we will analyze the income levels of families residing in each of our developments; the income levels of census tracts in which our developments are located, and the income levels of families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and de-concentration incentives to implement.

4. De-concentration incentives: The Niagara Falls Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the de-concentration goals of a particular development. Incentives will be used at alternating times, under special conditions, but will always be offered in a nondiscriminatory manner. The PHA shall categorize assisted residents in all programs by income in one of the following groups:

Extremely Low Income	Not more than 30% of the area's medium income
Very Low Income	More than 30% but less than 50% of the areas medium income
Lower Income	More than 50% but less than 80% of the areas medium income
Over-Income	More than 80% of the areas medium income

The area's median income shall be defined by HUD, adjusted for family size and is subject to periodic change.

F. INVOLUNTARY DISPLACEMENT PREFERENCE

1. 'Involuntarily Displaced' applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six (6) months from the date of verification by the PHA. Families are considered to be involuntarily displaced if they are required to vacate housing as a result of: a disaster (fire, flood, earthquake, etc.) that has caused the apartment to be uninhabitable; Federal, state or local government action related to code enforcement, public improvement or development; action by a housing owner which is beyond an applicant's ability to control and which occurs despite the applicant's having met all previous conditions of occupancy and is other than a rent increase; if the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

2. For purposes of this definitional element, reasons for an applicant having to vacate a housing apartment include, but are not limited to:

   a) Conversion of an applicant's housing apartment to non-rental or non-residential use

   b) Closure of an applicant's housing apartment for rehabilitation or non-residential use;

c) Notice to an applicant that she/he must vacate an apartment because the owner wants the apartment for the owner's personal or family use or occupancy;

d) Sale of a housing apartment in which an applicant resides under an agreement that the apartment must be vacant when possession is transferred;

e) Any other legally authorized act that results, or will result, in the withdrawal by the owner of the apartment or structure from the rental market

f) An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced.

G. DOMESTIC VIOLENCE

1. Actual or threatened physical violence directed against the applicant or the applicants family by a spouse or other household member who lives in the apartment with the family. The actual or threatened violence must have occurred within the past six (6) months or be of a continuing nature. To qualify for this preference, the abuser must still reside in the apartment from which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior approval.

2. The PHA may approve the return of the abuser to the household under the following condition:

   a) A counselor, therapist or other knowledgeable professional recommends in writing that the individual be allowed to reside with the family by acknowledging that the abuser has received therapy or counseling that appears to minimize the likelihood of recurrence of violent behavior.

3. If the abuser returns to the family without approval of the PHA, the PHA will deny or terminate assistance for breach of certification.

H. THREAT OF REPRISALS

Threat of reprisals because the family provided information on criminal activities to a law enforcement agency and, after a threat assessment, the law enforcement agency recommends rehousing the family to avoid or reduce risk of violence against the family.

I. HATE CRIMES

If a member of a family has been the victim of one or more hate crimes and the applicant has vacated the apartment because the crime or the fear of such crime has destroyed the applicant's peaceful enjoyment of the apartment. A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on a person's race, color, religion, sex, national origin, disability or familial status including sexual orientation and occurred within the last 30 days or is of a continuing nature.

J. MOBILITY IMPAIRED

Displacement by non-suitability of the apartment when a member of the family has a mobility or other impairment that makes the person unable to use critical elements of the apartment and the owner is not legally obligated to make changes to the apartment.

Critical elements are: Entry and egress of the apartment or building; a sleeping area; a full bathroom; a kitchen if the person with a disability must do their own food preparation. HUD Disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978.

K. DEFINITION OF STANDARD REPLACEMENT HOUSING

In order to receive the displacement preference, applicants who have been displaced must not be living in 'standard, permanent replacement housing'. Standard replacement housing is defined as housing that is decent, safe and sanitary according to Housing Quality Standards, local housing code, and state code, that is adequate for the family size according to Housing Quality Standards and local and state codes, and that the family is occupying pursuant to a written or oral lease or occupancy agreement. Standard replacement housing does not include transient facilities, hotels, motels, temporary shelters and (in the case of victims of domestic violence) housing occupied by the individual who engages in such violence. It does NOT include any individual imprisoned or detained pursuant to State Law or an Act of Congress. Shared housing with family or friends is considered temporary and is not considered standard replacement housing.

L. SUBSTANDARD HOUSING

Applicants who live in substandard housing are families whose dwelling meets one or more of the following criteria provided that the family did not cause the condition:

1. is dilapidated and does not provide safe, adequate shelter, has one or more

critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well-being of family

2. does not have operable indoor plumbing

3. does not have a usable flush toilet or bathtub or shower in the apartment for the exclusive use of the family

4. does not have an adequate, safe source of heat

5. does not have adequate, safe electrical service

6. has been declared unfit for habitation by a government agency

7. is overcrowded according to Housing Quality Standards and local and state codes

8. does not have a kitchen. Single room occupancy is not considered substandard solely because it does not contain sanitary and/or food preparation facilities, a toilet or bathtub.

Applicants living in Public Housing or publicly assisted housing shall not be denied this preference if apartment needs meet the criteria for the substandard preference.

M. HOMELESS

An applicant who is a "Homeless Family" is considered to be living in substandard housing. Homeless families:

> Lack a fixed, regular and adequate nighttime residence; AND have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings. Homeless families may maintain their place on the waiting list while completing a transitional housing program.

Families who are residing with friends or relatives on a temporary basis will be included in the homeless definition.

~~*For purposes of "c" persons who reside as part of a family apartment shall not be considered a separate household.~~

N. RENT BURDEN

1. Families paying more than 50% of their income for rent and utilities for at least 90 consecutive days and continuing through the verification of preference will receive this preference. For purposes of this preference, "Family Income" is Gross Monthly Income as defined in the regulations. "Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis without regard to the amount actually paid, plus the monthly amount of resident-supplied utilities which can be either;

   a) The PHA's reasonable estimate of the cost of such utilities, using the Section 8 Utility Allowance Schedule; or

   b) The average monthly payments the family actually made, for these utilities in the most recent 12-month period, or if information is not obtainable for the entire period, the average of at least the past six (6) months.

2. An applicant family may choose which method to use to calculate utilities expense. Any amounts paid to or on behalf of a family under any energy assistance program must be subtracted from the total rent burden if included in Family Income. The applicant must show that they actually paid the utility bills, regardless of whose name the service is under. To qualify for the Rent Burden preference, the applicant must pay rent directly to the landlord or agent.

3. If the applicant pays their share of rent to a co-habitant and is not named on the lease, the PHA will require both verification from the landlord that the applicant resides in the apartment, and verification from the co-habitant of the amount of rent paid by the applicant.

O. DENIAL OF PREFERENCES (24cfr982.210)

If the PHA denies a preference, the applicant will be notified in writing of the reasons why the preference is denied and offer the applicant an opportunity for an informal meeting. If the preference denial is upheld, or the applicant does not request a meeting, the applicant will be placed on the "no preference" waiting list. Applicants may exercise other rights if they feel they have been discriminated against. If the applicant falsifies documents or makes false statements in order to qualify for any preference, they will be removed from the Waiting List.

P. FACTORS OTHER THAN PREFERENCES THAT AFFECT SELECTION OF APPLICANTS

1. Before applying its preference system, the PHA will first match the characteristics of the available apartment to the applicants available on the waiting lists. Factors such as size, accessible features, or apartments in housing designated for the elderly or disabled, limit the admission of families to those whose characteristics match the characteristics and features of the vacant apartment available. By matching apartment and family characteristics, it is possible that families who are lower on the waiting list may receive an offer of housing ahead of families with an earlier date and time of application. For example, the next apartment available is a handicapped-accessible apartment and the only applicant family needing such features is in the non-preference pool.

2. The Factors For Selection of Applicants are described below:

   a) When selecting a family for an apartment with accessible features, the PHA will house a family not needing the apartment features subject to the procedures described in the Resident Selection and Assignment Plan. Under this policy a non-disabled family in an accessible apartment can be required to move so that a family needing the apartment features can take advantage of the apartment.

   b) When selecting a family for an apartment in housing designated for elderly families or housing designated for disabled families, the PHA will give preference to elderly or disabled families as described.

   c) When selecting a family for an apartment in a mixed population (property that houses both elderly and disabled families) the PHA will give preference to elderly and disabled families. When selecting a single person for an apartment in a mixed population housing site, elderly or disabled single persons have a preference over singles who are neither elderly nor disabled.

   d) Any admission mandated by court order related to desegregation or Fair Housing and Equal Opportunity will take precedence over the Preference System. Other admissions required by court order will also take precedence over the Preference System.

   e) The PHA's preference system will work in combination with requirements to match the characteristics for the family to the type of apartment available, including apartments with targeted populations. When such matching is required or permitted by current law, the PHA will give preference to the families described below.

This short form is designed for community access points that do not have HMIS access or do not conduct VI-SPDAT to make referral to CE lead. All HMIS participating agencies can directly make referral within HMIS.

Community Questionnaire

Referral Source information **Date of Referral:**

(Please add your information should CE need to contact you for clarification!)
Name:

Agency:

Contact (email/phone):

1. Where did the client sleep last night?

Non-exhaustive list

***Literally Homeless:↓**	***Institutional Setting:↓**	***NOT Homeless:↓**
Shelter	Jail/Prison	Couch Surfing
Streets	Rehab	Staying with family/friends
Abandoned Buildings	Hospitals	Those pending eviction
Car		
Go To Question 2	**Go To Question 1A**	**Client is not homeless and does not qualify for homeless services.**

Non-exhaustive list

1A.Did the client have their own housing before they entered the institutional setting? (If **yes**, they are not considered homeless and cannot be referred to homeless services until they are released from the institutional setting where they reside)

1B. How long has the client been in the institutional setting? (**Please answer in days**) (If more than 90 days, please **STOP** this client is not homeless and cannot be referred to homeless services. Please refer to Department of Social Services (DSS) up-on release)

1C. How long is the client expected to stay in this institutional setting? **(Please answer in days)**

1D. Will the client be staying in the institutional facility for more than 90 days? (If **YES,** please **STOP** this client will not be homeless after 90 days and cannot be referred to homeless services. Please refer to DSS up-on release)

2. How long has the client been homeless? (Please see added sheet that explains how to gather homeless history for those who have been homeless either several times or for 6+ months)

3.Is the client currently linked with any services?
(homeless outreach, mental health, treatment, shelter, care coordination, ect…)

4. Does the client have any disabilities? If so, please specify:

5. If the client has severe and persistent mental illness (SPMI), did you complete a Single Point of Access for Erie County Department of Mental Health (SPOA) **AND** a SPOA Consent with the client?

6. Have you completed either a Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT, Family VI-SPDAT, or TAY-VI-SPDAT) with the client?(If yes, please attach)

7. Where is the client right now?

8. Where do they go/hang out during the day?

Client information

Name:

Date of Birth:

Contact info (phone number, email address):

Deliver or Fax to either:

Skylar Diamond
PSH Coordinated Entry Outreach Lead
Matt Urban Hope Center
385 Paderewski Drive
Buffalo, NY 14212
Office: (716) 893-7222 ext 305
Cell: (716) 430-7311
Fax: (716) 855-2110

Thanh Nguyen
Coordinated Entry Lead for RRH
Restoration Society, Inc.
66 Englewood Avenue
Buffalo, NY 14214
716-832-2141 Ext. 224
Mobile: 716-208-3748
Fax: 716-832-0021

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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:

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

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:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Appendix A: About the 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.

Version 2

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.

You will notice some differences in Version 2 compared to Version 1. Namely:

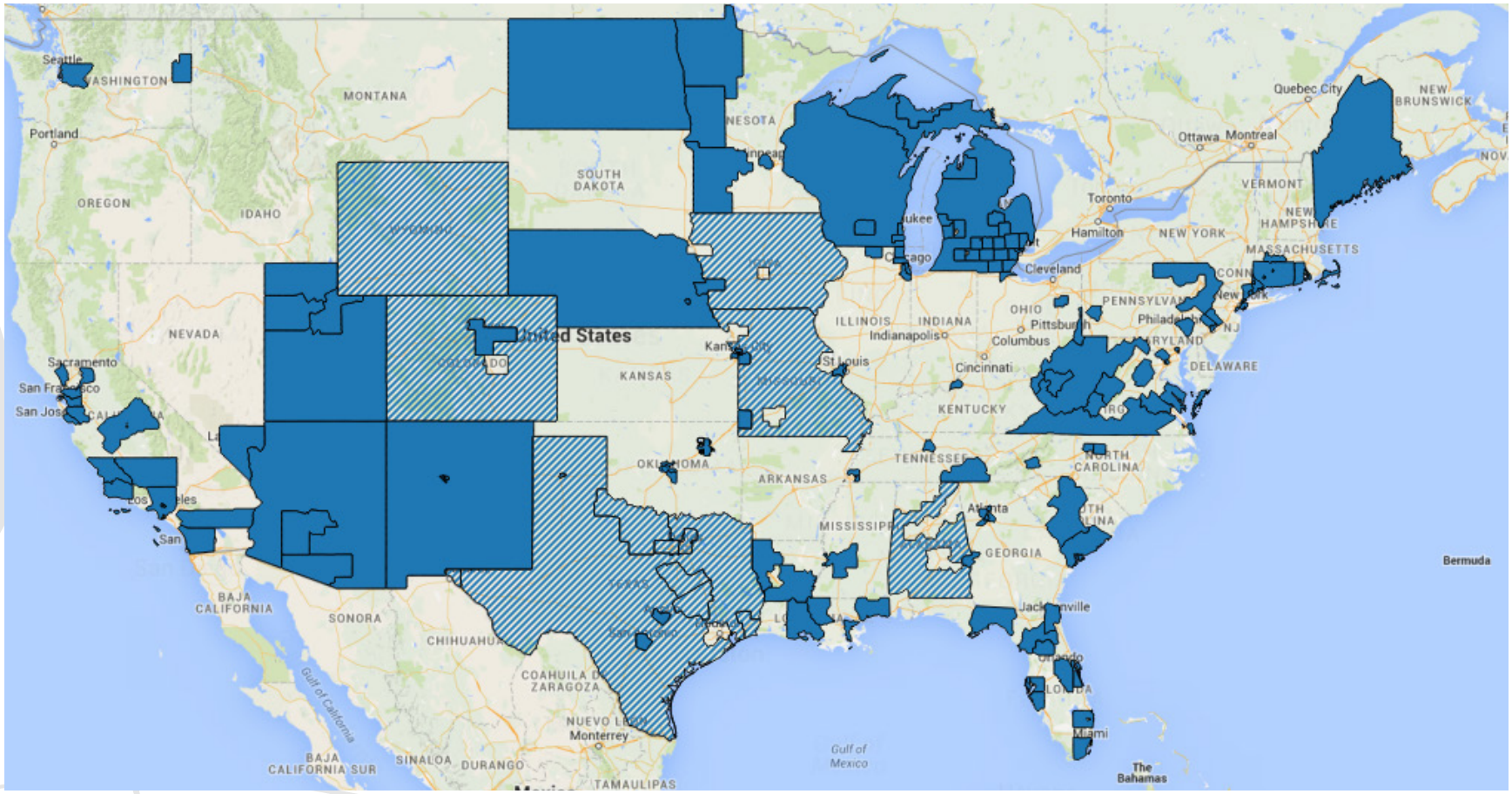
- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which 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).

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

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.



©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

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:

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

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:

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

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:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score:** **Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

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

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Appendix A: About the 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 a practical, evidence-informed way to satisfy federal regulations while quickly implementing 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.

Version 2

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.

You will notice some differences in Version 2 compared to Version 1. Namely:

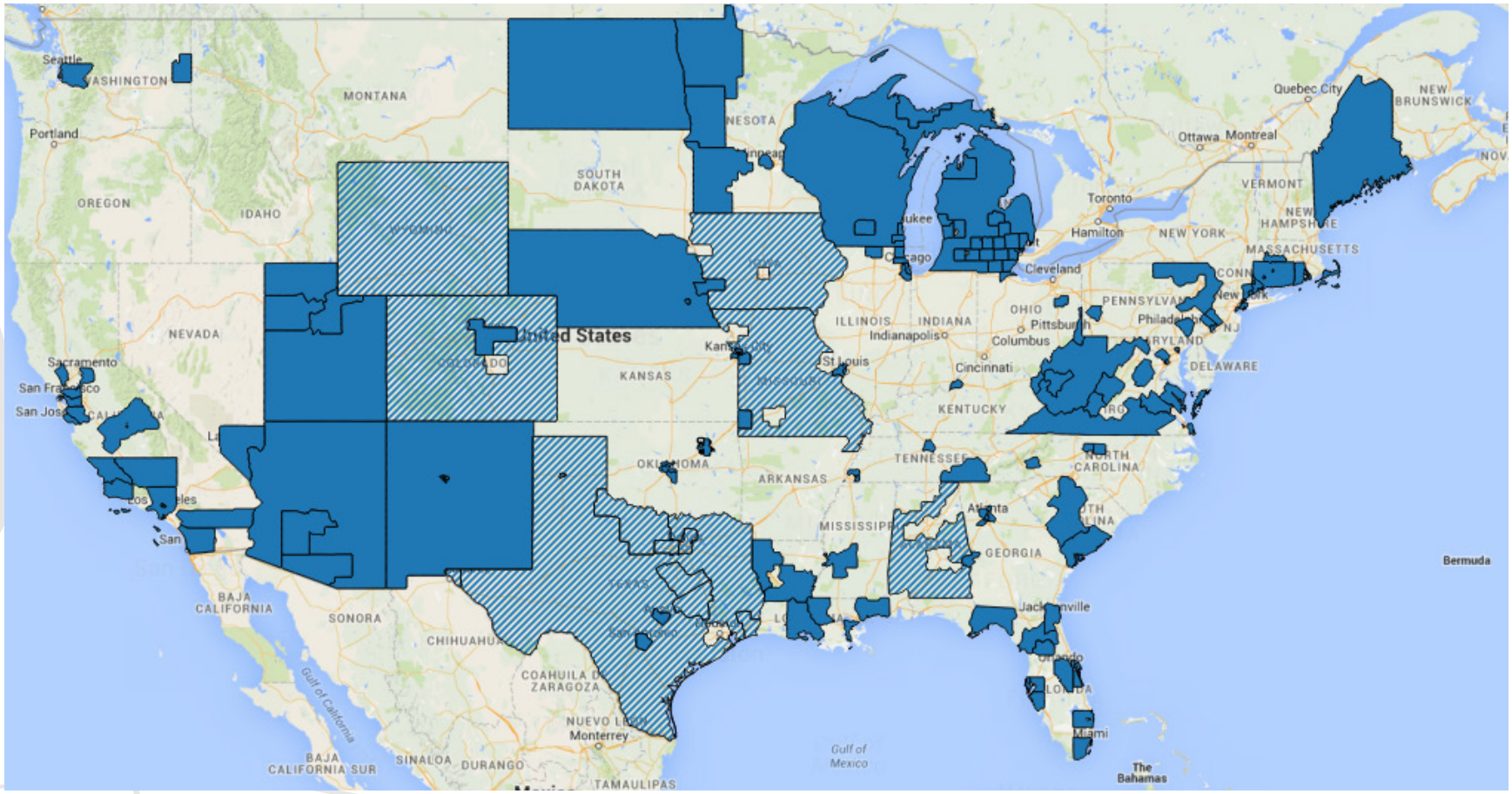
- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which 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).

