

Before Starting the CoC Application

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

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

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

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

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

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Erie

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2022 to April 30, 2023:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	No	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	No	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	No	No
11.	LGBTQ+ Service Organizations	Yes	No	No
12.	Local Government Staff/Officials	Yes	No	Yes
13.	Local Jail(s)	Yes	No	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	No	No
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	No	No
21.	School Administrators/Homeless Liaisons	Yes	No	No
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	No	No
28.	Other Victim Service Organizations	Yes	No	No
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	No	No
32.	Youth Homeless Organizations	Yes	No	No
33.	Youth Service Providers	Yes	No	No
	Other: (limit 50 characters)			
34.	Landlords/Apartment Association	Yes	Yes	No
35.				

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

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1)The Erie County Continuum of Care (CoC) welcomes all persons who are interested in addressing the issue of homelessness in our region. Those interested in joining the coalition can submit an application via our website, <https://www.endhomelessnesseriecountypa.org/> as well as via the official Erie County government website. Governing board members actively recruit membership throughout the year at public forums, CoC meetings, agency outreach opportunities, and government-facilitated public meetings. Specific outreach is conducted to encourage service providers to attend meetings and participate with the CoC. Paper applications are sent by mail and email and available at CoC meetings for those that may not have access to electronic methods to submit applications. Our CoC has also begun to strengthen recruitment from rural areas across the county and has begun to implement outreach events to bring awareness to opportunities.

2)CoC members share current homeless information on the Mayor's Roundtable for Disabilities meeting monthly, including how to become a CoC member. A CoC representative attends these bi-monthly meetings which consist of physical disability providers, health providers, MH providers, D&A providers, and other disability agencies, to inform attendees of issues the CoC is working on as well as encourage participation. Representatives of the CoC have regular contact with leadership of this agency and encourage their participation in the CoC process. Our website has easily accessible electronic membership forms and information available for individuals with disabilities.

3) This year our CoC specifically targeted outreach to Multicultural Health Education Delivery Systems (MHEDS), an agency whose focus is addressing health needs of homeless and low-income persons from multicultural populations. Administration of this agency are members on sub-committees. The CoC continues outreach to the Multicultural Resource Center, International Institute, Minority Community Investment Coalition, and the three local Community Centers. These agencies primarily serve persons of racially and culturally diverse backgrounds, including those who are homeless. Members of the NAACP and the Mayor's Office Liaison for New Americans representing culturally diverse communities are engaged in our sub-committees. New members of persons from culturally diverse backgrounds joined our CoC and participate on three of our sub-committees.

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

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1) Our CoC uses multiple strategies to solicit information, data and input from a broad array of agencies to prevent and end homelessness. Since 2018, we have increased our membership and provider representation by 50%. There is a presentation/training from new providers or new programs at the beginning of every CoC meeting. Our CoC provides and attends training, workshops, and local conferences including trauma informed, DV and HUD workshops. Information from these events is shared at our CoC meeting, public disability meetings, and on our CoC listserv. Our CoC strategically outreaches through email, local media and during public meetings to agencies working with diverse communities, persons with lived experience, and new providers to provide input, trainings and presentations to educate our CoC. 2) Minutes for our CoC meetings are shared with the Home Team listserv and on our CoC website. All CoC members are encouraged to join sub-committees. Sub-committees provide updates and share progress during the CoC meeting. Time is set aside at the end of the CoC for public to ask questions, provide feedback and provide input on new ideas, programs, projects to help end homelessness. The City and County also hold public meetings to get feedback for funding opportunities. 3) CoC representatives attend the Mayor’s Roundtable Meeting for Disabilities. There is a timeslot for homeless updates where persons with disabilities/disability organizations can provide input on how to best serve disabled homeless persons. All public CoC meetings and disability meetings are held at handicap accessible facilities with a virtual option. Information on how to join a sub-committee on our CoC is shared at both these meetings. Membership applications are easily accessible on the CoC website. 4) Every public, bi-monthly CoC meeting hold a presentation or training from either a new provider or a provider with a new program. There is also open comment time at the end of the CoC meeting to gather information and comments from attendees and community partners. Input from the public is documented in our minutes and reviewed to help update our strategic plan to end homelessness and CoC written standards. Information shared led to new projects including a partnership with our managed care behavioral health provider, developing a County wide emergency plan (including homeless), and collaboration with local Foundations to develop a single site for chronically homeless with high needs.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
NOFO Section V.B.1.a.(4)		
Describe in the field below how your CoC notified the public:		
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1) Our CoC outreaches to new organizations every year to solicit applications from organizations that have not received funding. The CoC conducts an open application process to solicit new project applications that is publicly posted on our heavily market CoC website that has increased in traffic by 138% in the past year. The CoC also publicly posts on Erie County's website. The reason for publicly posting the NOFO on both sites is to expand the notification of funding to reach the entire CoC's network of providers. The CoC also solicits applications at both the public CoC meeting and the Mayor's Roundtable Meeting for Disabilities. In addition to the NOFO announcement on the HOME Team listserv, targeted emails are sent to minority lead agencies, organizations who work with minorities and with immigrants, and organizations representing the population served. 2) Detailed instructions on how to submit new and renewal project applications, including timeframes, methods of submission, and documents needed, are included in the solicitation notices (NOFO announcement) that are publicly posted on our CoC and County websites, and emailed to our Home Team listserv. Contact information to the CoC lead applicant are in the emails and public postings for any agencies that have questions about the application process. 3) The type of CoC projects being funded through this year's NOFO is determined from multiple sources. HMIS data and Master List Prioritization is used to determine amount of referrals to different projects (need). Provider invoices are used to determine if funds were spent down in RRH/PSH projects. CoC and subcommittee including outreach teams and persons with lived experience are used to provide input to Erie County (the lead applicant) on what projects should be prioritized. Last year only PSH projects were accepted but this year our RRH provider ran out of rental assistance funds several months early so PSH and RRH projects were both accepted. Our DV provider's new grant began in Dec. 2022 and is still underspending their grant so our CoC did not apply for DV bonus funds. 4) The NOFO was announced at the Mayor's Roundtable for Disabilities meeting and on their email listserv. This listserv includes CoC member agencies that work with persons with disabilities and are able to assist in the application process. All information is posted on our CoC website providing easily accessible formats and links.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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 - Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

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

18.	Emergency Rental Assistance Program Treasury Department	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

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

(limit 2,500 characters)

1)The City of Erie actively participates in the CoC and consults with the CoC on the allocation of the ESG funds, which are used for rapid rehousing and operating costs for emergency shelters and transitional housing facilities. Based on CoC consultation, the City implemented policies to reduce barriers to individuals and families accessing the Rapid Re-Housing program using a single point of entry and a prioritization assessment to identify those in most need. The CoC lead applicant, Erie County meets with our ESG Recipient, the City of Erie on monthly meetings with a HUD -TA rep. On this meeting the County and City discuss new funds for housing, reallocations including ESG funds, evaluations and performance of sub-recipients receiving funds, and how funds are being utilized. The City of Erie participates on the CoC board meetings bi-monthly and at CoC meetings bi-monthly to provide updates, ask for input on best uses of ESG funds, announce funding opportunities and discuss re-allocations of funds. 2) Our CoC Collaborative Applicant and ESG recipient collaborate in evaluating each ESG subrecipient's performance. HMIS staff work directly with the ESG recipient to determine report requirements, monitoring criteria, and CAPER deadlines. HMIS staff supported ESG subrecipients by designing a custom report for maintaining the highest data quality possible for ESG monthly, quarterly, and annual performance reporting. HMIS staff train ESG subrecipients on local ESG data entry and CAPER reporting. 3)The Collaborative Applicant and HMIS Lead, Erie County DHS, ensures the PIT and HIC are accurate and available to all who develop Consolidated Plans in our geographic area. PIT and HIC reports are also available on the Resources page of our CoC website and included in CoC Dashboards for access by all stakeholders 4). Erie County notifies the city of new funding so the city can update their Consolidated Plan. The County and City meet monthly with our HUD TA rep where the County and City discuss any current gaps, challenges or changes with needed with the consolidated plan. Our HUD TA rep provides best practices for how to best utilize funds (including ESG funds) to best serve our geographic area and practices are implemented into the Consolidated plan. All rental assistance programs (HUD and non-HUD funded) are entered into HMIS and data is used to make improvements and address changes needed for the Consolidated plan.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

Our CoC has formal partnerships (MOU's) with youth education providers, State Education Agencies (SEA), Local Education Agencies (LEA), and local school districts. Examples of these MOU's include the Intermediate Unit 5 and the PA Department of Education. Our CoC's written standards outline CoC policies and procedures for all Erie City and County CoC-funded projects to ensure that individuals and families who become homeless are aware of their eligibility for educational services. Our CoC's written standards mandate that all children of families residing in CoC-funded projects have equal access to the same free and appropriate public education (including preschool education) that is provided to other children and youth. Our CoC-funded projects collaborate with homeless liaisons within local school districts to ensure that children are receiving appropriate educational services. Homeless liaison partners ensure children are provided access to transportation, equipment such as computers, data sharing, food (access to free meals), and the ability to maintain school stability (remain in current school). Referrals are also made to Coordinated Entry (CE), The Erie County Office of Children and Youth, Early Intervention, and other services as needed.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

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

(limit 2,500 characters)

Our CoC's written standards outline CoC policies and procedures for all Erie City and County CoC-funded projects to ensure that individuals and families who become homeless are aware of their eligibility for educational services. Our CoC's written standards mandate that all children of families residing in CoC-funded projects have equal access to the same free and appropriate public education (including preschool education) that is provided to other children and youth. Additionally, our written standards state that all recipients and subrecipients work with program families, children, and school districts so that children remain in their home school/district (where they attended when the family entered the program) if possible. Our CoC includes these educational service requirements in subrecipient contracts and also requires all subrecipients to include this information and language in their internal policies and procedures as this is a requirement set forth under subtitle B of title VII of the McKinney-Vento Act. Our CoC added additional monitoring conditions to ensure providers are in compliance set forth under the McKinney-Vento Act.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1)Our two DV agencies (City and County) are represented within the general membership of the CoC and our largest Victim Service Provider (VSP) has an active HUD RRH project. Staff of these agencies are actively engaged in CoC processes and have previously served in various board capacities. The agencies have worked with our COC and ESG providers i to implement procedures for DV survivors including confidentiality, coordinating referrals to shelters when DV shelters are full, participating in Master List Prioritization and updating prioritization policies for DV survivors. The DV agencies update our CoC regularly (usually 3-4 times a year as needed) with best practices and current trends that are shared in CoC meetings (bi-monthly) and emailed to our Home Team listserv. DV providers have staff that sit on our Coordinated Entry sub-committee and helped develop our new Erie County Housing Prioritization Tool. This year our two DV providers and Coordinated Entry shared best practices with the CoC to develop a CoC wide emergency transfer plan for all CoC housing providers. This information was used to help develop the Emergency Transfer Plan policies in procedures to our CoC's Written Standards. 2)Our CoC Written Standard were updated to require all HUD (CoC and ESG) housing providers to attend one annual trauma informed training and one annual DV training. The CoC has a DV provider in both the City and County that cover the entire geographical area of our CoC. They each provide at least one annual trauma-informed training opportunity to our all housing providers in our CoC (not just HUD funded) annually. Our DV providers have two main events a year to bring awareness to domestic violence and to inform the community about trauma informed practices. Event information is shared with our CoC listserv and is heavily attended by CoC members. These events are popular and publicized on the radio and local news shows so they reach the CoC's entire geographic region. Additional trainings and best practices are distributed to CoC and non-CoC housing providers and on the HOME Team listserv including trainings and webinars from the National Coalition Against Domestic Violence and the PA Coalition Against Domestic Violence.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1)Our CoC mandates that all CoC sub-recipient project staff receive one annual training on DV and one annual training on Trauma-Informed Care, including training on how to provide services that are victim centered. Erie County (CoC lead) provides two eligible trainings from each in their annual “reminder” email. Specific Emergency Transfer protocol was updated in our CoC written standards and emailed to all sub-recipients with projects. Training links are provided to trainings offered by the Erie Coalition for a Trauma Informed Community, HUD exchange, Coalition against Domestic Violence and SAMSHA. VAWA webinar opportunities were shared with our CoC listserv and HUD housing providers including the series of HUD webinars sent by email on 6/28/2023. Our County DV provider holds two major events called Purple One that offers training and certifications. These events are sent to the Home Team listserv, advertised in public media and heavily attended by CoC members and HUD recipient/subrecipient staff. Our City DV offers provider training and contact info is provided in the “annual reminder” email for mandated trainings sent to subrecipient staff. 2) Our CoC mandates that all Coordinated Entry staff receive one annual training on DV and one annual training on Trauma-Informed Care. Erie County (CoC lead) provides two eligible trainings for each in their annual “reminder” email. Training links are provided to trainings offered by the Erie Coalition for a Trauma Informed Community, HUD exchange, Coalition against Domestic Violence and SAMSHA. Erie County Care Management (ECCM), our CE subrecipient, partners with both the Domestic Violence Action Alliance of Erie County and the Erie Coalition for a Trauma Informed Community for additional DV and Trauma-Informed Care who provide annual trainings to CE staff.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC’s Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC’s coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1)Our CoC’s Coordinated Entry (CE) Policies and Procedures have specific polices for calls from Domestic Violence providers to ensure their safety. The first two questions on a CE screening is whether the person is fleeing a DV situation and do they fear for their safety. If the person says yes to both questions, CE will call 911 on behalf of the person while staying on the line with the person (a warm handoff). All Coordinated Entry domestic violence calls are then directed to VSP provider unless the person wants to go through Coordinated Entry. CE will call the DV provider with the person on the line to make a warm handoff to the DV provider. If the DV survivor elect to go through Coordinated Entry, CE is required to develop a safety plan for the person including providing numbers to VSP’s, legal services (applying for a PFA), and shelter (if needed). Coordinated Entry received updated information from HUD on VAWA and has updated policies to work with housing and DV providers to assist providers with an Emergency Transfer referral to another program/provider if the DV/Housing provider is unable to provide alternate housing.

2)Coordinated Entry (CE) policies include VAWA confidentiality provisions and CE shall not disclose, reveal or release any personally identifying information or individual information collected in connection with services requested, utilized or denied regardless of whether the information has been encoded, encrypted, hashed or otherwise protected except when there is an informed, time limited release, a statutory mandate or a court mandate. CE policies include specific confidentiality protocols for both CE and DV providers. These include using a unique identification number which does not include any identifying information. If further coordination is needed or providers require identifying information, a release of information must be signed by the client. All paper documentation containing personally identifiable information (PII) is required to be secured and locked. All emails sent from CE with PII must be sent on a secure server.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) Our main Victim Service Provider (VSP) provider uses the Efforts to Outcomes (ETO) database, which is comparable to HMIS. ETO was developed in conjunction between the PA Commission on Crime and Delinquency (PCCD) and Pennsylvania Coalition Against Domestic Violence (PCADV) to assure confidentiality of victim/survivor information. 2) To evaluate the best approach to meeting the specialized needs of each survivor served by our VSP, they collaborate with our Coordinated Entry provider. Our VSP shares the de-identified data along with the VI-SPDAT scores with CE to identify housing needs for domestic violence survivors on our Master List. This list is managed by VSP and Coordinated Entry (CE). The VSP and CE use the data from the ETO to guide informed decision-making regarding housing needs and placements into RRH and PSH programs for DV survivors. ETO data will be used to verify assessment data from the VI-SPDAT to best prioritize and choose appropriate housing programs for DV survivors. Our primary VSP provider attends CoC Master List meetings and will use data to provide input on DV referrals on our Master List, while maintaining confidentiality. In addition, our VSP provider received a CoC-funded RRH project for survivors of DV and is now able to permanently house eligible individuals and families. This agency is uniquely positioned to serve this population and has extensive expertise in finding the appropriate intervention for each individual and family they serve. ETO data will be used to measure the performance of this program and to identify areas that need improvement to help better meet the needs of DV survivors.

** **

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. whether your CoC has policies and procedures that include an emergency transfer plan;	
	2. the process for individuals and families to request an emergency transfer; and	
	3. the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

1) The CoC updated procedures and policies in our Written Standards to include an emergency transfer plan in June 2023. The plan follows HUD guidelines documented in HUD forms 5380 (Notice of Occupancy Rights under VAWA) and 5381 (Model Emergency Transfer Plan). Coordinated Entry and our City and County DV agencies also provided input in developing a more comprehensive emergency transfer plan. The updated policies and procedures were shared with all CoC and ESG housing providers. All victims of DV entering a HUD housing program are provided a HUD form 5380 so they are aware of their VAWA rights as well as right to an emergency transfer. 2) In order to be eligible for an emergency transfer, participants must be a victim of domestic violence, feel they are threatened or in danger of harm from violence if they stay in the current unit, or have been a victim of sexual assault on the premises. They also must request the emergency transfer. Victims will be given an emergency transfer form (HUD form 5383) to fill out or have someone fill out on their behalf. In most cases, third party documentation of the violence should be provided by the victim, unless it is not safe to do so. All information concerning the incident(s) and emergency transfer are confidential and the housing provider may not disclose any details except where there is a consent in writing, court order, or required for eviction proceeding or termination of assistance. 3) All CoC housing providers will use HUD form 5381 emergency transfer plan policies and procedures to process and carry out an emergency transfer. All known DV survivors in our CoC housing programs will be given HUD form 5381 and a copy of the Emergency Transfer Plan will be kept in their chart. All CoC housing providers will also follow the updated CoC Written Standards which details how housing providers respond to emergency transfer requests including eligibility requirements, documentation needed, confidentiality requirements, and housing provider requirements and guidelines.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC:		
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1) Our Coordinated Entry (CE) provider works with both our City and County Domestic Violence Providers to refer DV victims to our RRH, PSH, and Rental Assistance and Housing Case management programs. While DV victims are eligible for and are represented in all our HUD PSH and RRH projects, our City DV provider, Safenet also applied for and was awarded a DV RRH project during the pandemic to address the increased need for housing of DV victims. All CoC housing services and HUD projects are victim centered. All DV participants are given the option to get housing referrals from either CE or a DV provider. Our CoC written standards state HUD providers must not deny referrals solely because someone is a DV victim. Our County DV provider, Safe Journey refers persons needing housing services to Safenet or CE so they get prioritized for housing to ensure coverage throughout the County. DV staff do assessments for survivors and participate on our Master List Prioritization meetings to make sure DV persons on the list are represented and information shared is confidential ensuring survivors have same access to services as other populations experiencing homelessness. Both SafeNet and Safe Journey have protocols with Coordinated Entry to assure safe, confidential referrals to other housing programs outside the CoC programs. DV and HUD housing providers will transport DV victims from all parts of the city and county to safe housing in emergency situations. 2) Our CoC is proactive in identifying and reducing barriers for DV victims. Sub-recipients partner with our local DV agencies to make sure DV participants have legal services to obtain a PFA, childcare, moving assistance including emergency transfers, and victim counseling to help remove barriers to safe housing opportunities. Transportation arrangements are available for persons in HUD projects needing an emergency transfer. CE, HUD and DV survivors are trained in confidentiality to assure referrals are made via secure email using the client's unique DV Master List number (no PII included) to ensure their safety.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1) Our DV providers have domestic violence survivors that participate at all levels of the CoC have survivors with lived experience that are board members, housing counselors, and administrative staff. Staffing for our city DV provider that have a CoC funded RRH program consist mostly of survivors of DV (approximately 80%). Our DV RRH providers solicits feedback through surveys upon exit from the program that is anonymous. This information is shared both internally within their organization and externally (CE, sub-committee meetings etc) to help develop policies like our new Emergency Transfer Plan. DV survivors are encouraged to share both positive and negative feedback so that we know how policies and procedures are affecting those that we serve.

2) Our CoC uses multiple practices to meet the special, unique needs of DV victims. Upon an initial call to Coordinated Entry, they are immediately asked if they are fleeing DV and if they are in an emergency situation, CE will call 911 for them. They also offer warm handoffs. Services are victim centered so if the DV victim wants to proceed with CE instead of a DV provider, confidentiality protocols are put in place. These include survivors consent to sharing any information with time-limited releases. All DV information may only be shared on a secure server and all DV Personally identifying information (PII) must be locked up. DV persons on HUD invoices must have PII removed including addresses of survivors (unless there is a release of information). All County shelter staff including ESG funded shelters are required to keep DV survivors location confidential. DV survivors that opt to go through CE and be entered into HMIS instead of going to a DV provider for housing services are required to have a specific release of information with stricter confidentiality protocol for sharing of information.

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

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1)Our CoC has members that are LGBTQ and agencies that represent LGBTQ persons, including those on our Data, Racial Equity, and Inclusion subcommittee. Input from this subcommittee helped update our CoC standards including our Fair housing and anti-discriminatory policies. All Trainings from LGBTQ organizations are regularly distributed to our COC listserv and information shared is used to update CoC policies, including setting mandates and practices that are required of CoC housing providers. These include specific policies and procedures for transgender in our housing programs, emergency shelter and HMIS. Policies include allowing access to programs and shelters with the gender a person identifies with regardless of gender at birth. 2)Last year our CoC formed a Data, Racial Equity and Inclusion sub-committee that helped develop project level anti-discrimination policies. This included setting shelter standards for transgender, measuring racial equity project-wide through data in HMIS to ensure housing programs are following equal access policies, and requiring annual training on Fair Housing practices for all HUD providers. 3)All CoC programs are monitored annually for compliance with our Fair housing and anti-discrimination polities. Our CoC added questions in our renewal application addendum for scoring to include how their program practices racial equity. In addition to annual monitoring, all CoC housing projects are reviewed annually with HMIS data to make sure outcomes such as services received, positive housing exits, increased income, returns to homelessness, approved applications etc. have no racial inequities. Coordinated Entry is required to report all refusals of housing referrals to Erie County DHS for any reason if applicant is eligible and services are available. 4)Our CoC written standards have been updated to include corrective action required for providers that do not adhere to our Fair housing, Equal Access and Anti-discriminatory practices. These may include, but are not limited to, required training, provider policy changes, increased monitoring or loss of funding.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.
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NOFO Section V.B.1.g.

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Erie City Housing Authority	20%	Yes-Public Housing	Yes
Erie County Housing Authority	8%	No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	
	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1) Erie County has 2 PHA's, the Housing Authority of the City of Erie (HACE) and the Erie County Housing Authority. The Continuum of Care along with Multiple Stakeholders approached the Housing Authority of the City of Erie (HACE) to form a partnership which would provide both project-based vouchers and technical assistance for a housing initiative. The project is to create a Single-site Housing First building with 50 units for Chronically Homeless persons in our CoC. The project is not CoC funded but referrals will go through Coordinated Entry and data will be added in HMIS, and the CoC is part of the project Team. Project applicants will also be assessed and placed on our Master List prioritization. HACE has a letter of commitment to apply for project based funding for up to 50 units to support this project (see homeless preference attachments). Since early last year, the CoC approached the HACE with a "Moving On" plan, which includes a thorough assessment to assure person in our PSH programs are ready to "move on" and up to 6 months of additional supportive services for participants after exiting to ensure a smooth transition. This year HACE agreed in a letter of commitment to provide housing choice vouchers for 10 persons that are in our HUD PSH programs and ready to move to independent community based housing (see Moving On attachment). The County PHA are active members of our CoC but there is not a homeless admission preference for two reasons. They reported that they already have a significant number of vouchers available annually including vouchers for those who are homeless and already have a difficult time utilizing all their vouchers. The second reason is because there are much fewer homeless participants that want to live in the County because of significant barriers including limited access to transportation lines, grocery stores, MH services, hospitals, employment etc. Because of some partnerships with County agencies with persons experiencing homelessness in rural areas, the Erie CoC will pursue future partnerships with the County PHA to facilitate and provide information for application processes. 2) Not Applicable..

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	No
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
	Project Based Vouchers	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Fostering Youth to Independence

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	9
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	9
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1) Our CoC evaluates and determines if organizations and projects are using a Housing First approach by utilizing the USICH housing first checklist. This checklist is used to score new and renewal applications when the applicant checks yes to housing first on the application and for the housing first question on our Ranking and Scoring Tool. In addition, our providers applying for a renewal project have an attached addendum application with a question that states “How does your agency and your project take a Housing First approach?”. The USICH checklist is used to score the answer to this question. We also use this checklist to answer housing first questions on our CoC monitoring tool in our annual monitoring of projects. 2) The list of factors our CoC uses during its evaluation include no requirement of income, sobriety, service participation or other unnecessary conditions. No projects can reject participants due to poor credit history, criminal history, lack of rental history, race, or gender. Our Written standards require all projects must follow the Fair Housing including, but not limited to, not rejecting any participant due to race, color, gender identity, sexual orientation or disability. Performance indicators include, but are not limited to, having service plans that are client-driven, projects go through Coordinated Entry and follow the CE prioritization outlined in the Written Standards, projects allow reasonable accommodations for persons with disabilities, and projects have clear transgender policies. 3) Our CoC lead applicant partners with our planning grant provider to annually monitor all projects, including evaluating them for following Housing First principles. Projects are monitored using the USICH Housing first checklist, reading participant service plans to ensure they are participant-driven, and reading participant notes to make sure there are no discrepancies. Our CE provider is also required to report to the lead applicant all referral cancelations by housing providers other than when the client is ineligible or when the service is not available. Our CoC uses HUD threshold requirements that state all projects must follow Housing first principles. Corrective Action for violation of our CoC housing policy are outlined in our CoC Written Standards. This includes meeting with providers, required trainings, increased monitoring of projects, updating policies and procedures, reduced funding, and/or reallocation of project.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

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

(limit 2,500 characters)

1)Our CoC’s street outreach efforts include a local day shelter (The Upper Room) conducting outreach, faith based volunteers and other concerned individuals canvassing the streets and assisting with making referrals, etc., community based outreach conducted in specific geographic areas such as the more rural parts of the county, and soon a formal street outreach team will begin conducting street outreach throughout the entire geographic Erie County area. Earlier this year our CoC put forth a plan and sought \$1.6 million dollars in funding for a formalized street outreach program that will go through our Coordinated Entry (CE) provider, Erie County Care Management (ECCM). The program, Recovery Street Outreach (RSO), will be a mobile model, focusing on engaging with those experiencing homelessness throughout Erie County. Persons identified and served by SO would not otherwise connect with services due to mental illness, substance abuse disorders, etc. The CoC partnered with an agency, Love Inc who work with the unsheltered.in rural areas of the County to provide information and assistance; 2)Our COC’s street outreach efforts cover 100 percent of our CoC’s geographic area. 94 percent of our CoC’s geographic area is accessible, while 6 percent is inaccessible because 2 percent is wooded, 3 percent is lake, and 1 percent is in gated communities.3)Currently our CoC conducts street outreach multiple times a week through faith based volunteers (previously involved with Healthcare for the Homeless) and other concerned community members, our local day shelter (The Upper Room) and the PATH Program. Additionally, our CoC is supporting a formal outreach program that will be run through one of the CoC’s subrecipients that is aimed at filling in current outreach gaps within the county. This new street outreach program will allow our CoC to conduct street outreach throughout all of Erie County seven days a week from 1pm to 9pm.4)To tailor our street outreach to persons experiencing homelessness who are least likely to request assistance, our CoC works with local volunteers who conduct street outreach to identify unsheltered individuals with the highest needs for housing, medical care, etc. Outreach workers go to local soup kitchens to meet with unsheltered to call for assessments and dates/times are arranged with CE to make calls during evening meals.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC’s geographic area:

	Your CoC’s Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	226	174

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1) Erie County DHS, the CoC lead applicant, staff are on email listservs from many federal, state and local agencies that provide the latest information on mainstream resources. These agencies that send regular emails to DHS include, but are not limited to, HUD, SAMSHA, Social Security, PA DHS, the National and PA Housing alliances, OMSHAS, Dept. of Welfare, White House, and Community Care Behavioral Health (Erie County’s Managed Care agency). Erie County DHS shares all information with the CoC listserv and many resources are posted on the CoC website. In addition, Erie County DHS has put together a comprehensive resource guide covering the entire CoC geographic area which is updated annually. This is sent out to the CoC listserv and is available on the CoC website. 2) Community Care Behavioral Health partnered with several HUD providers including Coordinated Entry, to provide Community Health managers who work in coordination with project staff, so program participants have easy access to mental health and D&A services. These participants often are enrolled into programs immediately or are provided with a fast track to services that include Inpatient and Outpatient Treatment, psych consults, and medications. The Erie County MH/ID office provides funds for mental health treatment to HUD participants who are not insured. 3) Free SOAR training and certification is offered to HUD providers through SAMSHA. Reminder emails for this course are sent by email annually. Our CoC encourages HUD providers to sign up for this course and many project staff of our PSH and RRH programs have SOAR training. Coordinated Entry (CE) Staff are also SOAR trained and our CE provider, Erie County Care Management has partnered with our local Social Security Office so CE SOAR trained staff can do an “Intent to File”, providing contacts and a link where Social Security staff directly contact participants instead of trying to have project staff and participants contact Social Security.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

1) Since the pandemic, our CoC's lead applicant, Erie County invested a large amount of funds for hotel/motel overflow shelter, isolation, and homeless/unsheltered homeless unfit for shelter. Hotel shelter provided isolation for well over 100 persons with COVID, shelter for persons unfit for shelter, and for exits from inpatient hospital or mental health facilities for extra recovery time. Erie County continues to provide funding for non-congregate shelter for purposes mentioned above. Erie County also coordinates their hotel/motel projects with our local FEMA provider provide funds for hotel/motel for emergency shelter overflow and isolation. This was helpful to ensure non-congregate shelter funds would be available for COVID and other infectious disease outbreaks. All hotel projects require HMIS entry which helps the CoC lead applicant and FEMA provider determine funding needs. One of our shelter providers who are a subrecipient of HUD CoC and ESG funds have built and continue to build a number of "tiny homes" on their lot to help supplement the need for non-congregate shelter. They currently have 11 tiny homes that can be used for non-congregate shelter. These can be utilized to isolate for infectious disease and for special situation that call for non-congregate shelter. Outreach providers referred unsheltered that were unfit for shelter due to disabilities and teamed up with local soup kitchens to provide food at the hotel if necessary. The past winter, a shelter temporarily closed down due to staffing issues and another shut down temporarily due to a fire. Erie County, the CoC lead applicant provided non-congregate shelter (hotel) to provide shelter for all those who were left without shelter. Erie County also provided hotel shelter to help supplement the winter overflow shelter.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
NOFO Section V.B.1.o.		
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:		
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1) Throughout the past year, the partnership between our CoC and the Erie County Department of Health (ECDH) has strengthened and expanded. Our COVID-19 Vaccine Education ad hoc subcommittee has been voted into a formal subcommittee now called Homelessness and Healthcare. This committee has continued to meet bi-weekly to share information regarding vaccination clinics, public meals, quarantine and isolation guidance, and other efforts to combat COVID-19 and other infectious diseases. Additionally, our CoC is collaborating with a Public Health Preparedness Coordinator at ECDH to engage in emergency and disaster planning. Our CoC is in the process of compiling an Emergency Risk Communication Plan that includes a list of points of contact for emergency shelters and housing/homelessness agencies. This list would be utilized in case of an emergency (natural disaster, public health emergency, etc.) for communication purposes. ECDH’s planning efforts also include working with Erie County’s Emergency Management Agency (EMA) to develop a master template to be used for emergencies/natural disasters/etc. for shelters and agencies that do not currently have a plan in place (or for those that would be interested in using it). This includes how to respond to infectious disease outbreaks such as COVID-19 and Monkeypox.

2) Our CoC’s efforts to prevent infectious disease outbreaks among people experiencing homelessness include collaborating with local hospitals, healthcare providers, our Federally Qualified Health Center (FQHC), and the Erie County Department of Health (ECDH). Our COVID-19 Vaccine Education ad hoc subcommittee was voted into a formal subcommittee now called Homelessness and Healthcare. This committee has continued to meet bi-weekly to share information regarding vaccination clinics, public meals, quarantine and isolation guidance, and other efforts to combat COVID-19 and other infectious diseases.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1) Our CoC’s Homelessness and Healthcare Committee meets bi-weekly to share information between healthcare agencies and homeless providers. This committee has grown to 40 members representing 26 agencies, including 2 local FQHC providers, the local Health Department, all 3 local hospitals, other health providers and shelter. The healthcare providers share updates from the CDC and state Health Departments that inform our housing providers of nationwide, state, and local healthcare concerns. They provide information and supplies to ensure our providers have the resources they need to offer the safest settings possible. 2) Housing providers share questions and concerns related to health and wellness that are answered by our healthcare professionals either immediately or with follow-up messages when other sources must be reviewed. Bi-weekly meetings provide all attendees with a voice to ask questions, seek resources, and even request on-site visits from healthcare staff when needed. Providers share resources and knowledge to assist in a very collaborative way. Information is relayed from healthcare staff of COVID-19 cases, RSV and flu cases and any other infectious disease concerns. All providers collaborate to support each other in everything from designing policies, resource offerings of extra masks, food delivery for participants in isolation, to safe medication disposal. This is a team of action. Our Health Department is currently working on a project to update their Emergency Disaster Response plan and included data from our CoC Lead for contact information of all shelters that included capacity from HMIS to ensure these were included in the plan if a health emergency should occur. Our Community Managed Care provider is working with each hospital Emergency Department and Behavioral Health staff to design in-patient collaboration and exit planning. This has been the greatest resource that has been graciously communicated as a lifesaving tool. Both housing and healthcare providers believe this tool will literally save lives during our dangerously cold winter season. Each provider knows they will get the most up-to-date information from the experts on this team whenever needed.