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

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.



©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

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

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

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/

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

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.

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.

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

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:

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

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:**

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing, Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

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:**

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

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:**

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

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

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing, Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

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 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

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.

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.

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

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.

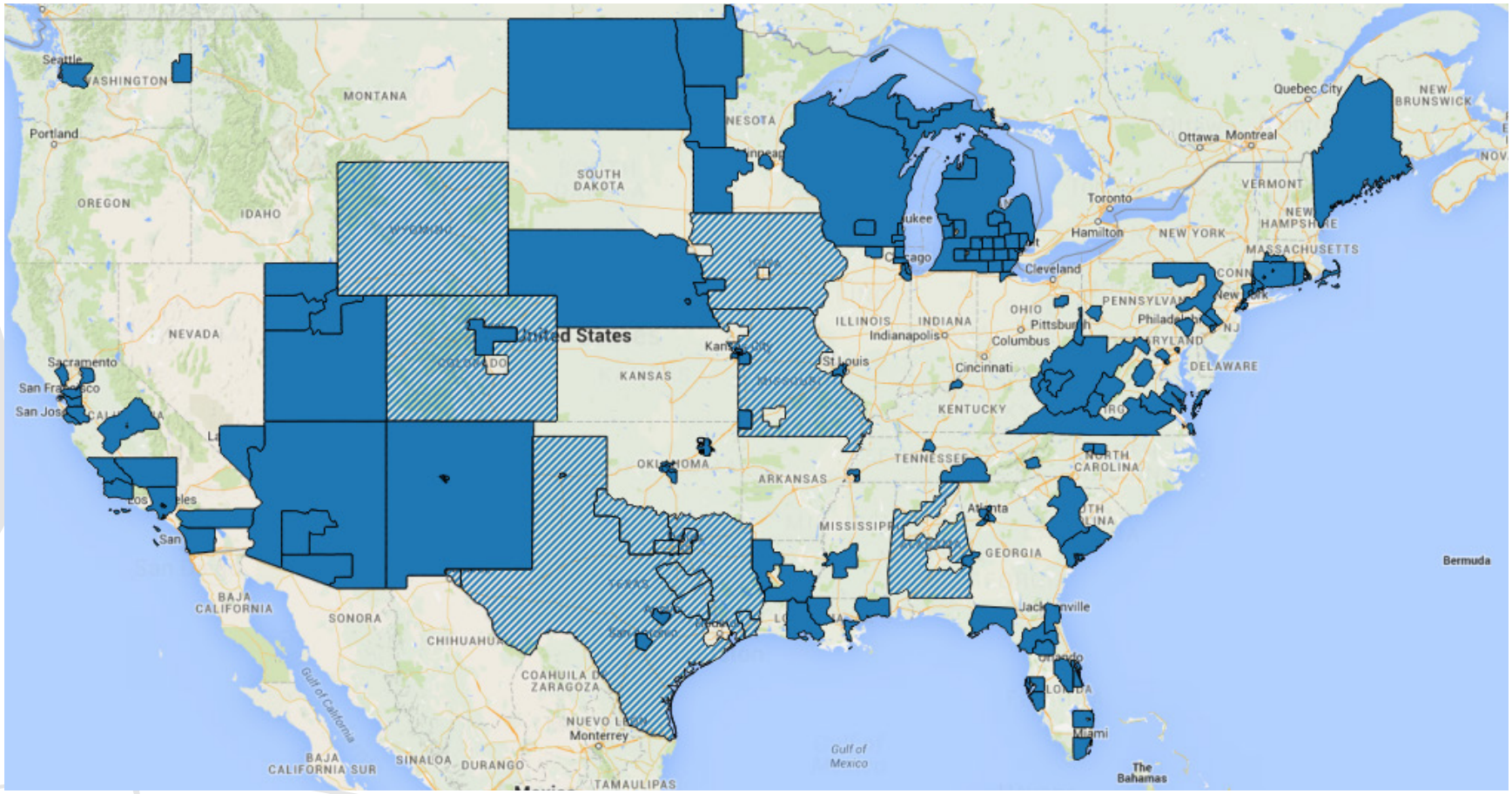
If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- 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).

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.

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.



©2015 OrgCode Consulting Inc., Corporation for Supportive Housing, and Community Solutions and Eric Rice, USC School of Social Work. All rights reserved.

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

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

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing, and Community Solutions and Eric Rice, USC School of Social Work. All rights reserved.

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

CoC Funding Competition

HAWNY, as the CoC Lead Agency, coordinates the process that selects the local projects that will be moved forward to the federal HUD CoC Program Competition. Usually, it is a two-step process. First, a local application has to be submitted in response to the Request For Proposal (RFP) released by HAWNY. Projects will be reviewed and ranked by an independent Project Selection Committee. Projects that make the selection list will advance to the federal application process, once HUD releases its Notice of Funding Availability (NOFA).

FY2019 Funding Application Documents

FY2019 Local Application Score and Ranking 8/14/2019

New Project Request for Proposals — Updated 7/3/2019 – Deadline has been extended to July 31st!

> A live streamed webinar was provided on June 10th to explain the RFP. If you would like to access the recording, please email kexinma@wnyhomeless.org

FY2019-New-project-Budget-Worksheet -6/5/2019

Planning Grant Request for Proposals — 6/5/2019

FY2019 CoC Funding Guide–4/9/2019

FY2019-Renewal-Project-Application–4/8/2019

GET HELP.

Are you facing homelessness?

Click here for more information.

To find a service in your local area click: 2-1-1 WNY

If this is an emergency, please call 911.

Join the Homeless Alliance mailing list!

email address

Subscribe

CLICK HERE to donate to the HomelessAlliance of Western New York

Project Type	Program	Annual Performance	HMIS - Project Compliance	SOAR	Bonus	Final Score	FY19 Awarded Amount	Culmulative Amount	Rank	
PSH-Renewal	LOD CoC III	70	20	5	10	105	$385,200	$385,200	1	
PSH-Renewal	CoC I	68	14	5	10	97	$2,038,985	$2,424,185	2	
PSH-Renewal	WNY Veterans Housing Coalition S+C VI	63	14	5	15	97	$335,952	$2,760,137	3	
PSH-Renewal	CoC II	58	16	5	15	94	$2,255,646	$5,015,783	4	
PSH-Renewal	Gerard Place PSH for Families	70	14	5	5	94	$259,041	$5,274,824	5	
PSH-Renewal	BestSelf Safe Haven(Harambee House)	60	16	5	10	91	$436,235	$5,711,059	6	
PSH-Renewal	Spectrum Chronically Homeless PSH I	60	16	5	10	91	$550,136	$6,261,195	7	
RRH-Renewal	ILGR RRH	55	19	5	10	89	$229,693	$6,490,888	8	
PSH-Renewal	Evergreen Housing First	65	14	5	0	84	$690,001	$7,180,889	9	
RRH-Renewal	Hispanos Unidos Rapid Rehousing	65	18	0	0	83	$200,346	$7,381,235	10	
RRH-Renewal	CMI CoC RRH	60	13	0	8	81	$297,241	$7,678,476	11	
PSH-Renewal	BestSelf Chronic Homeless Program (ECDMH CHP I)	50	15	5	10	80	$441,582	$8,120,058	12	
PSH-Renewal	Cazenovia Supportive Living II	58	17	5	0	80	$454,768	$8,574,826	13	
PSH-Renewal	Matt Urban Hope Gardens	60	14	0	5	79	$447,896	$9,022,722	14	
PSH-Renewal	Cazenovia Niagara Falls S+C	48	14	5	10	77	$116,704	$9,139,426	15	
PSH-Renewal	Matt Urban Housing First	55	12	0	10	77	$809,160	$9,948,586	16	
RRH-First Year renewal	Compass House					N/A	$269,586	$10,218,172	17	
CE-Renewal	Restoration Society Coordinated Entry					N/A	$192,458	$10,410,630	18	
HMIS-Renewal	Homeless Alliance HMIS					N/A	$210,255	$10,620,885	19	
RRH-Renewal	Restoration Society CoC RRH	34	16	5	15	70	$563,360	$11,184,245	20	Tier 1
RRH-Partially reallocated	Matt Urban CoC RRH	38	9	0	0	47	$253,245	$11,437,490	21	Tier 2
New Project Funding Categories		Program Design	Experience	Budget	Community Need Bonus	Average Score			Rank	
Reallocation	Hispanos Unidos Rapid Rehousing	42	24	27	5	98	$270,000	$11,707,490	22	
bonus	Catholic Charities RRH-Niagara	42	20	28	5	95	$270,000	$11,977,490	23	
DV Bonus	Haven House TH-RRH	38	22	24	10	94	$383,252	$12,360,742	24	
Bonus	Restoration Society-CE Niagara Expansion	43	22	26	0	91	$119,175	$12,479,917	25	
DV Bonus	Haven House CE	37	23	26	5	91	$12,517	$12,492,434	26	
bonus	Catholic Charities RRH	41	20	28	0	89	$270,000	$12,762,434	27	
	ALLY-TH-RRH	20	11	7	0	38	$130,000		X	

PPRN	$16,614,588
ARD	$11,707,490
Tier 1	$11,047,390

Homeless Alliance of Western New York

Ken Gholston
Cazenovia Recovery Systems
2671 Main Street
Buffalo, NY 14214

August 14, 2019

Dear Ken Gholston:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your program(s) performance scores, ranks, and approved amount. Project Performance Review Committee will continue to review your program performance and meet with you in the near future to discuss the action plan you submitted.

Cazenovia Supportive Housing - Substance Abuse

Measure	Your Data	Your Score	Maximum Score
Occupancy	97%	15	15
Remain in or Exit to PH	95%	10	15
Days to Housing	46	10	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	13%	3	5
Maintained or Increased Any Income	94%	5	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	17	20
Bonus (% with 2+ Disabilities)	68%	0	10
Bonus (Positive Turnover)	5%	0	5

Application score: 80

Cazenovia PSH for Chronic Homelessness

Measure	Your Data	Your Score	Maximum Score
Occupancy	95%	15	15

Remain in or Exit to PH	80%	0	15
Days to Housing	42	15	15
Recidivism	25%	5	15
Maintained or Increased Earned Income	39%	5	5
Maintained or Increased Any Income	89%	3	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	15	20
Bonus (% with 2+ Disabilities)	65%	0	10
Bonus (Positive Turnover)	10%	0	5

Application score: 63

Although these two programs are being evaluated separately for this funding year, we recognize that these two programs above have approved to be consolidated. Total approved amount is: $454,768. The Consolidated grant is ranked #13 out of 27. Please submit one application through Esnaps.

Cazenovia Niagara County Shelter Plus Care

Measure	Your Data	Your Score	Maximum Score
Occupancy	94%	15	15
Remain in or Exit to PH	94%	10	15
Days to Housing	63	5	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	13%	3	5
Maintained or Increased Any Income	60%	0	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	14	20
Bonus (% with 2+ Disabilities)	86%	10	10
Bonus (Positive Turnover)	6%	0	5

Total approved amount: $116,704
Application score: 77
Application rank: 15/27

HomelessAlliance of Western New York

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.** E-Snaps guides could be found here:
https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Kimberly Baughan
Restoration Society, Inc.
66 Englewood Ave
Buffalo, NY 14214

August 14, 2019

Dear Kimberly Baughan:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your application performance scores and approved amounts. Project Performance Review Committee will continue to review your Rapid Rehousing program performance and meet with you to discuss the action plan you submitted.

RSI CoC RRH

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Exit to PH	83%	5	15
Days to Housing	42	8	15
Recidivism	11%	0	15
Maintained or Increased Earned Income	26%	3	5
Maintained or Increased Any Income	84%	3	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	16	20
Bonus (% with 1+ Disabilities)	87%	10	10
Bonus (Average VI Score)	8.6	5	5

Total approved amount: $563,360
Application score: 70
Median score among all renewal applications: 82
Application rank: 20/27

RSI Coordinated Entry

HomelessAlliance of Western New York

This project is being renewed and ranked based on its project type. It is ranked #18 and approved amount is $192,458.

RSI Coordinated Entry Niagara Expansion Project

Measure	Rubric-Based Score
Program design meeting the need of the population	43
Applicant experience	22
Budget and financial stability	26
Bonus	0

Total approved amount: $131,075
Application score: 91
Application rank: 25/27
Application type: Bonus

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.** E-Snaps guides could be found here:
https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Howard K. Hitzel
BestSelf Behavioral Health
225 Delaware Ave
Buffalo, NY 14202

August 14, 2019

Dear Howard K. Hitzel:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your program(s) performance scores, ranks, and approved amount.

BestSelf Safe Haven

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Remain in or Exit to PH	100%	15	15
Days to Housing	0	15	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	0%	0	5
Maintained or Increased Any Income	81%	0	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	16	20
Bonus (% with 2+ Disabilities)	81%	10	10
Bonus (Positive Turnover)	0%	0	5

Total approved amount: $436,235
Application score: 91
Application rank: 6/27

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.**
E-Snaps guides could be found here: https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

John Grieco
Erie County Department of Mental Health
95 Franklin St.
Buffalo, NY 14202

August 14, 2019

Dear John Grieco:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your program(s) performance scores, ranks, and approved amount.

ECDMH Chronic Homeless I

Measure	Your Data	Your Score	Maximum Score
Occupancy	92%	15	15
Remain in or Exit to PH	87%	5	15
Days to Housing	30.5	15	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	3%	0	5
Maintained or Increased Any Income	84%	0	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	15	20
Bonus (% with 2+ Disabilities)	100%	10	10
Bonus (Positive Turnover)	13%	0	5

Total approved amount: $441,582
Application score: 80
Application rank: 12/27

ECDMH Continuum of Care I

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15

Remain in or Exit to PH	97%	15	15
Days to Housing	34	15	15
Recidivism	4%	15	15
Maintained or Increased Earned Income	13%	3	5
Maintained or Increased Any Income	94%	5	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	14	20
Bonus (% with 2+ Disabilities)	92%	10	10
Bonus (Positive Turnover)	12%	0	5

Total approved amount: $2,038,985
Application score: 97
Application rank: 2/27

ECDMH Continuum of Care II

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Remain in or Exit to PH	94%	10	15
Days to Housing	28.2	15	15
Recidivism	4%	15	15
Maintained or Increased Earned Income	9%	0	5
Maintained or Increased Any Income	91%	3	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	16	20
Bonus (% with 2+ Disabilities)	92%	10	10
Bonus (Positive Turnover)	17%	5	5

Total approved amount: $2,255,646
Application score: 94
Application rank: 4/27

ECDMH Shelter Plus Care VI

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Remain in or Exit to PH	96%	15	15
Days to Housing	0	15	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	12%	0	5
Maintained or Increased Any Income	93%	3	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	14	20
Bonus (% with 2+ Disabilities)	89%	10	10
Bonus (Positive Turnover)	16%	5	5

Total approved amount: $335,952
Application score: 97
Application rank: 3/27

ECDMH Continuum of Care III

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Remain in or Exit to PH	95%	15	15
Days to Housing	5.3	15	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	18%	5	5
Maintained or Increased Any Income	94%	5	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	20	20
Bonus (% with 2+ Disabilities)	95%	10	10
Bonus (Positive Turnover)	10%	0	5

Total approved amount: $385,200
Application score: 105
Application rank: 1/27

HomelessAlliance
of Western New York

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th**. E-Snaps guides could be found here: https://www.hudexchange.info/programs/e-snaps/. Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Jill Mattson
Gerard Place Housing Development Fund Co., Inc.
2515 Bailey Ave.
Buffalo, NY 14215

August 14, 2019

Dear Jill Mattson:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your application performance scores and approved amount:

Gerard Place PSH for Families

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Remain in or Exit to PH	97%	15	15
Days to Housing	9.5	15	15
Recidivism	9%	15	15
Maintained or Increased Earned Income	25%	5	5
Maintained or Increased Any Income	94%	5	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	14	20
Bonus (% with 2+ Disabilities)	44%	0	10
Bonus (Positive Turnover)	43%	5	5

Total approved amount: $259,041
Application score: 94
Application rank: 5/27

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.**
E-Snaps guides could be found here: https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Donald Dauman
Spectrum Health & Human Services
227 Thorn Avenue
Orchard Park, NY 14127

August 14, 2019

Dear Donald Dauman:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your application performance scores and approved amount:

Spectrum Health & Human Services

Measure	Your Data	Your Score	Maximum Score
Occupancy	99%	15	15
Remain in or Exit to PH	96%	15	15
Days to Housing	26	15	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	10%	0	5
Maintained or Increased Any Income	81%	0	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	16	20
Bonus (% with 2+ Disabilities)	96%	10	10
Bonus (Positive Turnover)	4%	0	5

Total approved amount: $550,136
Application score: 91
Application rank: 7/27

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.**
E-Snaps guides could be found here: https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Byron McKinney
EHS, Inc.
206 S. Elmwood Avenue
Buffalo, NY 14201

August 14, 2019

Dear Byron McKinney:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your application performance scores and approved amount. Project Performance Review Committee will continue to review your program performance and meet with you in the near future to discuss the action plan you submitted.

Evergreen PSH I

Measure	Your Data	Your Score	Maximum Score
Occupancy	96%	15	15
Remain in or Exit to PH	100%	15	15
Days to Housing	4.5	15	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	18%	5	5
Maintained or Increased Any Income	82%	0	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	14	20
Bonus (% with 2+ Disabilities)	58%	0	10
Bonus (Positive Turnover)	0%	0	5

Application score: 84

Evergreen PSH II

Measure	Your Data	Your Score	Maximum Score
Occupancy	58%	0	15
Remain in or Exit to PH	100%	15	15

HomelessAlliance of Western New York

Days to Housing	10.1	15	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	0%	0	5
Maintained or Increased Any Income	73%	0	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	14	20
Bonus (% with 2+ Disabilities)	68%	0	10
Bonus (Positive Turnover)	11%	0	5

Application score: 64

Although these two programs are being evaluated separately for this funding year, we recognize that these two programs above have approved to be consolidated. Total approved amount is: $690,001. The Consolidated grant is ranked #9 out of 27. Please submit one application through Esnaps.