1D-9.	Centralized or Coordinated Entry System–Assessment Process. NOFO Section V.B.1.p.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1) Our Coordinated Entry (CE) process uses a 24/7 phone hotline which is accessible to everyone to call throughout the CoC geographic region, allowing 100% coverage to our community. This number is available on many public websites including our CoC website, the Erie County website, HUD provider websites and many housing provider websites. The number can also be found in the Erie County Resource Guide which is publicly posted on the CoC and Erie County websites. Outreach staff also go to meal places to help unsheltered make calls to CE to get shelter and assessments. There is also outreach to outlying agencies to educate rural constituents of this hotline as well as post a flyer with the number at their agencies. Walk-in appointments are available also at our Coordinated Entry providers. 2) Our CE's subcommittee developed a new assessment that is heavily based on data called the Erie County Housing Prioritization Tool. Erie County DHS (lead applicant), ECCM (CE provider), Community Care Behavioral Health (managed care agency) and the County prison partnered to share data including chronically homeless, longest homeless histories, mental health, D&A and Intellectual disability history, inpatient treatments, crisis calls and ER visits. This data is used to create an objective standardized assessment. Some participant questions are added to the assessment to collect information that is not captured with the data. The VI-SPDAT, our previous assessment was all subjective and information was often captured when persons were in crisis. 3) A number of HUD providers and shelters sit on the Coordinated Entry sub-committee who developed the assessment. The assessment was reviewed by a number of people with lived experience are members of the CoC. The assessment was reviewed and a trial run was done with eight different persons currently homeless (after data was added so they could see the entire assessment) so they could provide input and feedback. Based on feedback from the CE sub-committee, homeless service providers and persons with lived experience, changes were implemented based to insure that a standardized, objective, unbiased assessment was used to prioritize participants for housing.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1)Coordinated Entry (CE) has implemented special strategies to reach out to those who are least likely to apply for homeless assistance. CE partners with a local soup kitchen that serves many unsheltered people and call times are arranged during the meals where homeless persons can call to get an assessment. Our CE provider also partnered with 2, day shelters so persons without phones can call CE. Day shelters have case managers that assist persons calling CE. Our CE provider contracts with translation services for persons with language barriers and has a TTY phone service for persons with disabilities. CE partners with two agencies that work with immigrants who are hesitant to reach out for assistance. CE shares housing information with these agencies, and these organizations help them call CE and navigate the applications for housing assistance. Local agencies have cards with the CE number that are handed out. 2)Our CoC has moved from the VI-SPDAT assessment to a new assessment (Erie County Housing Prioritization Tool) that is mostly objective and more accurate because it is based on HMIS, MH, D&A, Prison, and hospital data that is pulled together from Erie County DHS, our CE provider, and a managed care provider. Subjective participant input is minimized and gathered to fill in the data gaps in the assessment. This has led to an increase in participants receiving housing that are chronically homeless, unsheltered persons, lengthy homeless history and have verified risk factors. Data is populated prior to participant input, leading to faster, less obtrusive assessments with participants. 3) Persons calling CE for an assessment are able to choose any HUD project they are eligible for as well as choose any provider they prefer. They may choose any other housing program available if they meet eligibility requirements. Our CE provider has increased scheduled Master List prioritization meetings with Outreach staff, shelters, rental assistance providers, the VA and DV providers, in addition to HUD providers to assist in final prioritization and to assist on locating persons when openings for PSH or RRH become available. 4) Our CE provider also changed its phone system to prioritize emergency shelter (ES) calls so there is a live person whenever someone calls CE for shelter. They are currently doing a time study so they can contract with a call center for ES during high call traffic times. This will free up time for CE staff to manage assessments and referrals

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1)Our Coordinated Entry provider affirmatively markets means advertising housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability that furthers fair housing as detailed in 24 CFR 578.93(c). Housing First Principles and our CoC Written Standards are posted on our CE providers and CoC’s public websites. Our CoC Written Standards include updates to policies and procedures for racial equity, LGBTQ including extensive updates in transgender policies and corrective action measures. Our CoC created cards with CE contact information and distributes them the CoC and other public meetings (Disabilities meeting, City Meetings.) 2)ECCM is the CE provider, and their website publicly posts Housing First and Fair housing policies. Policies w/ Housing First and Fair Housing policies are publicly posted and posted onsite at the CE agency. CE informs participants that collection of information for race and gender are optional, as well as that all projects and programs have non-discrimination policies. CE also informs participants of the grievance policy for any provider that are in violation of the Fair Housing Act and CoC non-discrimination and equal access policies 3)CE is required to report to Erie County DHS, the lead applicant any violation of the Fair Housing and non-discrimination policies by any providers. In addition, CoC Written Standards state that CE must report to Erie County DHS if any referral refused by a HUD CoC or ESG provider that is not due to being ineligible or the service not being available. When Erie County DHS receives reports of impediments to fair housing from CE, they inform the City of Erie who certify consistency with the consolidated plan in their monthly meetings. This led to updates in transgender policies in the CoC Written Standards which includes City ESG shelters. CE is also required to allow participants their choice of referral to any housing program and/or provider if they meet eligibility requirements. This also includes the participant’s right to accept the referral or not.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/28/2023

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:	
1.	your CoC’s process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The Data, Racial Equity, and Inclusion committee of our CoC is conducting the racial disparity and equity work. The process is to analyze data and report to the CoC Board overrepresentation found in either the provision or outcomes of our homeless system and identify contributing factors. The committee is analyzing data from the HMIS Lead and other sources to develop the strategic direction. To support this essential work, CoC Lead, HMIS Lead and Planning Grant staff completed the recent HUD TA Equity Workshop and gained information about the history of racial inequity as well as ideas from other communities working toward racial equality. The CoC Lead is requesting HUD TA to steer this committee. CoC and provider board compositions must be updated to encourage inclusion of marginalized groups in developing these strategies, including updating policies and procedures. The CoC will utilize local racial and cultural leaders to assist with training and other resources for providers and homeless stakeholders to increase understanding of racial equity in our community. Various data sources include the HUD-distributed CoC-Analysis tool, Stella P, and System Performance Measures to identify causes of overrepresentation in racial and ethnic groups within the homeless population. The HMIS Lead is working with our HMIS vendor to design custom reports that will dig deeper into the racial and homeless data needed by this committee to identify areas of concern, including First Time Homeless, Exits to Permanent Housing, and Returns to Homelessness data. The committee will be researching other sources to gather socioeconomic data factors that can have an impact on a person's homeless situation. A homeless youth report provided by the state Department of Education details homeless youth by school district.

2) CoC data definitively illustrates overrepresentation of minority groups that are homeless. Specifically, adult males are the highest subpopulation in our homeless system. Black households remain homeless 5 days longer than white households. Overall, 17% of all households exit to permanent housing. Although 20% of all black households have a permanent exit, only 15% of black adult households exit to permanent housing. Within 6 months, 15% of all households exited to permanent housing return to homelessness, while 22% of black households return to homelessness within 6 months and 24% of adult only black households return to homelessness in 6 months.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes

6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

To address the disparities identified in the provision or outcomes of our homeless assistance, our CoC Lead, HMIS Lead, and Planning Grant staff completed the HUD Equity Workshop. Participation in this course increased our understanding of all facets of racial disparities and provided real-life examples from other communities involved in this work. These staff are leading our CoC Data, Racial Equity, and Inclusion subcommittee. Interest in this committee has grown this year. New members include our Federally Qualified Health Center (FQHC), local housing providers including one of our domestic violence programs, local agencies (housing and other), and concerned community partners with a vested interest in this work. This committee is forming a strategy for how to identify and address the overrepresentations found. Step one is determining what data is needed to understand root causes for the overrepresentation. Step two is choosing areas of focus based on the data and assigning members to each area. Throughout this process the CoC Board will be updated with all progress made.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(limit 2,500 characters)

1) Our CoC's Data, Racial Equity and Inclusion committee is creating a plan to track local data to further identify root causes of our racial disparities. This committee is measuring exits to permanent housing, first time homeless, and returns to homelessness data by race and ethnicity. These are areas we have identified as overrepresented by persons of color. In addition, our HMIS Lead is working with our HMIS vendor to create custom reports that will provide more detailed data about our racial disparities in these areas. The committee will continue to review other data sources to build our understanding of local racial disparities in our homeless system of care. This includes data from our FQHC provider and our domestic violence provider. We will utilize data from our new Housing Assessment Tool for Coordinated Entry prioritization. This tool will help us to identify persons who have experienced racial inequity and gather better data to determine factors leading to the overrepresentations. We will utilize Coordinated Entry (CE) data from this tool and our CE Annual Performance Report (APR) to measure inequities in the provision of homeless assistance. 2) Tools our CoC uses to measure progress on preventing and eliminating disparities in our homeless system of care are the HUD CoC Analysis Tool, StellaP, local data sources such as the PA Youth Homelessness report, and all shared data from partnering systems, such as healthcare and domestic violence systems.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

Understanding that input from people with lived experience is imperative to addressing homelessness issues, the CoC has made concerted efforts to engage PWLE in various activities and roles. At the micro- level, the CoC has encouraged many of our CoC housing providers to employ persons with lived experiences within their programs and many do have done so including in leadership or management positions. Regarding CoC governance efforts, PWLE (current or formerly) have served on Ranking and Scoring, Marketing, Healthcare and Homelessness committees, as well as the Governing Board. Specific examples include this population being engaged to serve on the scoring and ranking subcommittee, as well as provide feedback in the redesign of the tool used during the scoring and ranking process. The CoC Marketing and Community Engagement committee also recruited and is utilizing persons with lived experience in a new educational effort. There is also a small group of active PWLE who have been meeting with faith-based members of the CoC to provide input and feedback into services as well as issues they are facing. This group will be voted in as a fulltime ad-hoc committee in January 2024. In addition, the CoC is working with the planning grant provider to utilize funds to pay person with lived experience who serve in various committee capacities.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	2	1
2.	Participate on CoC committees, subcommittees, or workgroups.	3	6
3.	Included in the development or revision of your CoC's local competition rating factors.	1	1
4.	Included in the development or revision of your CoC's coordinated entry process.	1	2

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

All of the housing providers within our CoC work with clients to obtain employment, develop job skills, or continue their education to further expand their career opportunities. There is a strong relationship between CoC programs and CareerLink, which is the state’s Workforce Investment Board career service program to provide assistance in finding employment, training, resume development and fulfilling education requirements. These opportunities are often found within individual service plans developed for each client. Additionally, our CE provider partners with CareerLink in identifying employment needs for those who are in need of housing and will make referrals when needed. As part of the CoC outreach, cards handed out to direct those in need to call the Coordinated Entry system also include direction to utilize PA211, the United Way-based system which provides referral information for additional services such as meal service, health facilities, utility assistance, etc. Many of our housing provides have also provided employment opportunities to those with lived experience. Our DV provider who has a CoC funded RRH program, shelter and transitional housing programs have domestic violence survivors with lived experience that are board members, housing counselors, and administrative staff. Staffing for this DV providers consists of 80% of persons that are DV survivors. Having people with lived experience on staff of these programs allows for better understanding by program administration regarding what some of the clients may be facing. Staff positions held locally by formerly homeless persons range from maintenance to running shelters. Within the past year, our CoC saw the opening of a new community anchor center. Not only does the program provide residence for those in housing need, the facility has become a one-stop shop which also provides pre-employment training, food pantry, GED and computer classes, AA/NA group sessions, as well as a fitness center to address physical and wholistic health. Our center city also has an active business alliance, The Downtown Business Partnership, which is working with both the CoC and local downtown establishments to address homelessness worked to establish a paid-work program which would employ homeless persons to assist in keeping the center city and downtown parks clean. While a successful pilot run has been conducted, the Downtown Business Partnership is looking for funds to continue funding the program.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below:	
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1)The Erie County (PA) Continuum of Care (PA-605) believes that participation from all populations is the best way to address the needs of a diverse community. As our coalition structure and planning efforts have evolved, we have begun to incorporate persons with lived experience in various facets of our governance and committee work. Currently, the CoC has multiple persons with lived experience participating in our process. A recently formed advocacy group Voices for Homeless advocacy has Persons with Lived Experience (PWLE) including persons that are currently homeless and unsheltered. They have provided input from winter sheltering to advocating for ordinance changes locally. One formerly PWLE serves on our governing board (Dave W); one formerly PWLE is an active participant in our Healthcare for the Homeless ad-hoc committee, and additionally runs a local shelter (Kane P); and one current PWLE has been an active member of our whole coalition, including serving on the most recent NOFO Ranking and Scoring Committee. Recent activity within our community outreach committee has utilized input and feedback from PWLE in developing a strategy to utilize a real-life simulation to educate the community on homelessness. This group is engaging PWLE to assist with the December 21 Homeless Memorial. The Governing Board has discussed adding this group as a full-time ad-hoc committee beginning in January 2024, as we are currently looking for structure of providing payment and other incentives for their efforts.2) Our CoC HUD (CoC and ESG) programs conduct service surveys for persons in programs. These include exit surveys and “suggestion” surveys while they are in the program. Surveys are anonymous so persons will not be apprehensive giving negative feedback. Our CoC has expanded in providing those with lived experienced key roles within our CoC. This sub-committee plays a vital role in how to improve policies to better serve homeless participants in our CoC 3) Persons with lived experience participate in our winter planning meetings. A group of PWLE has been meeting monthly with staff who work at the COC winter overflow shelter, providing information and feedback on multiple issues that they face. Voices for Homeless Advocacy, a group with several PWLE persons have participated and went to public meetings in advocating for a rental housing ordinance that requires “just cause” evictions.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC’s geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1) Our CoC who have members on City council took steps to advocate and participate in public meetings to change short-term Rental regulations allowing for more diverse [increased] usage of existing housing stock. This advocacy from the CoC (which includes persons on city council) was voted on and the zoning ordinance was approved in April 2023. The ordinance includes a significant increase in the zoning areas where short-term rentals are permitted. Our CoC in partnership with the PA Housing Alliance advocated for increases in PHARE funding which provides funds for affordable housing development. This led to a 15 million dollar increase in PHARE funds (60%) for this year's PHARE grant. Encouragement to back this initiative (provide input, notify congressman, contacts for the PA housing alliance) was shared at CoC meetings and on the Home Team listserv. The passing of this bill and encouragement to apply for PHARE was shared at a CoC meeting and on the CoC listserv. Our CoC lead agency and other CoC providers have current PHARE grants and apply for this funding annually. 2)Our CoC in partnership with the PA Housing Alliance and we advocated for Pa state House Bill 581 and House Bill 2209. Information on both these bills were provided to the CoC by the Pa Housing Alliance and encouragement to back this initiative (take survey, provide input, notify congressman) was sent to the Home Team listserv. House Bill 581 which was passed into law on 7/8/2022 grants more powers to municipalities to approve tax abatements and other incentives for affordable-housing projects. House bill 581 is an approach to allow counties to respond to their housing needs, rather than the state government taking the lead. Townships, boroughs, or cities could grant 10-year tax exemptions on multi-unit buildings where 30% of units qualify as affordable housing or when a project repairs a blighted property. The law also gives local governments the authority to forgive or refund the property tax liability to low-income families due to property tax or assessment changes. House Bill 2209 passed on 10/24/2022 and this expand the powers of land banks to partner with the private sector to find solutions to address housing for persons experiencing homelessness.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	09/21/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	09/15/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	180
2.	How many renewal projects did your CoC submit?	7
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1)The 2023 CoC Ranking and Scoring tool was similar was largely scored on program data. The Ranking and Scoring committee coordinated with the HMIS lead to provide data for each project focusing on: length of stay, exits to permanent housing, returns to homelessness, gained income, # of chronically homeless, coordinated entry referrals, overall data quality (errors). For the 2023 Ranking and Scoring process, four renewal applications and two expansion applications were reviewed using the prior-mentioned data points. One DV renewal was scored using the New Projects rating tool due to program start dates there was no data available to rate using the renewal tool. Additional information supplied by the CoC lead applicant to supplement programmatic and fiscal details not identified in project applications. The lead applicant only provided objective data from monitoring, Sage reports, invoices and contracts to avoid any bias in this process. Our CoC planning grant provider facilitated the Ranking and Scoring process, which also allowed for objective, non-biased dreview by the Ranking and Scoring committees.2) The HMIS lead provided data for each program within the rating tool from the LSA and system performance measures. The HMIS lead uses this data to analyze time from project entry to move in date for this performance measure. Any data anomalies (i.e. outlier persons to cause skewed data) were taken into consideration during the review process. 3) The marker for the number of days placed in housing after project entry was increased for both PSH and RRH renewals. because of the difficulty finding affordable housing, especially for persons with criminal history, bad credit, or eviction history. Racial Equity and persons with lived experience questions were added to this year's renewal applications and scoring tool. 4) This year the Ranking and Scoring committee ranked a renewal DV project higher than it scored because of the difficulties serving this population and the need for DV permanent housing in our CoC.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
NOFO Section V.B.2.e.		
Describe in the field below:		
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1)Several persons on the ranking and scoring committee are persons of different races represented in the local homeless population and they provided input in the rating factors. This led to changes in last year's scoring tool which scored racial equity. This also led to changes in the supplemental renewal application. While racial equity was added to the Rating Tool last year, the supplemental renewal application that renewal provider are required to fill out also required racial equity questions.2)Our CoC outreached to a number of persons of different races and ethnicities, particularly those over has asked racial minorities to assist in the scoring and ranking process. Outreach included a retired CEO of a shelter, a Grant Administrator for the City of Erie. the CEO of the Minority Community Investment Coalition, and two other persons who serve in our CoC While a number of those persons had other commitments, were able to get 2 persons of minority races to join the Ranking and Scoring Committee.3)Racial Equity data from our HMIS who works with the Racial Equity committee was provided to Ranking and Scoring. The HMIS lead compares numbers of persons of different population referred to projects to numbers of persons of different population that actual received services. Currently, all HUD projects served different minority races and ethnicities equally or more in some projects in comparison with referrals and this was passed on to our Ranking and Scoring Committee. However, our CoC lead did provide contract language and agency policies of providers submitting projects that had no or substandard policies and procedures in place for racial equity and this information was also passed on to the Scoring Committee who did take points off provider projects directly because of this.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

- 1)Regarding reallocation of funds, the CoC lead applicant agency facilitates ongoing financial and program monitoring of the HUD-funded existing projects. Within the monitoring process, various performance data are reviewed including those tied to program admission, length of stay, fund expenditure/usage, and meeting program written standards adopted by the CoC. Monitoring results are included in the ranking, scoring, and program renewal application process. Within the ranking and scoring tool, performance factors focusing on length of stay, program exits, returns to homelessness, income, equity, and overall project effectiveness are evaluated. Additionally, qualitative information is gathered regarding program administration that would impact whether or not program funds are reallocated via rating and ranking.
- 2)During the current ranking and scoring process, none of the renewal or expansion projects had funds reallocated due to the performance or lack of needs. Two of the renewal applicants were ranked in Tier 2 as there were several factors that our review team took consideration to, and felt that though the programs are needed and have merit, they should be ranked lower than others.
- 3)Please see the answer to question 2. No project funds were reallocated during this year. However, there were two programs that were ranked lower in the final ranking due to administrative aspects of the program that reviewers felt should be accounted for.
- 4)N/A

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/12/2023

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	
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You must enter a date in question 1E-5a.

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	09/26/2023
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky Corporation
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/26/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1)Our CoC and HMIS Leads support our Victim Service Providers (VSPs) to ensure their projects are entered in an HMIS comparable database (Efforts to Outcomes). In the last year, our main VSP agency transitioned to new leadership personnel and our CoC and HMIS lead staff were instrumental in assisting with any requests for support of their projects. The HMIS Lead works closely with the comparable database support staff to ensure all three of their shelter and transitional housing projects are in compliance with HUD ESG and HHS RHY MGH data requirements. Our ESG Lead, the City of Erie, relies on our HMIS Lead staff to assist with any technical issues that arise for ESG or ESG-CV data reporting. This VSP agency was recently awarded a CoC DV-RRH grant. CoC and HMIS Lead staff have provided multiple virtual meetings offering guidance and assistance to understand and comply with grant requirements for their comparable database. Our HMIS Lead also sent supporting resources from a recent webinar she attended that specifically related to running an RRH project for DV survivors, as well as they HUD HMIS Comparable Database Manual to assist with RRH project setup and compliance. The VSP providers also provide data for our annual HUD HIC/PIT report. 2)Our Victim Service providers comparable data base, Efforts to Outcomes (ETO) is compliant with FY2022 HMIS standards. 3) Our CoC's HMIS data base supported by Wellsky is compliant with the 2022 HMIS Data Standards

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	256	57	199	100.00%
2. Safe Haven (SH) beds	10	0	10	100.00%
3. Transitional Housing (TH) beds	103	38	65	100.00%
4. Rapid Re-Housing (RRH) beds	174	0	174	100.00%
5. Permanent Supportive Housing (PSH) beds	423	0	330	78.01%
6. Other Permanent Housing (OPH) beds	95	0	95	100.00%

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and

	2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.
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(limit 2,500 characters)

1) The PSH beds that are not currently participating in HMIS are HUD-VASH beds. The HMIS Lead contracted with the HMIS vendor to customize a quarterly import of VA HOMES data. The HMIS Lead, HMIS Vendor and VA Homeless Outreach supervisor have worked to resolve issues with the export and import process for this data. Technical issues partnered with new VA leadership staff have led to this delay. Although data has been imported to a test site, the VA supervisor is unsure of the accuracy and completeness of this data. 2) The HMIS Lead will continue to pursue the validation of this data until both parties are confident the data accurately reflects veterans served in the HUD-VASH program. Until then, the VA continues to support the CoC PIT count with data.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/26/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/26/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1. Our PIT Count committee did not engage unaccompanied youth within our PIT Count planning process. It should be pointed out that Erie County PA CoC has one program that serves unaccompanied youth, a Maternity Group home for expecting homeless women between ages 16 and 21. The planning process did engage organizations that do serve youth in the process, however. Representatives from the Mental Health Association of Northwest PA, the Erie City Mission, Emmaus Kitchen, and Upper Room drop-in shelter participated in the planning process, as their organizations were instrumental in carrying out the unsheltered portion of our local PIT count.

2) As noted in Q1, there were multiple organizations that work with unaccompanied youth who participated in our PIT count process. In fact, these organizations served as locations where our unsheltered count took place. These agencies house the local meal service places that serve those in need. They are also the known locations where the homeless community gathers. Our methodology for the unsheltered count is to attend the meal service locations and conduct PIT count interviews with attendees to identify whether they are a person with current lived experience, and their sleeping location. We were able to identify multiple homeless youth during this process, as well as make outreach to those that are in need of other services. It should be noted that our local providers were encouraged to have any homeless persons, including youth, engage with the committee and assist in the PIT count if they were willing.

3. We did not include youth experiencing homelessness as counters during our most recent unsheltered count.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

1.The Erie County CoC Point in Time committee did not make any changes to the sheltered PIT count implementation. The previous years' methodologies have been sufficient in procuring the needed information for HUD HIC and PIT reporting. Our providers have also become accustomed to the procedures and policies and are knowledgeable and comfortable with the process. Of note, while not required for submission we do work with our permanent housing providers, such as OPH, RRH, and PSH to gather information on their sheltered populations. Our CoC utilizes data from all program types for community reports and within our planning efforts.

2.The Erie County CoC Point in Time committee did not make any changes to the unsheltered PIT count implementation for 2023. However, major changes were made the year prior. Our methodology is to visit the known meal service locations the day after the evening of the PIT count. The count also serves as a street outreach opportunity. Throughout these meal services, we engage over 350 persons and ask them to identify where they slept the night before. We continue interviewing those who identify they were unsheltered. All persons we engage are given a bag of provisions (clothing, non-perishable food, toiletries, etc.). Although this has raised our number each year, we know we are capturing more of our population than our previous method of searching the night of the PIT.

3.The methodology has allowed our CoC to identify a larger number of unsheltered persons as opposed to the traditional night count (January weather in our CoC proves challenging). This past year, our methodology identified 40 unsheltered persons. The first year of this strategy identified 23. Prior to this change two counts ago, it was common for our CoC to identify single digits of unsheltered. Though our community does not have a sizable unsheltered population compared to other areas, this newer strategy has confirmed the belief that there were more unsheltered in our community than what we were able to identify in previous years. This new approach has also allowed our CoC to strengthen its relationship with the meal service providers as they are instrumental in this process.4)Not Applicable.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies 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 your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1) Our CoC determined the risk factors to identifying persons experiencing homelessness for the first time by reviewing our HMIS and local data and collaboration. Through custom reporting, our Data Committee is identifying where people are entering our CoC from. From collaboration with homeless providers and Coordinated Entry data we know people come to our community seeking better homeless services. In addition, our state has several nearby prisons who send people here upon exit. Our CoC has a rate of poverty above the state and national average. Because PA also has a comparatively low minimum wage, obtaining affordable housing is a huge risk factor for many of our participants who face a housing crisis. 2) Our CoC strategy to address individuals and families at risk of becoming homeless is to use diversion, data analysis, and flexible funding to prevent homelessness. Our Coordinated Entry staff screen for diversion options for persons at risk of homelessness to reduce the number of persons entering the homeless system of care. We also have several agencies with homelessness prevention programs who utilize state and private funding to serve persons at imminent risk of homelessness. Our CoC is also fortunate to have SSVF funding to assist veterans who are at risk of homelessness. Our data committee is analyzing data to provide more feedback to drive strategy. To increase affordable housing, which is in short supply in our CoC, we implemented a Landlord Incentive Program. This locally designed program uses state funding to pay for damages to reduce evictions as well as cover some vacancy costs. Through this program, 4 new landlords were given a one-time incentive to house homeless persons and 6 landlords received damage and vacancy cost reimbursement. 3) The CoC Governing Board is responsible for overseeing this strategy. Erie County DHS, the lead applicant and HMIS lead works closely with the governing board to ensure strategies are HUD compliant, data driven, and best practices are followed.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	
	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	
1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	Yes

(limit 2,500 characters)

Currently the CoC is adding a question to the CE screening that asks a person where they are from. This is not just because a significant spike in first time homeless in our CoC but also do to reports from shelters and our winter shelter were not from Erie. The CoC has already determined a number of person on the Prioritization Master List came outside of Erie County (through address search data bases). In addition, there was a concern that many rural Counties did not have the resources and were coming to our CoC. Erie County invested heavily in expanding shelter and hotel overflow to ensure everyone had a bed in the winter as well as provided a substantial amount of rental assistance funds including 7-8 million in reallocated funds from other Counties. Shelters have reported persons coming to Erie because they have these available resources there Counties do not have. Erie County will use the data collected from CE screening to determine the percentage of persons that are first time homeless in our system are coming from outside our CoC. Because of scarcity or CoC funds, funding will be prioritized for Erie County residents but no person will be denied housing services (when funds are available) because they came from outside the CoC. All Erie County Emergency Shelters (including ESG funded) are required to accept all persons in both our CoC's geographic area and from outside our CoC if space is available.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	
	In the field below:	
	1. describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
	2. describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1) Our CoC strategy to reduce the length of time individuals and persons in families remain homeless relies on all providers collaborating to find the right intervention for each person and household and increasing our affordable housing capacity. From initial contact through housing move-in, our system is built on collaboration. Initially, Coordinated Entry staff attempt to divert people from entering the homeless system through screening for other supports. Our CoC has designed a new permanent housing assessment tool to increase accuracy and efficiency of housing prioritization. The new tool greatly reduced the participant questions and utilizes system data to assess homeless history. The goal is to both reduce participant trauma as well as increase the accuracy of key factors leading to better housing placement. Our Master List meetings include shelter staff and outreach volunteers to add recent information to what was captured at the time of assessment and referrals, such as current living location and contact information, and connection with mainstream resources. To increase affordable housing supply, our CoC uses state funding for a Landlord Incentive Program. This program provides money for damages to reduce evictions. In addition, new landlords are offered an incentive to house our participants. In the first year, this program has helped to recruit 4 new landlords and has retained at least 7 who received funds for either damages, vacancy loss, or both. 2) To identify and house individuals and persons in families with the longest lengths of time homeless, our new permanent housing prioritization tool includes points for length of homeless history. This data is pulled from HMIS records rather than relying on self-report from participants to increase accuracy. We also redesigned our Master List to include this in prioritization along with Chronic Homeless status. 3) The CoC Governing Board is responsible for overseeing this strategy. Erie County DHS, the lead applicant and HMIS lead works closely with the governing board to ensure strategies are HUD compliant, data driven, and best practices are followed.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC’s Strategy	
	NOFO Section V.B.5.d.	
	In the field below:	
	1. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1) Our CoC strategy to increase the rate that individuals and families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations includes collaboration to find the most appropriate intervention for housing stability and retaining and increasing affordable housing. Our CoC requires 14 days after entering shelter or transitional housing before a person is assessed for permanent housing. During this time, staff are encouraged to identify needed services and mainstream resources to help determine the best intervention for that person or household. Our CoC has designed a new permanent housing prioritization tool that relies less on self-report and more on data to help in identifying homeless history to better inform housing placements. This new assessment is less burdensome for the individual as most questions are populated from data in our systems. Our CoC received another reallocation of ERA funds from our state. These funds are being targeted for qualified individuals and families in our shelters and transitional housing projects to quickly move them to permanent housing. We are working to increase our affordable housing supply with a new Landlord Incentive Program. This state-funded program incentivizes new landlords to house our participants. Permanent housing staff are encouraged to utilize this funding to make new connections. 2) Our CoC's strategy to increase the rate that individuals and persons in families retain permanent housing involves partnering with landlords and ongoing case management to increase housing stability. Due to loss of landlords during the pandemic, we utilized state funds to create a Landlord Incentive Program. Already, we recruited 4 new landlords with a one-time incentive to house our participants. We retained 7 landlords who received funds to help pay for damages, cover vacancy loss, or both. Our permanent housing staff are trained and encouraged to use active case management to help persons stabilize. To prioritize providers who excel at this metric, points are assigned to CoC-funded renewal projects that have high exits to permanent destinations. They also receive points for low rates of returns to homelessness. 3) The CoC Governing Board is responsible for overseeing this strategy. Erie County DHS, the lead applicant and HMIS lead works closely with the governing board to ensure strategies are HUD compliant, data driven, and best practices are followed.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1) The CoC strategy to identify individuals and families who return to homelessness is through data analysis and collaboration. Our Data Committee has begun analyzing data from internal and external sources to make recommendations to our Board. Data reviewed to date includes HUD Equity Analysis Tool, Stella P, state Education Reports. With custom reports from HMIS, they are reviewing more details to help identify root causes for returns. Stella reports to identify common population groups and pathways that are experiencing the highest rates of returns to homelessness. This committee consists of stakeholders with expertise in healthcare (FQHC), domestic violence, permanent housing, private enterprise, strategic planning, and CoC leadership. They offer the CoC Board feedback and solutions for improving our homeless system to increase exits to stable housing. 2) Our CoC's strategy to reduce the rate of additional returns to homelessness centers on providing the best intervention for each individual or household and increasing affordable housing supply. After identifying a need for a new permanent housing assessment, a new tool was designed. We have already seen an improvement for those seeking permanent housing in prioritizing those with the longest history of homelessness as well as chronic homelessness. Each Master List meeting involves case conferencing with shelter and permanent housing providers to provide qualitative information that assists in tailoring case management and service support to each unique person's challenges. Once housed, staff offer housing counseling, budget, and case management to retain stabilized housing. To retain and increase affordable housing, we collaborate with housing stakeholders, such as voucher providers, state-funded agencies, and private landlords. Openings are communicated through Coordinated Entry to all housing providers. To attract and retain private landlords, our CoC implemented a state-funded Landlord Incentive Program that helps pay vacancy losses and damages to reduce evictions. New landlords are given a one-time incentive to house our participants. Our strategy includes assigning points for renewal applications with low returns to homelessness and increasing income. 3)The CoC Governing Board is responsible for overseeing this strategy. Erie County DHS, the lead applicant and HMIS lead works closely with the governing board to ensure strategies are HUD compliant, data driven, and best practices are followed.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1) All HUD providers projects include service plans that outline steps to gain employment and/or non-employment cash benefits. Since the pandemic ended the CoC has included strategies to provide resource coordination and services meet homeless persons at shelter agencies and at public places near their location. This has been proven to remove structural barriers for homeless persons seeking employment such as transportation to work, computer and phone access be able to apply for employment, and lack of job skills. Our Managed Care Agency added 3 resource coordinators to assist homeless with accessing resources including employment and/or non-employment benefits. PATH outreach workers and blended case managers from agencies partnering with our housing provider meet persons at shelter and local soup kitchens to and assist them with gaining employment and referrals to partnering employment agencies. 2) A major strategy used to increase employment in our CoC is that CoC and non-CoC housing providers partner with Career Link, a state employment center, and to also partner with several local employment agencies. Our Coordinated Entry provider also partners with Career Link. Career Link assists participants with identifying job interests, completing job searches, preparing for interviews, acquiring appropriate attire, and gaining transportation to and from interviews. CE and several of our housing providers provide bus passes to employment agencies and job interviews. 3) The CoC Governing Board is responsible for overseeing this strategy. Erie County DHS, the lead applicant and HMIS lead works closely with the governing board to ensure strategies are HUD compliant, data driven and best practices are followed.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) Bringing services to homeless persons is a major change in CoC strategy since the pandemic ended and has been proven to remove structural barriers such as transportation, skills required for applications, lacking knowledge of resources, and no computer and phone access. Our Managed Care Agency, Community Care Behavioral Health contracted with 4 of our HUD/CoC homeless providers (including CE provider) adding 3 resource coordinators to assist homeless with MH needs to access to employment resources including . Resource coordinators go to shelters weekly to help with applications, appointments, and coordination of services. Our CE provider manages PATH outreach where PATH staff work with the unemployment agency to assist homeless persons in applying for unemployment. PATH workers meet persons at shelter and local soup kitchens to bring services to them. Another strategy is for housing providers to have staff that are SOAR trained. Free SOAR training information and certifications are regularly distributed to HUD providers and our HOME Team listserv. A number of housing and CE staff are SOAR trained. Our Ce provider, ECCM also partnered with our local Social Security office who provided to help process “Intent to File” applications. ECCM staff fill out “Intent to File” applications on behalf of homeless participants in our HUD programs and return it to the Social Security Office. The Social Security office contacts the participants and assists them with filing for Social Security and CE coordinates communication if necessary. A third strategy is to provide homeless persons with a mental health diagnosis access to blended case managers (BCM). ECCM, our CE provider is the principle referral agency for MH providers with Blended Case Managers. BCM’s are SOAR trained, have knowledge of resources available and experience in helping persons apply for non-employment income. All County Housing provider staff have contact information for ECCM’s mental health referral line for BCM services. Housing providers encourage and assist persons to call ECCM for a BCM referral if they are eligible. BCM’s go to shelters or meet homeless person’s in a public setting that is easy for them to access.2)The CoC Governing Board is responsible for overseeing this strategy. Erie County DHS, the lead applicant and HMIS lead works closely with the governing board to ensure strategies are HUD compliant, data driven and best practices are followed.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
--	--	-----

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	--	-----

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

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

Project Name	Project Type	Rank Number	Leverage Type
Self Start PSH Ex...	PH-PSH	7	Healthcare
My Way Home RRH E...	PH-RRH	4	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Self Start PSH Expansion
2. Enter the Unique Entity Identifier (UEI): PWT3DKKWABG6
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 7
5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? My Way Home RRH Expansion
2. Enter the Unique Entity Identifier (UEI): FHB7CS71DM96
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 4
5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

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

(limit 2,500 characters)

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name		
This list contains no items		

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/26/2023
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/26/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/26/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/20/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/21/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/26/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/20/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/26/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/26/2023
1E-5b. Local Competition Selection Results	Yes	Final Project Sco...	09/20/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD HDX Competiti...	09/20/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/26/2023
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/22/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HUD HDX Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

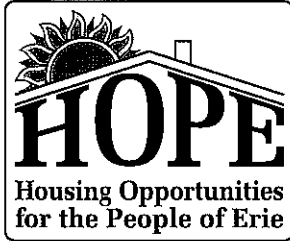
Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	08/07/2023
1B. Inclusive Structure	09/26/2023
1C. Coordination and Engagement	09/26/2023
1D. Coordination and Engagement Cont'd	09/26/2023
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/26/2023
2B. Point-in-Time (PIT) Count	09/26/2023
2C. System Performance	09/26/2023
3A. Coordination with Housing and Healthcare	09/26/2023
3B. Rehabilitation/New Construction Costs	09/26/2023
3C. Serving Homeless Under Other Federal Statutes	09/26/2023

4A. DV Bonus Project Applicants	09/26/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required



HOUSING AUTHORITY OF THE CITY OF ERIE

606 Holland Street • Erie, PA 16501-1285
Administration Office: 814-452-2425
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Commissioner

MICHAEL R. FRALEY
Executive Director and Secretary

TIMOTHY M. SENNETT, Esq.
Legal Counsel

September 26, 2023

To Whom it May Concern:

The Housing Authority of the City of Erie (HACE) supports the Erie County Continuum of Care's 2023 CoC application. HACE is currently a member of the Erie Supportive Housing Project Team which consists of private and public community stakeholders. This team is focused on Erie County's chronically homeless population with the following goals:

1. Assess and understand Erie's ability to stably house and serve its most vulnerable populations experiencing homelessness.
2. Stably house and serve the 150 most vulnerable households experiencing homelessness in Erie County.
3. Sustainably support this work through long-term commitments, partnerships, and funding.

The most notable accomplishment to date is the teams procurement of a developer through an RFP process to undertake Phase I of this project, a 50 unit Permanent Supportive Housing Project. Cleveland Housing Network (CHN) is working with select members of the team to identify potential sites.

HACE will support this effort by amending its Housing Choice Voucher (Section 8) Administrative Plan to permit project basing section 8 vouchers. This amendment to our Plan will give the housing authority the ability to dedicate up to 50 vouchers to phase I of the project. HACE will also consider project-basing additional vouchers for phase II of the project.

The Housing Authority of the City of Erie looks forward to partnering with the CoC on the County's efforts to serve our homeless population.

Sincerely,

A handwritten signature in black ink that reads "Michael R. Fraley". The signature is written in a cursive style.

Michael R. Fraley
Executive Director

Partnership with the Housing Authority of Erie City is highlighted in yellow. The Homeless preference letter from PHA references Strategy 1. The Erie Continuum of Care name is the "Home Team" and Home Team responsibilities are also highlighted in yellow.



Erie Supportive Housing Action Plan



Planning supported by Bowling Business Strategies (www.bowlingbizpa.com)

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Executive Summary

Addressing Erie’s Chronic Homelessness Through Supportive Housing

To address the increasingly complex needs around homelessness, a robust collection of community leaders joined together in November 2022 to form the **Erie Supportive Housing Project Team**.