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.** E-Snaps guides could be found here:
https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Grant Babcock
Community Missions of Niagara Frontier,Inc.
1570 Buffalo Ave.
Niagara Falls, NY 14303

August 14, 2019

Dear Grant Babcock:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your application performance scores and approved amount:

CMI CoC RRH

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Exit to PH	92%	15	15
Days to Housing	29	15	15
Recidivism	4%	15	15
Maintained or Increased Earned Income	26%	0	5
Maintained or Increased Any Income	64%	0	5
SOAR Trained Staff	N	0	5
Project Compliance	HMIS	13	20
Bonus (% with 1+ Disabilities)	74%	4	4
Bonus (Average VI Score)	6.5	0	7
Bonus (% of HHs w Large Families)	16%	4	4

Total approved amount: $297,241
Application score: 81
Application rank: 11/27

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

HomelessAlliance of Western New York

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.** E-Snaps guides could be found here: https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Marlies Wesolowski
Lt. Col. Matt Urban Center of WNY, Inc.
1081 Broadway
Buffalo, NY 14212

August 14, 2019

Dear Ms. Wesolowski:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your program(s) performance scores, ranks, and approved amount. Partial reallocation decision on the Rapid Rehousing program has sent to you on May 20. The Project Performance Review Committee will continue to review the program's performance and meet with you to discuss the action plan you submitted.

Matt Urban Hope Gardens

Measure	Your Data	Your Score	Maximum Score
Occupancy	91%	15	15
Remain in or Exit to PH	96%	15	15
Days to Housing	5.9	15	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	0%	0	5
Maintained or Increased Any Income	55%	0	5
SOAR Trained Staff	N	0	5
Project Compliance	HMIS	14	20
Bonus (% with 2+ Disabilities)	74%	0	10
Bonus (Positive Turnover)	21%	5	5

Total approved amount: $447,896
Application score: 79
Application rank: 14/27

Matt Urban Housing First

Measure	Your Data	Your Score	Maximum Score
Occupancy	96%	15	15
Remain in or Exit to PH	99%	15	15
Days to Housing	12.5	15	15
Recidivism	14%	10	15
Maintained or Increased Earned Income	9%	0	5
Maintained or Increased Any Income	45%	0	5
SOAR Trained Staff	N	0	5
Project Compliance	HMIS	12	20
Bonus (% with 2+ Disabilities)	92%	10	10
Bonus (Positive Turnover)	9%	0	5

Total approved amount: $809,160
Application score: 77
Application rank: 16/27

Matt Urban CoC RRH

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Exit to PH	78%	0	15
Days to Housing	43	8	15
Recidivism	4%	15	15
Maintained or Increased Earned Income	22%	0	5
Maintained or Increased Any Income	63%	0	5
SOAR Trained Staff	N	0	5
Project Compliance	HMIS	9	20
Bonus (% with 1+ Disabilities)	40%	0	4
Bonus (Average VI Score)	8.5	0	7
Bonus (% of HHs w Large Families)	10%	0	4

Total approved amount: $253,245

HomelessAlliance of Western New York

Application score: 47
Application rank: 21/27

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.** E-Snaps guides could be found here:
https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

The Housing Council at Pathstone
75 College Ave.
Rochester, NY 14607

August 14, 2019

Dear Susan Boss:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your program(s) performance scores, ranks, and approved amount.

The Housing Council at Pathstone RRH program

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Exit to PH	81%	5	15
Days to Housing	29	15	15
Recidivism	4%	15	15
Maintained or Increased Earned Income	33%	5	5
Maintained or Increased Any Income	71%	0	5
SOAR Trained Staff	Y	5	5
Project Compliance	HMIS	19	20
Bonus (% with 1+ Disabilities)	100%	10	10
Bonus (Average VI Score)	6.2	0	5

Total approved amount: $229,693
Application score: 89
Application rank: 8/27

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.**
E-Snaps guides could be found here: https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Catholic Charities of Buffalo
741 Delaware Ave.
Buffalo, NY 14209

August 14, 2019

Dear Joyelle Tedeschi,

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. A total of 27 projects were approved to move forward to the HUD competition.

Below are your application scores, ranks and approved amounts:

Catholic Charities RRH - Niagara County

Measure	Rubric-Based Score
Program design meeting the need of the population	42
Applicant experience	20
Budget and financial stability	28
Bonus	5

Total approved amount: $270,000
Application score: 95
Application rank: 23/27
Application type: Bonus

Catholic Charities RRH - Erie County

Measure	Rubric-Based Score
Program design meeting the need of the population	41
Applicant experience	20
Budget and financial stability	28
Bonus	0

Total approved amount: $270,000
Application score: 89
Application rank: 27/27
Application type: Bonus

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.** E-Snaps guides could be found here:
https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Child and Family Services
330 Delaware Ave.
Buffalo, NY 14202

August 14, 2019

Dear Kimberly Kadziolka,

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. A total of 27 projects were approved to move forward to the HUD competition.

Below are your application scores, ranks and approved amounts:

Haven House TH/RRH

Measure	Rubric-Based Score
Program design meeting the need of the population	38
Applicant experience	22
Budget and financial stability	24
Bonus	10

Total approved amount: $383,252
Application score: 94
Application rank: 24/27
Application type: DV Bonus

Haven House Coordinated Entry

Measure	Rubric-Based Score
Program design meeting the need of the population	37
Applicant experience	23
Budget and financial stability	26
Bonus	5

Total approved amount: $12,517
Application score: 91
Application rank: 26/27
Application type: DV Bonus

HomelessAlliance of Western New York

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.** E-Snaps guides could be found here:
https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Lisa Freeman
Compass House
1451 Main Street
Buffalo, NY 14209

Dear Lisa Freeman:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

This project is being automatically renewal due to first year of operation. Total approved amount is $269,586. Ranked #17 out of 27.

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th**. E-Snaps guides could be found here:
https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance of Western New York

Mark Manthei
Hispanos Unidos de Buffalo, Inc.
254 Virginia Street
Buffalo, NY 14201

August 14, 2019

Dear Mark Manthei:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your program(s) performance scores, ranks, and approved amount.

Hispanos Unidos de Buffalo RRH

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Exit to PH	92%	15	15
Days to Housing	27	15	15
Recidivism	90%	15	15
Maintained or Increased Earned Income	19%	0	5
Maintained or Increased Any Income	91%	5	5
SOAR Trained Staff	N	0	5
Project Compliance	HMIS	18	20
Bonus (% with 1+ Disabilities)	48%	0	4
Bonus (Average VI Score)	8.4	0	7
Bonus (% of HHs w Large Families)	8%	0	4

Total approved amount: $200,346
Application score: 83
Median score among all renewal applications: 82
Application rank: 10/27

Hispanos Unidos Rapid Rehousing - Additional Funding from Reallocation

Measure	Rubric-Based Score
Program design meeting the need of the population	42
Applicant experience	24
Budget and financial stability	27
Bonus	5

Total approved amount: $270,000
Application score: 98
Application rank: 22/27
Application type: Reallocation

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th**. E-Snaps guides could be found here: https://www.hudexchange.info/programs/e-snaps/. Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

Reallocation Letter

Kexin Ma <kexinma@wnyhomeless.org> Mon, May 20, 2019 at 11:21 AM
To: Marlies Wesolowski <mwesolowski@urbanctr.org>
Cc: Zuchlewski Dale <zuchlewski@wnyhomeless.org>
Bcc: Karen Carman <karen.d.carman@gmail.com>

Hi Marlies,

Thank you for meeting with the Project Selection Committee on May 17th, 2019. The Project Selection decided to reallocate $270,000 and you will be moving forward in this year ‘s competition with $253,245.

Here is a summarized statement from the Project Selection Committee:

- This is the biggest family rapid rehousing grant for Erie County. Ensuring all families who need this service are able to access and receive services is our primary consideration.
- We recognized that your agency used to be the forefront of homeless services. However, the performance of this program has been at the bottom for two years and other Matt Urban programs are slipping as well. Although we have seen some actions in the past month, the decline in performance also allows us to see the problems existed before certain staff were hired and the speed of corrective actions is far from acceptable.
- We need to see a new proposed budget with the approved amount of $ 253,245 as well as an action plan with measurable goals and timeline for improving performance within 7 business days. This action plan should include creative ways to improve staff turnover, retention, and succession, improvement of program performance and ensuring all HMIS data for past clients is accurate.
- At the meeting, you brought up several trainings that will be conducted over the next few months. We understand the importance of training and having correct HMIS input, however, concerns were voiced within the committee to please be mindful of staff time while staff trainings are important, staff must also be available to serve clients in a timely manner.
- We would also like to have a current staffing organization chart for all your homeless services related programs, including all CoC and ESG funded programs. This chart should include staff name, position, work hours, office location, funding source, as well as any vacant position. Please submit this within 7 business days.
- Lastly, if you would like to appeal, please follow this link to the *FY2019 CoC Funding Guide*-Appeal Procedure and please carefully read the appeal criteria.
- If you agree to accept this decision, please let us know within 7 business days with all the documents mentioned above. You also have the right to reject this decision and not renew this year. Either way, the Project Selection Committee would recommend that you consider having a transition plan for the FY2018 contract to be reduced in FY2019. This plan could include sub-contracting services to another agency at a certain point in time to reduce the impact for clients as well as staff transitioning from FY18 contract to a reduced amount for FY19 contract.
- HAWNY will send you and the Project Selection Committee a monthly performance report for the first 6 months starting in June 2019 to ensure your performance matches your improvement plan.

Thank you,

Kexin Ma, MUP Director of Federal Programs

Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202
Phone: 716-853-1101 Fax: 716-853-1750
www.wnyhomeless.org

HomelessAlliance of Western New York

Marlies Wesolowski
Lt. Col. Matt Urban Center of WNY, Inc.
1081 Broadway
Buffalo, NY 14212

August 14, 2019

Dear Ms. Wesolowski:

The local project application review process has been completed. A total of 21 renewal and 7 new projects were being reviewed by the Project Selection Committee. The median score among all renewal applications is 82. A total of 27 projects were approved to move forward to the HUD competition.

Below are your program(s) performance scores, ranks, and approved amount. Partial reallocation decision on the Rapid Rehousing program has sent to you on May 20. The Project Performance Review Committee will continue to review the program's performance and meet with you to discuss the action plan you submitted.

Matt Urban Hope Gardens

Measure	Your Data	Your Score	Maximum Score
Occupancy	91%	15	15
Remain in or Exit to PH	96%	15	15
Days to Housing	5.9	15	15
Recidivism	0%	15	15
Maintained or Increased Earned Income	0%	0	5
Maintained or Increased Any Income	55%	0	5
SOAR Trained Staff	N	0	5
Project Compliance	HMIS	14	20
Bonus (% with 2+ Disabilities)	74%	0	10
Bonus (Positive Turnover)	21%	5	5

Total approved amount: $447,896
Application score: 79
Application rank: 14/27

Matt Urban Housing First

Measure	Your Data	Your Score	Maximum Score
Occupancy	96%	15	15
Remain in or Exit to PH	99%	15	15
Days to Housing	12.5	15	15
Recidivism	14%	10	15
Maintained or Increased Earned Income	9%	0	5
Maintained or Increased Any Income	45%	0	5
SOAR Trained Staff	N	0	5
Project Compliance	HMIS	12	20
Bonus (% with 2+ Disabilities)	92%	10	10
Bonus (Positive Turnover)	9%	0	5

Total approved amount: $809,160
Application score: 77
Application rank: 16/27

Matt Urban CoC RRH

Measure	Your Data	Your Score	Maximum Score
Occupancy	100%	15	15
Exit to PH	78%	0	15
Days to Housing	43	8	15
Recidivism	4%	15	15
Maintained or Increased Earned Income	22%	0	5
Maintained or Increased Any Income	63%	0	5
SOAR Trained Staff	N	0	5
Project Compliance	HMIS	9	20
Bonus (% with 1+ Disabilities)	40%	0	4
Bonus (Average VI Score)	8.5	0	7
Bonus (% of HHs w Large Families)	10%	0	4

Total approved amount: $253,245

HomelessAlliance of Western New York

Application score: 47
Application rank: 21/27

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf

All projects that are approved to move forward should be submitted through E-Snaps no later than **August 29th.** E-Snaps guides could be found here:
https://www.hudexchange.info/programs/e-snaps/.
Please feel free to contact me if you have any questions.

Thank you!

Kexin Ma, MUP Director of Federal Programs
Homeless Alliance of WNY 960 Main St. Buffalo, NY 14202

HomelessAlliance
of Western New York

All Youth Inc. (ALLY)
326 Pleasant View Dr.
Lancaster NY

August 19,2019

Dear Sophia Francis,
I am sorry to inform you that we could not consider your application for funding this year. Due to your application did not meet the basic requirements for submitting proof for being a 501 (c) (3) non-profit or submitting audited financial statements, we will not accept an appeal.

In addition to not meeting minimum threshold requirements, there were several other reasons you application will not go forward in the competition. Among them are:

1. A Drop-In center is not an eligible activity for CoC funding.Your application says it will be a Transitional/Rapid Re-housing program but the narrative speaks very little of this eligible program activity or a basic understanding of its requirements.You also mention that you will house 22 youth on cots which sounds like an emergency shelter which is not eligible under this funding.
2. In your cover letter, you indicated that your organization's gross income is under $25,000 last year there is a concern for the financial capacity of the organization to be able to carry out the complex financial requirements of a HUD grant.
3. You listed acquisition and rehab costs but provide no details on what these costs are for.
4. The first page of the application says you are going to serve Erie County but the narrative states you are going to serve all five counties in the CoC. We have concerns about the feasibility of one location serving 5 Counties.

The full ranking and funding availability is available on our website:
https://wnyhomeless.org/app/uploads/FY2019-CoC-local-score-and-rank.pdf
If you are interested in applying for the CoC fund in the future, we recommend you to meet with us before submitting the application.

If you have any questions, please feel free to contact me.
Thanks,

Dale Zuchlewski
Executive Director
Homeless Alliance of WNY

CoC Funding Competition

HAWNY, as the CoC Lead Agency, coordinates the process that selects the local projects that will be moved forward to the federal HUD CoC Program Competition. Usually, it is a two-step process. First, a local application has to be submitted in response to the Request For Proposal (RFP) released by HAWNY. Projects will be reviewed and ranked by an independent Project Selection Committee. Projects that make the selection list will advance to the federal application process, once HUD releases its Notice of Funding Availability (NOFA).

FY2019 Funding Application Documents

New Project Request for Proposals — Updated 7/3/2019 – Deadline has been extended to July 31st!

> A live streamed webinar was provided on June 10th to explain the RFP. If you would like to access the recording, please email kexinma@wnyhomeless.org

FY2019-New-project-Budget-Worksheet -6/5/2019

Planning Grant Request for Proposals — 6/5/2019

FY2019 CoC Funding Guide–4/9/2019

FY2019-Renewal-Project-Application–4/8/2019

In Fiscal Year 2018, Erie, Niagara, Genesee, Orleans and Wyoming Counties were awarded 12.2 million dollars towards ending homelessness. You can see the funding allocations in the charts below. Complete ranking

GET HELP.

Are you facing homelessness?

Click here for more information.

To find a service in your local area click: 2-1-1 WNY

If this is an emergency, please call 911.

Join the Homeless Alliance mailing list!

email address

Subscribe

CLICK HERE to donate to the Homeless Alliance of Western New York

Homeless Alliance of WNY

1 message

Homeless Alliance of WNY <Info@wnyhomeless.org>
Reply-To: Homeless Alliance of WNY <Info@wnyhomeless.org>
To: kexinma@wnyhomeless.org

Wed, Jun 5, 2019 at 1:35 PM

View this email in your browser

We have two requests for proposals released today.

Are you interested in applying for a new CoC project as part of the funding competition? Perhaps seeking to be a subgrantee on our planning grant? We released the requests for proposals today, and you can find them here.

New Project Requests for Proposals
Planning Grant Requests for Proposals

Applicants for new projects will be required to attend our webinar discussing them. The registration for that webinar is here.

If you have any questions, please reach out to Kexin Ma, Director of Federal Programs. kexinma@wnyhomeless.org or 716-853-1101 X 107.

Copyright © 2019 Homeless Alliance of WNY, All rights reserved.
You are receiving this email because of your affiliation with the Homeless Alliance of WNY.

Our mailing address is:
Homeless Alliance of WNY
960 Main Street
Buffalo, NY 14202

Add us to your address book

Want to change how you receive these emails?

You can update your preferences or unsubscribe from this list.

Email Marketing Powered by Mailchimp

Gmail by Google

Kexin Ma <kexinma@wnyhomeless.org>

CoC local RFP deadline extended

1 message

Homeless Alliance of WNY <Info@wnyhomeless.org> Wed, Jul 3, 2019 at 11:13 AM
Reply-To: Homeless Alliance of WNY <Info@wnyhomeless.org>
To: kexinma@wnyhomeless.org

View this email in your browser

CoC RFP deadline extended

Due to the HUD CoC Notification of Funding Opportunity (NOFA) has not yet been released, our local RFP will be extended to **July 31st 4 PM**. If you are interested in applying for CoC funding, please review the New Project Request for Proposals on our website.

Twitter Facebook Website

Copyright © 2019 Homeless Alliance of WNY, All rights reserved.
You are receiving this email because of your affiliation with the Homeless Alliance of WNY.

Our mailing address is:
Homeless Alliance of WNY
960 Main Street
Buffalo, NY 14202

Add us to your address book

Want to change how you receive these emails?
You can update your preferences or unsubscribe from this list.

Email Marketing Powered by Mailchimp

880 Recipients

List: HAWNY MEETING CONTACTS

Subject: CoC local RFP deadline extended

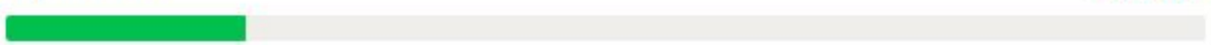
Delivered: Wed, Jul 03, 2019 11:13 am

View email · Download · Print · Share

0	$0.00	$0.00
Orders	Average order revenue	Total revenue

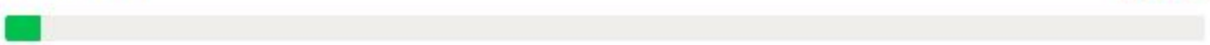
The average order total, minus shipping fees and taxes

Open rate 20.0%



List average	18.6%
Industry average (Non-Profit)	18.9%

Click rate 2.7%



List average	2.9%
Industry average (Non-Profit)	2.0%

175	24	5	0
Opened	Clicked	Bounced	Unsubscribed

United Way Weekly Email and Community Job Announcements to Nonprofits

1 message

United Way of Buffalo & Erie County <nfprc.announcements@uwbec.org> Mon, Jun 17, 2019 at 9:51 AM
Reply-To: United Way of Buffalo & Erie County <nfprc.announcements@uwbec.org>
To: kexinma@wnyhomeless.org

The latest for nonprofits in WNY. View this email in your browser

Nonprofit Resource Center is provided by United Way of Buffalo & Erie County.