The work is based on the evidence-based model called **Housing First**, which believes people best achieve stability when rapidly connected with stable, permanent housing and intensive supportive services.

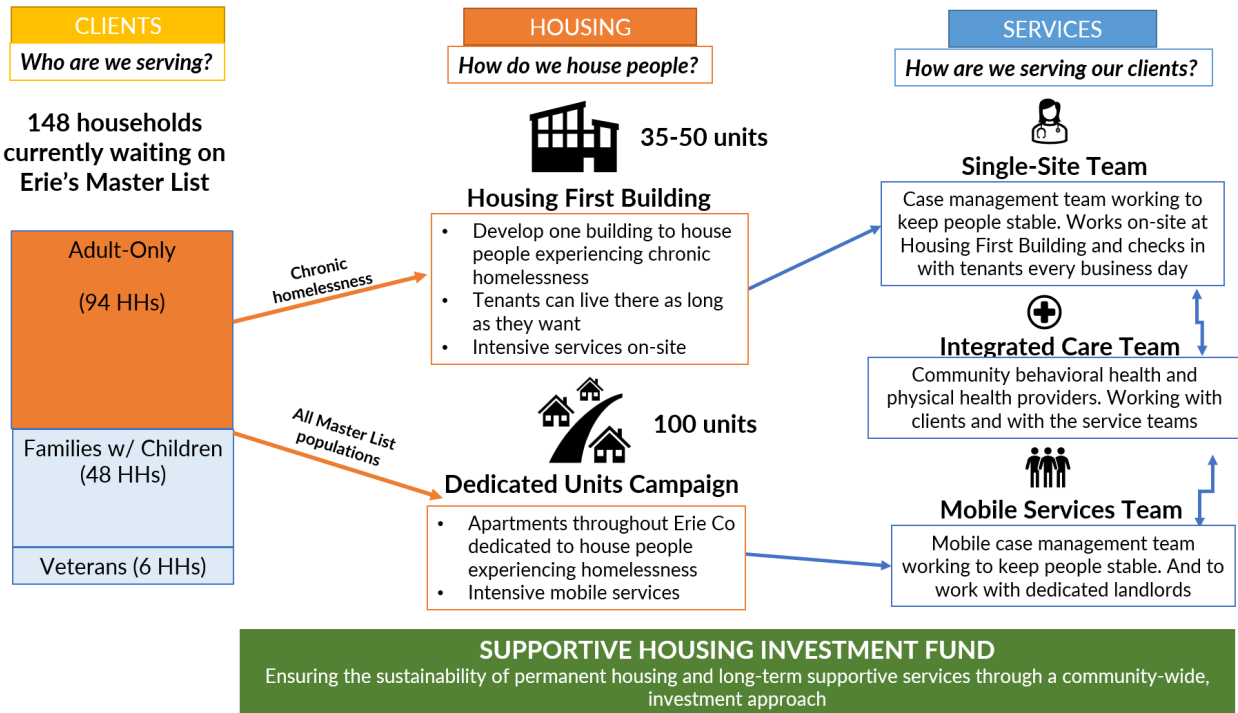
The Project Team is a branch of **Infinite Erie**, a community-wide investment strategy to attract public and private sector funding for transformative projects.

- Project Team Members**
- Hamot Health Foundation
 - Erie Community Foundation
 - Highmark Health and Allegheny Health Network
 - Erie County
 - City of Erie
 - **Erie Home Team** - This is our CoC name
 - **Housing Authority of the City of Erie**
 - Erie County Care Management
 - HANDS
 - Gannon University
 - Mercyhurst College
 - Infinite Erie

What are our goals?

1. Assess and understand Erie’s ability to stably house and serve its most vulnerable populations experiencing homelessness
2. Stably house and serve the 150 most vulnerable households experiencing homelessness in Erie County
3. Sustainability support this work through long-term commitments, partnerships, and funding

How are we going to achieve our goals?



Frequently Asked Questions

Since we've launched the **Erie Supportive Housing Project Team**, we have gotten a lot of questions from community members and local leaders about our work. We encourage this open dialogue.

Why are you focused on the chronic homelessness population?

Every year, the combined forces of Erie's charitable and government sectors move mountains to house around 400 households. It's amazing work. And yet on any given night, around 150 people sit on the "Erie master list." This is a list of people who haven't yet been housed and have deep service needs like severe mental health and addiction challenges. 75% of people on that list have a disabling condition.

We believe that you should prioritize those with the deepest needs first. Because if we build a community that works for people with severe mental illness then we will have a compassionate, comprehensive collaboration that is more prepared to scale and serve everyone.

Why are you creating and finding permanent housing?

Everyone deserves a safe and stable home. And for people with complex needs, we believe that they deserve a supportive home that ties needed services with permanent housing. The research has been clear: our brains need a permanent, safe place to overcome our traumas. Living in transition is hard on us. Having a lease in your name is a sign of stability. Stay for as long as you need.

We also know that people with severe mental illness and in recovery require supportive services. Instead of asking those people in trauma to navigate their situation by getting on one waiting list and then another, let's navigate it for them. Let's create permanent housing that comes with supportive services, so that you can be safe here and become healthy here.

How will this supportive housing work exactly? How long can people stay?

People will be referred from the **Erie Home Team** to these supportive housing units. Clients will sign a lease and can stay as long as they follow the terms of that lease. They will be matched with intensive supportive services to work on the root causes of their homelessness. Rent will be affordable, and tenants are responsible for a portion of their rent.

The housing could end up looking a lot of ways – rehabbing an old school; building a new building; dedicating a duplex to the cause. We are looking to dedicate 150 units throughout Erie County.

Who are your partners? How is this being funded?

This is built on the back of the good work being done throughout Erie County. We are partnering with the nonprofit service agencies in the **Erie Home Team** who work every day to end homelessness. We are partnering with local hospital systems, local funders, and local governments. The work is being funded by a collaboration of all these agencies and private donors.

Assessment of Supportive Housing Landscape

What is ‘Supportive Housing’?

This action plan is centered around the model for “supportive housing,” which has been shown to be the most effective intervention for people experiencing homelessness. The [United States Interagency Council on Homelessness](#) defines supportive housing as:

“Supportive housing combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities.

Study after study has shown that supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons.”

Supportive housing is backed up by the philosophy of Housing First (defined by the [National Alliance to End Homelessness](#)), the evidence-based understanding that client stability is best achieved and maintained once permanent housing is gained. Supportive housing is the delivery mechanism for a Housing First philosophy.

Key Assessment Findings

From October 2022 to January 2023, we conducted an assessment of Erie’s response to homeless. The conversations included over 30 interviews were conducted with representatives from homeless services agencies, health care, county administration, city government, **housing authority**, and funding community.

The following is a summary of consistent themes brought up during key informant interviews.

Housing

1. **Targeting those with Complex Care Needs**– there was a shared desire to focus on unsheltered people with complex care needs. The current system of care appears to be doing a great job in serving families with children, but leaves large gaps for adult-only households.
2. **Poor Housing Stock** – It is difficult to get people into housing that is quality and affordable. “Blight” was a consistent theme in conversations.
3. **Homelessness Preference in Housing** – there was excited for canvassing housing owners to convince owners to add a preference for homelessness in their tenant selection policy.

Supportive Services

1. **Key Service Leaders** – Every interviewer commented positively about a leaders of services in Erie, suggesting that there is a core group of innovators to build around.

2. **Lack of Accountability** – Interviews mentioned a lack of community-wide accountability for service agencies, with one person saying, “It baffles me that we are underwriting mediocrity.”
3. **Integrating Mental Health Services into Homeless Services** –
 - a. One interviewer commented, “we need to do better in getting our mental health providers into housing [services].” There does not appear to be “no system of coordination outside of housing prioritization meetings.”
 - b. “I like the idea of an integrated care team. Going person by person to ask what people need. Without constantly using emergency rooms.”
4. **Our People are Burnt Out** – Interviews mentioned staffing shortages and burn-out as a key factor impacting the capacity of the homeless response system.

Partnerships

1. **The Culture is Changing and at a “Leverage Point”** – Interviews mentioned a renewed belief in Erie’s commitment to address homelessness, especially with the increased coordination and voice of private funders being a “leverage point”.
2. **“We don’t have a funding problem”** – there is a keen belief that there is enough funding in Erie to invest in well-designed, community-wide strategies to impact homelessness
3. **The Erie Work Ethic** – “We have a get-it-done, blue-collar mentality. While we may like the shiny new toy, using the resources we have better is just as exciting.”
4. **Erie Home Team** – “We need to grow,” said one interviewer. It was consistently noted that the Erie Home Team could do more to push innovative practices and be a dependable governance model for community leaders wanting to move the needle on homelessness.
5. **Choose a Housing Model and Stick with It** – There was concern that community leaders would shift from one housing model to another housing model instead of coalescing around a consistent best practice.

Data Review

The following represents the key findings from the data review of homelessness and behavioral health data using two main sources: 1) **Homeless Management Information System (HMIS)**, which is the primary data base for all data from the homeless response system; 2) **Erie County Department of Human Services (DHS)**, which holds data for all mental health services, drug & alcohol services, intellectual disability services, and Office for Children and Youth (OCY) data.

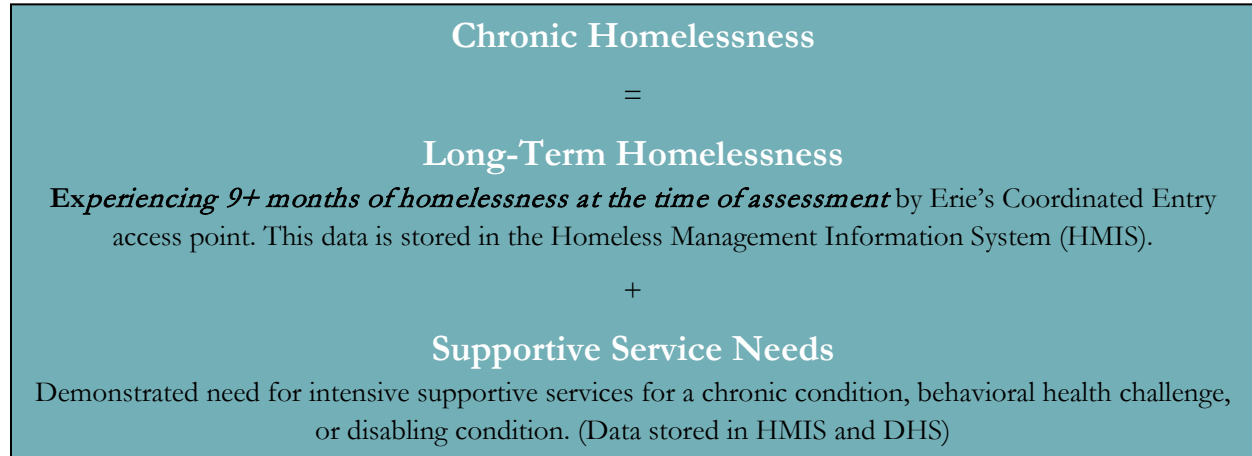
Key Research Questions

To plan how best to build a pipeline of supportive housing units that serve people experiencing homelessness with deep supportive services needs, we sought to understand:

1. **Scale:** What is the scale of the “chronic homelessness” population in Erie?
2. **Housing Outcomes:** What are the current housing outcomes for our chronic homelessness population?
3. **Service Needs:** What are the supportive services needs for our chronic homelessness population?

Definition of Chronic Homelessness

Chronic Homelessness – there is a federal definition of ‘chronic homelessness’ from U.S. HUD. For use by this project, we will expand the definition of chronic homelessness to mean people experiencing literal homelessness who meet two conditions:



Data Findings on Erie Chronic Homelessness

Assessment Years (using HMIS data)

1. October 2021 – September 2022
2. July 2022 – June 2023

SCALE

How Many People are Experiencing Chronic Homelessness?

Definition:
Long-Term Homelessness = Experiencing 9+ months of homelessness at the time of assessment by Erie's Coordinated Entry access point. This data is stored in the Homeless Management Information System (HMIS).

	Assessment Year 1 (2021-2022)	Assessment Year 2 (2022-2023)
Total Long-Term Homelessness	127 (30% of assessments)	101 (22% of assessments)
Adult-Only Households	N/A	92
Families with Children	N/A	9
Total Households Assessed	423	467

HOUSING

How Many People Experiencing Chronic Homelessness Do We House?

	Housed Previously And Lost Housing	Housed During Assessment Year	Unhoused at end of Year	Total Long-Term Homelessness
2021-2022	22	29	98	127
2022-2023	33	15	86	101
AVERAGE	28	22	92	114

Population Focus:
This suggests there are around **90 people experiencing long-term homelessness every year** in Erie that are not getting housed.

SERVICE NEEDS

What are the Supportive Service Needs for Chronic Homelessness?

Data Source: Erie County Department of Human Services. Cross-referenced anyone who touched the Homeless Management Information System during Assessment Year 2 (2022-2023).

Total Population = 101 households experiencing “long-term homelessness” in Assessment Year 2

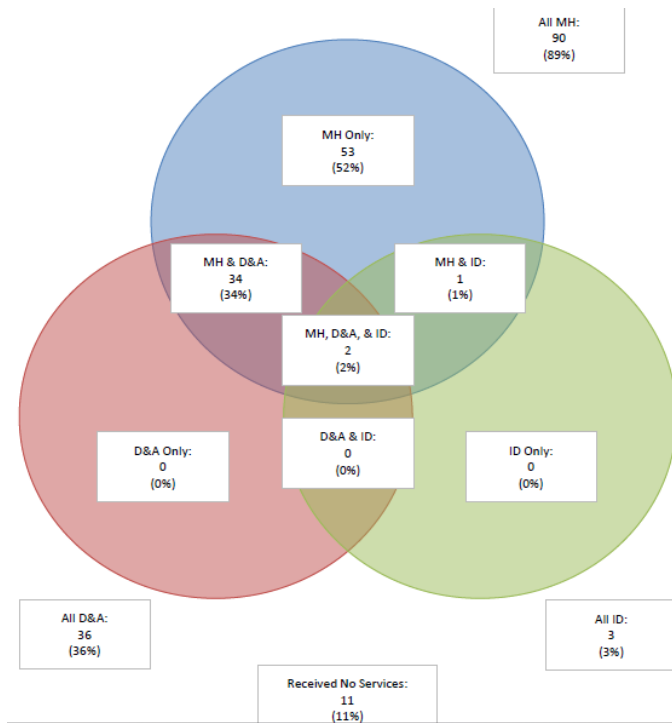


Table 1.

Overlap between MH, D&A, and IDD Services for Long-Term Homelessness

	Mental Health	Drug & Alcohol Services	Intellectual Disability Services
Mental Health Services	53 (52%)	34 (34%)	1 (1%)
Drug & Alcohol Services		0 (0%)	0 (0%)
Intellectual Disability Services			0 (0%)

Table 2.

Top 5 Mental Health Services Compared Between Long-Term Homelessness Subpopulation and All Populations Experiencing Homelessness

Top Mental Health Services in 2022-2023	All Households Experiencing Homelessness (n = 467)	Long-Term Homelessness (n = 101)	FINDING
Administrative Case Management	52% of all people experiencing homelessness used this service in this assessment year	83% of chronic households used this service in this assessment year	Long-Term Homeless households used mental health services at a much higher rate than the full population experiencing homelessness.
Outpatient Mental Health	39%	55%	
Crisis Intervention	20%	29%	
Blended Case Management	17%	32%	
Support Funds	12%	17%	
USED ANY SERVICE THIS YEAR	66%	89%	

Table 3.

Top 5 Drug & Alcohol Services Used by Populations Experiencing Homelessness

Top D&A Services in 2022-2023	All Household (n = 467)	Long-Term Homelessness (n = 101)	FINDING
Outpatient D&A Services	18% of all people experiencing homelessness used this service in this assessment year	22% of chronic households used this service in this assessment year	Long-Term Homeless households used drug & alcohol services at a much higher rate than the full population experiencing homelessness.
Non-Hospital Rehab	14%	24%	
D&A Assessments	9%	8%	
Intensive Outpatient	9%	12%	
Intensive Case Management	5%	8%	
USED ANY SERVICE THIS YEAR	71%	89%	

KEY DATA FINDINGS

Finding 1 – Scale

There are **101 – 127 households experiencing long-term homelessness** each year in Erie

Finding 2 – Housing

Every year, Erie houses around 22 people experiencing long-term homelessness. This leaves around **90 people every year not being housed.**

Finding 3 – Services

People experiencing long-term homelessness have deep service needs and are engaging with services at a higher rate.

- 1) Long-term homeless populations were **23% more likely to engage in mental health services**
- 2) Long-term homeless populations were **18% more likely to engage in drug & alcohol services**

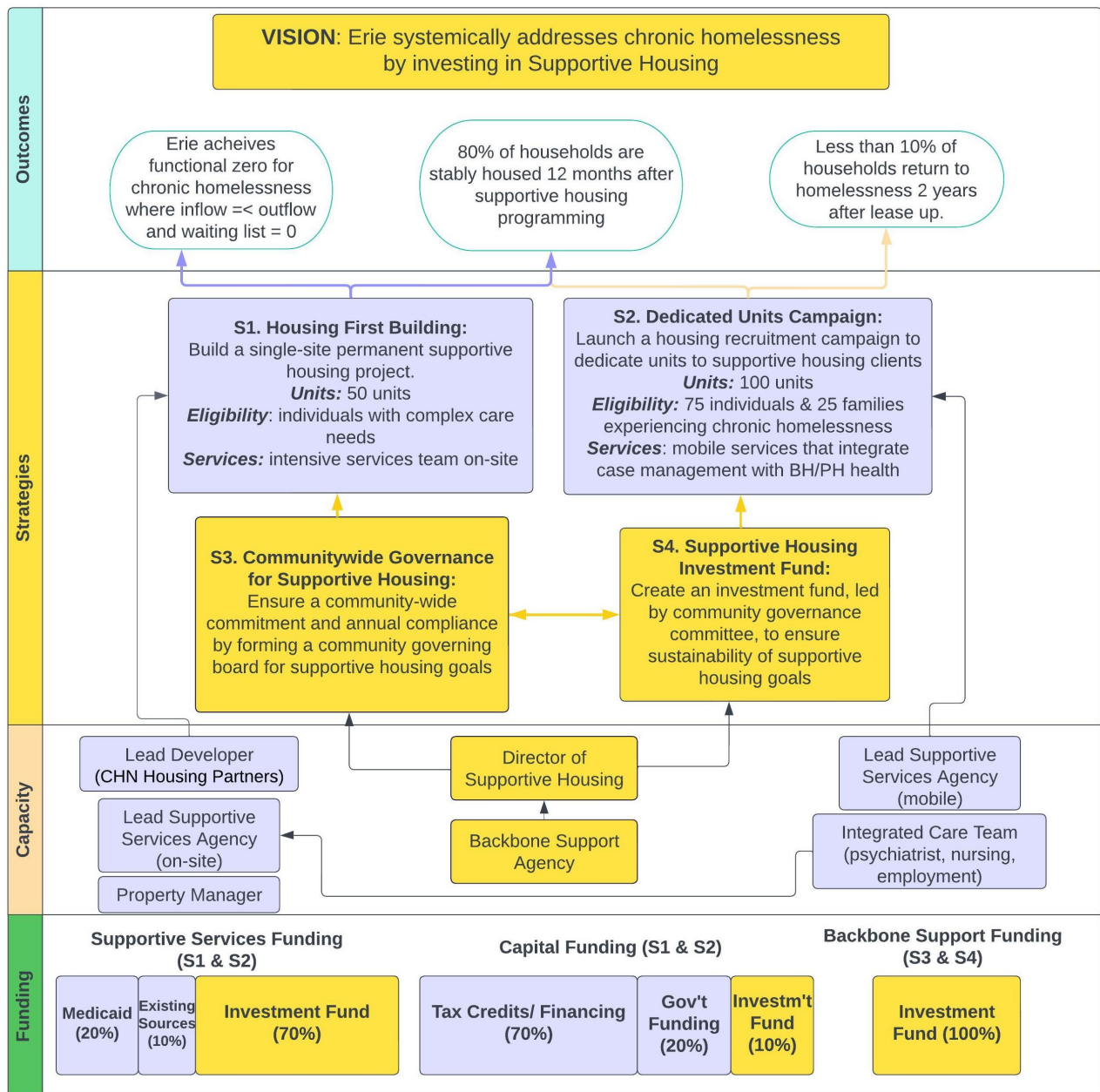
Strategic Framework

Method

[Infinite Erie](#), a public-private investment strategy for Erie, formed a delivery team on homelessness called the **Erie Supportive Housing Project Team** (membership found in Executive Summary), facilitated by Bowling Business Strategies, that met from November 2022 until November 2023 to develop the following strategic framework.

Supportive Housing Strategy Map

The strategy for the Supportive Housing Action Plan is summarized by the following graphic:



Project Timeline

Focus Area	Description	2023	2024			
		Q4	Q1	Q2	Q3	Q4
Strategy 1: Housing First Building						
Site Selection & Entitlement	Identify site for PSH building and obtain site control					
Services Agency Selected	Select the lead agency to deliver services on-site					
Capital Stack & Funding	<ul style="list-style-type: none"> Raise capital (Q1-Q4 2024) Apply for tax credits through PHFA (Q4 2024). Close financing (Q4 2025) 					
Construction Begins	Break ground on development (Q4 2025)					
Strategy 2: Dedicated Units Campaign						
Develop dedicated units program & budget	Agree on how to identify units, provide rental assistance, and deliver mobile services					
Determine lead agency for unit acquisition & leasing	Select agency who will acquire units and act as the master leaser					
Determine service provider(s) to deliver mobile care	Select supportive service agencies who will apply housing and health interventions					
Launch dedicated housing	Begin the unit dedication campaign					
Strategy 3: Communitywide Governance						
Select Backbone Support Agency	Determine the agency who will be the backbone for all efforts in this plan and will manage support staff					
Develop governance charter	Agree on the scope, function, and decision-making of the Cabinet					
Convene Leadership Cabinet	Launch governing committee					
Launch public relations	Communicate to public about the governance structure					
Strategy 4: Supportive Housing Investment Fund						
Fundraising goal & planning	Agree on the \$\$\$ goal and the methods to fundraise to that goal					
Determine fundraising feasibility	Through interviews/surveying, determine the feasibility of goal					
Launch charitable campaign	Publicly launch fundraising effort					
Develop fund mgmt plan	Determine how to manage fund					

Project Budget

This represents an estimate of the budget cost to develop and operate 150 supportive housing units:

	STRATEGY IA		STRATEGY IB		STRATEGY 2A		STRATEGY 2B	
Strategic Focus	Housing First Building #1		Housing First Building #2		Acq/Rehab Units		Master Leased Units	
Population Focus	Adult-Only Chronic Homelessness		Adult-Only Chronic Homelessness		Adult-Only Chronic Homelessness		Family Chronic Homelessness	
# of Housing Units	Units	50	Units	50	Units	25	Units	25
CAPITAL								
USE								
Land/Acquisition Cost	\$750,000		\$750,000		\$1,250,000			
Total Development Cost	\$20,000,000		\$20,000,000		\$0			
Rehab					\$1,250,000			
Landlord Incentives							\$125,000	
TOTAL USES	\$20,750,000		\$20,750,000		\$2,500,000		\$125,000	
SOURCE								
Low-Income Housing Tax Credits	\$14,525,000		\$14,525,000					
Permanent Debt	\$1,000,000		-					
Other Governmental	\$3,800,000		\$1,250,000					
Other Private	\$1,000,000		\$1,000,000					
TOTAL SOURCES	\$20,075,000		\$16,775,000		\$ -		\$ -	
GAP								
TOTAL GAP	\$(675,000)		\$(3,725,000)		\$(2,500,000)		\$(125,000)	
OPERATIONS								
USE								
Rental Assistance (1BRs)	\$390,000		\$390,000		\$195,000			
Rental Assistance (3BRs)							\$300,000	
Property Management	<i>Paid by project income</i>		<i>Paid by project income</i>		\$19,500		\$ -	
Damage Mitigation Fund	<i>Paid by project income</i>		<i>Paid by project income</i>		\$75,000		\$75,000	
TOTAL USES	\$390,000		\$390,000		\$289,500		\$375,000	
SOURCE								
Project-Based Vouchers	\$390,000		\$390,000		\$ -		\$ -	
TOTAL SOURCES	\$390,000		\$390,000		\$ -		\$ -	
GAP								
TOTAL GAP	\$ -		\$ -		\$(289,500)		\$(375,000)	

SERVICES				
USE				
Client:Staff Ratio	3 FTE	3 FTE	1 FTE	1 FTE
Average Salary	\$275,808	\$275,808	\$91,936	\$91,936
TOTAL USE	\$275,808	\$275,808	\$91,936	\$91,936
SOURCE				
Medicaid (25% of costs)	\$68,952	\$68,952	\$22,984	\$22,984
TOTAL SOURCE	\$68,952	\$68,952	\$22,984	\$22,984
GAP				
TOTAL GAP	\$(206,856)	\$(206,856)	\$(68,952)	\$(68,952)
TOTAL GAP (This is the difference in sources and uses – the amount of money needed to be privately or publicly funded)				
Capital Gap <i>(one-time)</i>	\$675,000	\$3,975,000	\$2,500,000	\$125,000
Operations Gap <i>(annual)</i>	\$ -	\$ -	\$289,500	\$375,000
Services Gap <i>(annual)</i>	\$206,856	\$206,856	\$68,952	\$68,952
TOTAL GAP	\$881,856	\$4,181,856	\$2,858,452	\$568,952
<i>Of the "TOTAL GAP" there are items (capital) that are one-time funding needs, while other (services and operations) are annual needs for a sustainable funding source.</i>				
TOTAL Capital- One-Time Expense	\$7,275,000			
TOTAL Annual Expense	\$1,216,116			

Supportive Housing Investment Fund

Purpose: To invest community-based, private funding responsibly and to provide a sustainable source for annual operations and services that support the supportive housing goals.

What: The Supportive Housing Investment Fund ("The Fund") is a privately-funded account that will be invested so it can be an appreciating asset. The Fund will be managed by the Supportive Housing Leadership Cabinet (and supported by the backbone support agency).

Item	Assumption
Investment Fund Capitalization	\$10,000,000
Annual Contribution Needed to Sustain Fund	\$100,000
Annual Interest Rate	5%
Inflation Rate for Expenses	3%
Annual Operation & Services Cost	\$1,216,115
Years Fund Will be Solvent (with above assumptions)	10 years

Action Plan

Strategy I (Housing First Building)

Outline of Strategy

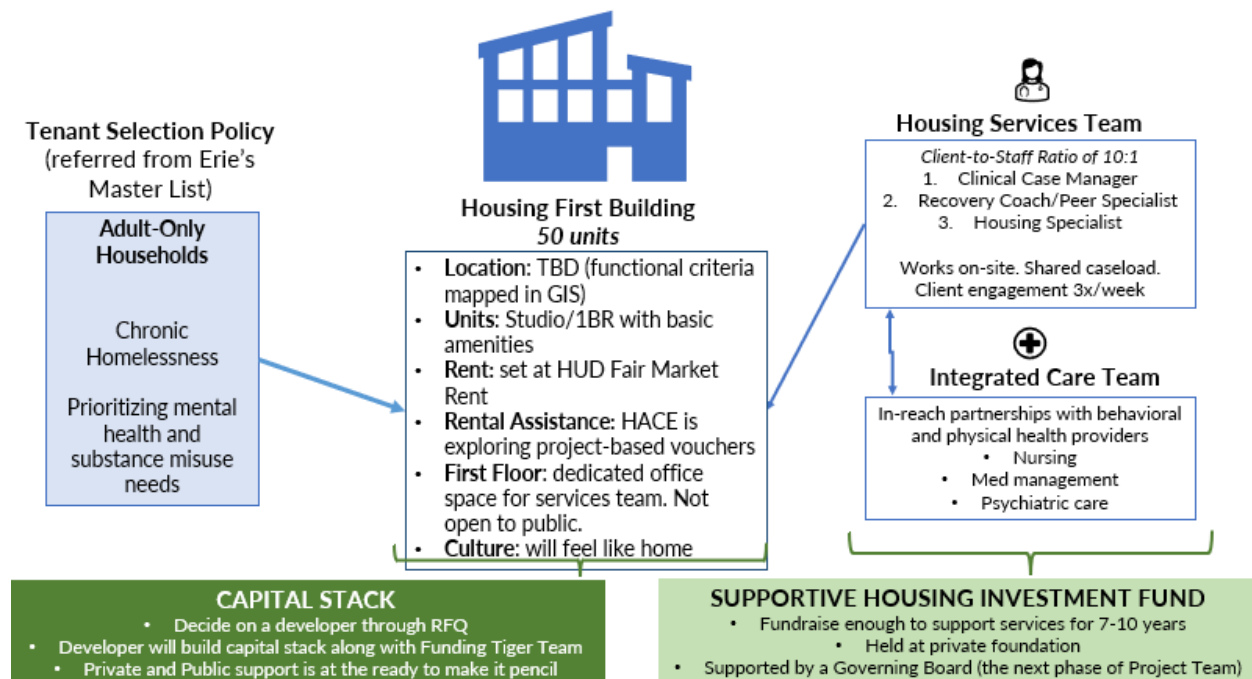
Purpose Statement

Around 125 people experience long-term homelessness in Erie every year. They require a permanent and supportive housing unit that can end their homelessness and keep them stable and healthy. Strategy I works to build a marquis project for Erie that demonstrates that transformation is possible for people living chronic homelessness. **The strategy will design, site, and build a property that ends homelessness for 50 people.**

Goals:

1. Select a development partner who will lead the development of the permanent supportive housing building
2. Raise the needed funding and capital stack to finance the development, sustainably support rental assistance, and maintain adequate supportive services on-site
3. Recruit a lead service provider who will provide trauma-informed services to residents on-site
4. Develop the property

Visual of Strategic Structure:



Planning and Implementation Team

Planning Team	<ul style="list-style-type: none"> • Laura Guralnick, CHN Housing Partners • Mike Fraley and Dusti Dennis, Housing Authority of City of Erie • Wyatt Schroeder, BBS • Services Team • Funding Team
Backbone Support Agency	CHN Housing Partners – as the appointed lead developer, CHN will provide backbone and project management services for Strategy I
Key Staff	<ul style="list-style-type: none"> • Services Team – the services team (Erie Home Team, -Our CoC HHF, Highmark/AHN, ECCM, Erie County DHS) will advise on the services staffing and structure • Funding Team – the funding team (ECF, HHF, Highmark/AHN, City of Erie, Erie County DHS, HACE) will advise on the capital stack and funding

Key Tasks

Focus Areas	Key Tasks	Who	When
Select Lead Developer	<ul style="list-style-type: none"> • Release an RFQ for development services • Convene a Review Team to interview applicants • Select lead developer 	Project Team (BBS facilitates)	July 2023 DONE
Identify Site	<ul style="list-style-type: none"> • Map the functional criteria for site selection using GIS • Host a subcommittee to review sites based on the criteria • Enter purchase agreement for site • Go through entitlement process for site 	CHN & Site Selection Subcommittee	Nov 2023
Raise Capital & Funding	<ul style="list-style-type: none"> • Work with HACE to identify source for rental assistance through project-based vouchers • Build a pro forma to identify sources and gaps • Apply for low-income housing tax credits through PHFA (in 2024 round) • Work with Funding Team to identify sources for gap financing 	CHN & Funding Team	Dec 2024

<p>Select Services Lead</p>	<ul style="list-style-type: none"> Analyze data from the homeless response system and from Erie Dept of Human Services to understand client need Work with Services Team to design the services program Select a lead services agency to work with clients on-site on housing and health stability 	<p>Services Team (facilitated by BBS; supported by CHN)</p>	<p>Jan 2024</p>
<p>Develop Property</p>	<ul style="list-style-type: none"> Determine the long-term ownership structure of property Under advisement with Services Lead, design the building Hire general contractors and begin construction management Conduct community outreach Construct building Host a press conference and event for groundbreaking. And communicate development progress with public Lease up building upon receiving certificate of occupancy 	<p>CHN</p>	<p>Jan 2024 - 2026</p>

Strategy 2 (Dedicated Units Campaign)

Outline of Strategy

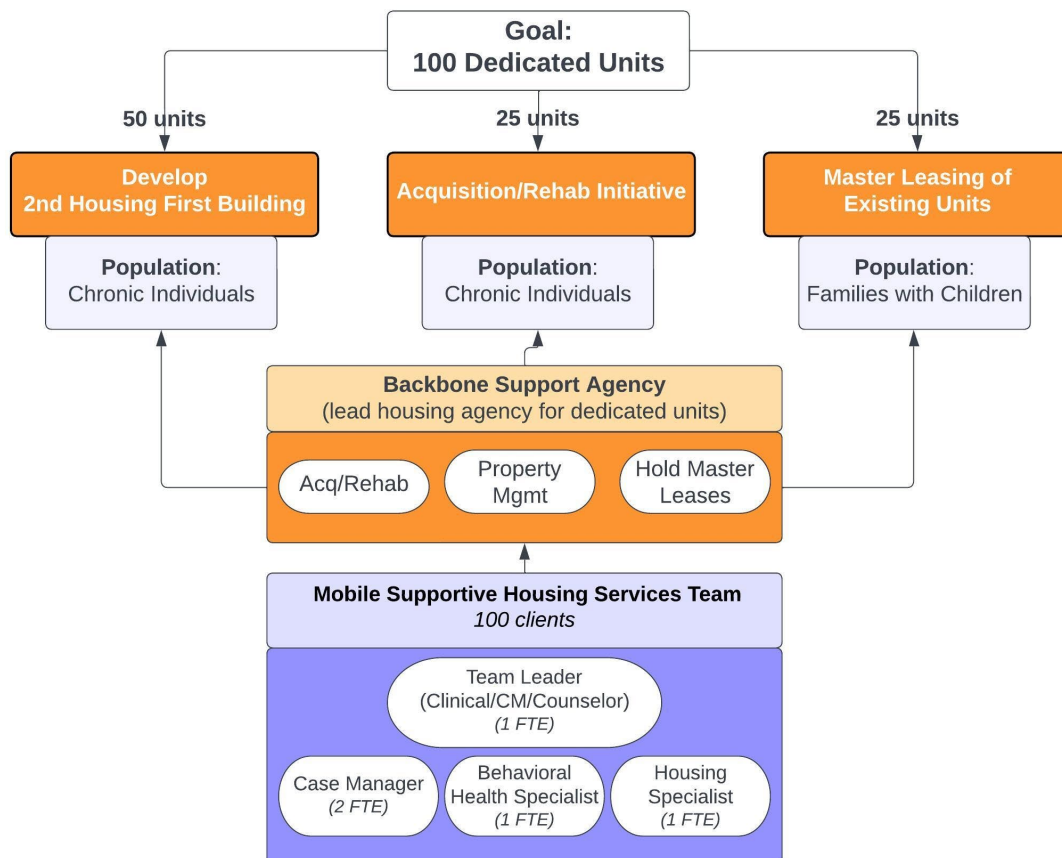
Purpose Statement

This partnership has the opportunity to leverage existing housing and property owners who could “dedicate” their units to house people experiencing homelessness. This effort requires a community-wide campaign to solicit those partnerships. As landlords are recruited, the partnership can also target properties to acquire and renovate to become dedicated units. This multi-prong approach greatly expands housing opportunities.

Goals:

1. Design a program that acquires and recruits 100 units to become dedicated to housing people experiencing chronic homelessness
2. Select a backbone agency that can be the risk-bearing entity that acquires housing and/or master leases units in order to make those units dedicated to supportive housing
3. Select a service agency (in coordination with services agency from Strategy 1) that provides mobile housing and health services to all tenants in dedicated units
4. Launch dedicated units program

Visual of Strategic Structure:



Planning and Implementation Team

Planning Team	<ul style="list-style-type: none"> • Erie Home Team • Project Team
Backbone Support Agency	TBD – this planning team will determine the housing and the service lead. And determine their relationship to the Backbone Support Agency and Service Lead from other strategies. When possible, the Backbone Support Agency and Lead Service Agency will be the same across strategies
Key Staff	<ul style="list-style-type: none"> • Housing lead(s) – determine the lead agency that will acquire and/or master lease units • Service lead – determine the provider who will deliver mobile services to the tenants in the dedicated units

Key Tasks

Focus Areas	Key Tasks	Who	When
Develop dedicated units program & budget	<ul style="list-style-type: none"> • Host planning meetings with Erie Home Team • Decide with Project Team on the source of rental assistance • Agree on the population focus per sub-strategy (individuals and families) 	Erie Home Team & Project Team (BBS facilitates)	Dec 2023
Determine lead agency for unit acquisition & master leasing	<ul style="list-style-type: none"> • Work with the Project Team to select a lead agency (ideally also the backbone support agency for Strategy 3) • Create an MOU for the lead agency to execute that outline responsibilities • Develop a master lease template • Develop a capital budget needed to deliver 100 dedicated units 	Project Team (BBS facilitates)	Dec 2023
Determine service provider(s) to deliver mobile care	<ul style="list-style-type: none"> • Analyze the client need based on homeless service and mental health data. Determine the service array needed to stably support clients. • Develop the programmatic expectations for a service provider to achieve • Recruit a provider and have them execute an MOU 	Funding Team (BBS facilitates)	Jan 2024
Launch housing acquisition	<ul style="list-style-type: none"> • Secure seed funding required for capital budget • Develop marketing materials to communicate how a landlord or property owner can partner 	Backbone support	March 2024

& dedication effort	<ul style="list-style-type: none">Publicly launch the campaign effort for 100 dedicated units	agency (TBD)	
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Strategy 3 (Supportive Housing Leadership Cabinet)

Outline of Strategy

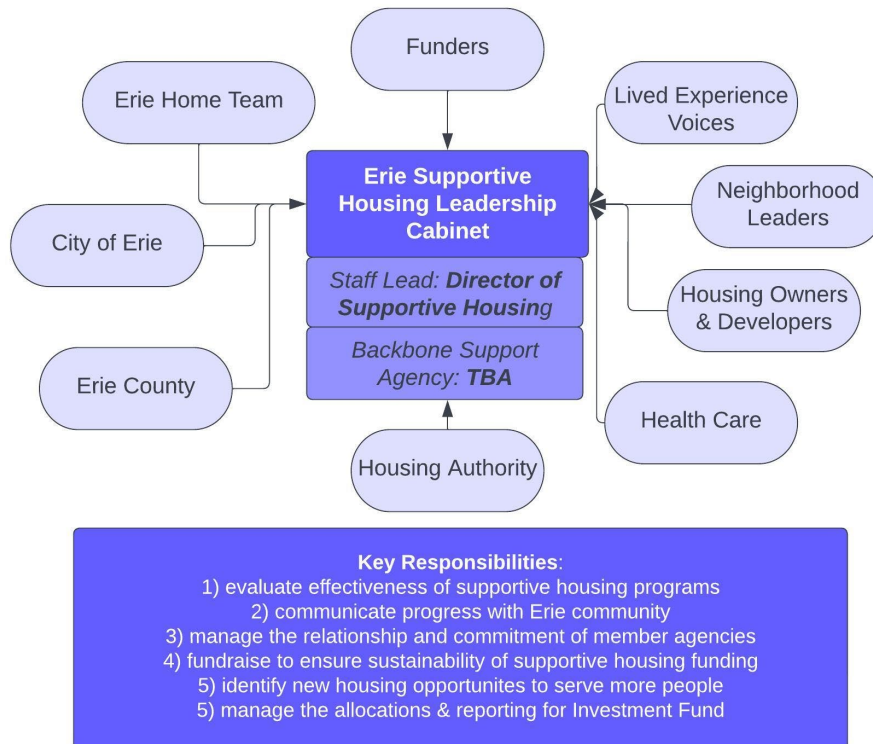
Purpose Statement

Every public-private partnership needs **clear governance and leadership**. Strategy 3 seeks to determine the on-going governance approach to sustain and evolve the supportive housing effort. It will be supported by a **“backbone support agency”** who will convene the leadership group and act as the project manager for the on-going partnership.

Goals:

1. Develop a charter that governs the responsibilities and expectations for a leadership cabinet that oversees the supportive housing programming
2. Recruit member agencies for the Leadership Cabinet
3. Convene and launch the Leadership Cabinet
4. Determine the “backbone support agency” for the long-term management and monitoring of the Supportive Housing Action Plan

Visual of Strategic Structure:



Planning and Implementation Team

Planning Team	<ul style="list-style-type: none"> • Karen Bilowith, ECF • Boo Hagerty, HHF • Brenda Sandberg, Highmark/AHN • John DiMattio, Erie County DHS • Kim Thomas, Infinite Erie
Backbone Support Agency	TBD – this agency will employ the project manager for the Leadership Cabinet and the Supportive Housing Pipeline. This agency will act as the convener and public coordinator for all supportive housing activities, in partnership with member agencies.
Key Staff	<ul style="list-style-type: none"> • Director of Supportive Housing (TBD) – the facilitator and project manager of the Leadership Cabinet and strategist for supportive housing programming. Employed by Backbone Support Agency.

Key Tasks

Focus Areas	Key Tasks	Who	When
Select Backbone Support Agency	<ul style="list-style-type: none"> • Host a discussion among the Supportive Housing Project Team to solicit input on the key responsibilities for a backbone support agency • Determine process to select a backbone agency • Select the backbone agency 	Project Team (BBS facilitates)	Oct 2023
Develop governance charter	<ul style="list-style-type: none"> • Host a discussion on the expectations and responsibilities for the Leadership Cabinet • Draft a charter on the scope, function, and decision-making of the leadership cabinet. • Project Team votes to accept charter and commission the Leadership Cabinet 	Project Team (BBS facilitates)	Nov 2023
Convene Leadership Cabinet	<ul style="list-style-type: none"> • Recruit members of the Leadership Cabinet and ask them to agree to governance charter • Determine the implementation timeline • Host first session of Leadership Cabinet 	Backbone support agency	Jan 2024
Launch public relations	<ul style="list-style-type: none"> • Launch and sustain a public relations effort 	Backbone support agency	March 2024

Strategy 4 (Supportive Housing Investment Fund)

Outline of Strategy

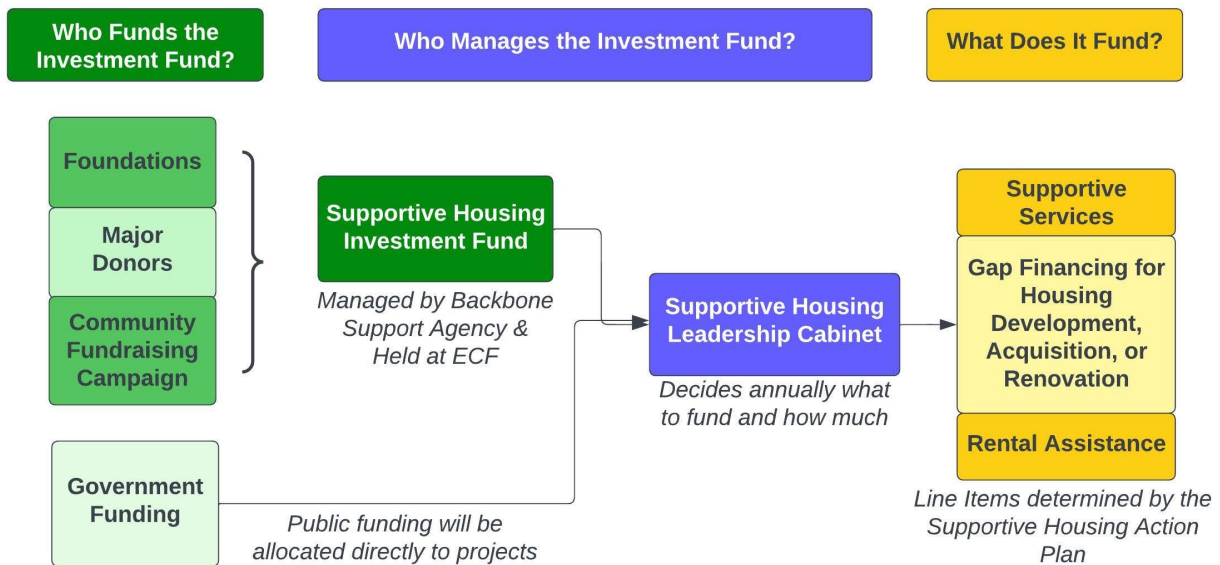
Purpose Statement

The above strategies require significant and sustainable funding. To backstop this effort, we will **create an investment fund** that will be held at the community foundation and earn interest as we end homelessness. **The Leadership Cabinet (from Strategy 3) will be the governing board of the fund**, distributing it appropriately and effectively to the needs from Strategy 1 & 2. A **fundraising campaign will seed the fund**.

Goals:

1. Produce a clear and comprehensive budget of all line items from Strategy 1, 2, and 3 that analyzes sources and uses to understand the gap needed to capitalize an investment fund.
2. Develop and launch a fundraising effort (focused on foundations, major donors, and community investors) to capitalize the investment fund for at least 10 years
3. Launch a public relations effort to accompany the community fundraising effort
4. Create a fund management plan to understand how the fund will be managed, especially its relationship with ECF, the backbone support agency, and the Leadership Cabinet

Visual of Strategic Structure:

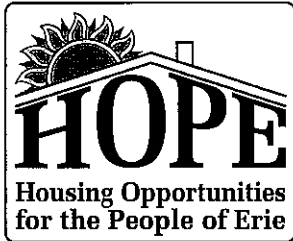


Planning and Implementation Team

Planning Team	<ul style="list-style-type: none"> • Karen Bilowith, ECF • Boo Hagerty, HHF • Brenda Sandberg, Highmark/AHN • John DiMattio, Erie County DHS • Renee Lamis & Debra Smith, City of Erie • Kim Thomas, Infinite Erie
Backbone Support Agency	<p>TBD</p> <p>Fund Management – Erie Community Foundation</p>
Key Staff	<ul style="list-style-type: none"> • Fund Manager (TBD) • Fundraising Lead (TBD) • Fundraising Committee Co-Chairs (TBD)

Key Tasks

Focus Areas	Key Tasks	Who	When
Fundraising goal & planning	<ul style="list-style-type: none"> • Develop a clear, comprehensive budget for all strategies and projects • Analyze the potential sources for funding in the budget, especially public vs. private. Determine the gap in funding • Select a community fundraising goal needed to capitalize the investment fund 	Funding Team (BBS facilitates)	Dec 2023
Determine fundraising feasibility	<ul style="list-style-type: none"> • Conduct a feasibility exercise, through surveying and interviewing, to determine the appetite from the public to invest and achieve the fundraising goal • Report findings to Project Team 	Funding Team (BBS facilitates)	Feb 2024
Launch charitable campaign	<ul style="list-style-type: none"> • Develop a plan for a communitywide fundraising plan to attract gifts into the investment fund, especially from major donors and community investors • Execute the community campaign 	Backbone support agency	March 2024
Develop fund mgmt plan	<ul style="list-style-type: none"> • Create a plan on how to manage the funds, articulate this in a way that is presentable to community investors • Determine how the governing committee will monitor funds and decide allocations 	Backbone support agency	March 2024



HOUSING AUTHORITY OF THE CITY OF ERIE

606 Holland Street • Erie, PA 16501-1285
Administration Office: 814-452-2425
Fax: 814-452-2429 TDD: 814-455-1797

Application Office: 814-452-4221
Section 8 Office: 814-456-2028
Fax: 814-456-2029
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MICHAEL R. FRALEY
Executive Director and Secretary

TIMOTHY M. SENNETT, Esq.
Legal Counsel

September 26, 2023

To Whom it May Concern:

The Housing Authority of the City of Erie is partnering with the Erie City and County Continuum of Care with providing Housing Choice Vouchers to participants in CoC Permanent Supportive Housing (PSH) programs. The "Moving On" initiative will provide vouchers for participants who are interested in and capable of living in independent community-based housing. PSH spots utilized by participants moving to a Housing Choice Voucher will then be made available to vulnerable individuals eligible for CoC Permanent Supportive Housing so they can receive intensive services and supports provided by supportive housing. The Housing Authority of the City of Erie supports the goals of the Moving On Initiative and makes the following commitments to support its implementation:

1. To dedicate 10 Housing Choice Vouchers to the Moving On initiative to be allocated to eligible tenants beginning in April 2024.
2. To have an MOU between the Housing Authority of the City of Erie, Erie County DHS (CoC lead applicant), and Erie CoC funded PSH providers by January 2024.
3. To attend semi-annual implementation meetings, which provide an opportunity to identify and address any issues arising during implementation of the initiative.
4. To conduct a training for providers on the Housing Choice Voucher program and how to help program participants with the process of applying for and utilizing a voucher.
5. To streamline application processing and subsequent steps (including inspections and HAP contract generation) for Moving On applicants to the extent possible.
6. To support efforts to track outcomes for participants by providing regular reports of persons served as determined by Erie County DHS.

Sincerely,

A handwritten signature in black ink that reads "Michael R. Fraley". The signature is written in a cursive, flowing style.

Michael R. Fraley
Executive Director



Erie County's Continuum of Care - PA(605)

Erie County Department of Human Services
154 west 9th Street, 4th Floor
Erie, PA 16501

Chair: Colleen Hammon

Vice Chair: Danielle Szklenski

Secretary: Jenny Hagerty

September 22, 2023

RE: Letter to attest involvement of persons with lived experience within PA(605) Continuum of Care

To Whom it May Concern:

The Erie County (PA) Continuum of Care (PA-605) believes that participation from all populations is the best way to address the needs of a diverse community. As our coalition structure and planning efforts have evolved, we have begun to incorporate persons with lived experience (PWLE) in various facets of our governance and committee work.

Currently, the CoC has multiple persons with lived experience participating in our process. One formerly PWLE serves on our governing board; one formerly PWLE is an active participant in our Healthcare for the Homeless ad-hoc committee, and additionally runs a local shelter; and one current PWLE has been an active member of our whole coalition, including serving on the most recent NOFO Ranking and Scoring Committee. The CoC has also involved PWLE in developing a strategy to educate the community on homelessness using a housing simulation board game. Our winter overflow shelter, Our Neighbor's Place, relies on PWLE as coordinators and volunteers to oversee operations. In addition, an advocacy group of PWLE, Voices for Homeless, is being facilitated by local outreach and overflow shelter workers in effort to gain feedback and information on multiple issues they face. This group, in conjunction with our marketing and community outreach committee, is also being asked to assist in planning the December 21st homeless memorial service. The Governing Board has discussed adding this group as a full-time ad-hoc committee beginning in January 2024, as we are currently looking for structure of providing payment and other incentives for their efforts.

As the CoC continues to grow and expand our reach, we understand the importance of engaging this population to improve our community's response to homelessness. We are committed to continue doing so as it's in the best interest of all.

Sincerely,

Colleen Hammon, Chair
Erie County Continuum of Care



Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation

Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.¹

This checklist was designed to help you make a quick assessment of whether and to what degree housing programs — and entire systems — are employing a Housing First approach. Robust tools and instruments are available elsewhere to quantitatively measure program quality and fidelity to Housing First. This tool is not meant to take the place of those more rigorous assessments, but is intended to help Continuums of Care, individual housing and services providers, funders, and other stakeholders to communicate about, and quickly assess, alignment with key Housing First approaches.

Core Elements of Housing First at the Program/Project Level

For your homelessness service system to work the most efficiently and effectively, individual programs must embrace a Housing First approach. This portion of the checklist can help you assess the extent to which your local programs are implementing Housing First. You can use this tool for trainings or planning sessions, during a site visit or program audit, as a guide when reviewing funding applications, or for many other uses.

- Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.
- Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”
- People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.

Quick Screen: Does Your Project Use Housing First Principles?

- 1) Are applicants allowed to enter the program without income?
- 2) Are applicants allowed to enter the program even if they aren’t “clean and sober” or “treatment compliant”?
- 3) Are applicants allowed to enter the program even if they have criminal justice system involvement?
- 4) Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

- Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
- Housing and service goals and plans are highly tenant-driven.
- Supportive services emphasize engagement and problem-solving over therapeutic goals.
- Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.
- Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
- Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Core Elements of Housing First at the Community Level

Housing First should be adopted across your community's entire homelessness response system, including outreach and emergency shelter, short-term interventions like [rapid re-housing](#), and longer-term interventions like [supportive housing](#). You can use this part of the checklist to assess the extent to which your community has adopted a system-wide Housing First orientation, as well as guide further dialogue and progress.

- Your community has a coordinated system that offers a unified, streamlined, and user-friendly community-wide coordinated entry process to quickly assess and match people experiencing homelessness to the most appropriate housing and services, including rapid re-housing, supportive housing, and/or other housing interventions.
- Emergency shelter, street outreach, and other parts of your crisis response system implement and promote low barriers to entry or service and quickly identify people experiencing homelessness, provide access to safety, make service connections, and partner directly with housing providers to rapidly connect individuals and families to permanent housing.
- Outreach and other crisis response teams are coordinated, trained, and have the ability to engage and quickly connect people experiencing homelessness to the local coordinated entry process in order to apply for and obtain permanent housing.
- Your community has a data-driven approach to [prioritizing housing assistance](#), whether through analysis of the shared community assessment and vulnerability indices, [system performance measures](#) from the Homeless Management Information System, data on utilization of crisis services, and/or data from other

systems that work with people experiencing homelessness or housing instability, such as hospitals and the criminal justice system.

- ❑ Housing providers and owners accept referrals directly from the coordinated entry processes and work to house people as quickly as possible, using standardized application and screening processes and removing restrictive criteria as much as possible.
- ❑ Policymakers, funders, and providers conduct joint planning to develop and align resources to increase the availability of affordable and supportive housing and to ensure that a range of options and mainstream services are available to maximize housing choice among people experiencing homelessness.
- ❑ Mainstream systems, including social, health, and behavioral health services, benefit and entitlement programs, and other essential services have policies in place that do not inhibit implementation of a Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require treatment completion or sobriety.
- ❑ Staff in positions across the entire housing and services system are trained in and actively employ evidence-based practices for client/tenant engagement, such as motivational interviewing, client-centered counseling, critical time interventions, and trauma-informed care.

Additional Resources

- [Implementing Housing First in Supportive Housing](#) (USICH, 2014) – discusses supportive housing and Housing First as tools for ending chronic homelessness and helping people with disabilities live independently in the community.
- [Webinar: Core Principles of Housing First and Rapid Re-Housing](#) (USICH, 2014) – describes the core components of the Housing First approach and the rapid re-housing model and how both work together to help end homelessness.
- [Four Clarifications about Housing First](#) (USICH, 2014) – clarifies some common misperceptions about Housing First.
- [It's Time We Talked the Walk on Housing First](#) (USICH, 2015) – advances our thinking on Housing First.
- [Housing First in Permanent Supportive Housing](#) (HUD, 2014) – provides an overview of the principles and core components of the Housing First model.
- [Permanent Supportive Housing Evidence-Based Practices KIT](#) (SAMHSA, 2010) – outlines the essential components of supportive housing, along with fidelity scales and scoresheets.

ⁱ Lipton, F.R. et. al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," *Psychiatric Services* 51(4): 479-486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.

Housing First is on 2nd page of project application (pg 5 of this document). Projects are scored using USICH Housing First Checklist



2023 COC Renewal Project Application

Agency Name: EUMA (Erie United Methodist Alliance, Inc.)

Project Name: My Way Home

Project Type: Rapid ReHousing Renewal

Contact Person for this application: Katie Wickert

Phone Number: 814.456.8073, ext. 111

Email: KWickert@EUMA-Erie.org

1. Provide a detailed description of your project (include number of beds and populations served)

Last fiscal year, EUMA served 257 individuals including 168 adults and 89 children in 144 households. 114 or 44.4% self-reported they were white while 143 or 55.6% self-reported they were non-white, including black and multiple races.

Based on 2023 fair market value rents, EUMA estimates newly housing approximately 81 individuals including 32 children while maintaining existing Rapid ReHousing program participants to include committed rental subsidies and payments in arrears.

EUMA's My Way Home Rapid ReHousing (RRH) program rapidly FINDS housing in 30 days or less, temporarily PAYS for housing including first month's rent and deposit and provides short to mid-term (9-12 months) rental subsidy that helps clients STAY permanently housed. EUMA can pay rent for up to 24 months.

First, EUMA builds relationships with landlords to gain access to as many housing units as possible. Based on the self-sufficiency assessment, EUMA helps the client find and secure housing that best suits their needs including cost based on existing and projected earned and total income. It is EUMA's goal to have all those accepted into the My Way Home program housed within 30 days of accepting the referral.

Second, EUMA housing case managers help literally homeless neighbors, throughout Erie County who qualify, based on an assessment conducted by Erie County Care Management's coordinated entry team. EUMA accepts referrals for all households with a VI-SPDAT score between 4-8. Following acceptance into the program, EUMA's housing case managers quickly assess clients for need through an 18-domain self-sufficiency tool that highlights a client's strengths and weaknesses. Once identified in the results of the self-sufficiency tool, housing case managers develop a housing plan to include direct and referral

services that work together to mitigate areas that are barriers to getting and/or keeping their permanent housing.

EUMA provide rent and move-in assistance including security deposits, move-in expenses, rent and/or utilities for a length of time not to exceed 24 months and most often for approximately six months.

Finally, EUMA housing case managers provide case management to include direct and referral based services determined by the outcome of the results of the self-sufficiency tool. Staff work with families with children to ensure each child has equal access to other children and youths. Recipients and sub-recipients work with participant families/children and the school districts so each child remains in the school district they were at prior to entering the homeless system whenever possible.

This tenant-based rental assistance and supportive housing project includes: short or medium-term rental assistance, housing relocation and stabilization services. EUMA RRH housing case managers will recruit landlords and provide mediation services, direct or referral credit counseling, security deposits and/or utility expenses, moving assistance and case management services.

EUMA will only bill for eligible costs of the PSH program as determined in the Erie City and County CoC Written Standards and Code of Federal Regulations for Continuum of Care Programs (paragraphs 578.37 – 578.63). EUMA will provide at least 25% match costs in cash or in-kind services to the project as defined in the Erie City and County CoC Written Standards and Code of Federal Regulations for Continuum of Care Programs (paragraphs 578.73). All match provided will be towards eligible costs of the program.

2. Describe how your agency and project follow the housing first approach.

EUMA believes housing is a human right. EUMA's MWH program staff offer rapid rehousing services without pre-conditions or housing readiness requirements such as employment, income, criminal record, compliance with medication regimen for a severe mental illness or sobriety. EUMA is a housing first proponent. We believe that people who are permanently housed are in a better position to secure employment, parent their children, manage their mental illness and choose sobriety.

Based on data, we believe there is a real and greater cost to keeping people homeless. EUMA housing case management staff annually review housing case managers walk alongside clients to help them quickly achieve their housing and other goals that contribute to Erie County's goals of making homelessness rare, brief and one-time.

EUMA staff work to provide clients choice and are committed to self-determination while using motivational interviewing skills that work to provide support and referrals that will promote a recovery orientation, social and community integration that work to establish social bonds and bridges broken in a housing crisis.

3. Has your project expended all of the budgeted funds? If not, please explain why.

No. EUMA had \$7,427.98 remaining in the supportive services line item. A gap in staffing, following the resignation of an EUMA Rapid ReHousing case manager, resulted in the grant balance. Currently, all available FTE provided in the grant are filled.

4. Did your project have monitoring findings? If so, were they resolved? If not resolved, explain the reasons why.

Yes. Based on the monitoring review, EUMA did not comply with meeting the 25% match requirement. As a result, EUMA had two (2) findings and (1) concern. Following time spent with Erie County Continuum of Care PA-605 technical assistance representative Ben Cattell-Noll and Erie County Department of Human Services representatives, we have resolved them, to the best of our knowledge.

EUMA has not only strengthened our documentation in the recipient files but think we have shared expectations with HUD and Erie County DHS staff regarding what does and does not qualify for match.

5. Explain, in detail, how your agency partners or coordinated with other agencies which enhance client services.

EUMA receives all referrals to My Way Home from Erie County Care Management, Erie County's coordinated entry contactor.

Additionally, EUMA is a founding member of the homeless master list meeting group that identifies, tracks and coordinates the client referrals to the appropriate housing intervention.

Taking advantage of the great social services available to clients includes an 18-domain client assessment by EUMA case managers, to identify both strengths and areas in their life that are contributing to their housing insecurity. With the permission of clients, EUMA case managers make referrals to community based programming to meet their needs.

Often, when clients are referred from an existing emergency shelter, EUMA case managers and those from the shelter speak in order to coordinate service delivery, moving dates and share information that will aid in making appropriate supportive services referrals. All of this is done with the permission of the adults in the household.

From EUMA's The Refuge, a written agreement with Stairways Behavioral Health staff creates "warm hand-off" opportunities for homeless families staying at EUMA's The Refuge emergency shelter and who are often rapid rehousing clients as well. This collaboration is additionally supported by resources provided by Community Care Behavioral Health that works to identify those who are chronically homeless and in need of additional behavioral supports.

In addition to receiving referrals from ECCM, EUMA's My Way Home staff work closely with other community partners to identify street homeless and those using other community resources including EUMA's Our Neighbors' Place, Rainbow Connection Thrift Store's voucher program, the Downtown YMCA, childcare providers including Early Connections.

6. Describe your Financial and Management capacity and experience to carry out the project.

Financial | Lori L. Lewis, chief financial officer has thirty-seven years of experience both in the for profit and not-for-profit sectors, most recently acting as the assistant controller at the YMCA of Greater Erie. Expertise includes: grant management including fund accounting; accounts payable and receivable; benefits administrator; annual audit lead; bank reconciliation; human resource management including staff training; and property management.

Management | Katie Wickert, EUMA's first chief program officer will provide both oversight of all Rapid ReHousing programming and direct leadership and supervisory supports to EUMA's My Way Home housing case managers and other staff directly serving referred rapid rehousing clients. Additionally, Ms. Wickert will be responsible for ensuring all Rapid ReHousing staff have been trained in the following: motivational interviewing, trauma informed, critical time intervention, housing first and rapid rehousing.

With nearly 25 years of non-profit management experience, Kurt B. Crays, chief executive officer carries out the strategic plans and policies established by EUMA's board of directors, while provide direct supervision to all C-suite team members listed above. EUMA is committed to ending homelessness by making it rare, brief and one-time as Jesus would.

7. Describe the process your agency uses to receive and incorporate feedback from persons with lived experience.

EUMA is committed to not only elevating the voices of those with lived experience, but also giving them power to alter programming. We do this by prioritizing those with lived experience in the hiring process. The majority of EUMA's staff are those with lived experience including those who have experienced a housing crisis, are living with a severe mental illness, in recovery from a substance use disorder, have had criminal justice involvement and/or have had office of children and youth involvement. Who better to provide direct service than those who have shared experiences. Additionally, EUMA has and is currently working to add a person with recent (> 5 years ago) lived experience to the EUMA board of directors.

Additionally, EUMA provides those enrolled in the rapid rehousing program a means to provide feedback in the form of a written survey. We are currently researching ways to capture oral feedback from those not comfortable or able to provide written feedback.

8. Describe your agency's plan or policy to create more equitable outcomes in your program. Include any programmatic changes identified and/or addressed.

Like most communities across the United States, our Erie County neighbors experiencing a housing crisis are disproportionately black and other people of color. As previously reported, nearly 56% of those permanently housed in EUMA's Rapid ReHousing program were non-white. EUMA not only believes, but also acts on our belief that people with lived experience know best what solutions will effectively end their homelessness. We act by hiring individuals who are most often peers to those with whom they work – have experienced a housing crisis, live with a severe mental illness, are in recovery, been involved with the penal justice system and/or have had office of children and youth involvement. Additionally, EUMA will continue to strengthen staff knowledge about racial inequity through training provided by Ryan Dowd, the Non-Profit Partnership, and the National Alliance to End Homelessness. One third of the full time housing case managers are persons of color. We believe that representation matters and look forward to working with the PA-605 continuum of care to both identify and eliminate barriers to improve racial equity and address disparities.

Housing First highlighted in yellow. Projects are scored using USICH Housing First Checklist

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: _____
 Organization Name: _____
 Project Type: PSH (General)
 Project Identifier: 3

Print Blank Template

Print Report Card

Renewal/Expansion Projects
 Rating Complete

Met all threshold requirements



RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED	MAX POINT VALUE
PERFORMANCE MEASURES				
Length of Stay				
Permanent Supportive-Housing	On average, participants are placed in housing 30 days after project entry	<input type="text"/> days	<input type="text"/> out of	20
Exits to Permanent Housing				
NOTE: Fresh start did not house anyone new in FY21				
Permanent Supportive-Housing	90% remain in or move to PH	<input type="text"/> %	<input type="text"/> out of	25
Returns to Homelessness				
Within 12 months of exit to permanent housing	≤ 10% of participants return to homelessness within 12 months of exit to PH	<input type="text"/> %	<input type="text"/> out of	15
New or Increased Income and Earned Income				
Earned income for project stayers	8%+ of participants with new or increased income	<input type="text"/> %	<input type="text"/> out of	2.5
Non-employment income for project stayers	10%+ of participants with new or increased income	<input type="text"/> %	<input type="text"/> out of	2.5
Earned income for project leavers	15%+ of participants with new or increased income	<input type="text"/> %	<input type="text"/> out of	2.5
Non-employment income for project leavers	25%+ of participants with new or increased income	<input type="text"/> %	<input type="text"/> out of	2.5
Performance Measures Subtotal			0	out of 70
SERVE HIGH NEED POPULATIONS				
Permanent Supportive-Housing	≥ 90% of participants are chronically homeless	<input type="text"/> %	<input type="text"/> out of	10
NOTE: RRH does not require dedicated CH beds				
Serve High Need Populations Subtotal			0	out of 10
PROJECT EFFECTIVENESS				
Coordinated Entry Participation	≥ 95% of entries to project from CE referrals	<input type="text"/> %	<input type="text"/> out of	10
Housing First and/or Low Barrier Implementation	Commits to applying Housing First model	<input type="text"/>	<input type="text"/> out of	10
Project Effectiveness Subtotal			0	out of 20
EQUITY FACTORS				
Agency Leadership, Governance, and Policies				
Process for receiving & incorporating feedback	Process includes persons with lived experience	<input type="text"/>	<input type="text"/> out of	10
Program Participant Outcomes				
Program changes for equitable outcomes	Plan to create more equitable program outcomes	<input type="text"/>	<input type="text"/> out of	10
Equity Factors Subtotal			0	out of 20
OTHER AND LOCAL CRITERIA				
RRH (General) - Data Quality is at or above 90%	0	<input type="text"/>	<input type="text"/> out of	10
RRH (General) - Recipient spent down 90% of their	0	<input type="text"/>	<input type="text"/> out of	20
Completeness, Quality and Accuracy of Renewal	0	<input type="text"/>	<input type="text"/> out of	30
Other and Local Criteria Subtotal			0	out of 60
TOTAL SCORE			0	out of 180
Weighted Rating Score				out of 100

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

NEW PROJECTS RATING TOOL

Project Name: _____ Print Blank Template _____ Print Report Card _____
 Organization Name: _____
 Project Type: _____ New Projects Rating Complete 0%
 Project Identifier: _____ Met all threshold requirements

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
EXPERIENCE		
A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	<input type="text"/>	out of 15
B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	<input type="text"/>	out of 15
C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	<input type="text"/>	out of 20
Experience Subtotal	0	50

DESIGN OF HOUSING & SUPPORTIVE SERVICES		
A. Extent to which the applicant 1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served. 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits. 5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.	<input type="text"/>	out of 15
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	<input type="text"/>	out of 5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	<input type="text"/>	out of 5
D. Project leverages housing resources with housing units not funded through the CoC or ESG programs.	<input type="text"/>	out of 5
E. Project leverages health resources, including a partnership commitment with a healthcare organization.	<input type="text"/>	out of 5
Design of Housing & Supportive Services Subtotal	0	35

TIMELINESS		
A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	<input type="text"/>	out of 5
Timeliness Subtotal	0	5

FINANCIAL		
B. Audit 1. Most recent audit found no exceptions to standard practices 2. Most recent audit identified agency as 'low risk' 3. Most recent audit indicates no findings	<input type="text"/>	out of 5
	<input type="text"/>	out of 5
	<input type="text"/>	out of 5
C. Documented match amount	<input type="text"/>	out of 5
D. Budgeted costs are reasonable, allocable, and allowable	<input type="text"/>	out of 15
Financial Subtotal	0	35

PROJECT EFFECTIVENESS		
Coordinated Entry Participation- 95% of entries to project from CE referrals	<input type="text"/>	out of 5
Project Effectiveness Subtotal	0	5

EQUITY FACTORS		
Agency Leadership, Governance, and Policies		
Recipient has relational process for receiving and incorporating feedback from persons with lived experience of homelessness	<input type="text"/>	out of 10
Program Participant Outcomes		
Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes	<input type="text"/>	out of 10
Equity Factors Subtotal	0	20

OTHER AND LOCAL CRITERIA		
Completeness, Quality and Accuracy of New Project Application	<input type="text"/>	out of 30
Other and Local Criteria Subtotal	0	30

TOTAL SCORE	0	180
Weighted Rating Score	0	100

PROJECT FINANCIAL INFORMATION	
CoC funding requested	\$ <input type="text"/>
Amount of other public funding (federal, state, county, city)	\$ <input type="text"/>
Amount of private funding	\$ <input type="text"/>
TOTAL PROJECT COST	\$ <input type="text"/>

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

Housing First questions are on page 6 and scored using USICH Housing First Checklist

Monitoring Information	
Monitoring Staff	Leatrice Schoolcraft / George Fickenworth
Date of Visit	8.24.22
Agency	Erie County Care Management
Program Name	Rapid Rehousing
Agency Staff consulted	Sean O'Neill
Grant Total	
Contract #	
Housing First?	Yes
Program Type	Rental Funds
Scattered Site?	Yes
Actual Units	
# Chronic Beds/units	
Bed utilization for current quarter	
Program Serves	
CoC Program Grant funds used for:	
Sub pops served	

Part 1: Agency Admin Performance	
Is program operating at or near capacity?	Yes
Do all staff have written job descriptions?	Yes
Are client feels kept/maintained in locked/secured fashion?	Yes
Do staff members have appropriate criminal record clearances?	Yes

Comments:

At this time there is only 1 staff person dedicated to providing services for this program as well as PSH. Sean O'Neill also assists with clients as well.

Part 2: HMIS Compliance	
Is the program entering data into HMIS?	Yes
Is the program entering data in a timely manner?	No
Is the program entering required information i.e. race/ethnicity, current/change of income, employment, etc.	Yes
Is the program entering enrollment dates and move-in dates timely and consistently?	Yes
Are the staff reviewing their HUD APR reports w/in 30 days prior to the APR due date?	No

2% of clients are entered w/ in the required timm standard of 5 days.

Based on the # of annual assessments not completed in a timely fashion reported by HMIS staff to provider staff when reporting period ends, this is not being done on a consistent basis.

Comments:

Follow-up notes:

<i>File Reviewed</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>				
Client HMIS # / Initials	120 (NA) 23981 (LE) 17286 (CJ) (JL) 17333 (DM 23095 (NM 1427 (RN) 22271 (LW, 22402 (MV 739 (MWO)													
Intake/Eligibility											Met	Unmet	NA	
Is there a completed intake form for the client? Specify type	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		10	0	0
Is there a copy of ID? (state-issued ID, driver's license, SS card, etc.).	No	No	No	No	No	No	No	No	No	No		0	10	0
Is the participant coming from a target population identified and approved in the application (chronically homeless, youth, SA/MH, DV, veteran) and if yes, is there documentation?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		10	0	0
Is there documentation of homelessness prior to program entry (third party or self-certification)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		10	0	0

Comments:

All intake forms are completed in HMIS. Regarding copy's of ID in files, ECCM does not ask for these from clients. The goal is to assure programs have low barrier to entry. Staff do verify identities, etc in other systems used by staff at ECCM.