United Way issues information to nonprofits as a community service. Thank you for understanding that we do not intend our communication to be an endorsement of any particular announcement.

COMMUNITY NEWS

Business_Meets_Community_Agency_Flyer_2019
"Let United Way connect your agency with teams of volunteers from companies across Erie County!"

charitySTRONG
Recruit Nonprofit Board Members and Build a Great Board with charitySTRONG

New Postings

2019_Festival_of_Fathers

ASIxBonadio_flyer

The Attorney General's Charities Bureau is pleased to invite you to attend a Charities Symposium in Amherst, New York on June 27, 2019.
In order to attend this event, your RSVP is required. To RSVP: https://ag.ny.gov/CharitiesSymposium.

Repeat Postings

CASAC_School_Flyer_Buffalo_BETC_August_2019

FamilySystems

FY2019_Request_of_Proposal_for_Continuum_of_Care_Homeless_Assistance_Program_funding

GOT_STRESS

July_2019_inclusion_workshops

Mental Health First Aid courses, hosted by Compeer and open to the community:
July 9th- YOUTH MHFA 830-430- https://ymhfa7-09.eventbrite.com

July 25th- MHFA 830-430- https://mhfa7-25.eventbrite.com
August 9th- YOUTH MHFA- https://ymhfa08-09.eventbrite.com
August 29th- MHFA 830-430 - https://www.eventbrite.com/e/mental-health-first-aid-open-community-tickets-62846992045

UB_Teen_Asthma_Care_study

Willie_Hutch_Jones_Steam_Camp

Willie_Hutch_Jones_Summer_Programming_Schedule_2019

parade_recruitment_flyer_2019

Family_Fishing_Flyer

Grantwriting_Workshop_buffalo_new_york_july_2019

WNY_Community_College_Instant_Admissions_Day_FAFSA_Night_at_UBEOC

Belmont_Financial_Education_Workshops

Construction_Core_May_2019

Grad_Flyer_April_19

Community Health Center of Buffalo-Adult Mental Health First Aid training on June 26
https://www.eventbrite.com/e/community-mental-health-first-aid-training-tickets-60939012226

Parent_Network_of_WNY_Family_Support_and_Advocacy_Program

WNY_Healthy_Communities_June_28th_Meeting_Live_Well_WNY

The_Salvation_Army_2019_Summer_Day_Camp_in_the_City

HAWNY_2019_2020_Continuum_of_Care_Planning_Grant

NurseAideTraining_Gerard

*If you have something you want us to send out on your behalf, please send it to me in a PDF document by the Friday before you want it sent. You can also send a Word document but PDF is preferred.

***Please be sure to name your attachments how you want them to appear in this listing.**

****We are sorry but we cannot send out fundraising information.**

JOB OPPORTUNITIES

***Job listings appear as submitted. Please be sure to name your attachment how you want it to appear in this listing. You are invited to also submit one or two sentences about the posting.**

New this week

2019_06_15_open_positions_Child_Family_Services

ASI is hiring an Arts Access Coordinator: https://www.asiwny.org/2019/05/27/asi-is-hiring-2/

Community Foundation for Greater Buffalo jobs
Community_Impact_Program_Associate_Grantmaking_Posting
Community_Impact_Administrative_Assistant_Posting
Foundation_Counsel_Posting

Development_Director

Direct_Services_Coordinator

Gerard_Place_Maintenance_Assistant_opening

GLYS_ED_Job_Description_June_2019

Horizon Health Jobs
Administrative Assistant part time
Behavioral Health Clinician
QI Associate

ReStore_Team_Member_06.12.19

Older Postings

2019_06_Cazenovia_Recovery_Openings

Client_Assistance_Coordinator

Crisis_Services_Vacant_Positions_06_05_19

Executive_Assistant_Opening_Field_Fork_Network

Habitat for Humanity jobs
Construction_Site_Supervisor
Mobilization_Coordinator
NY_Buffalo_Community_Outreach_Coordination_National
NY_Buffalo_Construction_Crew_Leader_National
NY_Buffalo_Deconstruction_Coordination_National
NY_Buffalo_Family_Services_Coordination

Maintenance_Tech_and_Administrative_Asst_at_Belmont

NativityMiguel_Dir._of_Community_Outreach_Student_Recruitment_Job_Posting

The_Arc_Erie_County_draft_job_posting

Chief Financial Officer/Chief Administrative Officer
https://www.cfgb.org/careers/chief-financial-officer-chief-administrative-officer/. All applicants are requested to send their cover letter and resume in one word/pdf document to jobs@cfgb.org.

Service_Collaborative_Occupational_Skills_Trainer

Community_Missions_Jobs_5_24_19

JERS_ESL_Teacher_pt

JERS_Grants_Data_Manager

Nursing_Clinical_Instructor_MSN

Transition_Coordinator_Job_Description

2020 Census Bureau Jobs
BUFFALO_NY_jobs_and_pay_rates **-** Apply_Online.pdf
Job Flyer in Spanish -Apply_Online_Flyer_in_Spanish.pdf

Find_the_Perfect_Job_with_THRIVE_Buffalo
THRIVE Buffalo is open for business, helping City of Buffalo residents find new jobs or better jobs. Please distribute the attached flyer to those who might be in the market. If you would like to discuss THRIVE Buffalo personally and how your clients might benefit, contact Joe Roccisano, joseph.roccisano@uwbec.org, 887-2757.

Need new board members? Post your open positions on charitySTRONG and view other candidates who are looking to get involved.

Are you lacking quality volunteers? Post your volunteer opportunities on VolunteerWNY and reach potential volunteers from all over WNY.

Need help but don't know where to start? Call 2-1-1 and talk to a trained information & referral specialist who can identify services to help.

Want something featured in the Nonprofit Resource Center?
Please send your posting to nfprc.announcements@uwbec.org

Copyright © 2019 United Way of Buffalo & Erie County, All rights reserved.
You are receiving this email because you want to know more about the nonprofit sector in Buffalo & Erie County.

Want to subscribe? Click here.
Unsubscribe from this list.

Our mailing address is:
United Way of Buffalo & Erie County
742 Delaware Avenue
Buffalo, NY 14209

Add us to your address book

Homeless Alliance
@HAWNY716

Well, well, well, who do we have here...!
An agency considering applying for a new CoC-funded project!
You don't need to keep hitting "refresh" on our website, the application is right here: wnyhomeless.org/continuum-of-c...

2:22 PM - 5 Jun 2019

1

Homeless Alliance @HAWNY716 · 13s

If you apply, you are cordially required to attend this webinar on the funding process (reserve your spot here)

CoC RFP Registration Link
docs.google.com

Add another Tweet

Homeless Alliance of Western New York
Published by Christine Slocum [?] · Just now ·

Are you a homelessness alleviation organization with an eye on applying for a new project in the CoC competition? You can stop hitting "refresh" on our website now, the RFP is here: https://wnyhomeless.org/continuum-…/coc-funding-competition/

CoC Funding Competition | Homeless Alliance of WNY

CoC Funding Competition | H… of WNY

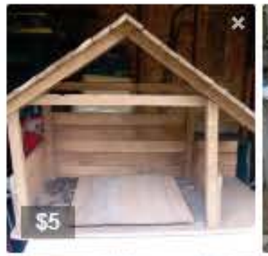
Boost Post

1 Comment

Like Comment Share

Most Relevant

Recommended for You Nearby



See More on Marketplace

English (US) · Español · Português (Brasil) · Français (France) · Deutsch

Privacy · Terms · Advertising · Ad Choices · Cookies · More ·
Facebook © 2019

INSTANT GAMES MORE

TRENDING AMONG FRIENDS MORE

YOUR PAGES SEE ALL
Be Counted WNY
WNY Coalition for the … 9
Homeless Alliance of … 1

CONTACTS
Samantha Nephew

GROUP CONVERSATIONS
Create New Group

MORE CONTACTS
These contacts can't see you on chat. Edit
Will Taylor
Richard Strawman
Hailey Marie Shaw

Search

NY-508 Buffalo, Niagara Falls/ Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC
FY2019 Request of Proposal for Continuum of Care Homeless Assistance Program funding

Introduction

U.S. Department of Housing and Urban Development (HUD)'s Continuum of Care fund is a nationwide competition for homeless funding. This competition is usually a two-step process. First, a local application has to be submitted in response to the Request for Proposal (RFP) released by the Homeless Alliance of Western New York (HAWNY), the CoC lead agency of NY-508 Buffalo, Niagara Falls/ Erie, Niagara, Orleans, Genesee and Wyoming Counties. Then, projects that make the selection list will advance to the federal application process once HUD releases its Notice of Funding Availability (NOFA). Applicants are responsible for the preparation of both the local application and the eventual electronic submission of their project application if the project is approved locally for funding.

This document is a RFP in preparation of the local application process. It only applies to new project applications. Projects that are funded by HUD in FY2018 will follow the renewal procedure and will not need to follow this RFP. Expansion to an existing CoC projects will be considered as a new project. **HAWNY must receive applications on or before July 31st, unless otherwise notified. Notification will be posted on HAWNY website. Applications submitted after this deadline will not be considered for funding.**

Organizations who have no current CoC contract MUST meet with Kexin Ma, Director of Federal Programs and/or Dale Zuchlewski, Executive Director, to discuss the proposed project. A webinar regarding this RFP will be provided on **June 10 1:00-2:00 PM**. Questions are welcomed to submit to Kexin Ma kexinma@wnyhomeless.org before the webinar or asked through the webinar. Click here to register. Link to access the webinar will appear after you register.

New projects to be put forward with the FY2019 application to HUD will be selected by an independent Project Review Committee. Final decisions regarding awards will be made by HUD via the national competition. Local scoring criteria could be found on our website, *FY2019 CoC funding Guide*.

Funding Type

There are three requests in this RFP. They are 1. Replacement proposal of reallocated funds, 2. Bonus projects, and 3. DV bonuses. In the application, applicants should indicate which proposal they are applying for.

1. The CoC Project Selection Committee has met and decided to reallocate $270,000 on May 17th, 2019 from one program. Based upon this decision and in order to maintain services to the populations being served, the Project Selection Committee determined that the purpose of the funding shall remain the same and will be used for Rapid Rehousing for household with children for Erie County residents. The request for this particular proposal shall not exceed $270,000 and shall not be used in a specific sub-population. The proposed project could be a new project or an expansion project.

2. Bonus opportunity has been available in the past. Based on the size of our Continuum, we estimate that our bonus might be up to a total of $999,000. This is subject to change once NOFA is release from HUD. Based on past years' experience, eligible project component types are: Rapid rehousing, Transitional-Rapid rehousing, Permanent Supportive Housing, and Coordinated entry. The proposed project could be a new project or an expansion project. It is unlikely we will receive the full bonus amount. The amount we will possibly receive depends on CoC's performance as well as the proposed project ranking. The Project Selection Committee reserves the right to reduce a funding request from the project applicant in order to better fit in our competition. Client must meet category 1 of the homeless definition.

3. HUD indicated that $50 million will be available as a Domestic Violence (DV) bonus again in the FY19 competition. Based on last years' experience, we estimate that our CoC might be eligible to apply for roughly a total of $1.6 million. This proposal must serve survivors of domestic violence, dating violence, and stalking. Each CoC can only support one Coordinated Entry for DV projects, one TH-RRH project and one RRH project. Any proposal applying for this funding must utilize the coordinated entry system and use a housing first approach. Projects must use a comparable databased to HMIS to record all required data elements.

Eligible Project Component

Please note that each of the funding type above may support different type of the eligible component. Please read carefully. Below are definitions of all eligible components in this RFP:

1. **Joint Transitional Housing (TH) and Permanent Housing-Rapid Rehousing(PH-RRH)**

   The proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from TH to RRH. This may be demonstrated by identifying a budget that has twice as many resources for the rapid rehousing portion of the project than the TH portion, by having twice as many PH-RRH units at a PIT as TH units, or by demonstrating that the budget and units are appropriate for the population being served by the project.

   Projects will be required to adopt Housing First Approach and commit to housing people as soon as possible without pre-conditions. The Transitional Housing component should be used as interim housing/bridger or for youth who cannot obtain their own housing because they are under 18 years of age. Program participants are not required to use both TH and RRH.

2. **Rapid Rehousing**

   (RRH) is a program that intends to help individuals and families quickly exit homelessness and return to permanent housing by providing housing search, ongoing case management, and a short term to medium term rental assistance. This program can serve individuals and families, including youth coming directly from the streets or emergency shelters, or fleeing domestic violence situations and other persons meeting the criteria of category (4) of the definition of homelessness. Individuals who are about to become homeless and living with family or friends will not be eligible.

   Project preference will be given to projects that will strictly take clients from coordinated entry without any preference subpopulation. Recommended caseload per caseworker is 25-30 in this project type or 10-15 for the youth population.

3. **Permanent Supportive Housing(PSH) primarily serve chronically homeless person**

   CoC will only accept PSH applications dedicated to chronically homeless individuals and those who fit the DedicatePlus definition. However, if there are no chronically homeless persons found at any point in time when a bed is available, the PSH program will take clients based on Order of Priority stated in Coordinated Entry Policy and Procedure. Project preference will be given to Project-based (site based) projects or leasing projects.

4. **Coordinated entry project.**

To operate a centralized or coordinated assessment system to assess and prioritize based on client's need and make referral to other housing programs.

Application Requirements:

- All grant term will be only 1 year.
- Projects must agree to use Housing First Approach
- Projects must agree to use coordinated entry
- Project must demonstrate to have 25% match in cash or in-kind

Appendix 1 has more details on the definitions. If you have any question, please contact Kexin Ma, 716-853-1101 or kexinma@wnyhomeless.org.

- Completed local new project applications (page 3-8) should be sent as a Word document or .pdf file. No scanned file or hard copy, please.
- Completed budget workbooks should be sent as an Excel document.

Attach completed application, budget and other required documentation and email to: Kexin Ma kexinma@wnyhomeless.org before the deadline. **ELECTRONIC SUBMISSION BY E-MAIL IS REQUIRED**

Homeless Alliance of Western New York
FY2019 Local HUD Continuum of Care Competition

New Project Application

A. Project Information
Project Name:
Total HUD Request: $
Project Type: ☐**Rapid Re-Housing (RRH)** ☐**Permanent Supportive Housing for Chronically Homeless Persons(PSH)** ☐**Centralized or Coordinated assessment (SSO)** ☐**Joint Transitional Housing and Permanent housing-Rapid Rehousing (TH-RRH)**
Service coverage: ☐**Erie County**☐**Niagara County**☐**Genesee County**☐**Orleans County**☐**Wyoming County**
Respond funding type: ☐**Reallocation** ☐**Regular Bonus** ☐**DV Bonus**
Application type: ☐**New project** ☐**Expansion to existing renewal project**

B. Recipient Organization Information
Organization Name:

Director:
Address:
City: **Zip Code:**
Telephone: **Fax Number:**
Are there Sub-Recipient Organizations for this project? ☐**Yes** ☐**No** **If yes, which organization(s)?**

Application Contact Person Information
Name:
Telephone: **E-Mail:**

C. PROJECT OVERVIEW

# of Units:_____ **Type:** ☐ Single Site ☐Scatter site ☐N/A

# of Beds: _____

Proposed number of households by composition and sub-population annual served

Households	Households with at least one adult and one child	Adult Households without Children	Households with only Children	Total
Total Number of households				
Total Number of Adults				
Total Number of Children				

Number of Units **Dedicated** to the Following Sub-populations	Households with at least one adult and one child	Households Without Children	Households With Only Children	Total
Chronically Homeless Non-Veterans				
Chronically Homeless Veterans				

Adults with Substance Abuse				
Person With HIV/AIDS				
Severely Mentally Ill				
Victims of Domestic Violence				
Physical Disability				
Developmentally Disabled				
Persons not represented by listed sub-population_(please specify)				

SECTION D: PROJECT NARRATIVE

1. **Provide a description that addresses the entire scope of the proposed project.** For projects that would like to serve more than one County within the CoC, please indicate how much funding you are planning to use in each County. The project description should address the entire scope of the project, including a clear picture of 1) the target population to be served. For Rapid Rehousing, please describe the annual number of clients you plan to serve, how many staff you plan to hire and what their expected caseload is. 2) The plan for addressing the identified needs/issues of the CoC target population(s), 3) Projected outcome(s) and measurements, and 4) coordination with other source(s)/partner(s). Lastly, 5) Expansion project only: enter the grant number of the project that is eligible for renewal that the project applicant requests to expand on the new project application; indicate how the new project application will expand units, beds, services, persons served, or services provided to existing program participants. The narrative is expected to describe the project at full operational capacity.

2. **Describe the unmet need for the target population in the proposed community.** Use local data to show the unmet need for the proposed target population. If local data is not available, state or national number could be used as reference.

3. **Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project.** Be sure to provide concrete examples that illustrate 1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications and 2) working with and addressing the target population's identified housing and service needs. If currently operating similar project or serving similar population, please provide outcome from the current projects. Specifically describe your experience with: 1) the Housing First model 2) linking participants to mainstream resources, including benefits, health insurance, employment services, and mainstream affordable housing.

4. **Describe the experience of managing and leveraging other Federal, State, local, and private sector funds.**

5. **Describe the referral process and how your project will be taking clients from CoC Coordinated Entry.**

6. Describe what database you currently use or what database you plan on using with the proposed project. Please list the software name. For DV bonus proposal, if the project does not plan on using the CoC HMIS, please describe how this database is meeting the requirement of a comparable database.
7. **Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** ☐ Yes ☐ No ☐ N/A
8. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? ☐ Yes ☐ No ☐ N/A

Attachments: ***(Please check and submit the following that apply to your project application)***

☐Application
☐Budget Workbook (available on our website)
☐Proof of 501(c)(3) status
☐Most recent audited financial statement
☐ Other attachments; i.e. - proof of Site Control, Zoning Compliance, etc. if applicable

ASSURANCES

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the Project Selection Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant
- Applicant understands that HAWNY as the NY-508 CoC lead coordinates the local application process and it is necessary to begin the process before HUD releases the FY2019 Notice of Funding Availability (NOFA). Any changes that need to be made by the projects will supersede this document.
- Applicant agrees to participate fully in BAS-Net, this community's Homeless Management Information System (HMIS).
- Applicant agrees to abide by all CoC Written Standards applicable to the project that funding is requested for.
- Project agrees to participate in the Coordinated Entry system, which includes using the Coordinated Assessments approved by the CoC and only takes clients from the Coordinated Entry Leads.
- Applicant understands that HUD CoC funded homeless projects are monitored by HAWNY as the CoC lead for Erie County. This can include an annual site visit, annual submission of the applicant's most recent APR submitted to HUD, and submission of the most recent audited financial statement.
- If awarded funding, the applicant agrees to inform HAWNY when the following occur:
  - ✓ The organization has staff vacancies for a duration of time that could affect the projected number of participants served, or result in HUD funds not being fully expended.
  - ✓ There are changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD.
  - ✓ There is an increase/decrease of other funding to the project that could affect the projected number of participants served, services provided, ability to meet matching or leveraging requirements, etc.
  - ✓ There are significant delays in the start-up of a new project.

Name: (please type)	
Title:	
Phone:	
Email:	
Signature:(if application is scanned)	
Electronic signature authorization:	☐ I agree that checking this box is the legal equivalent of my manual signature on this agreement. You confirm that you have reviewed and agree with the conditions above.
Date:	

Continuum of Care (CoC) Development Fee

The Board of Directors of the Homeless Alliance has established the following policies in regard to the payment of fees related to successful HUD Continuum of Care applications.

1. A fee, to be known hereafter as the "Continuum of Care Successful Application Fee," is to be paid by successful applicants for HUD Continuum of Care funding, as described below, in order to reimburse the Homeless Alliance for the cost of work done to prepare, coordinate, and complete the Continuum of Care application process.

2. Fee Calculation: The fee owed shall be equal to 0.5% (zero point five percent) of the total award granted by HUD to the recipient. Where a multi-year award is granted, the fee will be calculated and due on the total award. (award X .005 = fee)

3. Payment Method: Fees are to be paid by check or money order, and are to be made payable to "Homeless Alliance of WNY, Inc.".

4. Payment Schedule: Fees will be due and payable according to the following schedule:

    a. No later than 90 days from the date that HUD officially announces Continuum of Care awards, the Homeless Alliance will calculate and send an invoice to each recipient which details the amount of the fee owed and its date due.

    b. Payment of this fee shall be due no later than 30 days after the execution of a contract with HUD for the award subject to the fee, or no later than 30 days after receipt of an invoice from the Homeless Alliance, whichever comes later.

    c. For multi-year awards, the full fee will be invoiced, but the option of paying on an annual basis over the life of the award is available to the recipient upon request.

5. Sub-Recipients: In the event that an agency applies for and receives an award on behalf of one or more sub-recipients, that agency (the "recipient") is responsible for the fee covering the total amount awarded, and it is the recipient's responsibility to collect from the sub-recipients, if they so choose.

6. Failure to Pay: The failure of a recipient to pay a Continuum of Care Development fee will be ranked as a significant factor in the evaluation of any future Continuum of Care applications that the recipient

submits to the Homeless Alliance.

Name:	
Signature(if application is filled in paper)	
Electronic signature authorization:	☐ I agree that checking this box is the legal equivalent of my manual signature on this agreement. I am aware of the above policy regarding a development fee due to the Alliance should my organization be awarded funds in the FY2019 Continuum of Care competition.
Date:	

Appendix 1: Definitions:

Homeless Definition (effective 1/4/2012 under the HEARTH act) has four categories:

(i) ***Category 1 –(Homeless) Literally Homeless:*** An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: an individual or family with a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution (e.g., jail, hospital)

a. where he or she resided for 90 days or less **AND**
b. resided in an emergency shelter or place not meant for human habitation immediately before entering the institution

Category 2 – (Homeless) Within 14 days of losing home: An individual or family who will imminently lose their primary nighttime residence, provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; **AND**

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing

Category 3 – (Homeless) Youth/Children: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

(iv) Meet the homeless definition under another federal statute; **AND**

(v) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; **AND**

(vi) Have experienced persistent instability as measured by two moves or more during the sixty day period immediately preceding the date of application for homeless assistance; **AND**

(vii) Can be expected to continue in such status for an extended period of time because of chronic disabilities, OR chronic physical health or mental health conditions, OR substance addiction, OR histories of domestic violence or childhood abuse (including neglect), OR the presence of a child or youth with a disability, OR two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment

Category 4 – (Homeless) Fleeing Domestic Violence: Any individual or family who:

- Is fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

- Has no other residence; **AND**
- Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

CHRONICALLY HOMELESS:

An unaccompanied homeless individual with a disabling condition, or an adult member of a homeless family who has a disabling condition, who has either been continuously homeless for a year or more, OR has had at least four (4) occasions of homelessness in the past 3 years, where all combined occasions has to total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation in an emergency shelter, or in a safe haven. The term "homeless," in this case, means a person sleeping in a place not meant for human habitation (e.g., living on the streets), in an emergency homeless shelter, or in a Safe Haven as defined by HUD.

DISABLING CONDITION:

A disabling condition is defined as: (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes an individual's ability to live independently, and of such a nature that the disability could be improved by more suitable conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agent for acquired immune deficiency syndrome; or (5) a diagnosable substance abuse disorder. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

Housing First Approach is a programmatic and systematic approach that centers on providing homeless people with housing quickly and then providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example: a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services. b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of "housing readiness." c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff. d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Coordinated Entry:

The primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of

service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources. More information can be found on our website: https://wnyhomeless.org/continuum-of-care/coordinated-entry/

DedicatedPLUS project:
A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals, households with children, and unaccompanied youth that at intake are:

(1) Experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) Residing in a place not meant for human habitation, emergency shelter, or safe haven and had been admitted and enrolled in a permanent housing project within the last year but were unable to maintain a housing placement and met the definition of chronic homeless as defined by 24 CFR 578.3 prior to entering the project;
(4) Residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5) Residing and has resided in a place not meant for human habitation, safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability'; or
(6) Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Page 1: online posting
Page 2-8: funding guide, including scoring and ranking tool, and application process

CoC Funding Competition

HAWNY, as the CoC Lead Agency, coordinates the process that selects the local projects that will be moved forward to the federal HUD CoC Program Competition. Usually, it is a two-step process. First, a local application has to be submitted in response to the Request For Proposal (RFP) released by HAWNY. Projects will be reviewed and ranked by an independent Project Selection Committee. Projects that make the selection list will advance to the federal application process, once HUD releases its Notice of Funding Availability (NOFA).

FY2019 Funding Application Documents

New Project Request for Proposals — 6/5/2019. A webinar is available to explain the RFP, which you may register here.

FY2019-New-project-Budget-Worksheet -6/5/2019

Planning Grant Request for Proposals — 6/5/2019

FY2019 CoC Funding Guide–4/9/2019

FY2019-Renewal-Project-Application–4/8/2019

In Fiscal Year 2017, Erie, Niagara, Genesee, Orleans and Wyoming Counties were awarded 12.1 million dollars towards ending homelessness. You can see the funding allocations in the charts below. Complete ranking

GET HELP.

Are you facing homelessness?

Click here for more information.

To find a service in your local area click: 2-1-1 WNY

If this is an emergency, please call 911.

Join the Homeless Alliance mailing list!

email address

Subscribe

CLICK HERE to donate to the HomelessAlliance of Western New York

FY2019 NY-508 HUD CoC Funding Guide

This guide was approved by the CoC board on 4/8/2019.

The U.S. Department of Housing and Urban Development (HUD)'s Continuum of Care(CoC) program is a nationwide competition for homeless funding. The competition is usually a two-step process. First, a local application has to be submitted in response to the Request For Proposal (RFP) released by the Homeless Alliance of Western New York (HAWNY), the CoC collaborative applicant. Projects that make the selection list will advance to the federal application process. Applicants are responsible for the preparation of both the local application and the eventual HUD electronic submission through Esnaps of their project application if the project is approved locally for funding.

Guiding Principles on Project Review and Ranking

- Priority will be given to programs that are most successful in ending homelessness and have a positive impact upon overall CoC system performance.
- The goal is to direct new resources toward existing known service gaps including geographic gaps.
- The goal is to provide an incentive to all funded providers to monitor and improve their performance in order to ensure continued funding with CoC resources.
- The Project Selection Committee will attempt to maximize funding available to end homelessness in the CoC.
- New Projects will compete with renewal projects for ranking in both Tier 1 & 2.
- All renewal projects will be ranked based on Renewal Scoring Standards found on page 3 during the local application process.
- Lower performing projects or projects that don't meet the thresholds will be required to meet with the Project Selection Committee to determine if the project should be reallocated.

Reallocation Process

Reallocation means to partially reduce or entirely eliminate a project and utilize the funds for one or more new projects. Funds are reallocated to new projects whenever reallocation would improve outcomes, result in more efficient use of resources and/or reduce homelessness. The CoC Board establishes the project scoring standards to comprehensively review project quality, performance and cost effectiveness annually. The standards are disseminated widely via email and posted to the web. The scoring standards for renewal projects use objective, performance based scoring criteria and selection priorities that are approved by the CoC Board to determine the extent to which each project is improving CoC System Performance, successfully helping homeless people to quickly obtain and retain housing without unnecessary barriers, and to increase their income.

Reallocation can occur under the following circumstances:

1. A currently funded project declines to renew their project.
2. A currently funded project adjusts their budget to a lower amount.
3. A currently funded project voluntarily reallocates funding to do a new project that aligns better with HUD priorities and project design best practices.
4. The Project Selection Committee can make decisions on a partial or full funding cut on currently funded projects when a project has underperformed. Underperformed is defined as any of the following:

- continually has a substantial amount of unspent funds;
- has an unreasonable budget line item;
- has performed poorly as it relates to local and federal performance outcomes;
- has a low utilization rate;
- has not utilized coordinated entry;
- has not served the proposed target population;
- has a program design/model that no longer lines up with HUD goals;
- misuse of federal funds and not following federal regulations with no plans to come into compliance are grounds for immediate defunding;
- has program design that has a negative impact on system performance and /or overall CoC score.
- Has a higher cost per client/ cost per successfully housed client compared to a similar program.

The CoC Project Selection Committee will try to make reallocation decisions prior to the release of the NOFA/release of local RFP if possible. The Project Selection Committee will meet to determine which renewal projects may be reallocated in part or full, based on the circumstances above. Projects will then have 5 days after the receiving notification of the recommended reallocation to appeal. The appeal process can be found on page 6 of this guide.

The CoC offers providers education & technical assistance regarding reallocation:

- HUD priorities and best practice models for different populations are discussed at every monthly membership meeting.

- Performance reports are released quarterly to the public
- Low performing providers are scheduled to meet with HAWNY staff to discuss an improvement plan.

Renewal Scoring Standards:

Renewal projects will receive their performance information to be used for scoring at least 30 days prior to the selection committee meeting. Providers will have at least two weeks to review and correct their performance data. HAWNY staff will provide technical assistance if needed. The performance data will be final on a notified date. It is the provider's responsibility to ensure their performance data is accurate. Project Selection Committee will not accept low performing due to data inaccuracy.

Renewing housing application **must** meet the following **thresholds**:

- Use Coordinated Entry.
- Use a Housing First approach and low barriers to admission and retention in the program.
- All PSH programs must be Dedicated or Dedicated Plus.

Scoring is as follows:

Project Type	Rating Factor	Data Source	Measure	Total Points
Annual Performance (70 Points)				
1. Occupancy				
RRH+TH	Percent of beds/units filled by households each night during the reporting period	Local HMIS data (entry/exit dates, average cost, contracted beds)	>= 95% = 15 90-94% = 10 85-89% = 5	15
PSH+SH	Percent of beds/units filled by clients each night during the reporting period	Local HMIS data (entry/exit dates, provider's bed/unit count)	>= 90% = 15 85-89% = 10 80-84% = 5	
2. Exit to Permanent Housing				
RRH+TH	Percent of clients who move to permanent housing	APR Q23a & Q23b divided by the total number of exits	>= 90% = 15 85-89% = 10 80-84% = 5	15
PSH+SH	Percent of clients who remain in or move to permanent housing	Calculation: 1) Refer to Q5a to find the number of stayers 2) Refer to Q23a & Q23b and add together the total number of clients who exit to Permanent Destinations and 3) Add stayers (Step 1) and leavers to permanent housing destinations (Step 2) and divide by number of participants (Q7) minus the number of excluded leavers in Q23a & Q23b	>= 95% = 15 90-94% = 10 85-89% = 5	
3. Quickly Housing Clients				
RRH+TH	Average time to housing based on time between program entry date and move-in date	Local HMIS data (entry date and move-in date)	<= 30 days = 15 31-45 days = 8	15
PSH+SH	Average time to housing based on time between program entry date and move-in date (includes all clients who entered after 10/1/17)	Local HMIS data (entry date and move-in date)	<= 45 days = 15 46-60 days = 10 61-90 days = 5	
4. Returns to Homelessness				
RRH+TH	Percent of clients who return to homelessness within 6 months after exiting to permanent housing	ART Report - 0701 - Exits to Permanent Housing with Return to Homelessness || Only considers clients who return to homelessness during the reporting period if the new entry is within	0-5% = 15 5-10% = 8	15

		six months of the original exit date		
PSH+SH	Percent of clients who return to homelessness within 6 months after exiting to permanent housing	ART Report - 0701 - Exits to Permanent Housing with Return to Homelessness || Only considers clients who return to homelessness during the reporting period if the new entry is within six months of the original exit date	0-10% = 15 10-20% = 10 20-35% = 5	
5. Adults who Maintained/Increased Earned Income				
RRH+TH and PSH+SH	Percent of Adults who Maintained/Increased Earned Income	APR Q19a3 – Add "Number of Adults with Earned Income" for "Retained Income Category But Had Less $...", "Retained Income Category and Same $...", "Retained Income Category and Increased $...", and "Did Not Have the Income Category at Start and Gained the Income Category…" and divide by "Total Adults (including those with No Income) + # Adults w/o Required Annual Assessment (Q18)" *APR only considers adults who have exited or have had an annual assessment. Data entered in a general interim "update" is not considered.	Ranked Top 20% Among Peers = 5 Ranked Top 50% Among Peers = 3	5
6. Adults who Maintained/Increased Any Income				
RRH+TH and PSH+SH	Percent of Adults who Maintained/Increased Any Income	APR Q19a3 – Add "Number of Adults with Any Income" for "Retained Income Category But Had Less $...", "Retained Income Category and Same $...", "Retained Income Category and Increased $...", and "Did Not Have the Income Category at Start and Gained the Income Category…" and divide by "Total Adults (including those with No Income) + # Adults w/o Required Annual Assessment (Q18)" *APR only considers adults who have exited or have had an annual assessment. Data entered in a general interim "update" is not considered.	Ranked Top 20% Among Peers = 5 Ranked Top 50% Among Peers = 3	5
SOAR (5 Points)				
All Projects	Have a SOAR trained staff			5
Project Compliance-ALL Projects (20 Points)				
All Projects	Combined Data Quality	CoC APR Q.6a-e		13
All Projects	HMIS and CoC Monitoring	Monitor reports		5
All Projects	HMIS Staffing	Project had less than 50% HMIS user turnover in past year		2
			TOTAL	**95**
Bonus			**Maximum:**	**15**
PSH				
PSH+SH	Percent of clients who exit to PH (positive turnover rate)	APR Q23a & Q23b	Top 20%	5
PSH+SH	Percent of clients with 2+ disabilities	APR Q13b2 & Q13c2	>= 80%	10
RRH Singles				
RRH+TH	Percent of clients with 1+ disabilities	APR Q13b2 & Q13c2	>= 50%	10
RRH+TH	Average VI-F/VI/TAY score for all clients served	Local HMIS data (VI score, entry/exit date, head of household)	Top 25%	5
RRH Families				
RRH+TH	Percent of clients with 1+ disabilities	APR Q13b2 & Q13c2	>= 50%	4
RRH+TH	Average VI-F/VI/TAY score for all clients served	Local HMIS data (VI score, entry/exit date, head of household)	Top 25%	7
RRH+TH	Percent of households with 5+ members	Local HMIS data (household ID, entry/exit date)	Top 20%	4

Note: "New renewal" is defined as a Rapid Rehousing project operating over 1 year, but less than 2 years, and a Permanent Supportive Housing project operating over 1 year, but less than 3 years.

Programs that have been operating for less than 1 year will not be scored based on the measures above.

There are no VAWA funded DV programs in this year's renewal applications, therefore no separate evaluating process is set up using comparable data. CoC funded DV RRH's performance align with other

non-DV RRH and so there are no separate outcome measures were used.

All projects that are lower performing, but due to population or region considerations giving chance for improvement will be put on probation period for a year. Projects that are on probation will be required to meet with the Homeless Alliance of WNY/Project Selection Committee quarterly.

New Project Scoring Standards:

New Projects that do not meet threshold criteria or submit after the deadline stated in the local Request for Proposal (RFP) will not be reviewed or scored.

Threshold Criteria	
Commitment to prioritize clients using CoC Coordinated Entry system (Q5)	
Using a Housing First Approach and low barriers (Q3)	
Matching funds equal or over 25% of the total request (Budget sheet)	
No more than 7% of the program expense budget can be for the administrative cost	
For PSH, a project must dedicate 100% of units to chronically homeless clients or Dedicated Plus and use the Order of Prioritization established in CoC Written Standard and Coordinated Entry Policy and Procedure.[1]	
For RRH, project must meet category 1 or 4 in the homeless definition[2].	
Must use HMIS. For DV, must use a comparable database. (Question 6 on DV application)	
New project scoring (Non-DV)	
Clearly demonstrate the unmet need for the proposed population using local data (Q2)	15
Program design is suitable for proposed population (Q1)	10
Project proposed outcomes align with CoC system and project outcome(Q1)	10
Experience with proposed homeless population and previous performance (Q3)	15
Experience with grant management (Q4)	10
Accessing mainstream benefits (Q3)	10
Cost are reasonable and activities are eligible (Budget sheet)	10
Leverage meeting 150% (Budget sheet)	5

[1] http://wnyhomeless.org/continuum-of-care/coc-documents/
[2] https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

No findings in audited financial statement (attached financial statement)	5
Is housing vs services cost reasonable?	10
Total Points	100
Bonus(will be given to max. 4 projects scored the highest within its proposed population and meeting the community needs)	20

New project scoring (DV)	
Clearly demonstrate the unmet need for the proposed population using local data (Q2)	15
Program design and services proposed are suitable for DV population (Q1)	10
Project proposed outcomes align with DV specific outcomes(Q1)	10
Experience with serving survivors of domestic violence and previous project outcomes (Q3)	15
Experience with grant management (Q4)	10
Accessing mainstream benefits (Q3)	10
Cost are reasonable and activities are eligible (Budget sheet)	10
Leverage meeting 150% (Budget sheet)	5
No findings in audited financial statement (attached financial statement)	5
Is housing vs services cost reasonable?	10
Total Points	100
Bonus(will be given to max. 4 projects scored the highest within its proposed population and meeting the community needs)	20

Ranking Policy:

Tier 1:
1: Renewal Permanent Supportive Housing (PSH), Transitional Housing, and RRH based on Project Score. (Depends on the amount of funding available in Tier 1, the lower scoring programs may be ranked in Tier 2 or reallocated)
2: PSH that have operated for less than 1 year.