<i>File Reviewed</i>	1	2	3	4	5	6	7	8	9	10
<i>Client HMIS #</i>	120 (NA)	23981 (LE)	17286 (CJ)	(JL)	17333 (DM)	23095 (NM)	1427 (RN)	22271 (LW)	22402 (MW)	739 (MWo)

Chronic Homelessness

											Met	Unmet	NA
Did the client receive chronic homeless priority?	Yes	No	No	No	No	Yes	No	No	Yes	No	3	7	0
If so, does the client have at least 9 of the 12 months verified by a third party?	Yes	NA	NA	NA	NA	Yes	NA	NA	No	NA	2	1	7
If third party verification is not present, is there sufficient self-certification documenting 12 months of homelessness?	Yes	NA	NA	NA	NA	Yes	NA	NA	Yes	NA	3	0	7
Does Participant contain verification of disability? (licenses professional or verified by SS admin)	No	Yes	No	No	Yes	No	Yes	No	No	No	3	7	0

Comments:

<i>File Reviewed</i>	1	2	3	4	5	6	7	8	9	10
<i>Client HMIS #</i>	120 (NA)	23981 (LE)	17286 (CJ) (JL)		17333 (DM)	23095 (NM)	1427 (RN)	22271 (LW)	22402 (MV)	739 (MWG)

Program Agreements											Met	Unmet	NA
Does the file contain a Program Agreement signed by client and staff?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Does the program agreement contain the following, signed and dated by both...											0	0	0
Program Guidelines	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Release of Information	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Confidentiality Form	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	9	1	0
HMIS Privacy Statement	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	9	1	0
Mandated Reporter Notification	No	No	No	No	No	No	No	No	No	No	0	10	0
Occupancy fee/rent agreement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Copy of lease (for RRH)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Rights/Responsibilities outline	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Termination/Appeal Process	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0

Comments:

HMIS Privacy Statement was not signed by Client #23981. Clients do have a verbal agreement for HMIS forms located w/in HMIS however. Regarding Mandated Reporter Notification, there is no form or policy; clients are checked in to regarding Megan's Law

<i>File Reviewed</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>				
<i>Client HMIS #</i>	120 (NA)	23981 (LE)	17286 (CJ)	(JL)	17333 (DN)	23095 (NM)	1427 (RN)	22271 (LW)	22402 (MV)	739 (MWo)				
Occupancy Fees/Rent/Income											Met	Unmet	NA	
If the client reports income, does file contain initial occupancy fee/rental calculation worksheet?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		10	0	0
For programs other than RRH, are occupancy fees/rents capped at 30%?	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		0	0	10
If client reports income, is there proof of income in the file?	Yes	Yes	No	No	NA	NA	No	Yes	Yes	Yes		5	3	2
Did client maintain or increase income from all sources?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes		9	1	0
Did client gain/maintain non-cash benefits?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		10	0	0
Did client gain/maintain health insurance?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		10	0	0
Did the client gain/maintain employment during the program?	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes		5	5	0
Does the file contain documents demonstrating income recertification at least annually or when HH income changes?	No	Yes	NA	No	Yes	Yes	Yes	Yes	Yes	NA		6	2	2
If client is leaseholder, does file include copy of the signed lease by client and landlord?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		9	1	0

Comments:

Lease for Client 120 not signed. In above cases where no proof of income in file, often it is self-reported but no proof.

File Reviewed	1	2	3	4	5	6	7	8	9	10
Client HMIS #	120 (NA)	23981 (LE)	17286 (CJ) (JL)		17333 (DM)	23095 (NN)	1427 (RN)	22271 (LW)	22402 (MW)	739 (MWo)

Goals and Progress

	1	2	3	4	5	6	7	8	9	10	Met	Unmet	NA
Does file contain a service or goal plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Are housing/service goals/plan tenant driven?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Do progress notes document at least 1x per month visits between staff and clients?	No	No	No	No	Yes	Yes	Yes	No	No	No	3	7	0
Is Housing First/Low barrier concept being utilized?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Is program making appropriate referrals to outside sources? (job training, education, supports, etc.)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Does program make efforts to place children in the program in their school of origin?	Yes	Yes	Yes	NA	Yes	NA	NA	Yes	Yes	Yes	7	0	3

Comments:

Regarding school placement, not documented but verified program does so.

File Reviewed	1	2	3	4	5	6	7	8	9	10
Client HMIS #	120 (NA)	23981 (LE)	17286 (CJ)	(JL)	17333 (DM)	23095 (NM)	1427 (RN)	22271 (LW)	22402 (MV)	739 (MWo)

Overall Program Performance - RAPID REHOUSING PROGRAMS ONLY

	1	2	3	4	5	6	7	8	9	10	Met	Unmet	NA
Did client come directly from the street or from shelter, or fleeing DV?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Did client move into housing w/in 30 days of pulled referral?	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	8	2	0
Did client complete RRH rental assistance w/in 9 months from program entry?	No	No	No	No	No	No	No	No	No	No	0	10	0
Was client reassessed at least once annually to determine continued need?	Yes	Yes	NA	No	Yes	NA	Yes	Yes	Yes	No	6	2	2
Did client exit from RRH to Perm Housing destination?	No	No	No	No	No	No	No	No	No	No	0	10	0

Overall Program Performance - PERMANENT SUPPORTIVE PROGRAMS ONLY

	1	2	3	4	5	6	7	8	9	10	Met	Unmet	NA
Did client move into a permanent housing unit between 30 and 60 days of program enrollment?											0	0	0
Did the client maintain/increase total income by end of operating year or project exit?											0	0	0
Did the client maintain/gain at least one mainstream non-cash benefit during program year? (WIC, Food stamps, etc.)											0	0	0
Did client remain in PSH or exit to a permanent housing destination?											0	0	0

Comments:

<i>File Reviewed</i>	1	2	3	4	5	6	7	8	9	10
<i>Client HMIS #</i>	120 (NA)	23981 (LE)	17286 (CJ)	(JL)	17333 (DM)	23095 (NM)	1427 (RN)	22271 (LW)	22402 (MI)	739 (MWO)

Habitability Standards											Met	Unmet	NA
General Room Standards documented: (foundation not cracked, door locks in proper working order)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
General Health/Safety documented: (smoke detectors present each floor, adequate heat provided, exits marked)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Windows documented: (all bedrooms have at least 1 fully function window)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Kitchen documented: (kitchen sink has running hot/cold water, 1 working permanent light fixture, stove burners work properly)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0
Bathroom documented: (1 working permanent light fixture, has running hot/cold water, toilet in working condition)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10	0	0

Comments:

2023 ERIE COUNTY CoC RATING CRITERIA FOR RENEWAL/EXPANSION PROJECTS

Under the 2023 HUD Continuum of Care process, the Erie County Continuum of Care is required to rate and rank all renewal projects. The HUD 2023 Rating and Ranking tool that was released from HUD was modified to meet local priorities and performance outcomes and is being utilized for the 2023 rating and ranking process. In order to rate all renewals in a fair and impartial manner, the rating tool consists of an evaluation system based on performance measures, data quality, application accuracy, fund utilization, Housing First/low barrier implementation, and grant utilization. The overall score will equal 180 points maximum when a project receives a perfect score for all performance benchmarks and will be weighted to a score of 100. The criteria for the benchmarks were developed from the System Performance Measures and the projects last submitted Annual Performance Report. The benchmarks for other criteria were obtained from the individual 2023 project applications, HUD invoices, and monitoring reports submitted from the Erie County Department of Human Services and HUD. The benchmarks that were established for the evaluation include the following:

- Length of Stay –On average, participants are placed in housing within 30 days after project start to RRH/PSH.
- 90% or More of Participants in Permanent Supportive Housing will remain in or move to Permanent Housing
- 50% or More of Participants in Rapid-Rehousing will move to Permanent Housing***
- 10% or Less of Participants return to homelessness within 12 months of exit
- 8% or More of Participants (Stayers) Will Increase Their Earned Income
- 10% or More of Participants (Stayers) Will Increase Their Non-Employment Income
- 8% or More of Participants (Leavers) will Increase Their Earned Income
- 10% or More of Participants (Leavers) will Increase Their Non-Employment Income
- PSH - 90% or More of Dedicated Beds for Chronic Homelessness were utilized
- RRH – 20% or More of Beds were utilized for Chronically Homeless
- 95% or More of all entries came from CE referrals
- Project will Abide by Housing First/Low Barrier Model
- Program has Policies to Create More Equitable Outcomes
- Project Incorporates Feedback from Persons with Lived Experience
- Overall Completeness, Quality and Accuracy of Application
- Data Quality is 90% or More
- Fund Utilization – Utilized 90% or More of funds from Previous Year

*New Expansion grants will be scored based on Performance Measures of Renewal Grant it is expanding.

**Projects will receive full points for criteria met and will receive a graduated reduction in points based on percentages below criteria (e.g. if scoring criteria was 90% or More, and project only met 45%, they would only receive 50% (half) of the points).

***Criteria (percentage) was lowered for Rapid Rehousing (RRH) providers for Permanent Housing exits because during the pandemic. RRH provider were encouraged to work with many who were eligible for Permanent Supportive Housing (PSH) but there were no PSH openings to get chronically homeless, many who were at high risk of COVID complications, out of congregate shelters and off the streets.

2023 ERIE COUNTY CoC RATING CRITERIA FOR NEW PROJECTS

Under the 2023 HUD Continuum of Care process, the Erie County Continuum of Care is required to rate and rank all renewal projects. The HUD CoC Program Rating and Ranking tool that was released from HUD, was modified to meet local priorities and performance outcomes, and is being utilized for the 2023 rating and ranking process. In order to rate all renewals in a fair and impartial manner, the rating tool consists of an evaluation system based on performance measures, data quality, application accuracy, fund utilization, Housing First/low barrier implementation, and grant utilization. The overall score will equal 180 points maximum when a project receives a perfect score for all performance benchmarks and will be weighted to a score of 100. The criteria for the benchmarks were developed from the System Performance Measures and the projects last submitted Annual Performance Report. The benchmarks for other criteria were obtained from the individual 2023 project applications, HUD invoices and monitoring reports from the Erie County Department of Human Services. The benchmarks that were established for the evaluation include the following:

- Experience of Applicant in Working with the Proposed Population and in Providing Housing
- Experience with utilizing a Housing First/Low Barrier Approach
- Experience in Effectively Utilizing Federal Funds including HUD Grants and Other Public Funding
- Applicant Demonstrates Understanding of Needs of Client Served, Housing Needs, Supportive Service Needs, Mainstream Benefits Understanding and Ability to Establish Performance Measures.
- Plan to Assist Participants to Rapidly Secure and Maintain Permanent Housing that is Safe, Affordable, Accessible, and Acceptable.
- Plan to Assist Participants to Increase Employment and/or Income
- Leverages Housing Resources not Funded by CoC or ESG Programs
- Leverages Health Resources
- Plan for Rapid Implementation of Program
- Audit – Most Recent Found No Exceptions to Standards, Identified as Low-Risk, No Findings
- Documented Match Amount
- Budgeted Costs are Reasonable, Allocable and Allowable
- Coordinated Entry Participation
- Incorporating Feedback from Persons with Lived Experience
- Policies and Plan for Equitable Outcomes
- Completeness, Quality and Accuracy of Application

HUD Threshold Requirements

In order for a project to be accepted, the project must meet all HUD threshold requirements below:

- Applicant has Active SAM registration with current information and maintains an active SAM registration annually.
- Applicant has Valid UEI (Unique Entity Identifier) Number.
- CoC Program Eligibility – Project applicants and potential subrecipients meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).
- Financial and Management Capacity: Project applicants and subrecipients demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.
- Certifications - Project applicants submit the required certifications specified in the NOFO.
- Population Served - The population to be served meets program eligibility requirements as described in the Act, the Rule, and the NOFO.
- 8. Applicant has no Outstanding Delinquent Federal Debts – It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds unless.
 - a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or
 - b) Other arrangements satisfactory to HUD are made before the award of funds by HUD
- Applicant has no Debarments and/or Suspensions – In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal government.
- Pre-selection Review of Performance - If your organization has delinquent federal debt or is excluded from doing business with the Federal government, the organization may be ineligible for an award. In addition, before making a Federal award, HUD reviews information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information, such as Federal Awardee Performance and Integrity Information System (FAPIIS), and the “Do Not Pay” website. HUD reserves the right to
 - a) Deny funding, or with a renewal or continuing award, consider suspension or termination of an award immediately for cause;
 - b) Require the removal of any key individual from association with management or implementation of the award; and
 - c) Make provisions or revisions regarding the method of payment or financial reporting requirements
- Sufficiency of Financial Management System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets Federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received Federal financial assistance, where HUD Program officials have reason to question whether a financial management system meets Federal standards, or for applicants considered high risk based on past performance or financial management findings
- False Statements - A false statement in an application is grounds for denial or termination of an award and may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. Recipient or applicant confirms all statements are truthful.
- Mandatory Disclosure Requirement - Recipients or applicants disclose in writing to the awarding program office at HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award within ten days after learning of the violation. Recipients that have received a Federal award including the term and condition outlined in

Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make required disclosures can result in any of the remedies described in § 200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180, 31 U.S.C. 3321, and S.C. 2313.)

- 14. Prohibition Against Lobbying Activities - Applicants are subject to the provisions of Section 319 of Public Law 101-121, 31 U.S.C. 1352, (the Byrd Amendment), and 24 CFR part 87, which prohibit recipients of federal awards from using appropriated funds for lobbying the executive or legislative branches of the Federal government in connection with a Federal award. All applicants submit with their application the signed Certification Regarding Lobbying included in the Application download from Grants.gov. In addition, applicants disclose, using Standard Form LLL (SFLLL), “Disclosure of Lobbying Activities,” any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, members of Congress, or congressional staff regarding specific awards. Federally-recognized Indian tribes and tribally designated housing entities (TDHEs) established by federally-recognized Indian tribes as a result of the exercise of the tribe’s sovereign power are excluded from coverage of the Byrd Amendment, but state-recognized Indian tribes and TDHEs established only under state law shall comply with this requirement. Applicants submit the SFLLL if they have used or intend to use non-federal funds for lobbying activities.
- Equal Participation of Faith-Based Organizations in HUD Programs and Activities – Projects ensure that all projects meet the requirements under 24 CFR 5.109. On April 4, 2016, HUD amended 24 CFR 5.109 consistent with E.O. 13559, entitled Fundamental Principles and Policymaking Criteria for Partnerships with Faith-Based and Other Neighborhood Organizations (75 Fed. Reg. 71319 (Nov. 22, 2010)). (See 81 FR 19355). These regulations apply to all HUD programs and activities, including all of HUD’s Native American Programs, except as may be otherwise provided in the respective program regulations, or unless inconsistent with the respective program authorizing statute.
- Resolution of Civil Rights Matters - Outstanding civil rights matters be resolved before the application submission deadline. Project applicants, who after review are confirmed to have civil rights matters unresolved at the application submission deadline, will be deemed ineligible. Their applications will receive no further review, will not be rated and ranked, and will not receive funding.

CoC Threshold Requirements

In order for a project to be accepted, the project must meet all CoC threshold requirements below:

- Coordinated Entry Participation
- Housing First and/or Low Barrier Implementation
- Documented, secured minimum match
- Project has reasonable costs per permanent housing exit, as defined locally
- Project is financially feasible
- Applicant is active CoC participant*
- Application is complete and data are consistent
- Acceptable organizational audit/financial review

* Exceptions could be granted with Ranking and Scoring Committee approval vote

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: _____
 Organization Name: _____
 Project Type: PSH (General)
 Project Identifier: 3

Print Blank Template

Print Report Card

Renewal/Expansion Projects
 Rating Complete

Met all threshold requirements



RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED	MAX POINT VALUE
PERFORMANCE MEASURES				
Length of Stay				
Permanent Supportive-Housing	On average, participants are placed in housing 30 days after project entry	<input type="text"/> days	<input type="text"/> out of	20
Exits to Permanent Housing				
<i>NOTE: Fresh start did not house anyone new in FY21</i>				
Permanent Supportive-Housing	90% remain in or move to PH	<input type="text"/> %	<input type="text"/> out of	25
Returns to Homelessness				
Within 12 months of exit to permanent housing	≤ 10% of participants return to homelessness within 12 months of exit to PH	<input type="text"/> %	<input type="text"/> out of	15
New or Increased Income and Earned Income				
Earned income for project stayers	8%+ of participants with new or increased income	<input type="text"/> %	<input type="text"/> out of	2.5
Non-employment income for project stayers	10%+ of participants with new or increased income	<input type="text"/> %	<input type="text"/> out of	2.5
Earned income for project leavers	15%+ of participants with new or increased income	<input type="text"/> %	<input type="text"/> out of	2.5
Non-employment income for project leavers	25%+ of participants with new or increased income	<input type="text"/> %	<input type="text"/> out of	2.5
Performance Measures Subtotal			0	out of 70
SERVE HIGH NEED POPULATIONS				
Permanent Supportive-Housing	≥ 90% of participants are chronically homeless	<input type="text"/> %	<input type="text"/> out of	10
<i>NOTE: RRH does not require dedicated CH beds</i>				
Serve High Need Populations Subtotal			0	out of 10
PROJECT EFFECTIVENESS				
Coordinated Entry Participation	≥ 95% of entries to project from CE referrals	<input type="text"/> %	<input type="text"/> out of	10
Housing First and/or Low Barrier Implementation	Commits to applying Housing First model	<input type="text"/>	<input type="text"/> out of	10
Project Effectiveness Subtotal			0	out of 20
EQUITY FACTORS				
Agency Leadership, Governance, and Policies				
Process for receiving & incorporating feedback	Process includes persons with lived experience	<input type="text"/>	<input type="text"/> out of	10
Program Participant Outcomes				
Program changes for equitable outcomes	Plan to create more equitable program outcomes	<input type="text"/>	<input type="text"/> out of	10
Equity Factors Subtotal			0	out of 20
OTHER AND LOCAL CRITERIA				
RRH (General) - Data Quality is at or above 90%	0	<input type="text"/>	<input type="text"/> out of	10
RRH (General) - Recipient spent down 90% of their	0	<input type="text"/>	<input type="text"/> out of	20
Completeness, Quality and Accuracy of Renewal	0	<input type="text"/>	<input type="text"/> out of	30
Other and Local Criteria Subtotal			0	out of 60
TOTAL SCORE			0	out of 180
Weighted Rating Score				out of 100

PROJECT FINANCIAL INFORMATION

CoC funding requested	<i>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</i>	\$ <input type="text"/>
Amount of other public funding (federal, state, county, city)		<input type="text"/>
Amount of private funding		<input type="text"/>
TOTAL PROJECT COST		\$ <input type="text"/>
CoC Amount Awarded Last Operating Year	<i>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</i>	\$ <input type="text"/>
CoC Amount Expended Last Operating Year	<i>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</i>	\$ <input type="text"/>
Percent of CoC funding expended last operating year		<input type="text"/>

NEW PROJECTS RATING TOOL

Project Name: _____ Print Blank Template _____ Print Report Card _____
 Organization Name: _____
 Project Type: _____ New Projects Rating Complete
 Project Identifier: _____ Met all threshold requirements 0%

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
EXPERIENCE		
A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	<input type="text"/>	out of 15
B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	<input type="text"/>	out of 15
C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	<input type="text"/>	out of 20
Experience Subtotal	0	50
DESIGN OF HOUSING & SUPPORTIVE SERVICES		
A. Extent to which the applicant 1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served. 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits. 5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.	<input type="text"/>	out of 15
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	<input type="text"/>	out of 5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	<input type="text"/>	out of 5
D. Project leverages housing resources with housing units not funded through the CoC or ESG programs.	<input type="text"/>	out of 5
E. Project leverages health resources, including a partnership commitment with a healthcare organization.	<input type="text"/>	out of 5
Design of Housing & Supportive Services Subtotal	0	35
TIMELINESS		
A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	<input type="text"/>	out of 5
Timeliness Subtotal	0	5
FINANCIAL		
B. Audit 1. Most recent audit found no exceptions to standard practices 2. Most recent audit identified agency as 'low risk' 3. Most recent audit indicates no findings	<input type="text"/>	out of 5
	<input type="text"/>	out of 5
	<input type="text"/>	out of 5
C. Documented match amount	<input type="text"/>	out of 5
D. Budgeted costs are reasonable, allocable, and allowable	<input type="text"/>	out of 15
Financial Subtotal	0	35
PROJECT EFFECTIVENESS		
Coordinated Entry Participation- 95% of entries to project from CE referrals	<input type="text"/>	out of 5
Project Effectiveness Subtotal	0	5
EQUITY FACTORS		
Agency Leadership, Governance, and Policies Recipient has relational process for receiving and incorporating feedback from persons with lived experience of homelessness	<input type="text"/>	out of 10
Program Participant Outcomes Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes	<input type="text"/>	out of 10
Equity Factors Subtotal	0	20
OTHER AND LOCAL CRITERIA		
Completeness, Quality and Accuracy of New Project Application	<input type="text"/>	out of 30
Other and Local Criteria Subtotal	0	30
TOTAL SCORE	0	180
Weighted Rating Score	0	100
PROJECT FINANCIAL INFORMATION		
CoC funding requested	NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab	\$ <input type="text"/>
Amount of other public funding (federal, state, county, city)		\$ <input type="text"/>
Amount of private funding		\$ <input type="text"/>
TOTAL PROJECT COST		\$ <input type="text"/>

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: My Way Home (4)
 Organization Name: Erie United Methodist Alliance
 Project Type: RRH (General)
 Project Identifier: 4

Print Blank Template

Print Report Card

Renewal/Expansion Projects
 Rating Complete

Met all threshold requirements



RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED	MAX POINT VALUE
PERFORMANCE MEASURES				
Length of Stay				
Rapid Re-Housing	On average, participants are placed in housing 30 days after project entry	<input type="text" value="16"/> days	<input type="text" value="20"/> out of	20
Exits to Permanent Housing				
Rapid Re-Housing	50% move to PH	<input type="text" value="73"/> %	<input type="text" value="25"/> out of	25
Returns to Homelessness				
Within 12 months of exit to permanent housing	≤ 10% of participants return to homelessness within 12 months of exit to PH	<input type="text" value="4"/> %	<input type="text" value="15"/> out of	15
New or Increased Income and Earned Income				
Earned income for project stayers	8%+ of participants with new or increased income	<input type="text" value="4"/> %	<input type="text" value="1.0"/> out of	2.5
Non-employment income for project stayers	10%+ of participants with new or increased income	<input type="text" value="0"/> %	<input type="text" value="0.0"/> out of	2.5
Earned income for project leavers	15%+ of participants with new or increased income	<input type="text" value="9"/> %	<input type="text" value="1.0"/> out of	2.5
Non-employment income for project leavers	25%+ of participants with new or increased income	<input type="text" value="0"/> %	<input type="text" value="0.0"/> out of	2.5
Performance Measures Subtotal			62	out of 70
SERVE HIGH NEED POPULATIONS				
Rapid Re-Housing	≥ 20% of participants are chronically homeless	<input type="text" value="13"/> %	<input type="text" value="5.0"/> out of	10
Serve High Need Populations Subtotal			5	out of 10
PROJECT EFFECTIVENESS				
Coordinated Entry Participation	≥ 95% of entries to project from CE referrals	<input type="text" value="100"/> %	<input type="text" value="10"/> out of	10
Housing First and/or Low Barrier Implementation	Commits to applying Housing First model	<input type="text" value="N/A"/>	<input type="text" value="1"/> out of	10
Project Effectiveness Subtotal			11	out of 20
EQUITY FACTORS				
Agency Leadership, Governance, and Policies				
Process for receiving & incorporating feedback	Process includes persons with lived experience	<input type="text" value="N/A"/>	<input type="text" value="9"/> out of	10
Program Participant Outcomes				
Program changes for equitable outcomes	Plan to create more equitable program outcomes	<input type="text" value="N/A"/>	<input type="text" value="10"/> out of	10
Equity Factors Subtotal			19	out of 20
OTHER AND LOCAL CRITERIA				
RRH (General) - Data Quality is at or above 90%	0	<input type="text" value="90"/> %	<input type="text" value="10.0"/> out of	10
RRH (General) - Recipient spent down 90% of their	0	<input type="text" value="N/A"/>	<input type="text" value="20"/> out of	20
Completeness, Quality and Accuracy of Renewal	0	<input type="text" value="N/A"/>	<input type="text" value="12.0"/> out of	30
Other and Local Criteria Subtotal			42	out of 60
TOTAL SCORE			139	out of 180
Weighted Rating Score			77	out of 100

PROJECT FINANCIAL INFORMATION		
CoC funding requested	<small>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</small>	\$ <input type="text" value="608,934"/>
Amount of other public funding (federal, state, county, city)		<input type="text"/>
Amount of private funding		<input type="text"/>
TOTAL PROJECT COST		\$ <input type="text" value="608,934"/>
CoC Amount Awarded Last Operating Year	<small>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</small>	\$ <input type="text" value="606,930"/>
CoC Amount Expended Last Operating Year	<small>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</small>	\$ <input type="text" value="574,873"/>
Percent of CoC funding expended last operating year		<input type="text" value="95"/>

RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

Project Name: √ My Way Home (4)
 Organization Name: Erie United Methodist Alliance
 Project Type: RRH
 Project Identifier: 4

Completed projects will be moved to the bottom of the list.

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

Renewal/Expansion Projects
Threshold Review Complete



THRESHOLD REQUIREMENTS	YES/NO
-------------------------------	---------------

For each threshold, select "Yes" if applicant has fulfilled the threshold requirement and is eligible to submit an application.

Yes to all

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative applicant and project applicants should carefully review the annual NOFA criteria each year.

HUD THRESHOLD REQUIREMENTS

1. Applicant has Active SAM registration with current information, and maintains an active SAM registration annually.	Yes
2. Applicant has Valid UEI (Unique Entity Identifier) Number.	Yes
3. CoC Program Eligibility – Project applicants and potential subrecipients meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).	Yes
4. Financial and Management Capacity: Project applicants and subrecipients demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.	Yes
5. Certifications - Project applicants submit the required certifications specified in the NOFO.	Yes
6. Population Served - The population to be served meets program eligibility requirements as described in the Act, the Rule, and the NOFO.	Yes
7. HMIS Participation - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers use a comparable database that captures the required HMIS data in addition to meeting the needs of the local HMIS.	Yes
8. Applicant has no Outstanding Delinquent Federal Debts – It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds unless. a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or b) Other arrangements satisfactory to HUD are made before the award of funds by HUD	Yes
9. Applicant has no Debarments and/or Suspensions – In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal government.	Yes
10. Pre-selection Review of Performance - If your organization has delinquent federal debt or is excluded from doing business with the Federal government, the organization may be ineligible for an award. In addition, before making a Federal award, HUD reviews information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information, such as Federal Awardee Performance and Integrity Information System (FAPIS), and the "Do Not Pay" website. HUD reserves the right to: a) Deny funding, or with a renewal or continuing award, consider suspension or termination of an award immediately for cause; b) Require the removal of any key individual from association with management or implementation of the award; and c) Make provisions or revisions regarding the method of payment or financial reporting requirements	Yes

RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

Project Name: ✓ My Way Home (4)
 Organization Name: Erie United Methodist Alliance
 Project Type: RRH
 Project Identifier: 4

Completed projects will be moved to the bottom of the list.

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

Renewal/Expansion Projects
 Threshold Review Complete

100%

THRESHOLD REQUIREMENTS	YES/NO
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11. Sufficiency of Financial Management System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets Federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received Federal financial assistance, where HUD Program officials have reason to question whether a financial management system meets Federal standards, or for applicants considered high risk based on past performance or financial management findings.	Yes
12. False Statements - A false statement in an application is grounds for denial or termination of an award and may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. Recipient or applicant confirms all statements are truthful.	Yes
13. Mandatory Disclosure Requirement - Recipients or applicants disclose in writing to the awarding program office at HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award within ten days after learning of the violation. Recipients that have received a Federal award including the term and condition outlined in Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make required disclosures can result in any of the remedies described in § 200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180, 31 U.S.C. 3321, and S.C. 2313.)	Yes
14. Prohibition Against Lobbying Activities - Applicants are subject to the provisions of Section 319 of Public Law 101-121, 31 U.S.C. 1352, (the Byrd Amendment), and 24 CFR part 87, which prohibit recipients of federal awards from using appropriated funds for lobbying the executive or legislative branches of the Federal government in connection with a Federal award. All applicants submit with their application the signed Certification Regarding Lobbying included in the Application download from Grants.gov. In addition, applicants disclose, using Standard Form LLL (SFLLL), "Disclosure of Lobbying Activities," any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, members of Congress, or congressional staff regarding specific awards. Federally-recognized Indian tribes and tribally designated housing entities (TDHEs) established by federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but state-recognized Indian tribes and TDHEs established only under state law shall comply with this requirement. Applicants submit the SFLLL if they have used or intend to use non-federal funds for lobbying activities.	Yes
15. Equal Participation of Faith-Based Organizations in HUD Programs and Activities – Projects ensure that all projects meet the requirements under 24 CFR 5.109. On April 4, 2016, HUD amended 24 CFR 5.109 consistent with E.O. 13559, entitled Fundamental Principles and Policymaking Criteria for Partnerships with Faith-Based and Other Neighborhood Organizations (75 Fed. Reg. 71319 (Nov. 22, 2010)). (See 81 FR 19355). These regulations apply to all HUD programs and activities, including all of HUD's Native American Programs, except as may be otherwise provided in the respective program regulations, or unless inconsistent with the respective program authorizing statute.	Yes
16. Resolution of Civil Rights Matters - Outstanding civil rights matters be resolved before the application submission deadline. Project applicants, who after review are confirmed to have civil rights matters unresolved at the application submission deadline, will be deemed ineligible. Their applications will receive no further review, will not be rated and ranked, and will not receive funding.	Yes

CoC THRESHOLD REQUIREMENTS

For each requirement, select "Yes" if the project has provided reasonable assurances that the project will meet the requirement, has been given an exception by the CoC or will request a waiver from HUD. Otherwise select "No".

Coordinated Entry Participation	Yes
Housing First and/or Low Barrier Implementation	Yes
Documented, secured minimum match	Yes
Project has reasonable costs per permanent housing exit, as defined locally	Yes
Project is financially feasible	Yes
Applicant is active CoC participant	Yes
Application is complete and data are consistent	Yes
Acceptable organizational audit/financial review	Yes

RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

Project Name: √ My Way Home (4)
Organization Name: Erie United Methodist Alliance
Project Type: RRH
Project Identifier: 4

Completed projects will be moved to the bottom of the list.

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

Renewal/Expansion Projects
Threshold Review Complete

100%

THRESHOLD REQUIREMENTS

YES/NO

	<i>Pts Avail.</i>	EUMA MWH					
		Liz	Mary	Katie	Kevin	Mike	Dawn
Length of Stay							
Placed in housing within 30 days after project	20	140	20	20	20	20	20
Exits to Perm Housing							
90% remain in or move to PH / for RRH, 50% n	25	175	25	25	25	25	25
Returns to Homelessness							
10% or less return to homelessness w/in 12 m	15	105	15	15	15	15	15
New or increased income and earned income							
Earned income for project stayers	2.5	8.5	1	1	1.5	1	1
Non-employment income for project stayers	2.5	0	0	0	0	0	0
Earned income for project leavers	2.5	10	2	1	1	1	2
Non-employment income for project leavers	2.5	0	0	0	0	0	0
Serve High Needs Pop							
>90% popluation are chronically homeless	10	36	6	5	5	5	5
Project Effectiveness							
95% or more entries from CE referrals	10	70	10	10	10	10	10
Housing First and/or Low Barrier implementat	10	2	0	0	0	2	0
Equity Factors							
Process includes persons with lived experie	10	64	10	10	8	10	8
Program plan to create more equitable outcor	10	58	9	8	8	8	9
Other/Local Criteria							
Data quality is at or above 90%	10	70	10	10	10	10	10
Project spent 90% of their funds	20	140	20	20	20	20	20
Completeness, Quality and Accuracy of renew	30	86	10	10	12	15	12
Total	180	964.5					
Weighted Score of 100		77					

Collien

20

25

15

1.5

0

2

0

5

10

0

8

8

10

20

12



2023 COC Renewal Project Application

Agency Name: EUMA (Erie United Methodist Alliance, Inc.)

Project Name: My Way Home

Project Type: Rapid ReHousing Renewal

Contact Person for this application: Katie Wickert

Phone Number: 814.456.8073, ext. 111

Email: KWickert@EUMA-Erie.org

1. Provide a detailed description of your project (include number of beds and populations served)

Last fiscal year, EUMA served 257 individuals including 168 adults and 89 children in 144 households. 114 or 44.4% self-reported they were white while 143 or 55.6% self-reported they were non-white, including black and multiple races.

Based on 2023 fair market value rents, EUMA estimates newly housing approximately 81 individuals including 32 children while maintaining existing Rapid ReHousing program participants to include committed rental subsidies and payments in arrears.

EUMA's My Way Home Rapid ReHousing (RRH) program rapidly FINDS housing in 30 days or less, temporarily PAYS for housing including first month's rent and deposit and provides short to mid-term (9-12 months) rental subsidy that helps clients STAY permanently housed. EUMA can pay rent for up to 24 months.

First, EUMA builds relationships with landlords to gain access to as many housing units as possible. Based on the self-sufficiency assessment, EUMA helps the client find and secure housing that best suits their needs including cost based on existing and projected earned and total income. It is EUMA's goal to have all those accepted into the My Way Home program housed within 30 days of accepting the referral.

Second, EUMA housing case managers help literally homeless neighbors, throughout Erie County who qualify, based on an assessment conducted by Erie County Care Management's coordinated entry team. EUMA accepts referrals for all households with a VI-SPDAT score between 4-8. Following acceptance into the program, EUMA's housing case managers quickly assess clients for need through an 18-domain self-sufficiency tool that highlights a client's strengths and weaknesses. Once identified in the results of the self-sufficiency tool, housing case managers develop a housing plan to include direct and referral

services that work together to mitigate areas that are barriers to getting and/or keeping their permanent housing.

EUMA provide rent and move-in assistance including security deposits, move-in expenses, rent and/or utilities for a length of time not to exceed 24 months and most often for approximately six months.

Finally, EUMA housing case managers provide case management to include direct and referral based services determined by the outcome of the results of the self-sufficiency tool. Staff work with families with children to ensure each child has equal access to other children and youths. Recipients and sub-recipients work with participant families/children and the school districts so each child remains in the school district they were at prior to entering the homeless system whenever possible.

This tenant-based rental assistance and supportive housing project includes: short or medium-term rental assistance, housing relocation and stabilization services. EUMA RRH housing case managers will recruit landlords and provide mediation services, direct or referral credit counseling, security deposits and/or utility expenses, moving assistance and case management services.

EUMA will only bill for eligible costs of the PSH program as determined in the Erie City and County CoC Written Standards and Code of Federal Regulations for Continuum of Care Programs (paragraphs 578.37 – 578.63). EUMA will provide at least 25% match costs in cash or in-kind services to the project as defined in the Erie City and County CoC Written Standards and Code of Federal Regulations for Continuum of Care Programs (paragraphs 578.73). All match provided will be towards eligible costs of the program.

2. Describe how your agency and project follow the housing first approach.

EUMA believes housing is a human right. EUMA's MWH program staff offer rapid rehousing services without pre-conditions or housing readiness requirements such as employment, income, criminal record, compliance with medication regimen for a severe mental illness or sobriety. EUMA is a housing first proponent. We believe that people who are permanently housed are in a better position to secure employment, parent their children, manage their mental illness and choose sobriety.

Based on data, we believe there is a real and greater cost to keeping people homeless. EUMA housing case management staff annually review housing case managers walk alongside clients to help them quickly achieve their housing and other goals that contribute to Erie County's goals of making homelessness rare, brief and one-time.

EUMA staff work to provide clients choice and are committed to self-determination while using motivational interviewing skills that work to provide support and referrals that will promote a recovery orientation, social and community integration that work to establish social bonds and bridges broken in a housing crisis.

3. Has your project expended all of the budgeted funds? If not, please explain why.

No. EUMA had \$7,427.98 remaining in the supportive services line item. A gap in staffing, following the resignation of an EUMA Rapid ReHousing case manager, resulted in the grant balance. Currently, all available FTE provided in the grant are filled.