3: New project (based on project quality and community need)
4: HMIS & Coordinated Entry
Projects may be in Tier 1 or straddle between Tier 1 and Tier 2)

Tier 2:

1: Remaining PSH, RRH based on performance score.
2: Remaining new projects based on Project Score

Funding Security for Regions

CoC agrees to attempt to maintain the level of funds that are available to newly merged areas: Niagara and GOW(Genesee, Orleans and Wyoming),and seek opportunities to expand its funding if the programs perform well or through new applications. Renewal projects are still held the same standards in terms of performance.

Appeals

An applicant organization that has been denied funding or awarded funds in an amount that is less than applied for or requested under the local application process may submit an appeal to the CoC Project Selection Committee under any of the following conditions:

a. If they were denied the right to reasonably participate in the local application process;
b. If the Project Selection Committee overlooked information in the application that would have caused the application to meet thresholds or be successfully scored. No additional application information may be submitted after the deadline stated in local RFP;
c. A decision made by the CoC Project Selection committee regarding the ranking, rejection or funding of their project was unsubstantiated by the project performance standards.

If the applicant can prove it meets one of these criteria, the applicant organization may file an appeal to be reconsidered for inclusion in either the local competition or federal competition. It is the responsibility of the Applicant to address each area(s) identified as a factor(s) of the funding decision in a manner that could result in a more favorable decision. **An appeal shall not be used as a negotiation tool to extend a poor performing program with the promise to better in the future.**

A written appeal request must be submitted to HAWNY within **five business days** of the notice of the decision with detailed reasons, for appeal, in accordance with the criteria above (a,b, or c). The Project Selection Committee will then respond to the appeal by providing either a written letter respond or schedule a hearing with the applicant within ten business days. The decision made by the Project Selection Committee will be final.

Memorandum of Understanding
Between
Homeless Alliance of Western New York (HAWNY),
As the Continuum of Care lead for Buffalo/ Niagara Falls/ Erie, Niagara,
Orleans, Wyoming, Genesee counties
AND
The Isaiah 61 Project, Inc.

WHEREAS, the Homeless Alliance of Western New York (HAWNY), wishes to fully support The Isaiah 61 Project, Inc.'s efforts to serve the immediate vocational and material needs of residents of Niagara County through construction trades training, career placement or continued education, and increasing self-worth.

WHEREAS, The Isaiah 61 Project, Inc. has agreed to facilitate the integration of individuals and families experiencing homelessness into job training, and propel them into a career pathway or continued education.

WHEREAS, The Isaiah 61 Project, Inc. will regularly market its programs to those experiencing homelessness or those who have recently experienced homelessness, and unemployment.

Whereas, The Isaiah 61 Project, Inc. has agreed to prioritize those individuals and families being referred from the Continuum of Care Rapid Rehousing program for placement the job training program, career placement or continued education, and increased self-worth.

Accordingly, the Homeless Alliance of Western New York and The Isaiah 61 Project, Inc. will collaborate to bring employment supportive services under this MOU, agree as follows:

The Isaiah 61 Project, Inc. will:

1. Participate fully in the Continuum of Care meetings held monthly the hosted in Niagara Falls hosted by the Niagara County Coalition for Services to the Homeless.
2. Make information easily accessible to those experiencing homelessness by presenting about its programs to case workers who directly serve those experiencing homelessness on a yearly basis
3. Assist those who are experiencing, or have recently experienced homelessness, with the application process into the program.
4. Keep rapid rehousing and permanent supportive housing providers in Niagara County apprised of open slots in the program.
5. Facilitate matching formerly homeless people in the Isaiah 61 program with job opportunities in Niagara County.

HAWNY will:

1. Will assist the Continuum of Care agencies and Isaiah 61 in ensuring a proper referral process for placement into job training program.
2. Provide The Isaiah 61 Project, Inc. with relevant statistical information pertaining to homelessness in Niagara County.
3. Assist with planning activities and coordination among homeless service providers Niagara County to better provide support services to homeless residents.

On behalf of the partnering organizations we enter into this agreement on behalf of our organizations:

Dale Zuchlewski
Executive Director
Homeless Alliance of Western New York

8-1-2019
Date

Natalie Bellein
Executive Director
The Isaiah 61 Project, Inc

8-6-19
Date

COUNTY OF ERIE

MARK C. POLONCARZ
COUNTY EXECUTIVE

August 28, 2019

To Whom It May Concern:

The Erie County Department of Social Services (ECDSS) is pleased to support the Homeless Alliance of WNY's grant application for the Continuum of Care (CoC) Program offered by the U.S. Department of Housing and Urban Development.

ECDSS, a member of the NY-508 CoC recognizes the critical need for employment services for individuals experiencing homelessness. ECDSS helps all individuals applying for or receiving Temporary Assistance including those experiencing homelessness achieve financial independence through a variety of meaningful work activities together with the provisions of supportive services.

ECDSS along with community partners provides training and employment opportunities including but not limited job readiness, job fairs, job skills training, work experience, education, vocational and subsidized employment opportunities.

We recognize how housing issues may affect employment and address their housing situation with individuals during the employment assessment process.

It is our experience that employment and supportive services are essential for families to enhance the probability of gaining and retaining employment and enables them to transition to self-sufficiency.

This grant opportunity can have a positive impact to better serve the needs in our community, and the Erie County Department of Social Services is committed to being a part of the solution.

Please feel free to contact me regarding our support.

Sincerely,

Marie A. Cannon

Marie A. Cannon, Commissioner
Erie County Department of Social Services

Memorandum of Understanding
Between
Homeless Alliance of Western New York (HAWNY),
AND
Diversified Labor Solutions
Cantalician Center for Learning, Inc.

Purpose:
The Homeless Alliance of Western New York and Diversified Labor Solutions, Cantalician Center for Learning, Inc. (DLS) agree to collaborate to bring employment services to people who are experiencing homelessness.

DLS will:

1. Provide part time, entry level job opportunities in a manufacturing environment to people who experiencing homelessness or in a CoC funded programs and meet the requirements of the job. Especially for those who are in the ACCESS-VR program, or those who have a disability.
2. Provide HAWNY informational materials for potential applicants.
3. Provide person-centered approach services to meet individuals' employment need for ACCES-VR eligible individuals.

HAWNY will:

1. Will promote Cantalician Center's employment program to any potential candidate within the CoC.

On behalf of the partnering organizations we enter into this agreement on behalf of our organizations:

8-27-2019

Dale Zuchlewski
Executive Director
Homeless Alliance of Western New York

Date

8.23.19

Anne Spisiak
Executive Director
Cantalician Center for Learning, Inc.

Date

Memorandum of Understanding
Between
Homeless Alliance of Western New York (HAWNY),
As the Continuum of Care lead for Buffalo/ Niagara Falls/ Erie, Niagara,
Orleans, Wyoming, Genesee counties
AND
Niagara's WorkSourceOne

WHEREAS, the Homeless Alliance of Western New York (HAWNY), wishes to fully support Niagara's WorkSourceOne's efforts to serve the immediate vocational and material needs of residents of Niagara County through training, career placement, and

WHEREAS, Niagara's WorkSourceOne has agreed to facilitate the integration of individuals and families experiencing homelessness into job training, and

WHEREAS, Niagara's WorkSource One will regularly market its programs to those experiencing homelessness or those who have recently experienced homelessness, and

Whereas, Niagara's WorkSourceOne has agreed to collaborate with the Niagara County Coalition for Services to the Homeless' efforts to bring services to those experiencing homelessness, and

Whereas, the Homeless Alliance of Western New York assures that it will operate in full compliance with all nondiscrimination and equal opportunity provisions of the applicable Federal and New York State laws including but not limited to WIOA Section 188 and 29 CFR Part 37, and

Whereas, the Homeless Alliance of Western New York and Niagara's WorkSourceOne agree that either party retains the right to cancel, or request modification of, this agreement at any time without any further liability on the part of either party.

Accordingly, the Homeless Alliance of Western New York and Niagara WorkSourceOne will collaborate to bring employment supportive services under this MOU, agree as follows:

Niagara's WorkSourceOne will:

1. Regularly participate in the Continuum of Care meetings held monthly in Niagara Falls hosted by the Niagara County Coalition for Services to the Homeless.
2. Make information easily accessible to those experiencing homelessness by presenting about its programs to case workers who directly serve those experiencing homelessness on a yearly basis at Niagara County Coalition for Services to the Homeless meetings
3. Assist those who are experiencing, or have recently experienced homelessness, with the intake process into the program.
4. Facilitate matching formerly homeless people with job opportunities in Niagara County.

HAWNY will:

1. Will assist the Continuum of Care agencies and Niagara's WorkSourceOne ensuring a proper referral process for placement into job training program.
2. Provide Niagara's WorkSourceOne with relevant statistical information pertaining to homelessness in Niagara County.

3. Assist with planning activities and coordination among homeless service providers Niagara County to better provide support services to homeless residents.

On behalf of the partnering organizations we enter into this agreement on behalf of our organizations:

8-27-19

Dale Zuchlewski — Date
Executive Director
Homeless Alliance of Western New York

8/23/19

Donald Jablonski — Date
Director
Niagara County Employment & Training / One Stop Operator, Niagara's WorkSourceOne

MEMORANDUM OF UNDERSTANDING
between
VETERANS ONE-STOP CENTER OF WNY, INC.
and
GOODWILL INDUSTRIES OF WESTERN NY, INC.

ACKNOWLEDGED:

Whereas Veterans One-stop Center of WNY, Inc. (VOCWNYWNY) is a nationally recognized leader that unites and empowers veterans, service members, and their families in the transition from military to civilian life and provides free services and resources such as employment, financial counseling, legal, housing, peer-to-peer support, and education in one singular, convenient location.

Whereas Goodwill Industries of Western New York (Goodwill) provides individualized job training and employment programs and services to persons with disabilities and other serious VOCWNY vocational barriers since 1920 with activities that empower and assist its clients to achieve meaningful work in a field of choice, maintain and advance in employment, and reach their highest level of personal self-sufficiency.

Accordingly, the following initial terms of understanding have been entered into by VOCWNY and Goodwill, and in order to successfully achieve the goals of this project, the parties set forth their commitments as follows:

PURPOSE:

This Memorandum of Understanding (MOU) is accepted between VOCWNY and Goodwill in order to initiate steps to create a working partnership between these community service providers. This agreement creates the offering of on-site access to free employment and training services to veterans and family members in need at VOCWNY offices.

TERMS OF UNDERSTANDING:

Veterans One-stop Center of WNY, Inc.:

1. VOCWNY will provide private space equipped with telephone, computer connections, and internet access, as needed, on days and at times as pre-arranged with Goodwill for the purpose of Goodwill providing employment and training services to eligible veterans and members of their families.

Goodwill Industries of Western New York, Inc.:

1. Goodwill will work in collaboration with VOCWNY and other service provider partners to facilitate the re-employment of Veterans.

2. Goodwill reasonably expects to provide staff on-site at VOCWNY five days/week during normal business hours for the purposes of soliciting, screening, and working with veterans to assess their skills, knowledge, and interests for the purpose of finding them employment.

3. Goodwill will work with VOCWNY and other service provider partners to implement an aggressive outreach program to ensure that all veterans and their families are aware and have the opportunity to take advantage of all the services and benefits they have earned.

4. Goodwill agrees to provide VOCWNY with all information and reports necessary to fulfill the mission of the VOCWNY.

5. Goodwill will report to VOCWNY monthly statistics including the number of clients served, the types of services received, the status of clients who received services or any other relevant statistics regarding the outcomes of VOCWNY clients.

VOCWNY and Goodwill:

1. It is agreed by all parties that every reasonable effort will be made to initiate and maintain these procedures for the purpose of benefiting veterans and insuring the success of this collaborative partnership.

2. Nothing in this MOU is intended to diminish or otherwise affect the authority of this or any other organization to implement its statutory functions or procedures. This understanding may be modified at any time upon the request of either party and with the consent of the other, and may be terminated at any time with official consent of both parties, or by either party upon thirty (30) days' written notice in advance to the other.

3. This agreement will be valid from January 1, 2019 until cancelled or superseded.

Date: 9/12/19

Chuck Marra
President & CEO
Veterans One-stop Center of WNY, Inc.

Date: 9/12/19

Thomas Lynch
President & Chief Executive Officer
Goodwill Industries of Western NY, Inc.

Racial Disparities and Homelessness in Western New York[1]

Executive Summary **2**

Racial and Ethnicity Inequity in Poverty and Homelessness **3**

Within the Homeless System **5**

Vulnerability Among Different Races/Ethnicities 6

Implications of Equity Among Different Homeless Interventions 9

Equity in Successful Exits 10

Conclusion and Action Plan **12**

[1] In this data analysis, Western New York is defined as Erie, Niagara, Genesee, Wyoming and Orleans County because these are areas the Homeless Alliance of WNY coordinate services with and administer the data for.

September 2018

Executive Summary

The Homeless Alliance of Western New York analyzed racial disparities among homelessness within Western New York and examined the homeless system's equity serving different racial/ethnic groups in terms of receiving those services, prioritizing those services, and housing success rate. The ideal model for an unbiased homeless system would distribute assistance such that it is received in equal percentages across racial/ethnic groups as the percent of that racial group experiencing homelessness. One of the consequences of systemic racism is an overrepresentation of people of color among those who experience homelessness. Black people make up 11% of the general population of Western New York but they account for 25% of the people in poverty and 47% of the homeless population. When the number of people who experience homelessness are compared against the number of people who are in poverty, Black people living in poverty are 3 times more likely to experience homelessness compared to White people. These suggest that poverty rates alone do not explain the over-representation, but that systemic racism blunts the ability of people of color to recover from financial catastrophe to avoid homelessness relative to those who are White.

We reviewed data entered in our Homelessness Management Information System pertaining to the race and ethnicity of clients who have experienced homelessness and those who have participated in the coordinated entry process and those who received housing vouchers assistance (through permanent supportive housing or rapid rehousing programs). Some programs, like emergency shelter, must serve all. However, in 2014, our system for distributing rapid-rehousing and permanent supportive housing vouchers changed from first-come, first serve to a coordinated entry process that prioritized those who had highest vulnerabilities on the VI-SPDAT triage tool. We found that higher rates of white people presented with more disabilities than other race and ethnic groups, and more scored in the higher categories of the vulnerability index. We found that implementing a need-based coordinated system sharply reduced the disproportionately white access to permanent housing that existed in 2013. We also found that the highest rate of successful exits from rapid rehousing are among Hispanic/Latinx clients and Black clients.

The homelessness alleviation system is the safety-net of last resort for community members at their most dire financial circumstances. It is thus the system that pays the sharpest witness to the consequences of institutional racism and systemic barriers to financial resource acquisition. We will continue monitoring the demographics of those experiencing homelessness and those receiving services to ensure that our system is not perpetuating the same racism.

The purpose of this data analysis is to identify racial disparities among homelessness within Western New York and examine the homeless system's fairness across different racial/ethnic groups in terms of receiving services, prioritizing clients for services, and housing success rate. Homeless system information is solely obtained from the Homeless Management Information System (HMIS), which stores each client's demographic information as well as program information, such as program start date, exit date and exit destination. 90% of the shelters, street outreach programs, transitional housing, rapid rehousing, and permanent supportive housing programs in the homeless system participate in this database.

Racial and Ethnic Inequity in Poverty and Homelessness

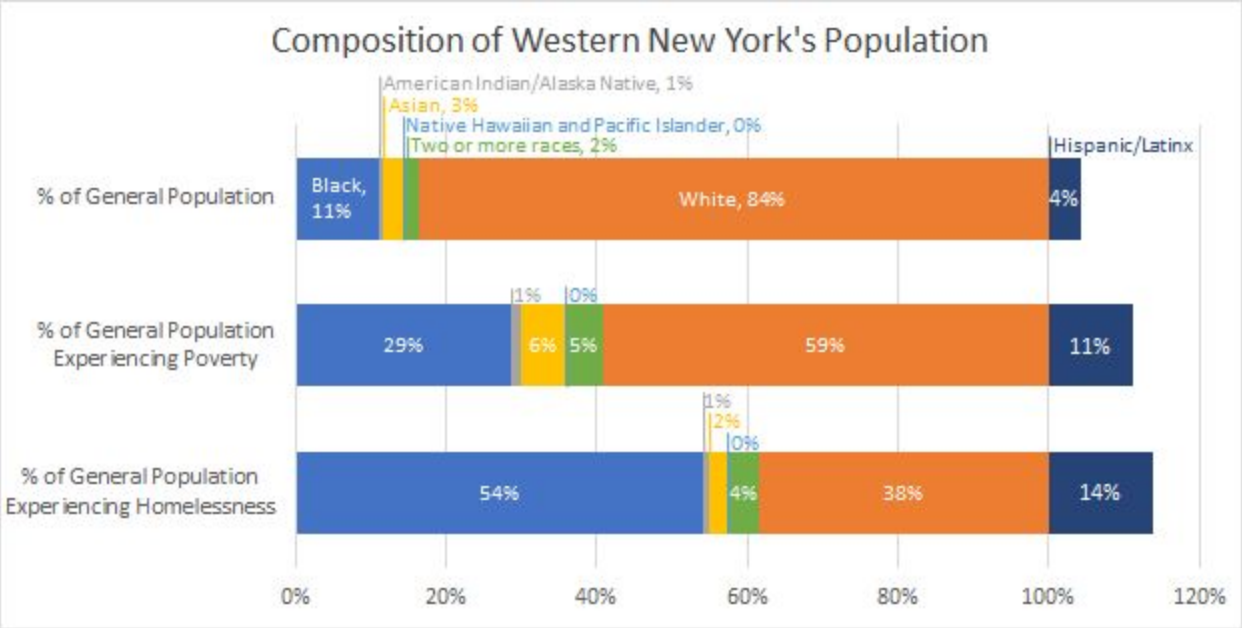


Figure 1: Percentage of each race in WNY general population, those who experienced Poverty (United States Census Bureau - 2016 American Community Survey) and those experienced Homelessness (Homeless Management Information System - FY2017, October 1, 2016 – September 30, 2017). Because Hispanic/Latinx is considered an ethnicity, in this chart it is calculated separately from people's races so each section of the graph will be greater than 100%.