4. Did your project have monitoring findings? If so, were they resolved? If not resolved, explain the reasons why.

Yes. Based on the monitoring review, EUMA did not comply with meeting the 25% match requirement. As a result, EUMA had two (2) findings and (1) concern. Following time spent with Erie County Continuum of Care PA-605 technical assistance representative Ben Cattell-Noll and Erie County Department of Human Services representatives, we have resolved them, to the best of our knowledge.

EUMA has not only strengthened our documentation in the recipient files but think we have shared expectations with HUD and Erie County DHS staff regarding what does and does not qualify for match.

5. Explain, in detail, how your agency partners or coordinated with other agencies which enhance client services.

EUMA receives all referrals to My Way Home from Erie County Care Management, Erie County's coordinated entry contactor.

Additionally, EUMA is a founding member of the homeless master list meeting group that identifies, tracks and coordinates the client referrals to the appropriate housing intervention.

Taking advantage of the great social services available to clients includes an 18-domain client assessment by EUMA case managers, to identify both strengths and areas in their life that are contributing to their housing insecurity. With the permission of clients, EUMA case managers make referrals to community based programming to meet their needs.

Often, when clients are referred from an existing emergency shelter, EUMA case managers and those from the shelter speak in order to coordinate service delivery, moving dates and share information that will aid in making appropriate supportive services referrals. All of this is done with the permission of the adults in the household.

From EUMA's The Refuge, a written agreement with Stairways Behavioral Health staff creates "warm hand-off" opportunities for homeless families staying at EUMA's The Refuge emergency shelter and who are often rapid rehousing clients as well. This collaboration is additionally supported by resources provided by Community Care Behavioral Health that works to identify those who are chronically homeless and in need of additional behavioral supports.

In addition to receiving referrals from ECCM, EUMA's My Way Home staff work closely with other community partners to identify street homeless and those using other community resources including EUMA's Our Neighbors' Place, Rainbow Connection Thrift Store's voucher program, the Downtown YMCA, childcare providers including Early Connections.

6. Describe your Financial and Management capacity and experience to carry out the project.

Financial | Lori L. Lewis, chief financial officer has thirty-seven years of experience both in the for profit and not-for-profit sectors, most recently acting as the assistant controller at the YMCA of Greater Erie. Expertise includes: grant management including fund accounting; accounts payable and receivable; benefits administrator; annual audit lead; bank reconciliation; human resource management including staff training; and property management.

Management | Katie Wickert, EUMA's first chief program officer will provide both oversight of all Rapid ReHousing programming and direct leadership and supervisory supports to EUMA's My Way Home housing case managers and other staff directly serving referred rapid rehousing clients. Additionally, Ms. Wickert will be responsible for ensuring all Rapid ReHousing staff have been trained in the following: motivational interviewing, trauma informed, critical time intervention, housing first and rapid rehousing.

With nearly 25 years of non-profit management experience, Kurt B. Crays, chief executive officer carries out the strategic plans and policies established by EUMA's board of directors, while provide direct supervision to all C-suite team members listed above. EUMA is committed to ending homelessness by making it rare, brief and one-time as Jesus would.

7. Describe the process your agency uses to receive and incorporate feedback from persons with lived experience.

EUMA is committed to not only elevating the voices of those with lived experience, but also giving them power to alter programming. We do this by prioritizing those with lived experience in the hiring process. The majority of EUMA's staff are those with lived experience including those who have experienced a housing crisis, are living with a severe mental illness, in recovery from a substance use disorder, have had criminal justice involvement and/or have had office of children and youth involvement. Who better to provide direct service than those who have shared experiences. Additionally, EUMA has and is currently working to add a person with recent (> 5 years ago) lived experience to the EUMA board of directors.

Additionally, EUMA provides those enrolled in the rapid rehousing program a means to provide feedback in the form of a written survey. We are currently researching ways to capture oral feedback from those not comfortable or able to provide written feedback.

8. Describe your agency's plan or policy to create more equitable outcomes in your program. Include any programmatic changes identified and/or addressed.

Like most communities across the United States, our Erie County neighbors experiencing a housing crisis are disproportionately black and other people of color. As previously reported, nearly 56% of those permanently housed in EUMA's Rapid ReHousing program were non-white. EUMA not only believes, but also acts on our belief that people with lived experience know best what solutions will effectively end their homelessness. We act by hiring individuals who are most often peers to those with whom they work – have experienced a housing crisis, live with a severe mental illness, are in recovery, been involved with the penal justice system and/or have had office of children and youth involvement. Additionally, EUMA will continue to strengthen staff knowledge about racial inequity through training provided by Ryan Dowd, the Non-Profit Partnership, and the National Alliance to End Homelessness. One third of the full time housing case managers are persons of color. We believe that representation matters and look forward to working with the PA-605 continuum of care to both identify and eliminate barriers to improve racial equity and address disparities.

2023 ERIE COUNTY CoC RATING CRITERIA FOR RENEWAL/EXPANSION PROJECTS

Under the 2023 HUD Continuum of Care process, the Erie County Continuum of Care is required to rate and rank all renewal projects. The HUD 2023 Rating and Ranking tool that was released from HUD was modified to meet local priorities and performance outcomes and is being utilized for the 2023 rating and ranking process. In order to rate all renewals in a fair and impartial manner, the rating tool consists of an evaluation system based on performance measures, data quality, application accuracy, fund utilization, Housing First/low barrier implementation, and grant utilization. The overall score will equal 180 points maximum when a project receives a perfect score for all performance benchmarks and will be weighted to a score of 100. The criteria for the benchmarks were developed from the System Performance Measures and the projects last submitted Annual Performance Report. The benchmarks for other criteria were obtained from the individual 2023 project applications, HUD invoices, and monitoring reports submitted from the Erie County Department of Human Services and HUD. The benchmarks that were established for the evaluation include the following:

- Length of Stay –On average, participants are placed in housing within 30 days after project start to RRH/PSH.
- 90% or More of Participants in Permanent Supportive Housing will remain in or move to Permanent Housing
- 50% or More of Participants in Rapid-Rehousing will move to Permanent Housing***
- 10% or Less of Participants return to homelessness within 12 months of exit
- 8% or More of Participants (Stayers) Will Increase Their Earned Income
- 10% or More of Participants (Stayers) Will Increase Their Non-Employment Income
- 8% or More of Participants (Leavers) will Increase Their Earned Income
- 10% or More of Participants (Leavers) will Increase Their Non-Employment Income
- PSH - 90% or More of Dedicated Beds for Chronic Homelessness were utilized
- RRH – 20% or More of Beds were utilized for Chronically Homeless
- 95% or More of all entries came from CE referrals
- Project will Abide by Housing First/Low Barrier Model
- Program has Policies to Create More Equitable Outcomes
- Project Incorporates Feedback from Persons with Lived Experience
- Overall Completeness, Quality and Accuracy of Application
- Data Quality is 90% or More
- Fund Utilization – Utilized 90% or More of funds from Previous Year

*New Expansion grants will be scored based on Performance Measures of Renewal Grant it is expanding.

**Projects will receive full points for criteria met and will receive a graduated reduction in points based on percentages below criteria (e.g. if scoring criteria was 90% or More, and project only met 45%, they would only receive 50% (half) of the points).

***Criteria (percentage) was lowered for Rapid Rehousing (RRH) providers for Permanent Housing exits because during the pandemic. RRH provider were encouraged to work with many who were eligible for Permanent Supportive Housing (PSH) but there were no PSH openings to get chronically homeless, many who were at high risk of COVID complications, out of congregate shelters and off the streets.

2023 ERIE COUNTY CoC RATING CRITERIA FOR NEW PROJECTS

Under the 2023 HUD Continuum of Care process, the Erie County Continuum of Care is required to rate and rank all renewal projects. The HUD CoC Program Rating and Ranking tool that was released from HUD, was modified to meet local priorities and performance outcomes, and is being utilized for the 2023 rating and ranking process. In order to rate all renewals in a fair and impartial manner, the rating tool consists of an evaluation system based on performance measures, data quality, application accuracy, fund utilization, Housing First/low barrier implementation, and grant utilization. The overall score will equal 180 points maximum when a project receives a perfect score for all performance benchmarks and will be weighted to a score of 100. The criteria for the benchmarks were developed from the System Performance Measures and the projects last submitted Annual Performance Report. The benchmarks for other criteria were obtained from the individual 2023 project applications, HUD invoices and monitoring reports from the Erie County Department of Human Services. The benchmarks that were established for the evaluation include the following:

- Experience of Applicant in Working with the Proposed Population and in Providing Housing
- Experience with utilizing a Housing First/Low Barrier Approach
- Experience in Effectively Utilizing Federal Funds including HUD Grants and Other Public Funding
- Applicant Demonstrates Understanding of Needs of Client Served, Housing Needs, Supportive Service Needs, Mainstream Benefits Understanding and Ability to Establish Performance Measures.
- Plan to Assist Participants to Rapidly Secure and Maintain Permanent Housing that is Safe, Affordable, Accessible, and Acceptable.
- Plan to Assist Participants to Increase Employment and/or Income
- Leverages Housing Resources not Funded by CoC or ESG Programs
- Leverages Health Resources
- Plan for Rapid Implementation of Program
- Audit – Most Recent Found No Exceptions to Standards, Identified as Low-Risk, No Findings
- Documented Match Amount
- Budgeted Costs are Reasonable, Allocable and Allowable
- Coordinated Entry Participation
- Incorporating Feedback from Persons with Lived Experience
- Policies and Plan for Equitable Outcomes
- Completeness, Quality and Accuracy of Application

HUD Threshold Requirements

In order for a project to be accepted, the project must meet all HUD threshold requirements below:

- Applicant has Active SAM registration with current information and maintains an active SAM registration annually.
- Applicant has Valid UEI (Unique Entity Identifier) Number.
- CoC Program Eligibility – Project applicants and potential subrecipients meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).
- Financial and Management Capacity: Project applicants and subrecipients demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.
- Certifications - Project applicants submit the required certifications specified in the NOFO.
- Population Served - The population to be served meets program eligibility requirements as described in the Act, the Rule, and the NOFO.
- 8. Applicant has no Outstanding Delinquent Federal Debts – It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds unless.
 - a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or
 - b) Other arrangements satisfactory to HUD are made before the award of funds by HUD
- Applicant has no Debarments and/or Suspensions – In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal government.
- Pre-selection Review of Performance - If your organization has delinquent federal debt or is excluded from doing business with the Federal government, the organization may be ineligible for an award. In addition, before making a Federal award, HUD reviews information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information, such as Federal Awardee Performance and Integrity Information System (FAPIIS), and the “Do Not Pay” website. HUD reserves the right to
 - a) Deny funding, or with a renewal or continuing award, consider suspension or termination of an award immediately for cause;
 - b) Require the removal of any key individual from association with management or implementation of the award; and
 - c) Make provisions or revisions regarding the method of payment or financial reporting requirements
- Sufficiency of Financial Management System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets Federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received Federal financial assistance, where HUD Program officials have reason to question whether a financial management system meets Federal standards, or for applicants considered high risk based on past performance or financial management findings
- False Statements - A false statement in an application is grounds for denial or termination of an award and may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. Recipient or applicant confirms all statements are truthful.
- Mandatory Disclosure Requirement - Recipients or applicants disclose in writing to the awarding program office at HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award within ten days after learning of the violation. Recipients that have received a Federal award including the term and condition outlined in

Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make required disclosures can result in any of the remedies described in § 200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180, 31 U.S.C. 3321, and S.C. 2313.)

- 14. Prohibition Against Lobbying Activities - Applicants are subject to the provisions of Section 319 of Public Law 101-121, 31 U.S.C. 1352, (the Byrd Amendment), and 24 CFR part 87, which prohibit recipients of federal awards from using appropriated funds for lobbying the executive or legislative branches of the Federal government in connection with a Federal award. All applicants submit with their application the signed Certification Regarding Lobbying included in the Application download from Grants.gov. In addition, applicants disclose, using Standard Form LLL (SFLLL), “Disclosure of Lobbying Activities,” any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, members of Congress, or congressional staff regarding specific awards. Federally-recognized Indian tribes and tribally designated housing entities (TDHEs) established by federally-recognized Indian tribes as a result of the exercise of the tribe’s sovereign power are excluded from coverage of the Byrd Amendment, but state-recognized Indian tribes and TDHEs established only under state law shall comply with this requirement. Applicants submit the SFLLL if they have used or intend to use non-federal funds for lobbying activities.
- Equal Participation of Faith-Based Organizations in HUD Programs and Activities – Projects ensure that all projects meet the requirements under 24 CFR 5.109. On April 4, 2016, HUD amended 24 CFR 5.109 consistent with E.O. 13559, entitled Fundamental Principles and Policymaking Criteria for Partnerships with Faith-Based and Other Neighborhood Organizations (75 Fed. Reg. 71319 (Nov. 22, 2010)). (See 81 FR 19355). These regulations apply to all HUD programs and activities, including all of HUD’s Native American Programs, except as may be otherwise provided in the respective program regulations, or unless inconsistent with the respective program authorizing statute.
- Resolution of Civil Rights Matters - Outstanding civil rights matters be resolved before the application submission deadline. Project applicants, who after review are confirmed to have civil rights matters unresolved at the application submission deadline, will be deemed ineligible. Their applications will receive no further review, will not be rated and ranked, and will not receive funding.

CoC Threshold Requirements

In order for a project to be accepted, the project must meet all CoC threshold requirements below:

- Coordinated Entry Participation
- Housing First and/or Low Barrier Implementation
- Documented, secured minimum match
- Project has reasonable costs per permanent housing exit, as defined locally
- Project is financially feasible
- Applicant is active CoC participant*
- Application is complete and data are consistent
- Acceptable organizational audit/financial review

* Exceptions could be granted with Ranking and Scoring Committee approval vote

2023 Erie City and County Continuum of Care (PA-605 CoC) Priority Listing

Ranking	score	Project Type	Project Name	Accepted/Rejected/Reduced	Amount	Tier	Status	CoC Bonus
**1	N/A	HMIS	HMIS	Accepted	\$ 146,027.00	1	Renewal	Not Scored
**2	N/A	SSO	Coordinated Entry	Accepted	\$ 145,121.00	1	Renewal	Not Scored
3	964	RRH	EUMA MWH RRH	Accepted	\$ 608,934.00	1	Renewal	
4	964	RRH	EUMA MWH RRH Expansion	Accepted but Reduced	\$ 153,033.00	1	Expansion	CoC Bonus
5	933	PSH	ECCM Self Start PSH	Accepted	\$ 1,101,318.00	1	Renewal	
6	881.5	PSH	CSS Lighting the Candle 1	Accepted	\$ 276,881.00	1	Renewal	
7	933	PSH	ECCM Self Start PSH Expansion	Accepted but Reduced	\$ 104,250.00	1(\$24) and 2 (\$104,226)	Expansion	CoC Bonus
8	786	DV-RRH	SafeNet	Accepted	\$ 174,968.00	2	*Renewal	
9	908	PSH	Gaudenzia Fresh Start	Accepted	\$ 161,093.00	2	Renewal	

* Safenet Moving Into Stability is a renewal but was scored as a New Grant because it has been operating less than one year so there were no accurate performance measures available

**Projects not scored but ranked in Tier 1

HMIS	HMIS	\$ 146,027.00
SSO	Coordinated Entry	\$ 145,121.00

FUNDS REQUESTED

Renewals - HMIS/CE	\$ 291,148.00
Ranked Renewals	\$ 2,323,194.00
New Expansion (CoC Bonus)	\$ 257,283.00
Planning Grant (not ranked)	\$ 183,773.00
TOTAL HUD REQUEST w/ Planning	\$ 3,055,398.00
Total HUD Requested w/out Planning	\$ 2,871,625.00
Tier 1 - Adjusted ARD 93%	\$ 2,431,338.00
Tier 2 -Adjusted ARD 7% + CoC Bonus (\$257,283)	\$ 440,287.00

Funding that Falls in Rank

Funding Type	Project	Amount
1 HMIS	HMIS	\$ 146,027.00
2 SSO	Coordinated Entry	\$ 145,121.00
3 RRH	My Way Home RRH	\$ 608,934.00
4 RRH	My Way Home RRH Expansion	\$ 153,033.00
5 PSH	Self Start PSH	\$ 1,101,318.00
6 PSH	Lighting the Candle 1	\$ 276,881.00
7 PSH	Self Start PSH Expansion	\$ 24.00
	Tier 1 Total	\$ 2,431,338.00

Funding that Falls in Tier 2

7 PSH	Self-Start PSH Expansion	\$ 104,226.00
8 DV-RRH	SafeNet	\$ 174,968.00
9 PSH	Fresh Start	\$ 161,093.00
	Tier 2 Total	\$ 440,287.00

Burke, Peter

From: Burke, Peter
Sent: Tuesday, September 12, 2023 3:53 PM
To: Kurt Crays
Cc: Katie Wickert
Subject: 2023 Project My Way Home RRH New Expansion Grant Accepted but Reduced
Attachments: EUMA MWH New Expansion Reduced Letter signed.pdf; Final Priority Listing and Ranking for 2023 NOFO.pdf

EUMA,

Your HUD Project, My Way Home RRH Expansion (New Expansion grant) was accepted in Tier 1 to submit to HUD for the 2023 Continuum of Care competition but the funding was reduced. Please find attached the letter for the reason the grant was reduced as well as the attached Priority Listing with the Ranking and Scoring of your project.

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

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COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Brenton Davis,
County Executive

John DiMattio,
Director

9/12/2023

Erie County Care Management
1601 Sassafras Street
Erie, Pa 16501

Dear Mr. Crays,

I am informing you that your 2023 New Expansion Project application, My Way Home Expansion was accepted but the amount requested was reduced. The total funding requested for this project is \$257,283 and this amount was reduced to \$153,033 by the Ranking and Scoring Committee. You will receive an email to update your budget in your New Expansion project application to match the amended funding amount allotted by the Ranking and Scoring Committee of \$153,033.

The reason the project was reduced is because a new PSH Expansion Project the Scoring Committee was also deemed as a priority to the community. This project also put in the full amount for the CoC bonus (\$257,283) and was also reduced by the Ranking and Scoring Committee so both this project and your project could be submitted without going over the amount of CoC bonus funds allotted to our CoC. Funds for your New Expansion project were ranked in Tier 1. The Priority Listing and ranking of all projects is attached and can be found on the Home Team website at <https://www.endhomelessnesseriecountypa.org/copy-of-previous-years-announcements>. In addition, rationale for the scoring/ranking of your project and suggestions for improvement of your application will be provided by the Scoring Committee in a subsequent email.

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

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human
Services, ou=Burke, email=pburke@eriecountypa.gov,
c=US,
Date: 2023.09.12 12:56:41 -0400'

Peter Burke
Housing Program Director
Erie County Department of Human Services

Burke, Peter

From: Burke, Peter
Sent: Tuesday, September 12, 2023 3:52 PM
To: Charlie Barber
Cc: Eric McGrath; Mark Jasinski
Subject: 2023 Project Self Start PSH New Expansion Grant Accepted but Reduced
Attachments: ECCM Self Start New Expansion Reduced Letter signed.pdf; Final Priority Listing and Ranking for 2023 NOFO.pdf

ECCM,

Your HUD Project, Self-Start PSH Expansion (New Expansion grant) was accepted in Tier 2 to submit to HUD for the 2023 Continuum of Care competition but the funding was reduced. Funding in Tier 2 is competitive and you may not receive funding if HUD has insufficient funds. Please find attached the letter for the reason the grant was reduced as well as the attached Priority Listing with the Ranking and Scoring of your project.

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

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COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Brenton Davis,
County Executive

John DiMattio,
Director

9/12/2023

Erie County Care Management
1601 Sassafras Street
Erie, Pa 16501

Dear Mr. Barber,

I am informing you that your 2023 New Expansion Project application, Self-Start PSH Expansion was accepted but the amount requested was reduced. The total funding requested for this project is \$257,283 and this amount was reduced to \$104,250 by the Ranking and Scoring Committee. You will receive an email to update your budget in the New Expansion project application to match the amended funding amount allotted by the Ranking and Scoring Committee of \$104,250. Please return the updated budget by Friday, September 15.

The reason the project was reduced is because a new expansion Rapid Rehousing Project the Scoring Committee deemed as a high priority to the community, and rental assistance funds ran out very early for this project in the previous grant year. This new project also put in for the full amount of CoC bonus funds (\$257,283) and was also reduced so both this project and your project could be submitted without going over the amount of CoC bonus funds allotted to our CoC. The Ranking and Scoring Committee still deemed a need for PSH housing in the community, and for supportive services for your PSH project. Funding for your New Expansion project was ranked in Tier 2 and may not receive funding if HUD has insufficient funds. The Priority Listing for ranking of all projects is attached and can also be found on the Home Team website at:

<https://www.endhomelessnesseriecountypa.org/copy-of-previous-years-announcements> .

In addition, rationale for the scoring/ranking of your project and suggestions for improvement of your application will be provided by the Scoring Committee in a subsequent email..

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

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human
Services, ou=Burke,
email=pburke@eriecountypa.gov, c=US
Date: 2023.09.12 12:36:46 -04'00'

Peter Burke
Housing Program Director
Erie County Department of Human Services

2023 Erie City and County Continuum of Care (PA-605 CoC) Priority Listing

Ranking	score	Project Type	Project Name	Accepted/Rejected/Reduced	Amount	Tier	Status	CoC Bonus
**1	N/A	HMIS	HMIS	Accepted	\$ 146,027.00	1	Renewal	Not Scored
**2	N/A	SSO	Coordinated Entry	Accepted	\$ 145,121.00	1	Renewal	Not Scored
3	964	RRH	EUMA MWH RRH	Accepted	\$ 608,934.00	1	Renewal	
4	964	RRH	EUMA MWH RRH Expansion	Accepted but Reduced	\$ 153,033.00	1	Expansion	CoC Bonus
5	933	PSH	ECCM Self Start PSH	Accepted	\$ 1,101,318.00	1	Renewal	
6	881.5	PSH	CSS Lighting the Candle 1	Accepted	\$ 276,881.00	1	Renewal	
7	933	PSH	ECCM Self Start PSH Expansion	Accepted but Reduced	\$ 104,250.00	1(\$24) and 2 (\$104,226)	Expansion	CoC Bonus
8	786	DV-RRH	SafeNet	Accepted	\$ 174,968.00	2	*Renewal	
9	908	PSH	Gaudenzia Fresh Start	Accepted	\$ 161,093.00	2	Renewal	

* Safenet Moving Into Stability is a renewal but was scored as a New Grant because it has been operating less than one year so there were no accurate performance measures available

**Projects not scored but ranked in Tier 1

HMIS	HMIS	\$ 146,027.00
SSO	Coordinated Entry	\$ 145,121.00

FUNDS REQUESTED

Renewals - HMIS/CE	\$ 291,148.00
Ranked Renewals	\$ 2,323,194.00
New Expansion (CoC Bonus)	\$ 257,283.00
Planning Grant (not ranked)	\$ 183,773.00
TOTAL HUD REQUEST w/ Planning	\$ 3,055,398.00
Total HUD Requested w/out Planning	\$ 2,871,625.00
Tier 1 - Adjusted ARD 93%	\$ 2,431,338.00
Tier 2 -Adjusted ARD 7% + CoC Bonus (\$257,283)	\$ 440,287.00

Funding that Falls in Rank

Funding Type	Project	Amount
1 HMIS	HMIS	\$ 146,027.00
2 SSO	Coordinated Entry	\$ 145,121.00
3 RRH	My Way Home RRH	\$ 608,934.00
4 RRH	My Way Home RRH Expansion	\$ 153,033.00
5 PSH	Self Start PSH	\$ 1,101,318.00
6 PSH	Lighting the Candle 1	\$ 276,881.00
7 PSH	Self Start PSH Expansion	\$ 24.00
	Tier 1 Total	\$ 2,431,338.00

Funding that Falls in Tier 2

7 PSH	Self-Start PSH Expansion	\$ 104,226.00
8 DV-RRH	SafeNet	\$ 174,968.00
9 PSH	Fresh Start	\$ 161,093.00
	Tier 2 Total	\$ 440,287.00

Burke, Peter

From: Burke, Peter
Sent: Tuesday, September 12, 2023 3:54 PM
To: Kurt Crays
Cc: Katie Wickert
Subject: 2023 Project My Way Home RRH Renewal Accepted and Ranked
Attachments: EUMA My Way Home Acceptance Letter signed.pdf; Final Priority Listing and Ranking for 2023 NOFO.pdf

EUMA,

Your HUD Renewal Project, My Way Home RRH was accepted in Tier 1 to submit to HUD for the 2023 Continuum of Care competition. Please find attached the acceptance letter as well as the attached Priority Listing with the Ranking and Scoring of your project.

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

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COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Brenton Davis,
County Executive

John DiMattio,
Director

9/11/2023

Erie United Methodist Alliance
728 W. 9th Street
Erie, Pa 16502

Dear Mr. Crays,

I am pleased to inform you that your 2023 Renewal Project application, My Way Home RRH was accepted, scored and ranked by the Ranking and Scoring Committee for the FY 2023 Continuum of Care Priority Listing. The total funding requested for this project is \$608,934. Funds for your renewal project were ranked in Tier 1. The Priority Listing and ranking of all projects is attached and can be found on the Home Team website at <https://www.endhomelessnesseriecountypa.org/copy-of-previous-years-announcements> . In addition, rationale for the scoring/ranking of your project and suggestions for improvement of your application will be provided by the Scoring Committee in a subsequent email.

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

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of
Human Services, ou=Burke,
email=pburke@eriecountypa.gov, c=US
Date: 2023.09.12 12:52:23 -04'00'

Peter Burke
Housing Program Director
Erie County Department of Human Services

Burke, Peter

From: Burke, Peter
Sent: Tuesday, September 12, 2023 3:54 PM
To: Charlie Barber
Cc: Eric McGrath; Mark Jasinski
Subject: 2023 Project Self-Start Renewal and Coordinated Entry Accepted and Ranked
Attachments: ECCM Self Start Renewal and CE Acceptance Letter signed.pdf; Final Priority Listing and Ranking for 2023 NOFO.pdf

ECCM,

Your HUD Renewal Project, Self-Start PSH was accepted in Tier 1 to submit to HUD for the 2023 Continuum of Care competition. Please find attached the acceptance letter as well as the attached Priority Listing with the Ranking and Scoring of your project. In addition, your Coordinated Entry Renewal grant was accepted but was not scored and was automatically ranked in Tier 1.

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

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COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Brenton Davis,
County Executive

John DiMattio,
Director

9/12/2023

Erie County Care Management
1601 Sassafras Street
Erie, Pa 16501

Dear Mr. Barber,

I am pleased to inform you that your 2023 Renewal Project application, Self-Start PSH was accepted, scored and ranked by the Ranking and Scoring Committee for the FY 2023 Continuum of Care Priority Listing. The total funding requested for this project is \$1,101,318. Funds for your renewal project were ranked in Tier 1. The Priority Listing and ranking of all projects is attached and can be found on the Home Team website at <https://www.endhomelessnesseriecountypa.org/copy-of-previous-years-announcements>. In addition, rationale for the scoring/ranking of your project and suggestions for improvement of your application will be provided by the Scoring Committee in a subsequent email.

Your Coordinated Entry Renewal grant was also accepted and it was not scored but was automatically ranked in Tier 1. The Total funding for this request is \$145,121.

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

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human
Services, ou=Burke, email=pburke@eriecountypa.gov,
c=US
Date: 2023.09.12 15:22:45 -0400

Peter Burke
Housing Program Director
Erie County Department of Human Services

Burke, Peter

From: Burke, Peter
Sent: Tuesday, September 12, 2023 3:53 PM
To: Diane Lazette
Cc: 'mmaldonado@communityshelter.org'
Subject: 2023 Project Lighting the Candle Renewal Accepted and Ranked
Attachments: CSS LTC Acceptance Letter signed.pdf; Final Priority Listing and Ranking for 2023 NOFO.pdf

Community Shelter Services,

Your HUD Renewal Project, Lighting the Candle was accepted in Tier 1 to submit to HUD for the 2023 Continuum of Care competition. Please find attached the acceptance letter as well as the attached Priority Listing with the Ranking and Scoring of your project.

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

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COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Brenton Davis,
County Executive

John DiMattio,
Director

9/12/2023

Community Shelter Services
655 W. 15th Street
Erie, Pa 16502

Dear Ms. Lazette,

I am pleased to inform you that your 2023 Renewal Project application, Lighting the Candle 1 was accepted, scored and ranked by the Ranking and Scoring Committee for the FY 2023 Continuum of Care Priority Listing. The total funding requested for this project is \$276,881. Funds for your renewal project were ranked in Tier 1. The Priority Listing and ranking of all projects is attached and can be found on the Home Team website at <https://www.endhomelessnesseriecountypa.org/copy-of-previous-years-announcements>. In addition, rationale for the scoring/ranking of your project and suggestions for improvement of your application will be provided by the Scoring Committee in a subsequent email.

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

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human Services,
ou=Burke, email=pburke@eriecountypa.gov, c=US
Date: 2023.09.12 12:50:52 -04'00'

Peter Burke
Housing Program Director
Erie County Department of Human Services

Burke, Peter

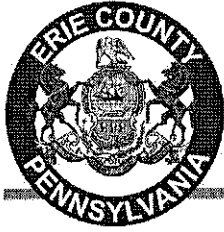
From: Burke, Peter
Sent: Tuesday, September 12, 2023 3:52 PM
To: 'Robyn Young'
Subject: 2023 Project Moving Into Stability Renewal Accepted and Ranked
Attachments: SafeNet Moving into Stability Acceptance Letter signed.pdf; Final Priority Listing and Ranking for 2023 NOFO.pdf

SafeNet,

Your HUD Renewal Project, Moving Into Stability was accepted in Tier 2 to submit to HUD for the 2023 Continuum of Care competition. Funding in Tier 2 is competitive and you may not receive funding if HUD has insufficient funds. Please find attached the attached letter as well as the attached Priority Listing with the Ranking and Scoring of your project.

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

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COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Brenton Davis,
County Executive

John DiMattio,
Director

9/12/2023

SafeNet
1702 French Street
Erie, Pa 16501

Dear Ms. Young,

I am informing you that your 2023 Renewal Project application, Moving Into Stability was accepted, scored and ranked by the Ranking and Scoring Committee for the FY 2023 Continuum of Care Priority Listing. The total funding requested for this project is \$174,968. Funding for your New Expansion project was ranked in Tier 2 and may not receive funding if HUD has insufficient funds. The Priority Listing for ranking of all projects is attached and can also be found on the Home Team website at <https://www.endhomelessnesseriecountypa.org/copy-of-previous-years-announcements> . In addition, rational for the scoring/ranking of your project and suggestions for improvement of your application will be provided by the Scoring Committee in a subsequent email..

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

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human
Services, ou=Burke, email=pburke@eriecountypa.gov, c=US
Date: 2023.09.12 13:04:11 -0400

Peter Burke
Housing Program Director
Erie County Department of Human Services

Burke, Peter

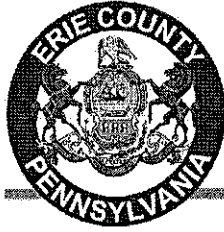
From: Burke, Peter
Sent: Tuesday, September 12, 2023 3:52 PM
To: 'Jesse Hayward'
Subject: 2023 Project Lighting the Candle Renewal Accepted and Ranked
Attachments: Gaudenzia Fresh Start Acceptance Letter signed.pdf; Final Priority Listing and Ranking for 2023 NOFO.pdf

Gaudenzia,

Your HUD Renewal Project, Fresh Start was accepted in Tier 2 to submit to HUD for the 2023 Continuum of Care competition. Funding in Tier 2 is competitive and you may not receive funding if HUD has insufficient funds. Please find attached the acceptance letter as well as the attached Priority Listing with the Ranking and Scoring of your project.

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

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COUNTY OF ERIE

MENTAL HEALTH/INTELLECTUAL DISABILITIES

Brenton Davis,
County Executive

John DiMattio,
Director

9/11/2023

Gaudenzia
2005 W. 8th Street
Erie, Pa 16505

Dear Mr. Hayward,

I am informing you that your 2023 Renewal Project application, Fresh Start was accepted, scored and ranked by the Ranking and Scoring Committee for the FY 2023 Continuum of Care Priority Listing. The total funding requested for this project is \$161,093. Funding for your New Expansion project was ranked in Tier 2 and may not receive funding if HUD has insufficient funds. The Priority Listing for ranking of all projects is attached and can also be found on the Home Team website at: <https://www.endhomelessnesseriecountypa.org/copy-of-previous-years-announcements>. In addition, rationale for the scoring/ranking of your project and suggestions for improvement of your application will be provided by the Scoring Committee in a subsequent email.