Figure 1 shows that White people are the only group who experience poverty and homelessness at rates less than their proportion in the general population. They represent 84% of the general population, but only about 10% of them experience poverty (Figure 2). Every other group, who together total only 16% of the general population, experiences poverty at more than three times that rate. These rates are already disproportionate, but when we further analyzed the rates that people in poverty also experience homelessness, the results were still inconsistent. Black and Hispanic/Latinx people experiencing poverty also experienced homelessness at triple and double the rates respectively of White people (Figure 3). These suggest that poverty rates alone do not explain the over-representation of people of color in the homeless system.

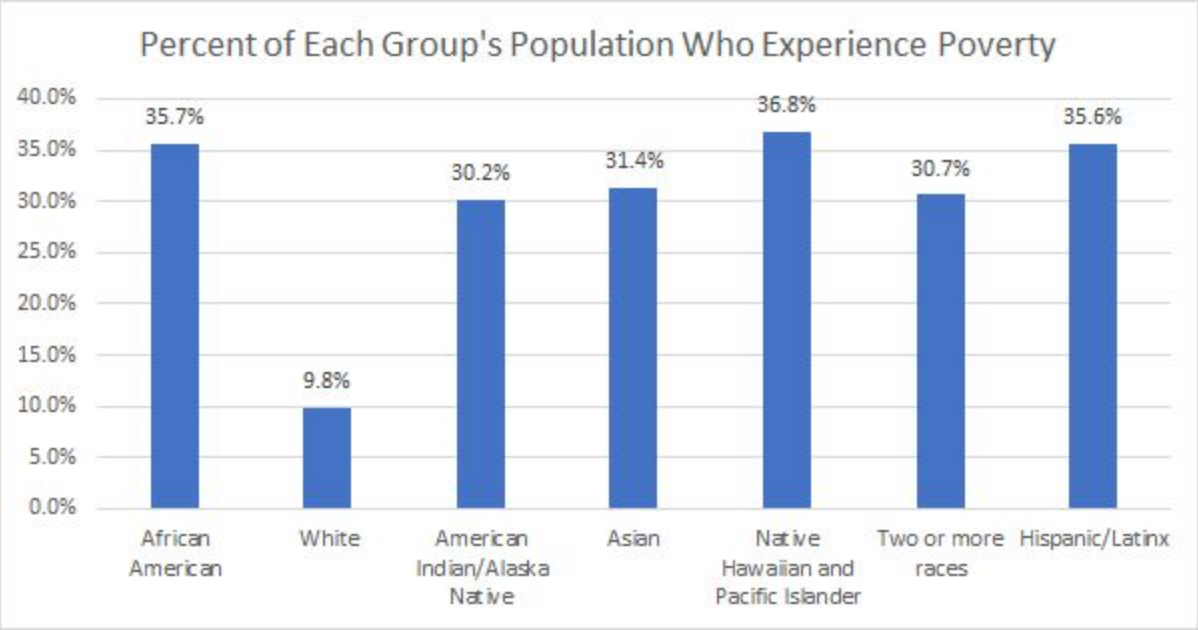


Figure 2: Percentage of people experiencing poverty in each group based on the total population of that group

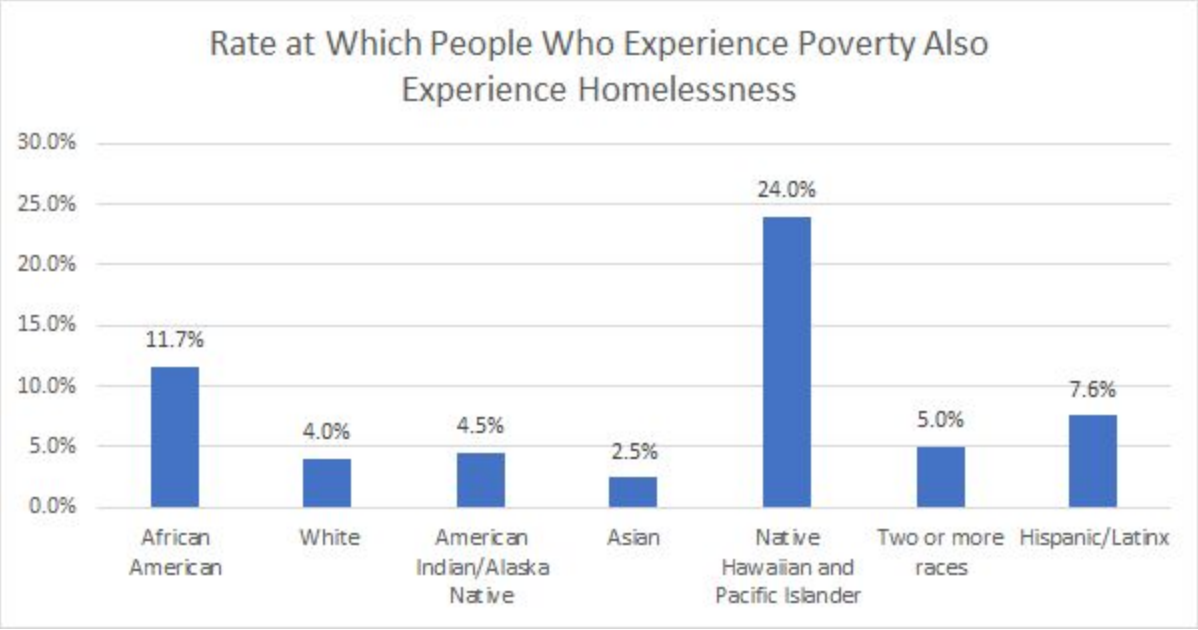


Figure 3: Percentage of people experiencing homelessness in each group based on the number of people experiencing poverty in that group

Based on our 2017 Homelessness Summary Brief, 29.15% of people experienced homelessness due to eviction, either by primary tenant or by landlord, and 10.55% of them due to job loss in Erie[2]. According to the Buffalo City School District Graduation Rate Data 4 Year Outcome as of June, 2018, the White students' high school graduation rate is 74% but the Black and Hispanic/Latinx students' graduation rates are only 62% and 51% respectively.[3] This, combined with the fact that unemployment rates are

[2] https://wnyhomeless.org/app/uploads/2017-Erie-Homelessness-Brief-Final-Version.pdf

[3] Buffalo City School District Graduation Rate Data 4 Year Outcome as of June. Accessed September 10, 2018 https://data.nysed.gov/gradrate.php?year=2017&instid=800000052968

higher for those with less than a high school degree (12.8% compared to the 4.9% of those who graduate from high school[4]), does not make it surprising that the unemployment rate for African American and Hispanic/Latinx workers in the city in recent years has averaged over 13.6% and 10.2% respectively while White workers have averaged a 4.9% unemployment rate[5]. For those who are working, people of color are not making as much as their White counterpart. Partnership of Public Good's 2016 report points out that "In Buffalo-Niagara, whites have a median income of over $55,000. By contrast, for blacks the median income is under $25,000 and for Hispanics it is under $27,000." With increasing rent, affording housing becomes difficult for low-income households. 42% of Native American households, 37% of Hispanic/Latinx households, 30% of black households, and 29% of Asian or Pacific Island households pay more than half their income on housing every month compare to only 15% of the White households.[6]

According to our 2017 Homelessness Summary Brief, a significant portion of clients enter the homeless system after being released from an institution like jail or prison (9.87% of clients in Erie County[7], 18.98% of clients in Niagara County[8]). This likely affects the Black and Hispanic/Latinx communities at a much higher rate. In Partnership for the Public Good's 2013 report, *Alarming Disparities: The Disproportionate Number of African American and Hispanic People in Erie County Criminal Justice System* [9], while African Americans made up less than 14% of the population in Erie County, they accounted for 43% of arrests. The report found this to be a result of residential segregation among other factors. When Black and Hispanic/Latinx communities are involved in the criminal justice system disproportionately relative to other racial and ethnic groups, the fabric of poor, segregated communities is further damaged and more families are pushed into poverty.

Homelessness reflects the failure of our social systems to serve people of all racial and ethnic groups equally in housing, education, employment, wealth accumulation, and justice.

Within the Homeless System

In order to examine equity in the homeless service delivery system, we decided to (1) compare the vulnerability and disability for those who are in need of assistant of housing shown in Table 1 on page 7, (2) review the enrollment rate in two types of permanent housing interventions (Permanent supportive housing and Rapid rehousing), and (3) review the success rates among different interventions.

In this data analysis, we compare only FY2013 data to the most recent data from August 1, 2017 to July 31, 2018. New York State is a right-to-shelter state, in which the standard of intervention for emergency shelters is that all people are served. Housing programs are based on a first-come, first-serve basis or

[4] Partnership for the Public Good, "Employment Data for Buffalo-Niagara" (Partnership for the Public Good, 2018). Available from Partnership for the Public Good, www.ppgbuffalo.org.
[5] 2012-2016 American community Survey 5 year estimates for Erie County
[6] U.S. Housing and Urban Development Department, Affirmatively Furthering Fair Housing Map Tool, Table 10 – Demographics of Households with Severe Housing Cost Burden (July 2016), https://egis.hud.gov/affht/#.
[7] https://wnyhomeless.org/app/uploads/2017-Erie-Homelessness-Brief-Final-Version.pdf
[8] https://wnyhomeless.org/app/uploads/2017-Niagara-Homelessness-Brief-Final-Version.pdf
[9] ALARMING DISPARITIES: The Disproportionate Number of African American and Hispanic People in Erie County Criminal Justice System. Open Buffalo Report presented by Erin Carman

program-based criteria involving requirements such as a client maintaining sobriety, having income, not having criminal history, and so forth. However, in FY2014, we began implementing a coordinated entry system so that all homeless-specific housing programs served clients based on vulnerabilities. We have been making progress since FY2014. In the summer of 2017 we felt we significantly achieved our goal of adopting the coordinated entry system across the entire homeless service system. As a result, we chose to present our system's data before and then after coordinated entry started, and we plan on monitoring this data moving forward.

Although Hispanic/Latinx is considered an ethnicity by the United States Census, not a race, we find it is important to separate this group to gain a better understanding of how they may face social and economic complications compared to their counterparts of other races. For this reason, we decided to separate the Hispanic/Latinx population by pulling all the people who report their ethnicity as Hispanic/Latinx, regardless their race, in the following charts. The categories are not mutually exclusive as a consequence. Also, as shown in Figure 1, our homeless system has a very low representation of Asian, Hawaiian, Native American, and multi-racial populations. Each individual in these groups will have a significant impact on the data so we chose to group them together in order to minimize an individual's impact.

Vulnerability Among Different Races/Ethnicities

In order to be prioritized by permanent housing assistance, we consider the following criteria:

1. Vulnerability
2. Disability
3. History of homelessness

We will not address homeless history in this analysis because it could be documented outside of HMIS, our database for recording information of clients experiencing homelessness.

In our community, we adopted the Vulnerability Index-Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT)[10]. This tool is internationally adopted and designed to triage clients by asking a series of questions on their housing history, risks, disability, socialization, daily functioning, and wellness and giving them a vulnerability index score based on their responses. The score, ranging from 0 to 26, determines whether a client has high, moderate, or low vulnerability. In general, clients who score in the high vulnerability range (8+) are recommended to receive permanent supportive housing, clients who score in the moderate vulnerability range (4-7) are recommended to receive rapid rehousing, and clients who score in the low vulnerability range (0-3) should be able to self-resolve with mainstream resources. In a community with limited resources like housing, not all clients in the high vulnerability range may be served in a permanent supportive housing program; instead, they may be served by the rapid rehousing programs to ensure those with the greatest needs are being served somewhere. This, in turn, affects how many people can be served in rapid rehousing since those programs are also affected by limited resources. Ultimately, by prioritizing people with the highest levels of vulnerability, we don't serve as many people with lower scores like 4-5.

[10] http://www.orgcode.com/products

	Clients with VI-SPDAT (Aug 2017 - July 2018)			
	Black	White	Other Race	Hispanic/Latinx
Clients Served	2236	1587	368	746
Clients Assessed	577 (26%)	382 (24%)	63 (17%)	169 (23%)

Table 1: Number of total clients served compared to the number of each race/ethnic who were assessed by the coordinated entry tool

Table 1 above shows the number of people who were assessed with the VI-SPDAT. Not all clients are assessed. Those who do not engage with a shelter's or outreach team's case manager or who only stay in a shelter for a short period of time (e.g. less than 5 days) would not receive an assessment. However, once they are assessed, this value, combined with the individual's homeless history and disability status, is used to decide a client's priority for housing assistance. Of all people served in the last year, nearly a quarter of all black, white, and Hispanic/Latinx people were assessed and given a VI-SPDAT score; the percent of people of other races was lower at 17%. This would indicate that most people are being assessed at an equal rate.

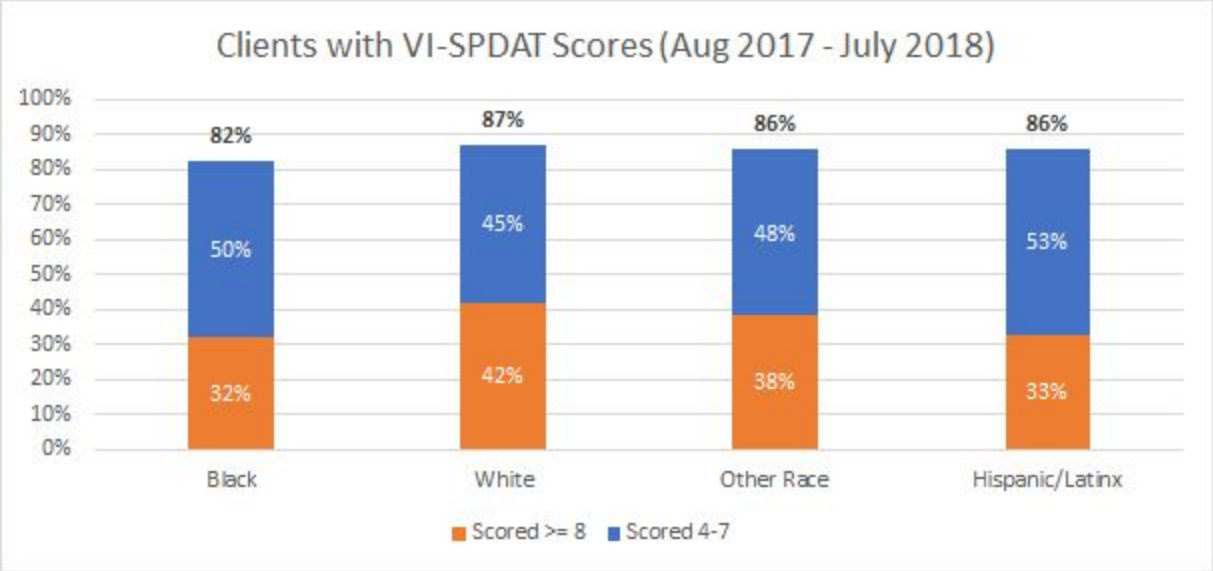


Figure 4: Percentages of the clients who were assessed and scored at levels needed to be considered for permanent housing programs. This includes data from the VI-SPDAT, VI-F-SPDAT, and TAY-SPDAT

Figure 4 looks only at the clients who were assessed in coordinated entry and scored 4-7 or 8 or above on the vulnerability index scale. Although a higher number of Black clients are being assessed (Table 1), compared to other racial and ethnic groups this chart shows that a smaller percentage of Black clients are scoring in the high vulnerability range and instead are more often scoring in the moderate and low ranges. This chart also shows that white people are scoring at a higher rate than other groups in the range of high vulnerability.

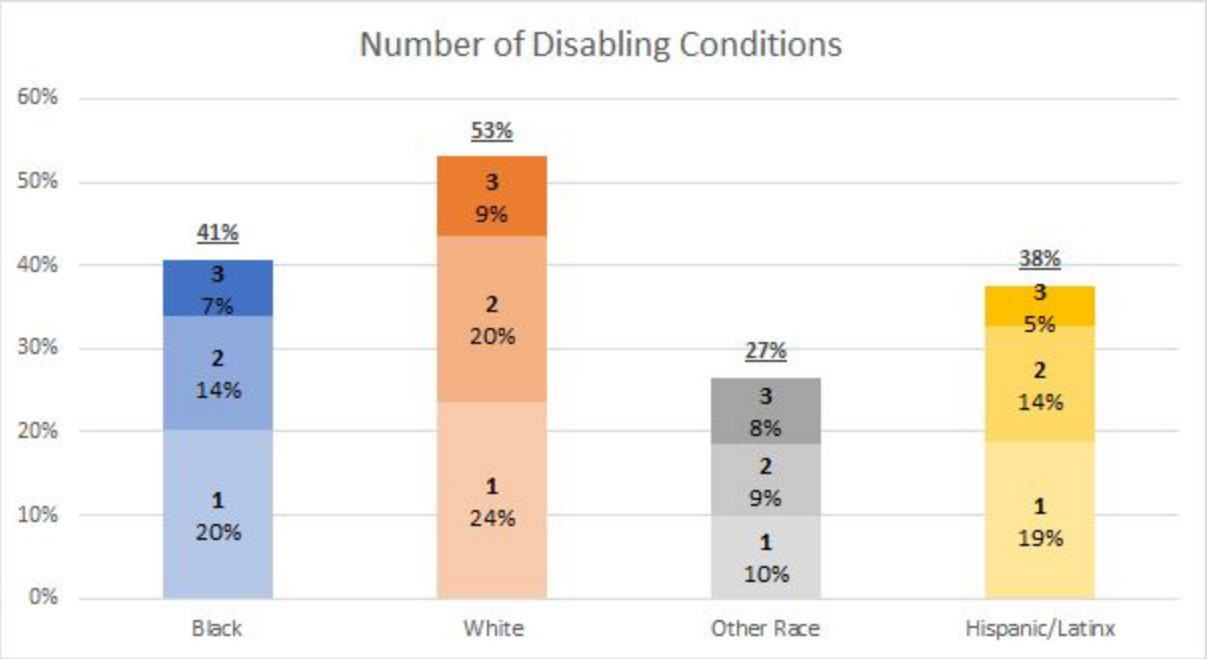


Figure 5: Percentage of people in each racial/ethnic group who identified having one, two, or three disabling conditions (alcohol/drug use, mental health, or physical health)

Clients must have a long-term disability to be eligible for permanent supportive housing. Although rapid rehousing does not require a disability, our system prioritizes those who are most in need. A person with a disability is more likely to be served. Figure 5 shows White people who have experienced homelessness have a higher rate of having a disability (53%) as well as having multiple disabilities (29%). Clients with multiple disabling conditions, for example substance abuse and mental illness, when compared with either substance abuse or mental illness alone, demonstrated increased service utilization, housing instability and homelessness, and violent or criminal behavior[11]. They are more likely to need permanent supportive housing instead of Rapid rehousing or mainstream resources.