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

Sincerely,

Peter

Digitally signed by Peter
DN: cn=Peter, o=Erie County Department of Human Services,
ou=Burke, email=pburke@eriecountypa.gov, c=US
Date: 2023.09.12 13:05:05 -0400

Peter Burke
Housing Program Director
Erie County Department of Human Services

2023 Erie City and County Continuum of Care (PA-605 CoC) Priority Listing

Ranking	score	Project Type	Project Name	Accepted/Rejected/Reduced	Amount	Tier	Status	CoC Bonus
**1	N/A	HMIS	HMIS	Accepted	\$ 146,027.00	1	Renewal	Not Scored
**2	N/A	SSO	Coordinated Entry	Accepted	\$ 145,121.00	1	Renewal	Not Scored
3	964	RRH	EUMA MWH RRH	Accepted	\$ 608,934.00	1	Renewal	
4	964	RRH	EUMA MWH RRH Expansion	Accepted but Reduced	\$ 153,033.00	1	Expansion	CoC Bonus
5	933	PSH	ECCM Self Start PSH	Accepted	\$ 1,101,318.00	1	Renewal	
6	881.5	PSH	CSS Lighting the Candle 1	Accepted	\$ 276,881.00	1	Renewal	
7	933	PSH	ECCM Self Start PSH Expansion	Accepted but Reduced	\$ 104,250.00	1(\$24) and 2 (\$104,226)	Expansion	CoC Bonus
8	786	DV-RRH	SafeNet	Accepted	\$ 174,968.00	2	*Renewal	
9	908	PSH	Gaudenzia Fresh Start	Accepted	\$ 161,093.00	2	Renewal	

* Safenet Moving Into Stability is a renewal but was scored as a New Grant because it has been operating less than one year so there were no accurate performance measures available

**Projects not scored but ranked in Tier 1

HMIS	HMIS	\$ 146,027.00
SSO	Coordinated Entry	\$ 145,121.00

FUNDS REQUESTED

Renewals - HMIS/CE	\$ 291,148.00
Ranked Renewals	\$ 2,323,194.00
New Expansion (CoC Bonus)	\$ 257,283.00
Planning Grant (not ranked)	\$ 183,773.00
TOTAL HUD REQUEST w/ Planning	\$ 3,055,398.00
Total HUD Requested w/out Planning	\$ 2,871,625.00
Tier 1 - Adjusted ARD 93%	\$ 2,431,338.00
Tier 2 -Adjusted ARD 7% + CoC Bonus (\$257,283)	\$ 440,287.00

Funding that Falls in Rank

Funding Type	Project	Amount
1 HMIS	HMIS	\$ 146,027.00
2 SSO	Coordinated Entry	\$ 145,121.00
3 RRH	My Way Home RRH	\$ 608,934.00
4 RRH	My Way Home RRH Expansion	\$ 153,033.00
5 PSH	Self Start PSH	\$ 1,101,318.00
6 PSH	Lighting the Candle 1	\$ 276,881.00
7 PSH	Self Start PSH Expansion	\$ 24.00
	Tier 1 Total	\$ 2,431,338.00

Funding that Falls in Tier 2

7 PSH	Self-Start PSH Expansion	\$ 104,226.00
8 DV-RRH	SafeNet	\$ 174,968.00
9 PSH	Fresh Start	\$ 161,093.00
	Tier 2 Total	\$ 440,287.00

2023 HDX Competition Report

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

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	348	260	298	371
Emergency Shelter Total	255	168	224	266
Safe Haven Total	10	10	7	9
Transitional Housing Total	77	76	44	56
Total Sheltered Count	342	254	275	331
Total Unsheltered Count	6	6	23	40

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	38	58	49	64
Sheltered Count of Chronically Homeless Persons	36	56	42	49
Unsheltered Count of Chronically Homeless Persons	2	2	7	15

2023 HDX Competition Report

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

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	33	22	23	28
Sheltered Count of Homeless Households with Children	33	22	23	28
Unsheltered Count of Homeless Households with Children	0	0	0	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	36	35	29	23	36
Sheltered Count of Homeless Veterans	28	35	29	22	28
Unsheltered Count of Homeless Veterans	8	0	0	1	8

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

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

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	256	199	199	100.00%	49	57	85.96%	248	96.88%
SH Beds	10	10	10	100.00%	0	0	NA	10	100.00%
TH Beds	103	65	65	100.00%	38	38	100.00%	103	100.00%
RRH Beds	174	174	174	100.00%	0	0	NA	174	100.00%
PSH Beds	423	330	423	78.01%	0	0	NA	330	78.01%
OPH Beds	95	95	95	100.00%	0	0	NA	95	100.00%
Total Beds	1,061	873	966	90.37%	87	95	91.58%	960	90.48%

2023 HDX Competition Report
HIC Data for PA-605 - Erie City & County CoC

2023 HDX Competition Report

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

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	166	168	253	319

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

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	20	39	47	32

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	139	182	226	174

2023 HDX Competition Report
HIC Data for PA-605 - Erie City & County CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	1143	1560	59	55	-4	32	27	-5
1.2 Persons in ES, SH, and TH	1267	1667	83	65	-18	41	30	-11

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer 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.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1215	1638	236	240	4	67	75	8
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1699	1742	241	243	2	91	81	-10

2023 HDX Competition Report

FY2022 - 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.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	332	33	10%	15	5%	39	12%	87	26%
Exit was from TH	60	5	8%	1	2%	5	8%	11	18%
Exit was from SH	8	2	25%	0	0%	1	13%	3	38%
Exit was from PH	173	5	3%	2	1%	14	8%	21	12%
TOTAL Returns to Homelessness	573	45	8%	18	3%	59	10%	122	21%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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FY2022 - 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 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		298	
Emergency Shelter Total	168	224	56
Safe Haven Total	10	7	-3
Transitional Housing Total	76	44	-32
Total Sheltered Count	254	275	21
Unsheltered Count		23	

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	1288	1691	403
Emergency Shelter Total	1138	1563	425
Safe Haven Total	19	29	10
Transitional Housing Total	179	138	-41

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	168	157	-11
Number of adults with increased earned income	34	5	-29
Percentage of adults who increased earned income	20%	3%	-17%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	168	157	-11
Number of adults with increased non-employment cash income	36	14	-22
Percentage of adults who increased non-employment cash income	21%	9%	-12%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	168	157	-11
Number of adults with increased total income	49	18	-31
Percentage of adults who increased total income	29%	11%	-18%

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FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	88	101	13
Number of adults who exited with increased earned income	7	9	2
Percentage of adults who increased earned income	8%	9%	1%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	88	101	13
Number of adults who exited with increased non-employment cash income	10	12	2
Percentage of adults who increased non-employment cash income	11%	12%	1%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	88	101	13
Number of adults who exited with increased total income	16	20	4
Percentage of adults who increased total income	18%	20%	2%

2023 HDX Competition Report

FY2022 - 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 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1167	1574	407
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.	428	435	7
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)	739	1139	400

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1281	1684	403
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.	483	463	-20
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.)	798	1221	423

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) 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 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	0	94	94
Of persons above, those who exited to temporary & some institutional destinations	0	68	68
Of the persons above, those who exited to permanent housing destinations	0	9	9
% Successful exits		82%	

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

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FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1029	1420	391
Of the persons above, those who exited to permanent housing destinations	324	310	-14
% Successful exits	31%	22%	-9%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	432	452	20
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	417	438	21
% Successful exits/retention	97%	97%	0%

2023 HDX Competition Report
FY2022 - SysPM Data Quality
PA-605 - Erie City & County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	225	188	210	99	100	77	531	530	524	139	182	226			
2. Number of HMIS Beds	225	188	210	87	88	65	417	440	426	139	182	226			
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	87.88	88.00	84.42	78.53	83.02	81.30	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	1306	1134	1597	214	164	138	525	492	499	455	415	418	37	0	54
5. Total Leavers (HMIS)	1142	956	1417	154	123	92	79	61	58	298	186	202	1	0	54
6. Destination of Don't Know, Refused, or Missing (HMIS)	252	211	502	6	5	3	7	13	1	0	4	1	0	0	0
7. Destination Error Rate (%)	22.07	22.07	35.43	3.90	4.07	3.26	8.86	21.31	1.72	0.00	2.15	0.50	0.00		0.00

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

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

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/26/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/26/2023	Yes
2023 HIC Count Submittal Date	4/26/2023	Yes
2022 System PM Submittal Date	2/27/2023	Yes

See Highlights in Yellow for Continuum of Care Involvement. The Continuum of Care for Erie County is referred to as the "Home Team". Strategy 1 is the project that is referred to in the CoC application.



Erie Supportive Housing Action Plan



Planning supported by Bowling Business Strategies (www.bowlingbizpa.com)

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Executive Summary

Addressing Erie’s Chronic Homelessness Through Supportive Housing

To address the increasingly complex needs around homelessness, a robust collection of community leaders joined together in November 2022 to form the **Erie Supportive Housing Project Team**.

The work is based on the evidence-based model called **Housing First**, which believes people best achieve stability when rapidly connected with stable, permanent housing and intensive supportive services.

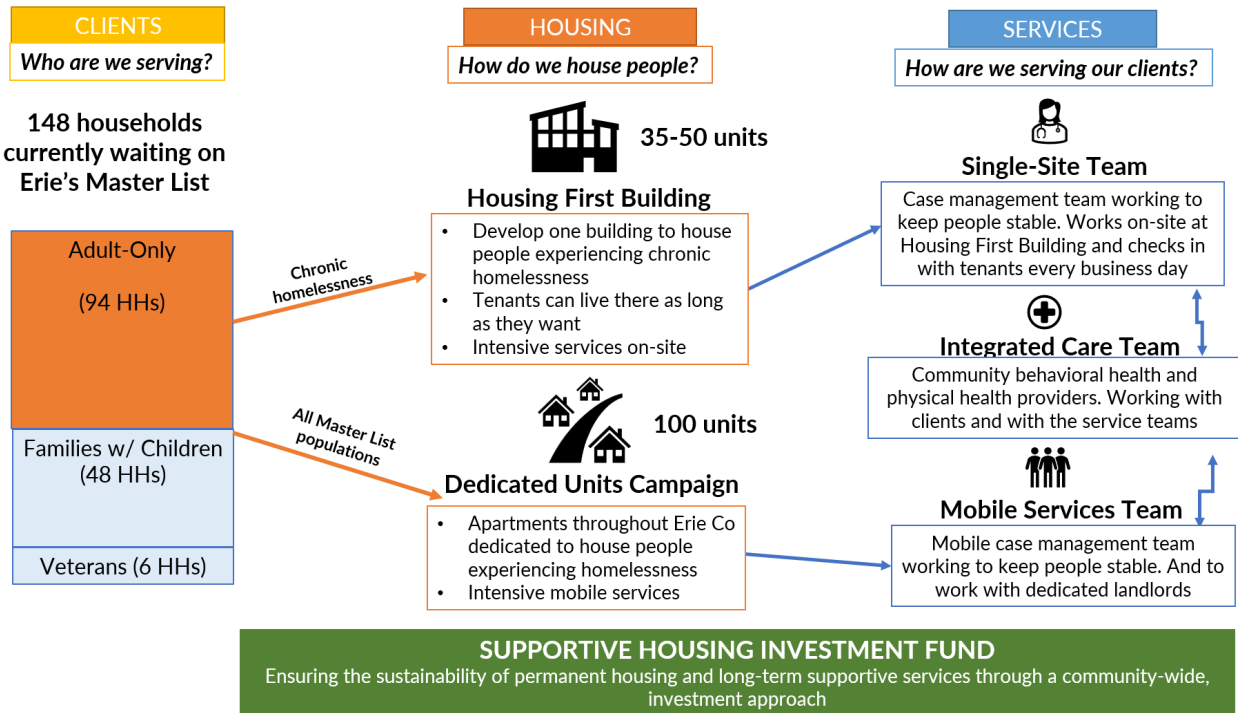
The Project Team is a branch of **Infinite Erie**, a community-wide investment strategy to attract public and private sector funding for transformative projects.

- Project Team Members**
- Hamot Health Foundation
 - Erie Community Foundation
 - Highmark Health and Allegheny Health Network
 - Erie County
 - City of Erie
 - **Erie Home Team**
 - **Housing Authority** of the City of Erie
 - Erie County Care Management
 - HANDS
 - Gannon University
 - Mercyhurst College
 - Infinite Erie

What are our goals?

1. Assess and understand Erie’s ability to stably house and serve its most vulnerable populations experiencing homelessness
2. Stably house and serve the 150 most vulnerable households experiencing homelessness in Erie County
3. Sustainability support this work through long-term commitments, partnerships, and funding

How are we going to achieve our goals?



Frequently Asked Questions

Since we've launched the **Erie Supportive Housing Project Team**, we have gotten a lot of questions from community members and local leaders about our work. We encourage this open dialogue.

Why are you focused on the chronic homelessness population?

Every year, the combined forces of Erie's charitable and government sectors move mountains to house around 400 households. It's amazing work. And yet on any given night, around 150 people sit on the "Erie master list." This is a list of people who haven't yet been housed and have deep service needs like severe mental health and addiction challenges. 75% of people on that list have a disabling condition.

We believe that you should prioritize those with the deepest needs first. Because if we build a community that works for people with severe mental illness then we will have a compassionate, comprehensive collaboration that is more prepared to scale and serve everyone.

Why are you creating and finding permanent housing?

Everyone deserves a safe and stable home. And for people with complex needs, we believe that they deserve a supportive home that ties needed services with permanent housing. The research has been clear: our brains need a permanent, safe place to overcome our traumas. Living in transition is hard on us. Having a lease in your name is a sign of stability. Stay for as long as you need.

We also know that people with severe mental illness and in recovery require supportive services. Instead of asking those people in trauma to navigate their situation by getting on one waiting list and then another, let's navigate it for them. Let's create permanent housing that comes with supportive services, so that you can be safe here and become healthy here.

How will this supportive housing work exactly? How long can people stay?

People will be referred from the **Erie Home Team** to these supportive housing units. Clients will sign a lease and can stay as long as they follow the terms of that lease. They will be matched with intensive supportive services to work on the root causes of their homelessness. Rent will be affordable, and tenants are responsible for a portion of their rent.

The housing could end up looking a lot of ways – rehabbing an old school; building a new building; dedicating a duplex to the cause. We are looking to dedicate 150 units throughout Erie County.

Who are your partners? How is this being funded?

This is built on the back of the good work being done throughout Erie County. We are partnering with the nonprofit service agencies in the **Erie Home Team** who work every day to end homelessness. We are partnering with local hospital systems, local funders, and local governments. The work is being funded by a collaboration of all these agencies and private donors.

Assessment of Supportive Housing Landscape

What is ‘Supportive Housing’?

This action plan is centered around the model for “supportive housing,” which has been shown to be the most effective intervention for people experiencing homelessness. The [United States Interagency Council on Homelessness](#) defines supportive housing as:

“Supportive housing combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities.

Study after study has shown that supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons.”

Supportive housing is backed up by the philosophy of Housing First (defined by the [National Alliance to End Homelessness](#)), the evidence-based understanding that client stability is best achieved and maintained once permanent housing is gained. Supportive housing is the delivery mechanism for a Housing First philosophy.

Key Assessment Findings

From October 2022 to January 2023, we conducted an assessment of Erie’s response to homeless. The conversations included over 30 interviews were conducted with representatives from homeless services agencies, health care, county administration, city government, housing authority, and funding community.

The following is a summary of consistent themes brought up during key informant interviews.

Housing

1. **Targeting those with Complex Care Needs**– there was a shared desire to focus on unsheltered people with complex care needs. The current system of care appears to be doing a great job in serving families with children, but leaves large gaps for adult-only households.
2. **Poor Housing Stock** – It is difficult to get people into housing that is quality and affordable. “Blight” was a consistent theme in conversations.
3. **Homelessness Preference in Housing** – there was excited for canvassing housing owners to convince owners to add a preference for homelessness in their tenant selection policy.

Supportive Services

1. **Key Service Leaders** – Every interviewer commented positively about a leaders of services in Erie, suggesting that there is a core group of innovators to build around.

2. **Lack of Accountability** – Interviews mentioned a lack of community-wide accountability for service agencies, with one person saying, “It baffles me that we are underwriting mediocrity.”
3. **Integrating Mental Health Services into Homeless Services** –
 - a. One interviewer commented, “we need to do better in getting our mental health providers into housing [services].” There does not appear to be “no system of coordination outside of housing prioritization meetings.”
 - b. “I like the idea of an integrated care team. Going person by person to ask what people need. Without constantly using emergency rooms.”
4. **Our People are Burnt Out** – Interviews mentioned staffing shortages and burn-out as a key factor impacting the capacity of the homeless response system.

Partnerships

1. **The Culture is Changing and at a “Leverage Point”** – Interviews mentioned a renewed belief in Erie’s commitment to address homelessness, especially with the increased coordination and voice of private funders being a “leverage point”.
2. **“We don’t have a funding problem”** – there is a keen belief that there is enough funding in Erie to invest in well-designed, community-wide strategies to impact homelessness
3. **The Erie Work Ethic** – “We have a get-it-done, blue-collar mentality. While we may like the shiny new toy, using the resources we have better is just as exciting.”
4. **Erie Home Team** – “We need to grow,” said one interviewer. It was consistently noted that the Erie Home Team could do more to push innovative practices and be a dependable governance model for community leaders wanting to move the needle on homelessness.
5. **Choose a Housing Model and Stick with It** – There was concern that community leaders would shift from one housing model to another housing model instead of coalescing around a consistent best practice.

Data Review

The following represents the key findings from the data review of homelessness and behavioral health data using two main sources: 1) **Homeless Management Information System (HMIS)**, which is the primary data base for all data from the homeless response system; 2) **Erie County Department of Human Services (DHS)**, which holds data for all mental health services, drug & alcohol services, intellectual disability services, and Office for Children and Youth (OCY) data.

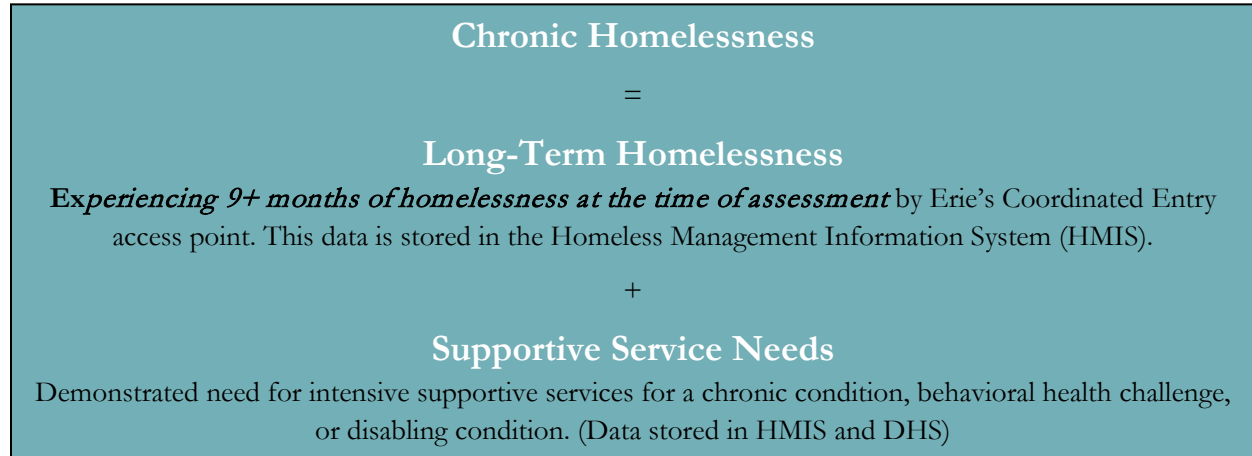
Key Research Questions

To plan how best to build a pipeline of supportive housing units that serve people experiencing homelessness with deep supportive services needs, we sought to understand:

1. **Scale:** What is the scale of the “chronic homelessness” population in Erie?
2. **Housing Outcomes:** What are the current housing outcomes for our chronic homelessness population?
3. **Service Needs:** What are the supportive services needs for our chronic homelessness population?

Definition of Chronic Homelessness

Chronic Homelessness – there is a federal definition of ‘chronic homelessness’ from U.S. HUD. For use by this project, we will expand the definition of chronic homelessness to mean people experiencing literal homelessness who meet two conditions:



Data Findings on Erie Chronic Homelessness

Assessment Years (using HMIS data)

1. October 2021 – September 2022
2. July 2022 – June 2023

SCALE

How Many People are Experiencing Chronic Homelessness?

Definition:
Long-Term Homelessness = Experiencing 9+ months of homelessness at the time of assessment by Erie's Coordinated Entry access point. This data is stored in the Homeless Management Information System (HMIS).

	Assessment Year 1 (2021-2022)	Assessment Year 2 (2022-2023)
Total Long-Term Homelessness	127 (30% of assessments)	101 (22% of assessments)
Adult-Only Households	N/A	92
Families with Children	N/A	9
Total Households Assessed	423	467

HOUSING

How Many People Experiencing Chronic Homelessness Do We House?

	Housed Previously And Lost Housing	Housed During Assessment Year	Unhoused at end of Year	Total Long-Term Homelessness
2021-2022	22	29	98	127
2022-2023	33	15	86	101
AVERAGE	28	22	92	114

Population Focus:
This suggests there are around **90 people experiencing long-term homelessness every year** in Erie that are not getting housed.

SERVICE NEEDS

What are the Supportive Service Needs for Chronic Homelessness?

Data Source: Erie County Department of Human Services. Cross-referenced anyone who touched the Homeless Management Information System during Assessment Year 2 (2022-2023).

Total Population = 101 households experiencing “long-term homelessness” in Assessment Year 2

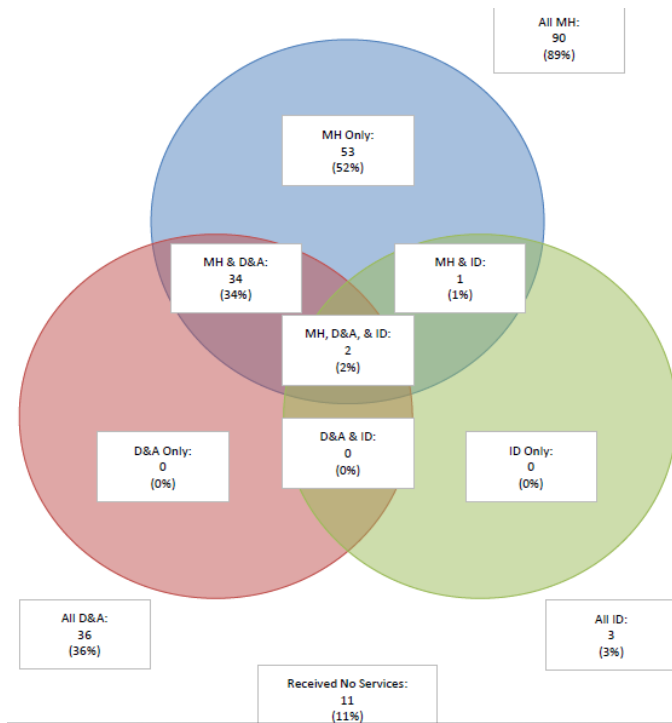


Table 1.

Overlap between MH, D&A, and IDD Services for Long-Term Homelessness

	Mental Health	Drug & Alcohol Services	Intellectual Disability Services
Mental Health Services	53 (52%)	34 (34%)	1 (1%)
Drug & Alcohol Services		0 (0%)	0 (0%)
Intellectual Disability Services			0 (0%)

Table 2.

Top 5 Mental Health Services Compared Between Long-Term Homelessness Subpopulation and All Populations Experiencing Homelessness

Top Mental Health Services in 2022-2023	All Households Experiencing Homelessness (n = 467)	Long-Term Homelessness (n = 101)	FINDING
Administrative Case Management	52% of all people experiencing homelessness used this service in this assessment year	83% of chronic households used this service in this assessment year	Long-Term Homeless households used mental health services at a much higher rate than the full population experiencing homelessness.
Outpatient Mental Health	39%	55%	
Crisis Intervention	20%	29%	
Blended Case Management	17%	32%	
Support Funds	12%	17%	
USED ANY SERVICE THIS YEAR	66%	89%	

Table 3.

Top 5 Drug & Alcohol Services Used by Populations Experiencing Homelessness

Top D&A Services in 2022-2023	All Household (n = 467)	Long-Term Homelessness (n = 101)	FINDING
Outpatient D&A Services	18% of all people experiencing homelessness used this service in this assessment year	22% of chronic households used this service in this assessment year	Long-Term Homeless households used drug & alcohol services at a much higher rate than the full population experiencing homelessness.
Non-Hospital Rehab	14%	24%	
D&A Assessments	9%	8%	
Intensive Outpatient	9%	12%	
Intensive Case Management	5%	8%	
USED ANY SERVICE THIS YEAR	71%	89%	

KEY DATA FINDINGS

Finding 1 – Scale

There are **101 – 127 households experiencing long-term homelessness** each year in Erie

Finding 2 – Housing

Every year, Erie houses around 22 people experiencing long-term homelessness. This leaves around **90 people every year not being housed.**

Finding 3 – Services

People experiencing long-term homelessness have deep service needs and are engaging with services at a higher rate.

- 1) Long-term homeless populations were **23% more likely to engage in mental health services**
- 2) Long-term homeless populations were **18% more likely to engage in drug & alcohol services**

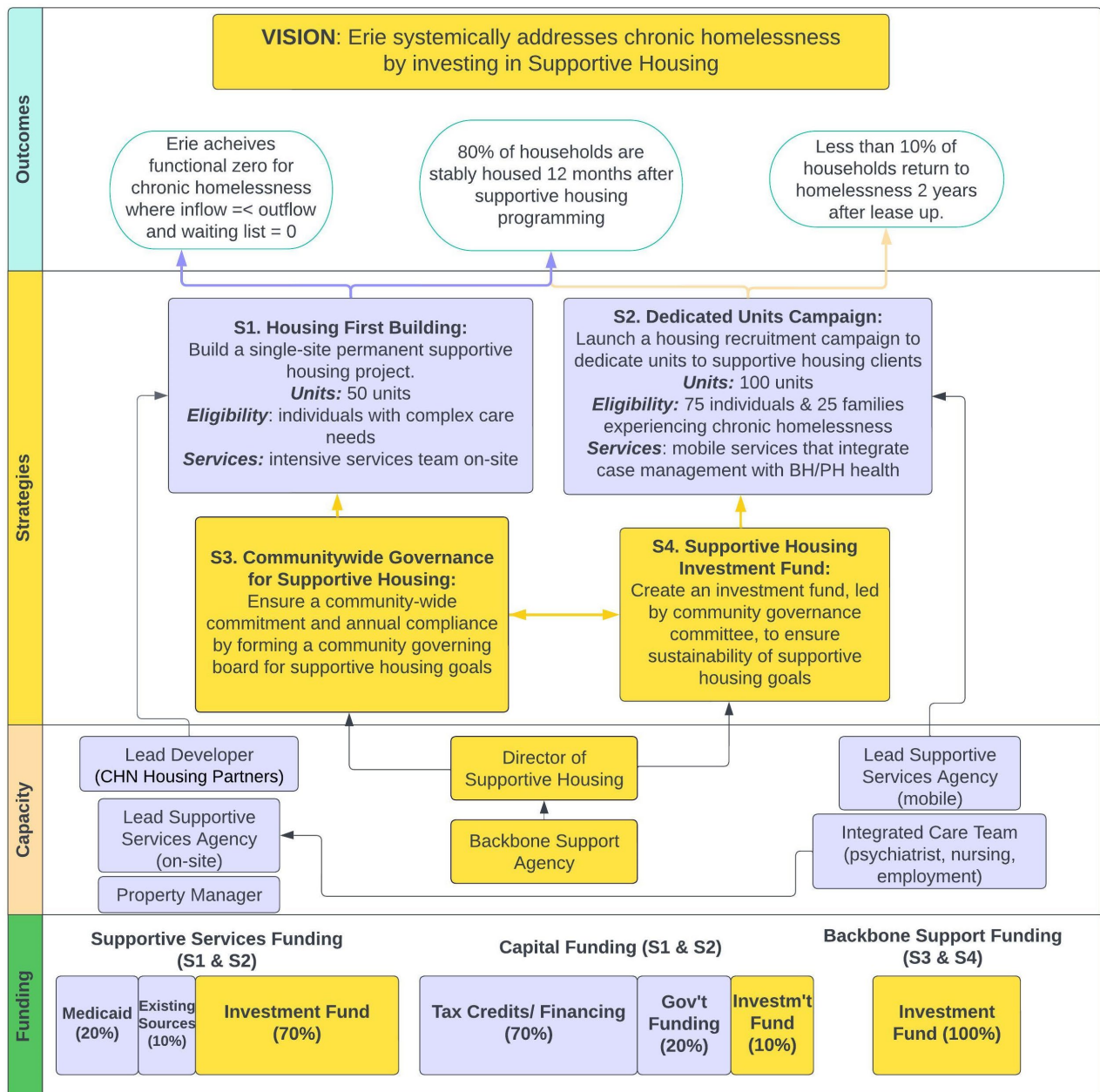
Strategic Framework

Method

[Infinite Erie](#), a public-private investment strategy for Erie, formed a delivery team on homelessness called the **Erie Supportive Housing Project Team** (membership found in Executive Summary), facilitated by Bowling Business Strategies, that met from November 2022 until November 2023 to develop the following strategic framework.

Supportive Housing Strategy Map

The strategy for the Supportive Housing Action Plan is summarized by the following graphic:



Project Timeline

Focus Area	Description	2023	2024			
		Q4	Q1	Q2	Q3	Q4
Strategy 1: Housing First Building						
Site Selection & Entitlement	Identify site for PSH building and obtain site control					
Services Agency Selected	Select the lead agency to deliver services on-site					
Capital Stack & Funding	<ul style="list-style-type: none"> Raise capital (Q1-Q4 2024) Apply for tax credits through PHFA (Q4 2024). Close financing (Q4 2025) 					
Construction Begins	Break ground on development (Q4 2025)					
Strategy 2: Dedicated Units Campaign						
Develop dedicated units program & budget	Agree on how to identify units, provide rental assistance, and deliver mobile services					
Determine lead agency for unit acquisition & leasing	Select agency who will acquire units and act as the master leaser					
Determine service provider(s) to deliver mobile care	Select supportive service agencies who will apply housing and health interventions					
Launch dedicated housing	Begin the unit dedication campaign					
Strategy 3: Communitywide Governance						
Select Backbone Support Agency	Determine the agency who will be the backbone for all efforts in this plan and will manage support staff					
Develop governance charter	Agree on the scope, function, and decision-making of the Cabinet					
Convene Leadership Cabinet	Launch governing committee					
Launch public relations	Communicate to public about the governance structure					
Strategy 4: Supportive Housing Investment Fund						
Fundraising goal & planning	Agree on the \$\$\$ goal and the methods to fundraise to that goal					
Determine fundraising feasibility	Through interviews/surveying, determine the feasibility of goal					
Launch charitable campaign	Publicly launch fundraising effort					
Develop fund mgmt plan	Determine how to manage fund					

Project Budget

This represents an estimate of the budget cost to develop and operate 150 supportive housing units:

	STRATEGY IA		STRATEGY IB		STRATEGY 2A		STRATEGY 2B	
Strategic Focus	Housing First Building #1		Housing First Building #2		Acq/Rehab Units		Master Leased Units	
Population Focus	Adult-Only Chronic Homelessness		Adult-Only Chronic Homelessness		Adult-Only Chronic Homelessness		Family Chronic Homelessness	
# of Housing Units	Units	50	Units	50	Units	25	Units	25
CAPITAL								
USE								
Land/Acquisition Cost	\$750,000		\$750,000		\$1,250,000			
Total Development Cost	\$20,000,000		\$20,000,000		\$0			
Rehab					\$1,250,000			
Landlord Incentives							\$125,000	
TOTAL USES	\$20,750,000		\$20,750,000		\$2,500,000		\$125,000	
SOURCE								
Low-Income Housing Tax Credits	\$14,525,000		\$14,525,000					
Permanent Debt	\$1,000,000		-					
Other Governmental	\$3,800,000		\$1,250,000					
Other Private	\$1,000,000		\$1,000,000					
TOTAL SOURCES	\$20,075,000		\$16,775,000		\$ -		\$ -	
GAP								
TOTAL GAP	\$(675,000)		\$(3,725,000)		\$(2,500,000)		\$(125,000)	
OPERATIONS								
USE								
Rental Assistance (1BRs)	\$390,000		\$390,000		\$195,000			
Rental Assistance (3BRs)							\$300,000	
Property Management	<i>Paid by project income</i>		<i>Paid by project income</i>		\$19,500		\$ -	
Damage Mitigation Fund	<i>Paid by project income</i>		<i>Paid by project income</i>		\$75,000		\$75,000	
TOTAL USES	\$390,000		\$390,000		\$289,500		\$375,000	
SOURCE								
Project-Based Vouchers	\$390,000		\$390,000		\$ -		\$ -	
TOTAL SOURCES	\$390,000		\$390,000		\$ -		\$ -	
GAP								
TOTAL GAP	\$ -		\$ -		\$(289,500)		\$(375,000)	

SERVICES				
USE				
Client:Staff Ratio	3 FTE	3 FTE	1 FTE	1 FTE
Average Salary	\$275,808	\$275,808	\$91,936	\$91,936
TOTAL USE	\$275,808	\$275,808	\$91,936	\$91,936
SOURCE				
Medicaid (25% of costs)	\$68,952	\$68,952	\$22,984	\$22,984
TOTAL SOURCE	\$68,952	\$68,952	\$22,984	\$22,984
GAP				
TOTAL GAP	\$(206,856)	\$(206,856)	\$(68,952)	\$(68,952)
TOTAL GAP (This is the difference in sources and uses – the amount of money needed to be privately or publicly funded)				
Capital Gap (<i>one-time</i>)	\$675,000	\$3,975,000	\$2,500,000	\$125,000
Operations Gap (<i>annual</i>)	\$ -	\$ -	\$289,500	\$375,000
Services Gap (<i>annual</i>)	\$206,856	\$206,856	\$68,952	\$68,952
TOTAL GAP	\$881,856	\$4,181,856	\$2,858,452	\$568,952
<i>Of the "TOTAL GAP" there are items (capital) that are one-time funding needs, while other (services and operations) are annual needs for a sustainable funding source.</i>				
TOTAL Capital- One-Time Expense	\$7,275,000			
TOTAL Annual Expense	\$1,216,116			

Supportive Housing Investment Fund

Purpose: To invest community-based, private funding responsibly and to provide a sustainable source for annual operations and services that support the supportive housing goals.

What: The Supportive Housing Investment Fund ("The Fund") is a privately-funded account that will be invested so it can be an appreciating asset. The Fund will be managed by the Supportive Housing Leadership Cabinet (and supported by the backbone support agency).

Item	Assumption
Investment Fund Capitalization	\$10,000,000
Annual Contribution Needed to Sustain Fund	\$100,000
Annual Interest Rate	5%
Inflation Rate for Expenses	3%
Annual Operation & Services Cost	\$1,216,115
Years Fund Will be Solvent (with above assumptions)	10 years

Action Plan

Strategy I (Housing First Building)

Outline of Strategy

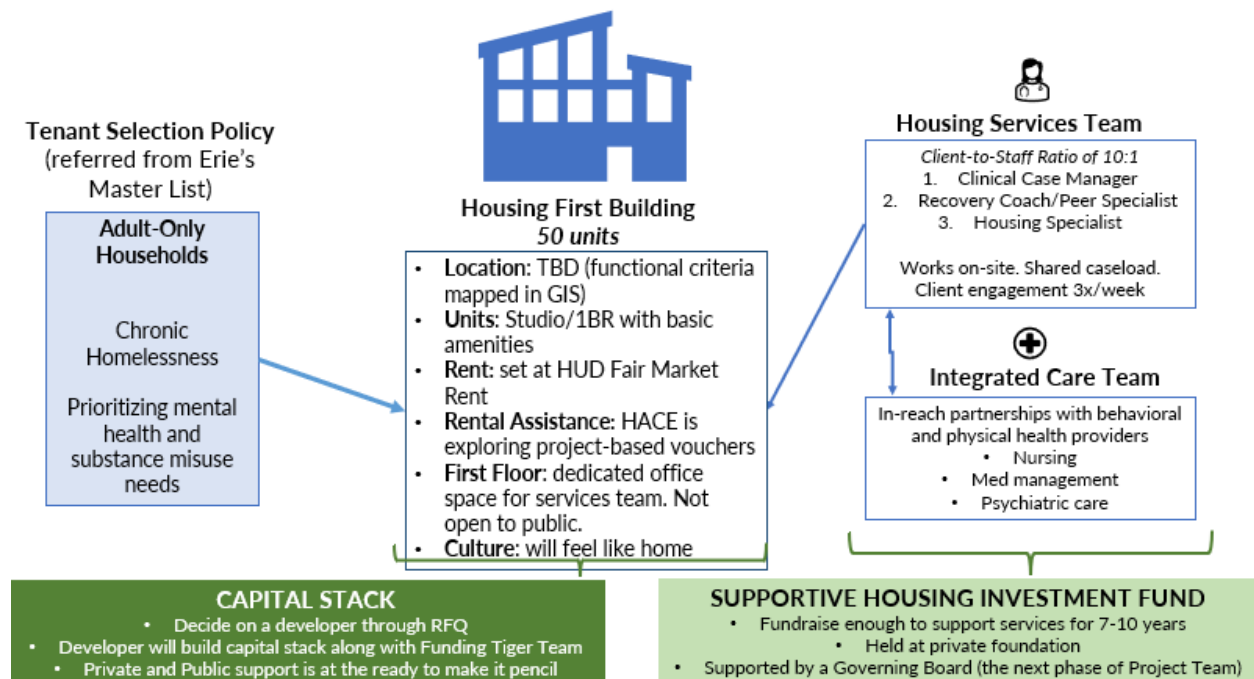
Purpose Statement

Around 125 people experience long-term homelessness in Erie every year. They require a permanent and supportive housing unit that can end their homelessness and keep them stable and healthy. Strategy I works to build a marquis project for Erie that demonstrates that transformation is possible for people living chronic homelessness. **The strategy will design, site, and build a property that ends homelessness for 50 people.**

Goals:

1. Select a development partner who will lead the development of the permanent supportive housing building
2. Raise the needed funding and capital stack to finance the development, sustainably support rental assistance, and maintain adequate supportive services on-site
3. Recruit a lead service provider who will provide trauma-informed services to residents on-site
4. Develop the property

Visual of Strategic Structure:



Planning and Implementation Team

Planning Team	<ul style="list-style-type: none"> • Laura Guralnick, CHN Housing Partners • Mike Fraley and Dusti Dennis, Housing Authority of City of Erie • Wyatt Schroeder, BBS • Services Team • Funding Team
Backbone Support Agency	CHN Housing Partners – as the appointed lead developer, CHN will provide backbone and project management services for Strategy I
Key Staff	<ul style="list-style-type: none"> • Services Team – the services team (Erie Home Team, HHF, Highmark/AHN, ECCM, Erie County DHS) will advise on the services staffing and structure • Funding Team – the funding team (ECF, HHF, Highmark/AHN, City of Erie, Erie County DHS, HACE) will advise on the capital stack and funding

Key Tasks

Focus Areas	Key Tasks	Who	When
Select Lead Developer	<ul style="list-style-type: none"> • Release an RFQ for development services • Convene a Review Team to interview applicants • Select lead developer 	Project Team (BBS facilitates)	July 2023 DONE
Identify Site	<ul style="list-style-type: none"> • Map the functional criteria for site selection using GIS • Host a subcommittee to review sites based on the criteria • Enter purchase agreement for site • Go through entitlement process for site 	CHN & Site Selection Subcommittee	Nov 2023
Raise Capital & Funding	<ul style="list-style-type: none"> • Work with HACE to identify source for rental assistance through project-based vouchers • Build a pro forma to identify sources and gaps • Apply for low-income housing tax credits through PHFA (in 2024 round) • Work with Funding Team to identify sources for gap financing 	CHN & Funding Team	Dec 2024

<p>Select Services Lead</p>	<ul style="list-style-type: none"> Analyze data from the homeless response system and from Erie Dept of Human Services to understand client need Work with Services Team to design the services program Select a lead services agency to work with clients on-site on housing and health stability 	<p>Services Team (facilitated by BBS; supported by CHN)</p>	<p>Jan 2024</p>
<p>Develop Property</p>	<ul style="list-style-type: none"> Determine the long-term ownership structure of property Under advisement with Services Lead, design the building Hire general contractors and begin construction management Conduct community outreach Construct building Host a press conference and event for groundbreaking. And communicate development progress with public Lease up building upon receiving certificate of occupancy 	<p>CHN</p>	<p>Jan 2024 - 2026</p>

Strategy 2 (Dedicated Units Campaign)

Outline of Strategy

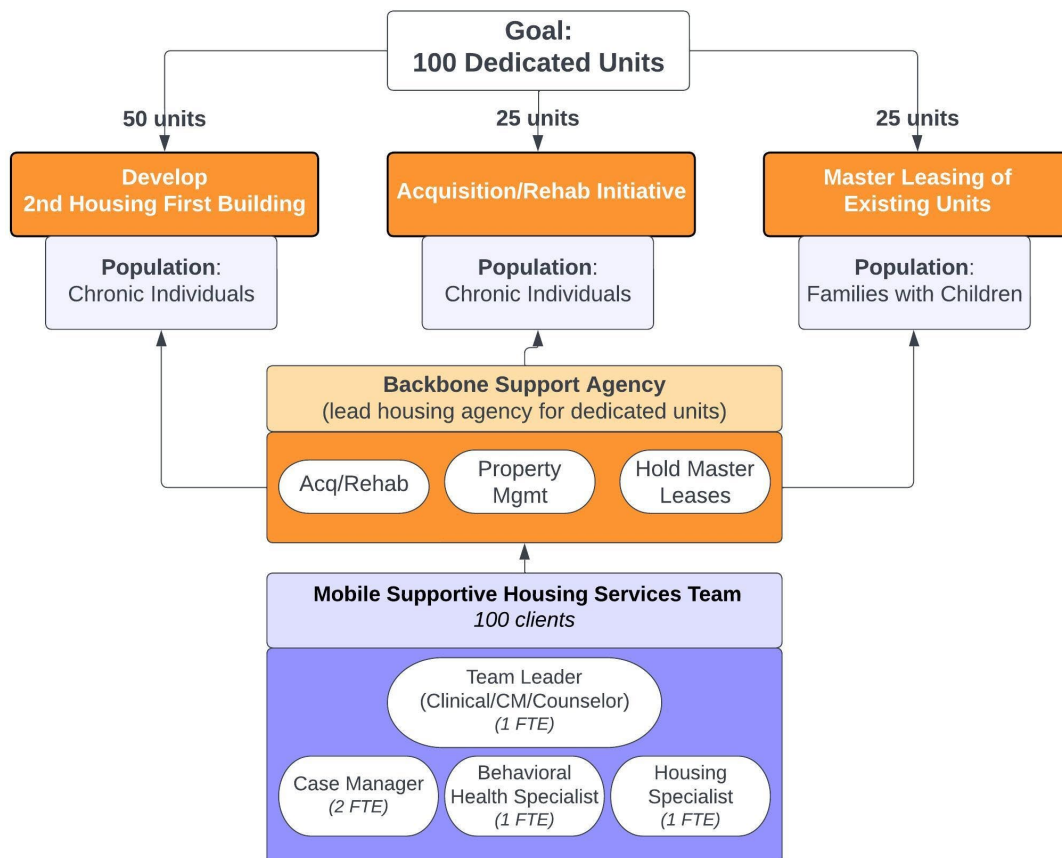
Purpose Statement

This partnership has the opportunity to leverage existing housing and property owners who could “dedicate” their units to house people experiencing homelessness. This effort requires a community-wide campaign to solicit those partnerships. As landlords are recruited, the partnership can also target properties to acquire and renovate to become dedicated units. This multi-prong approach greatly expands housing opportunities.