Both the disability status chart (Figure 5) and the vulnerability index score data (Figure 4) indicate that White people who become homeless appear to be more vulnerable. People of color are more likely to become homeless, but they have lower vulnerability index scores, and smaller percentages of disabilities. We suspect this is because situational causes of homelessness, such as job loss, an eviction, or illness, may be more likely to result in homelessness for people of color as they experience a structural disadvantage in society when it comes to acquiring fiscal resources through work, getting access to apartments, and having an informal safety net to jump into. By having barriers to economic participation, they become more vulnerable if anything goes wrong. Racial discrimination in other systems thus prevents them from obtaining resources and maintaining stable housing compared to white people. Prevention and diversion strategies could be used to assist people in order to reduce homelessness. Further studies could be conducted regarding other factors that could contribute to the score, e.g. barriers of client engagement, homeless history, and prior living situations.

[11] Timko, C., & Sempel, J. M. (2004). Short-term outcomes of matching dual diagnosis patients' symptom severity to treatment intensity. Journal of Substance Abuse Treatment, 26(3), 209-218.

Implications of Equity Among Different Homeless Interventions

The ideal model for an unbiased homeless system would distribute assistance such that it is received in equal percentages across racial/ethnic groups as the percent of that racial group experiencing homelessness. This presumes that all racial groups experience vulnerability and other eligibility factors at the same rates. As seen in Figure 1, the total number of people in each race experiencing homelessness is different. Although there might be more Black people being served compared to Hispanic/Latinx, if the same proportion of each race is being served in a housing intervention, this system would, in theory, suggest that we present a fair opportunity to both groups.

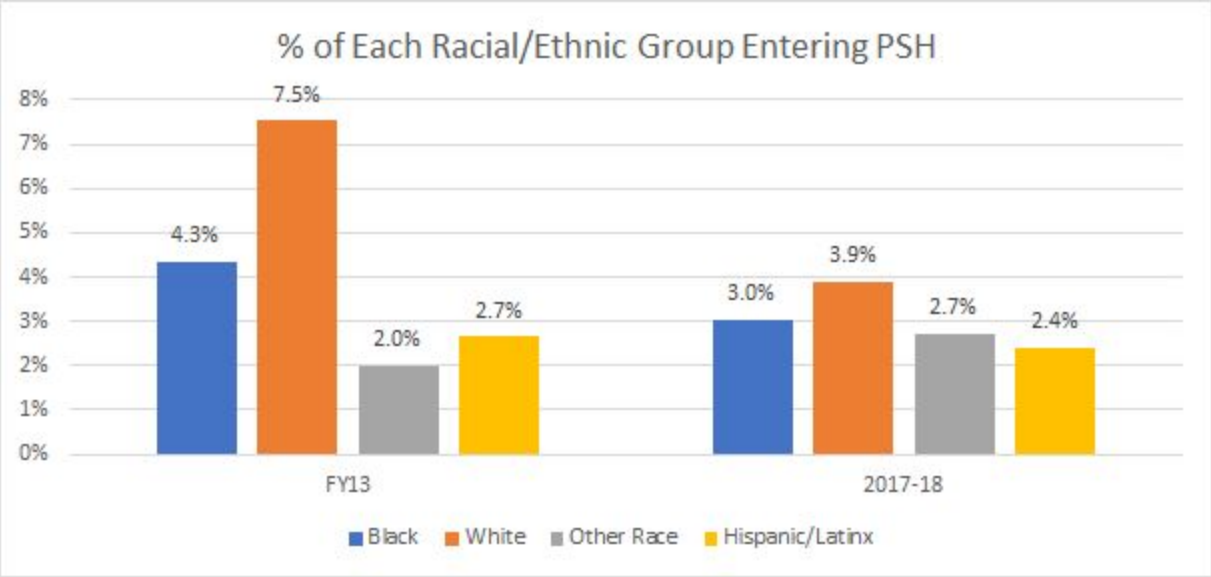


Figure 6: Percentage of each racial/ethnic group who entered a permanent supportive housing program compared to all clients who were homeless during the two reporting periods

	New Admissions in PSH							
	FY 2013				Aug 17 - July 18			
	Black	White	Other Race	Hispanic/ Latinx	Black	White	Other Race	Hispanic/ Latinx
Clients who were homeless during reporting period	1683	1008	500	603	2236	1587	368	746
Clients Entering PSH	73 (4.3%)	76 (7.5%)	10 (2.0%)	16 (2.7%)	68 (3.0%)	62 (3.9%)	10 (2.7%)	18 (2.4%)

Table 2: Number of people of each racial/ethnic group who entered a permanent supportive housing program compared to all clients who were homeless during the two reporting periods

Permanent supportive housing (PSH) is a long-term housing intervention that provides clients who have a long-term disability and an extended homeless history with a housing subsidy and supportive services. As shown in Figure 6, FY2013 had significantly more White people enrolled in PSH compared to the other racial and ethnic groups. However, the most recent data indicates that we enroll clients at a much more even rate across all groups, although White people experiencing homelessness are still being served at a greater rate than others. This can be explained using the vulnerability and disability data

from earlier which showed that White people who experienced homelessness have higher rates of higher vulnerability and disability (Figures 4 and 5).

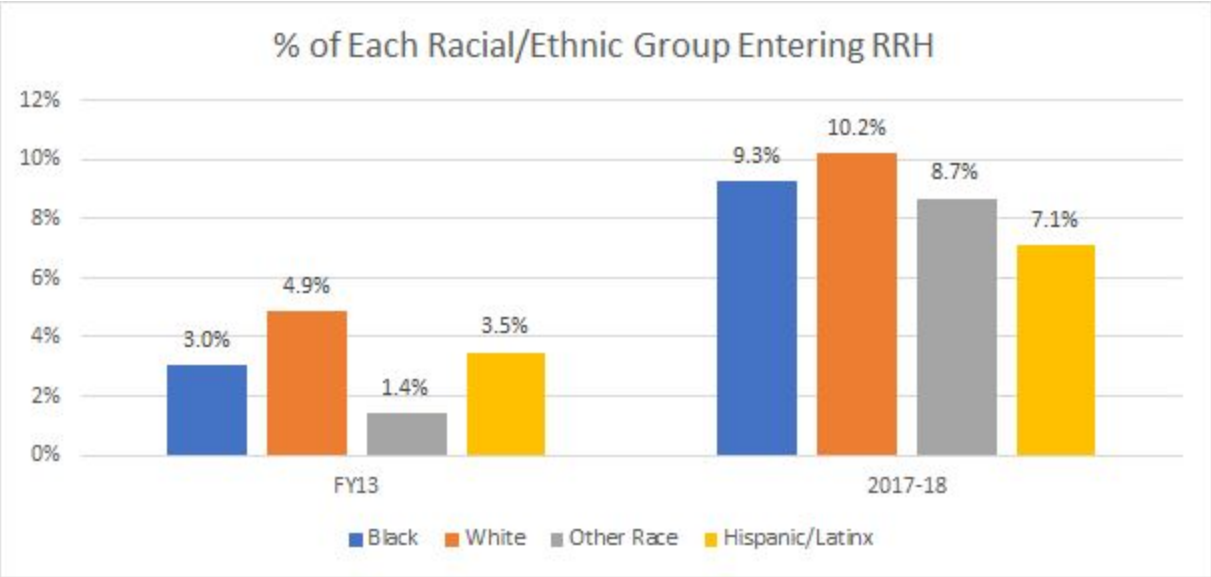


Figure 7: Percentage of each racial/ethnic group who entered a rapid rehousing program compared to all clients who were homeless during the two reporting periods

	New Admissions in RRH							
	FY 2013				Aug 17 - July 18			
	Black	White	Other Race	Hispanic/ Latinx	Black	White	Other Race	Hispanic/ Latinx
Clients who were homeless during reporting period	1683	1008	500	603	2236	1587	368	746
Clients Entering RRH	51 (3.0%)	49 (4.9%)	7 (1.4%)	21 (3.5%)	207 (9.3%)	162 (10.2%)	32 (8.7%)	53 (7.1%)

Table 3: Number of people of each racial/ethnic group who entered a rapid rehousing program compared to all clients who were homeless during the two reporting periods

Rapid rehousing is a housing intervention that assists homeless households for a short period of time. Its focus is to help clients search for affordable housing and maintain stabilized housing. Figure 7 compares the percentage of each racial/ethnic group served in Rapid rehousing and shows a slightly less biased system, indicating that the two periods were both fairly equitable among all races and ethnicities. When compared to the vulnerability and disability data, Hispanic/Latinx might be undeserved in the most recent period. Between FY2013 and our most recent data period, we have significantly increased our rapid rehousing program which has led to more than a 300% increase in the total number of people served. This means that although there was a 32% increase in Black people experiencing homelessness compared to five years ago, they are now 3 times more likely to receive rapid rehousing.

Equity in Successful Exits

In addition to looking at how equitably each race is being served with the implementation of coordinated entry, we also looked at the rates of successful exits from our programs. In this case, we

considered all exits to permanent destinations (e.g. remain in their own apartment or move to subsidized housing) as successful.

Because of how small the number of exits are that occur from permanent supportive housing programs, we chose not to include that data in our analysis. We chose to compare successful exit rates for each race/ethnicity from Rapid rehousing and from all of our services combined.

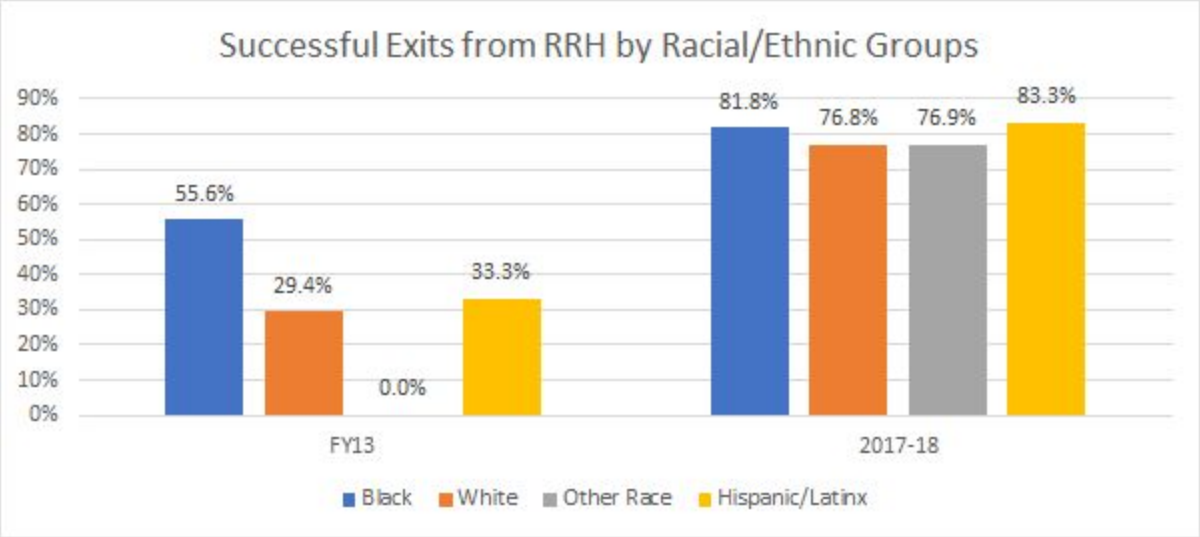


Figure 8: Percentage of each racial/ethnic group who successfully exited to a permanent destination from Rapid rehousing based on the number of clients who exited Rapid rehousing within the reporting period

	Successful Exits from RRH							
	FY 2013				Aug 17 - July 18			
	Black	White	Other Race	Hispanic/ Latinx	Black	White	Other Race	Hispanic/ Latinx
Clients Exiting within the reporting period	18	17	1	3	88	82	13	24
Clients Exiting Successfully from RRH	10 (55.6%)	5 (29.4%)	0 (0.0%)	1 (33.3%)	72 (81.8%)	63 (76.8%)	10 (76.9%)	20 (83.3%)

Table 4: Numbers of each racial/ethnic group who successfully exited to a permanent destination from Rapid rehousing based on the number of clients who exited Rapid rehousing within the reporting period

Figure 8 and Table 4 compare the rates of successful exits from Rapid rehousing programs to a permanent destination based on the total number of exits from Rapid rehousing programs. Overall, the success rate in the most recent reporting period is a lot higher compared to FY2013. It's difficult to compare success rates when the total number of people exiting is very small, like other race and Hispanic/Latinx clients in FY2013 (Table 4). Unlike data in the enrollment charts, the percentage of white people exiting successfully is smaller than the other groups in the most recent reporting period. It is worth noting however that the differences between all group's success rates in this reporting period are very small.

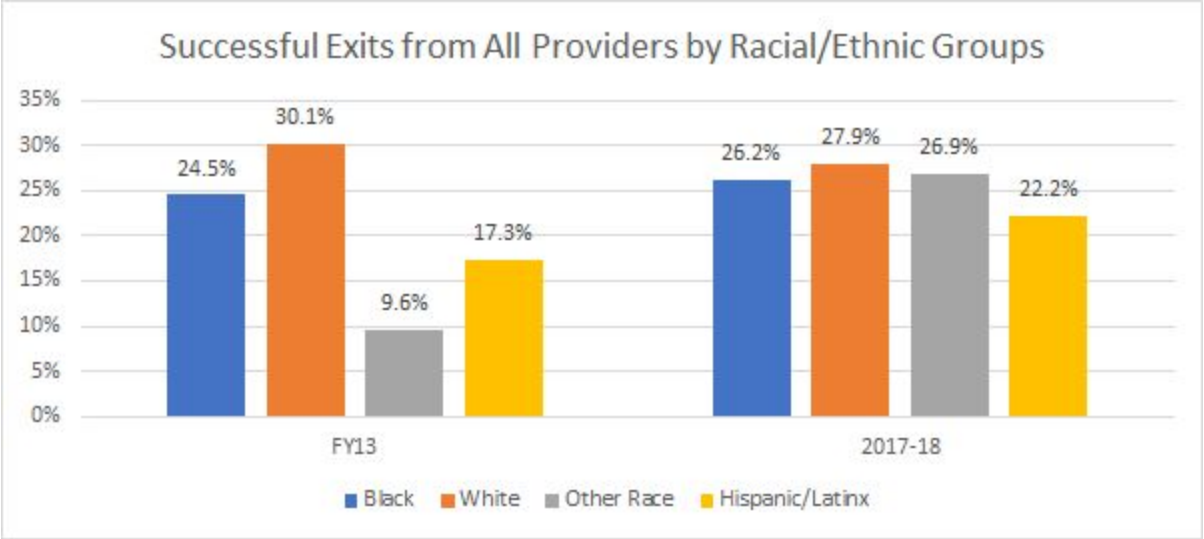


Figure 9: Percentage of each racial/ethnic group who successfully exited to a permanent destination based on the number of clients who exited any homeless program within the reporting period

	Successful Exits from Emergency Shelter, Transitional Housing, Street Outreach, Permanent Supportive Housing, and Rapid Rehousing							
	FY 2013				Aug 17 - July 18			
	Black	White	Other Race	Hispanic/ Latinx	Black	White	Other Race	Hispanic/ Latinx
Clients Exiting	1559	906	468	571	2327	1625	383	796
Clients Exiting Successfully from homeless system	382 (24.5%)	273 (30.1%)	45 (9.6%)	99 (17.3%)	609 (26.2%)	454 (27.9%)	103 (26.9%)	177 (22.2%)

Table 5: Numbers of each racial/ethnic group who successfully exited to a permanent destination based on the number of clients who exited any homeless program within the reporting period

The data comparing all exits from the two reporting periods also shows that racial and ethnic groups are exiting successfully at more similar rates than they did in previous years (Figure 9, Table 5). Out of all clients who exited from any program in the most recent reporting period, White clients have the greatest rate of successful exits (27.9%). However, all other groups have improved compared to FY13, especially other races which saw the greatest increase in successful exits (9.6% to 26.9%) and went from having the smallest rate of success to the second highest. Despite Hispanic/Latinx clients having the most success in Rapid rehousing programs (Figure 7), this data shows that we can do more to ensure their success in all other programs.

Conclusion and Action Plan

- Any effort to end homelessness must address the range of issues that have resulted from racial inequity. **The homeless alleviation system cannot achieve that goal alone. We need to end all systems of racial bias and together we can provide equal opportunities to all residences.**
- HMIS data shows that 35% of the clients only stayed in shelter for less than 7 days. For those who stayed and got assessed, the majority of clients have a low to moderate vulnerability score. Since these clients have fewer destabilizing conditions working against them, they would benefit from a **coordinated entry system that expanded its preventive services like linkage of**

employment and other mainstream resources, mediation between landlord or primary tenant, and the search for flexible funding to meet people's immediate needs, especially Black people who have higher chances falling from poverty into homelessness.

- **With implementation of coordinated entry, there are some improvements on reducing racial inequity in all homeless programs, especially in permanent housing. But overall we believe the current homeless system are providing equitable services to those who experienced homeless.** The Homeless Alliance and the Coordinated Entry Lead agencies will continue to monitor the process by conducting client and provider surveys and analyzing data to ensure all clients have equal access to the housing and services that they need.
- Based on American Community Survey[12], 67% of the social workers are White and this is significantly different from the population we serve (only 32% are white). Further study could be conducted related to racial composition of senior/executive staff and front line staff, engagement with clients, involving trust, culture differences, and engagement style. **We need to create greater racial/ethnic representation on the decision-making bodies of the homeless system including executive staff and frontline staff.**
- Asian, Native American, Hawaiian and Hispanic/Latinx are slightly underserved in the housing interventions that we offer. We may need to further examine the data, e.g. look into homeless history . Additionally, it's important that we ensure different language services are offered and all clients understand their rights to receive services.
- **With housing intervention, people of color could achieve higher outcomes in maintaining stable housing.** We will continue to advocate for increased assistance for all people who experience homelessness and ensure that this experience will be brief and nonrecurring.
- Erie County passed new legislation to ensure fair housing in April 2018. The new legislation expands upon protections based on race, color, national origin, religion, sex, disability and the presence of children conferred by the national legislation, by barring discrimination in housing against individuals on the basis of their age, marital status, source of income, military status, sexual orientation, gender identity, immigration status or familial status. This helps clients who are homeless receive mainstream assistance or in a housing program to navigate housing. However, a recent report raised questions about the adequacy of the city's enforcement on Buffalo's Fair Housing Ordinance which prevents discrimination based upon source of income since adopted in 2006.[13] **We need to continue to implement and enforce the fair housing protections with the local government.**

[12] Racial among social work:https://datausa.io/profile/soc/211020/#demographics
[13] http://www.investigativepost.org/2018/07/05/buffalo-not-enforcing-its-fair-housing-law/