Goals:

1. Design a program that acquires and recruits 100 units to become dedicated to housing people experiencing chronic homelessness
2. Select a backbone agency that can be the risk-bearing entity that acquires housing and/or master leases units in order to make those units dedicated to supportive housing
3. Select a service agency (in coordination with services agency from Strategy 1) that provides mobile housing and health services to all tenants in dedicated units
4. Launch dedicated units program

Visual of Strategic Structure:



Planning and Implementation Team

Planning Team	<ul style="list-style-type: none"> • Erie Home Team • Project Team
Backbone Support Agency	TBD – this planning team will determine the housing and the service lead. And determine their relationship to the Backbone Support Agency and Service Lead from other strategies. When possible, the Backbone Support Agency and Lead Service Agency will be the same across strategies
Key Staff	<ul style="list-style-type: none"> • Housing lead(s) – determine the lead agency that will acquire and/or master lease units • Service lead – determine the provider who will deliver mobile services to the tenants in the dedicated units

Key Tasks

Focus Areas	Key Tasks	Who	When
Develop dedicated units program & budget	<ul style="list-style-type: none"> • Host planning meetings with Erie Home Team • Decide with Project Team on the source of rental assistance • Agree on the population focus per sub-strategy (individuals and families) 	Erie Home Team & Project Team (BBS facilitates)	Dec 2023
Determine lead agency for unit acquisition & master leasing	<ul style="list-style-type: none"> • Work with the Project Team to select a lead agency (ideally also the backbone support agency for Strategy 3) • Create an MOU for the lead agency to execute that outline responsibilities • Develop a master lease template • Develop a capital budget needed to deliver 100 dedicated units 	Project Team (BBS facilitates)	Dec 2023
Determine service provider(s) to deliver mobile care	<ul style="list-style-type: none"> • Analyze the client need based on homeless service and mental health data. Determine the service array needed to stably support clients. • Develop the programmatic expectations for a service provider to achieve • Recruit a provider and have them execute an MOU 	Funding Team (BBS facilitates)	Jan 2024
Launch housing acquisition	<ul style="list-style-type: none"> • Secure seed funding required for capital budget • Develop marketing materials to communicate how a landlord or property owner can partner 	Backbone support	March 2024

& dedication effort	<ul style="list-style-type: none">Publicly launch the campaign effort for 100 dedicated units	agency (TBD)	
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Strategy 3 (Supportive Housing Leadership Cabinet)

Outline of Strategy

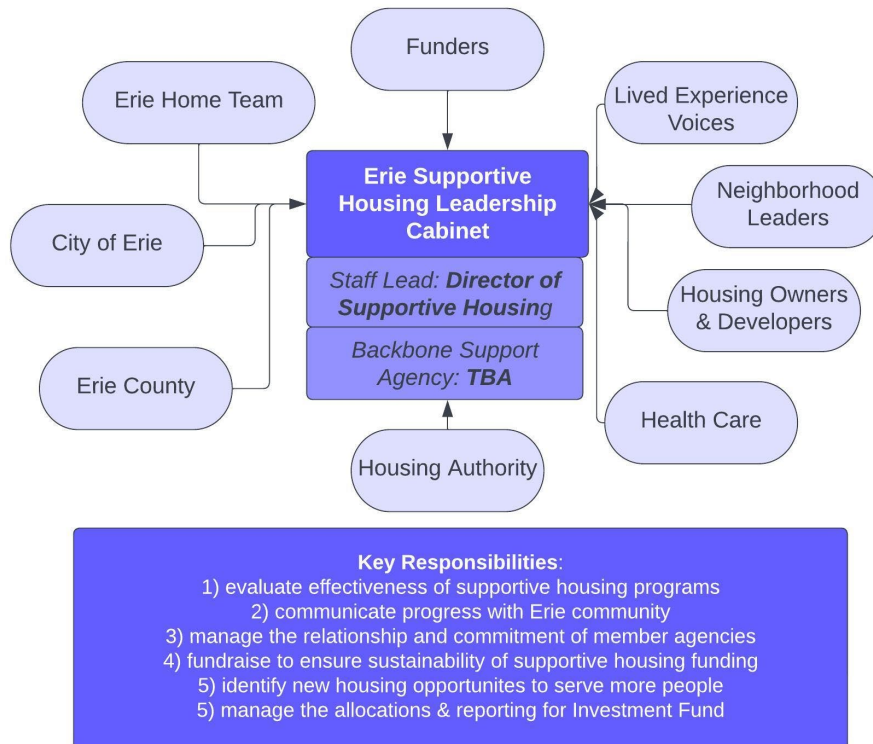
Purpose Statement

Every public-private partnership needs **clear governance and leadership**. Strategy 3 seeks to determine the on-going governance approach to sustain and evolve the supportive housing effort. It will be supported by a **“backbone support agency”** who will convene the leadership group and act as the project manager for the on-going partnership.

Goals:

1. Develop a charter that governs the responsibilities and expectations for a leadership cabinet that oversees the supportive housing programming
2. Recruit member agencies for the Leadership Cabinet
3. Convene and launch the Leadership Cabinet
4. Determine the “backbone support agency” for the long-term management and monitoring of the Supportive Housing Action Plan

Visual of Strategic Structure:



Planning and Implementation Team

Planning Team	<ul style="list-style-type: none"> • Karen Bilowith, ECF • Boo Hagerty, HHF • Brenda Sandberg, Highmark/AHN • John DiMattio, Erie County DHS • Kim Thomas, Infinite Erie
Backbone Support Agency	TBD – this agency will employ the project manager for the Leadership Cabinet and the Supportive Housing Pipeline. This agency will act as the convener and public coordinator for all supportive housing activities, in partnership with member agencies.
Key Staff	<ul style="list-style-type: none"> • Director of Supportive Housing (TBD) – the facilitator and project manager of the Leadership Cabinet and strategist for supportive housing programming. Employed by Backbone Support Agency.

Key Tasks

Focus Areas	Key Tasks	Who	When
Select Backbone Support Agency	<ul style="list-style-type: none"> • Host a discussion among the Supportive Housing Project Team to solicit input on the key responsibilities for a backbone support agency • Determine process to select a backbone agency • Select the backbone agency 	Project Team (BBS facilitates)	Oct 2023
Develop governance charter	<ul style="list-style-type: none"> • Host a discussion on the expectations and responsibilities for the Leadership Cabinet • Draft a charter on the scope, function, and decision-making of the leadership cabinet. • Project Team votes to accept charter and commission the Leadership Cabinet 	Project Team (BBS facilitates)	Nov 2023
Convene Leadership Cabinet	<ul style="list-style-type: none"> • Recruit members of the Leadership Cabinet and ask them to agree to governance charter • Determine the implementation timeline • Host first session of Leadership Cabinet 	Backbone support agency	Jan 2024
Launch public relations	<ul style="list-style-type: none"> • Launch and sustain a public relations effort 	Backbone support agency	March 2024

Strategy 4 (Supportive Housing Investment Fund)

Outline of Strategy

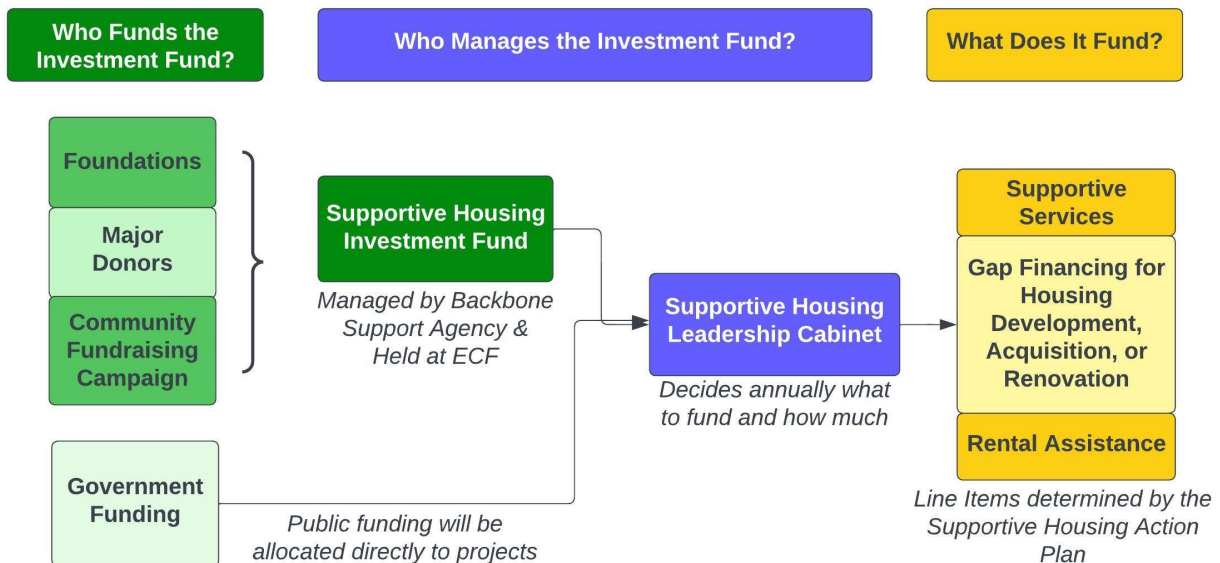
Purpose Statement

The above strategies require significant and sustainable funding. To backstop this effort, we will **create an investment fund** that will be held at the community foundation and earn interest as we end homelessness. **The Leadership Cabinet (from Strategy 3) will be the governing board of the fund**, distributing it appropriately and effectively to the needs from Strategy 1 & 2. A **fundraising campaign will seed the fund**.

Goals:

1. Produce a clear and comprehensive budget of all line items from Strategy 1, 2, and 3 that analyzes sources and uses to understand the gap needed to capitalize an investment fund.
2. Develop and launch a fundraising effort (focused on foundations, major donors, and community investors) to capitalize the investment fund for at least 10 years
3. Launch a public relations effort to accompany the community fundraising effort
4. Create a fund management plan to understand how the fund will be managed, especially its relationship with ECF, the backbone support agency, and the Leadership Cabinet

Visual of Strategic Structure:



Planning and Implementation Team

Planning Team	<ul style="list-style-type: none"> • Karen Bilowith, ECF • Boo Hagerty, HHF • Brenda Sandberg, Highmark/AHN • John DiMattio, Erie County DHS • Renee Lamis & Debra Smith, City of Erie • Kim Thomas, Infinite Erie
Backbone Support Agency	<p>TBD</p> <p>Fund Management – Erie Community Foundation</p>
Key Staff	<ul style="list-style-type: none"> • Fund Manager (TBD) • Fundraising Lead (TBD) • Fundraising Committee Co-Chairs (TBD)

Key Tasks

Focus Areas	Key Tasks	Who	When
Fundraising goal & planning	<ul style="list-style-type: none"> • Develop a clear, comprehensive budget for all strategies and projects • Analyze the potential sources for funding in the budget, especially public vs. private. Determine the gap in funding • Select a community fundraising goal needed to capitalize the investment fund 	Funding Team (BBS facilitates)	Dec 2023
Determine fundraising feasibility	<ul style="list-style-type: none"> • Conduct a feasibility exercise, through surveying and interviewing, to determine the appetite from the public to invest and achieve the fundraising goal • Report findings to Project Team 	Funding Team (BBS facilitates)	Feb 2024
Launch charitable campaign	<ul style="list-style-type: none"> • Develop a plan for a communitywide fundraising plan to attract gifts into the investment fund, especially from major donors and community investors • Execute the community campaign 	Backbone support agency	March 2024
Develop fund mgmt plan	<ul style="list-style-type: none"> • Create a plan on how to manage the funds, articulate this in a way that is presentable to community investors • Determine how the governing committee will monitor funds and decide allocations 	Backbone support agency	March 2024

HEALTHCHOICES BEHAVIORAL HEALTH IS ERIE COUNTY DHS'S (CoC LEAD APPLICANT) MANAGED CARE AGENCY FOR BEHAVIORAL HEALTH IN ERIE COUNTY. CONTRACTS ARE WITH ECCM, OUR CE/PSH PROVIDER, EUMA, AN RRH PROVIDER AND CSS, ANOTHER PSH PROVIDER. Both ECCM and EUMA APPLIED FOR NEW EXPANSION GRANTS.

SECOND AMENDMENT TO HEALTHCHOICES BEHAVIORAL HEALTH COMMUNITY-BASED ORGANIZATION AGREEMENT

THIS SECOND AMENDMENT TO HEALTHCHOICES BEHAVIORAL HEALTH COMMUNITY-BASED ORGANIZATION AGREEMENT ("Second Amendment") is made effective on January 1, 2023 ("Effective Date") by and between Community Care Behavioral Health Organization ("Community Care") and Erie County Care Management ("CBO").

WHEREAS, Community Care and CBO entered into a Community-Based Organization Agreement (the "Agreement") effective June 1, 2021, as amended; and

WHEREAS, the Parties now desire to again amend the terms of the Agreement in certain respects;

NOW, THEREFORE, in consideration of the terms and conditions hereinafter set forth, and intending to be legally bound, the parties agree as follows:

1. The Parties agree to the terms of Exhibit C, "Erie County Community Based Care Management Program, 2023 Statement of Work," attached hereto, which is entered into under and subject to the terms of the Agreement.
2. The remainder of the Agreement shall remain in full force and effect, and the only provisions being amended are those specifically set forth in this Amendment.

IN WITNESS WHEREOF, the undersigned have entered into this Amendment as of the date first set forth above.

Community Care

CBO

Matthew O. Hurford, MD

Charles R. Barber

Name: Matthew O. Hurford, MD

Name: Charles R. Barber

Title: President & CEO

Title: CEO

Date: 2.14.23

Date: 1-30-2023

Exhibit C
Erie County Community Based Care Management Program
2023 Statement of Work

This Statement of Work (“SOW”) is being entered into by the Parties pursuant to the terms of the Community Based Organization Agreement (“Agreement”) dated June 1, 2021 by and between Community Care Behavioral Health Organization (“Community Care”) and Erie County Care Management (“ECCM or CBO”). In the event of any inconsistent or contradictory terms between the Agreement and this SOW, the terms of this SOW will control and supersede such inconsistent or contradictory terms. The effective date of this SOW shall be January 1, 2023 (the “Effective Date”).

Overview:

As part of the HealthChoices Program, the Pennsylvania Department of Human Services (“DHS”) has implemented a Community Based Care Management Program (“CBCM Program”) with the intent to improve behavioral health outcomes through partnership between Behavioral Health Managed Care Organizations and Community-Based Organizations to address the social determinants of health (“SDOH”).

CBO is a Pennsylvania non-profit corporation under Section 501(c)(3) that assembles and directs federal, state, and local resources to enhance coordination of behavioral health services for Medical Assistance members (“MA members”) within Erie County and assist low-to-moderate income families and individuals in the County facing housing instability and/or homelessness and other SDOH barriers.

Community Care is a Behavioral Health Managed Care Organization and the Subcontractor for Erie County related to the Behavioral HealthChoices Program within the county. In accordance with the HealthChoices Program, Community Care desires to improve health outcomes, access to behavioral health services and wellbeing of MA members through the use of community-based services, and thereby improve care transition, chronic disease management, and the provision of other social support.

In order to accomplish these objectives, Community Care has engaged CBO to provide the services (the "Services") as set forth below. CBO shall provide these Services in accordance with schedules mutually agreed upon by Community Care and CBO.

Term:

The term of this SOW shall begin on January 1, 2023 and, unless otherwise amended or terminated in accordance with the terms of the Agreement, expire on December 31, 2023.

Services and Obligations of the CBO and Community Care:

- Services performed by CBO will address coordination of behavioral and physical health services for MA members in an effort to stabilize and improve consumer outcomes. Services shall be performed by CBO in compliance with HealthChoices Behavioral Health Program, Program Standards and Requirements Appendix EE – Community Based Care Management Program (CBCM), as may be amended from time to time.
- CBO shall staff a full-time Community Health Worker (CHW) to perform the following services exclusively for the benefit of Community Care’s CBCM Program to enhance coordination of behavioral health services for MA members and assist eligible MA members in addressing SDOH barriers:
 - Promote principles of recovery with MA members, providers, and stakeholders

- Collaborate with Community Care and UPMC Health Plan care management staff, as needed, for interventions to determine potential need for additional services or support
- Collaborate directly with Emergency Shelter, Housing Support, Hospitals, and Ambulatory providers to ensure that MA Members are:
 - Referred to, arrive, and are received by Emergency Shelters as directed through Coordinated Entry, and Connected with and keep appointments with needed Behavioral and Physical Health providers
- Assist in scheduling appointments as needed
- Maintain a flexible schedule to meet MA members' needs
- Advocate for MA members' community needs, as well as their medical and behavioral health needs
- Assist MA members with specific non-medical needs that affect health and access to care
- Mobilize the community level to enhance provider understanding of community needs and preferences
- Engage the community to improve underlying social and economic conditions that impact health
- Utilize motivational interviewing to effectively identify MA members' strengths, needs, motivation, triggers, and goals in managing life circumstances.
- Identifying challenges an MA member faces in the Eight Stages of Wellness and Recovery
- Bridge the gap between the physical health care and behavioral health treatment
- Connect MA members to community-based treatment and recovery supports.
- Work in the community setting at least 80% of the time, to have direct contact with MA members, support teams, treatment providers and recovery supports
- The CHW selected by CBO shall meet the following minimum educational and knowledge requirements:
 - A person in the community who has expertise in issues such as housing, transportation, peer support, career training and community education
 - Proof of high school graduation or GED 1 year providing customer service, or clinical, or social service or case management experience in the community required.
 - Ability to develop rapport and demonstrate good interpersonal skills
 - Knowledge of basic mental health systems and co-occurring substance use issues, substance use recovery issues and services, education, social services, medical systems, etc. preferred
 - Personal or family experience in the health care system preferred.
 - Knowledge of key concepts and principles (recovery, resiliency, and wellness)
 - Demonstrate ability to work with other people through a cooperative effort.
 - Ability to utilize motivational interviewing Ability to model and share the recovery principles: Hope, Personal Responsibility-Empowerment Skills, Self-Advocacy, Educational Opportunities, and use of Community supports Basic computer skills and familiarity with Microsoft products Good verbal and written communication skills
 - Willingness to travel throughout the service area.
 - Solid organization skills and ability to set priorities and schedule time efficiently.
 - Self-directed and flexible to meet the needs of MA members
 - Value for and ability to deliver excellent customer service
 - Has own vehicle
- In addition to the Services described herein, CBO shall:
 - Ensure that all service interventions are conducted by appropriately trained and qualified CBO personnel
 - Participate in all CBCM provider calls as appropriate and when invited
 - Participate in CBCM care planning when receiving an MA member
 - Participate in collaborative learning sessions as required by Community Care

- Have appropriate systems in place to document services and interventions provided to MA members and communities
 - Have appropriate systems in place to protect the information of MA members
 - Have the ability to receive referrals from behavioral health providers and care managers through Community Care
 - Provide all services and resources that address SDOH in a manner that increases face to face interactions with MA members for the purposes of assessment, education, and/or referral
 - Provide any and all information required or requested by Community Care about MA members served by the CBO and the use of dollars provided to support this initiative
- The services performed by the CHW to be staffed by CBO under this SOW shall be subject to the oversight of Community Care as described in Attachment B to the Memorandum of Understanding executed between the parties on February 1, 2019

Data Sharing:

Community Care and CBO will work together on identifying the criteria and establishing a system for sharing certain SDOH member-specific program and outcome data related to the CBCM initiatives on a monthly basis. Data will be exchanged securely between the Parties in accordance with all applicable terms and conditions of the Agreement.

Invoicing and Reimbursement:

Total reimbursement to CBO for the Services rendered during the Term shall not exceed the total Proposed Budget for the Services, currently detailed below. Notwithstanding the foregoing, CBO acknowledges and agrees that the total Proposed Budget is strictly contingent upon the continued availability of CBCM Program funds from DHS and is thus subject to change. CBO shall comply with all payment conditions, and any other conditions imposed on Community Care by DHS, to receive payment for services.

Community Care shall perform periodic reconciliations of reimbursed Services as compared to available DHS funding to ensure that reimbursement to CBO does not exceed available DHS funds. In no event shall Community Care be liable for interest or charges for late payment. In the event CBO claims or receives payment from Community Care for a service, reimbursement for which is later disallowed by DHS or by state or federal government, Community Care shall offset it from any future payments due CBO.

Proposed Budget:

Below is the Proposed Budget for this SOW based on the seven-month Term. ECCM shall invoice Community Care at the rate of \$4,426.17 per month based upon delegated CHW as noted within Exhibit A. As noted above, the Proposed Budget for this SOW is strictly contingent upon the availability of applicable funds from DHS and is thus subject to change during the Term.

Personnel Costs	PROGRAM	1/1/2023-12/31/2023
Community Health Worker (CHW)	CBCM	\$ 53,114.04

**SECOND AMENDMENT TO HEALTHCHOICES BEHAVIORAL HEALTH
COMMUNITY-BASED ORGANIZATION AGREEMENT**

THIS SECOND AMENDMENT TO HEALTHCHOICES BEHAVIORAL HEALTH COMMUNITY-BASED ORGANIZATION AGREEMENT (“Second Amendment”) is made effective on January 1, 2023 (“Effective Date”) by and between Community Care Behavioral Health Organization (“Community Care”) and Erie United Methodist Alliance a/k/a EUMA (“CBO”).

WHEREAS, Community Care and CBO entered into a Community-Based Organization Agreement (the “Agreement”) effective April 1, 2021, as amended; and

WHEREAS, the Parties now desire to again amend the terms of the Agreement in certain respects;

NOW, THEREFORE, in consideration of the terms and conditions hereinafter set forth, and intending to be legally bound, the parties agree as follows:

1. The Parties agree to the terms of Exhibit E, “Erie County Community Based Care Management Program 2023 Statement of Work,” attached hereto, which is entered into under and subject to the terms of the Agreement.
2. The Parties agree to the terms of Exhibit F, “Erie County Inpatient & Ambulatory Services Shared Savings Value Based Purchasing 2023 Statement of Work,” attached hereto, which is entered into under and subject to the terms of the Agreement.
3. The remainder of the Agreement shall remain in full force and effect, and the only provisions being amended are those specifically set forth in this Amendment.

IN WITNESS WHEREOF, the undersigned have entered into this Amendment as of the date first set forth above.

Community Care

CBO





Name: Matthew O. Hurford, MD

Name: Kurt B. Crays

Title: President & CEO

Title: Chief Executive Officer

Date: 2.14.23

Date: 12/19/2022

Exhibit E
Erie County Community Based Care Management Program
2023 Statement of Work

This Statement of Work (“SOW”) is being entered into by the Parties pursuant to the terms of the Community Based Organization Agreement (“Agreement”) dated April 1, 2021 by and between Community Care Behavioral Health Organization (“Community Care”) and Erie United Methodist Alliance a/k/a EUMA (“CBO”). In the event of any inconsistent or contradictory terms between the Agreement and this SOW, the terms of this SOW will control and supersede such inconsistent or contradictory terms. The effective date of this SOW shall be January 1, 2023 (the “Effective Date”).

Overview:

As part of the HealthChoices Program, the Pennsylvania Department of Human Services (“DHS”) has implemented a Community Based Care Management Program (“CBCM Program”) with the intent to improve behavioral health outcomes through partnership between Behavioral Health Managed Care Organizations and Community-Based Organizations to address the social determinants of health (“SDOH”).

CBO is a Pennsylvania non-profit corporation under Section 501(c)(3) that assembles and directs federal, state, and local resources to assist low-to-moderate income families and individuals in Erie County facing SDOH barriers including but not limited to housing instability and/or homelessness, childcare access & affordability, food insecurity, clothing, employment, financial strain, and utilities.

Community Care is a Behavioral Health Managed Care Organization and the Subcontractor for Erie County related to the Behavioral HealthChoices Program within the county. In accordance with the HealthChoices Program, Community Care desires to improve health outcomes, access to behavioral health services and wellbeing of Medical Assistance Members (“MA members”) through the use of community-based services, and thereby improve care transition, chronic disease management, and the provision of other social support.

In order to accomplish these objectives, Community Care has engaged CBO to provide the services (the "Services") as set forth below. CBO shall provide these Services in accordance with schedules mutually agreed upon by Community Care and CBO.

Term:

The term of this SOW shall begin on January 1, 2023 and, unless otherwise amended or terminated in accordance with the terms of the Agreement, expire on December 31, 2023.

Services and Obligations of the CBO:

- Services performed by CBO will address housing instability and homelessness, childcare access & affordability, food insecurity, clothing, employment, financial strain, and utilities of MA members in an effort to stabilize and improve consumer outcomes. Services shall be performed by CBO in compliance with HealthChoices Behavioral Health Program, Program Standards and Requirements Appendix EE – Community Based Care Management Program (CBCM), as may be amended from time to time.
- Services performed by CBO shall include but not be limited to:
 - Receiving high-risk referrals made through the Erie County Homeless Management Information System (HMIS) by Inpatient Mental Health and Non-Hospital Rehabilitation providers

- Ensuring the completion of all HMIS data fields to comprehensively inventory high risk MA members' housing needs
- Coordinating and providing safe, clean, and warm shelter solutions for MA members
- Coordinating and providing nutritional meals for MA members as determined by CBO's applicable policies and procedures
- Provide MA members information about and referrals to local food pantries
- Coordinating and providing referrals for MA members to EUMA partner Early Connections and other childcare providers & OCY
- Providing MA members with clothing vouchers for the Rainbow Connection Thrift Store
- Resume' building and budget creation services
- Referrals to PA Career Link and other employers
- Provide MA members information on financial literacy, direct service to secure child tax credits, stimulus, SSI/SSDI and referral
- Coordinating and providing referrals to members for utility support
- Assigning a liaison to serve as the primary point of contact for the CBCM team which includes Inpatient, Non-Hospital Rehab, Community Health Workers and Community Behavioral Health Providers (including Blended Case Managers).
- Providing critical information to the CBCM team including successful arrival at the facility, risk of leaving the facility against CBO advice, behaviors that place the member at risk and/or at risk for expulsion from the facility, and other information as needed.
- Engaging in housing permanency activities as determined by the CBO's applicable policies and procedures
- Engaging the St. Martin's Center (and/or other providers as needed) for housing permanency support services
- In addition to the Services described herein, CBO shall:
 - Ensure that all service interventions are conducted by appropriately trained and qualified CBO personnel
 - Participate in all CBCM provider calls as appropriate and when invited
 - Participate in CBCM care planning when receiving MA members
 - Participate in collaborative learning sessions as required by Community Care
 - Have appropriate systems in place to document services and interventions provided to MA members and communities
 - Have appropriate systems in place to protect the information of MA members
 - Have the ability to receive referrals from behavioral health providers and care managers through Community Care
 - Provide all services and resources that address SDOH in a manner that increases face to face interactions with MA members for the purposes of assessment, education, and/or referral
 - Provide any and all information required or requested by Community Care about MA members served by the CBO and the use of dollars provided to support this initiative

Data Sharing:

Community Care and CBO will work together on identifying the criteria and establishing a system for sharing certain SDOH member-specific program and outcome data related to the CBCM initiatives on a monthly basis. Data will be exchanged securely between the Parties in accordance with all applicable terms and conditions of the Agreement.

Compensation and Reconciliation:

Total reimbursement to CBO for the Services rendered during the Term shall not exceed the total Proposed Budget for the Services, currently detailed below. Notwithstanding the foregoing, CBO acknowledges and

agrees that the total Proposed Budget is strictly contingent upon the continued availability of CBCM Program funds from DHS and is thus subject to change. CBO shall comply with all payment conditions, and any other conditions imposed on Community Care by DHS, to receive payment for services.

Community Care shall perform periodic reconciliations of reimbursed Services as compared to available DHS funding to ensure that reimbursement to CBO does not exceed available DHS funds. In no event shall Community Care be liable for interest or charges for late payment. In the event CBO claims or receives payment from Community Care for a service, reimbursement for which is later disallowed by DHS or by state or federal government, Community Care shall offset it from any future payments due CBO.

Proposed Budget:

Below is the Proposed Budget for this SOW as of the Effective Date. Community Care and the CBO may agree to reasonably reallocate funds within categories of the Proposed Budget to meet the primary objectives of the CBCM program without increasing the total Proposed Budget. As noted above, the Proposed Budget for this SOW is strictly contingent upon the availability of applicable funds from DHS and is thus subject to change during the Term.

Personnel Costs	Total
Dir Mission Engagement	\$25,233.72
Program Supervisor	\$16,585.00
Case Manager (3)	\$25,625.00
Client Advocate	\$8,229.00
Total Personnel Costs	\$75,672.72

Program Costs	Total
Administrative Overhead Cost	\$3,783.60
Total Program Costs	\$3,783.60

Personnel Costs	\$75,672.72
Program Costs	\$3,783.60
Total Proposed 2023 Budget	\$79,456.32

Exhibit F
Erie County Inpatient & Ambulatory Services Shared Savings Value Based Purchasing
2023 Statement of Work

This Statement of Work (“SOW”) is being entered into by the Parties pursuant to the terms of the Community Based Organization Agreement (“Agreement”) dated April 1, 2021 by and between Community Care Behavioral Health Organization (“Community Care”) and Erie United Methodist Alliance a/k/a EUMA (“CBO”). In the event of any inconsistent or contradictory terms between the Agreement and this SOW, the terms of this SOW will control and supersede such inconsistent or contradictory terms. The effective date of this SOW shall be January 1, 2023 (the “Effective Date”).

Overview:

As part of the HealthChoices Program, the Pennsylvania Department of Human Services (“DHS”) has implemented a Value Based Purchasing (“VBP”) initiative with the intent of transitioning Providers from volume to value payment models for the delivery of behavioral health services. Under this initiative, Behavioral Health Managed Care Organizations are required to incorporate Community Based Organizations into their medium and/or high VBP arrangements with Network Providers in order to address Social Determinants of Health (“SDOH”).

CBO is a Pennsylvania non-profit corporation under Section 501(c)(3) that assembles and directs federal, state, and local resources to assist low-to-moderate income families and individuals in Erie County facing barriers to SDOH, including but not limited to housing instability and/or homelessness, childcare access & affordability, food insecurity, clothing, employment, financial strain, and utilities.

Community Care is a Behavioral Health Managed Care Organization and the Subcontractor for Erie County related to the Behavioral HealthChoices Program within the county. In accordance with the VBP initiative established under the HealthChoices Program, Community Care desires to engage CBO under Community Care’s Inpatient & Ambulatory Service Shared Savings VBP Payment Strategy to address one or more SDOH by providing the services (the "Services") as set forth below. CBO shall provide these Services in accordance with schedules mutually agreed upon by Community Care and CBO.

Activities performed by the CBO will be conducted in compliance with HealthChoices Behavioral Health Program, Program Standards and Requirements Appendix U – Value Based Purchasing.

Term:

The term of this SOW shall begin on January 1, 2023 and, unless otherwise amended or terminated in accordance with the terms of the Agreement, expire on December 31, 2023.

Services and Expectations of the CBO:

- CBO will participate in quarterly Community Care Inpatient & Ambulatory Services Shared Savings VBP learning community meetings
- CBO will participate in care planning when receiving a Medical Assistance member (“MA member”) associated with this VBP initiative. Care planning includes:
 - a. Participating in post-discharge service planning meetings; to include documenting any specialize needs the MA member may have while a guest at the CBO facility
 - b. Assisting in transporting or planning transportation for the MA member from the Inpatient or Residential Drug and Alcohol treatment to the CBO facility (when possible)
 - c. Acknowledging the MA member’s successful arrival at the CBO facility

- d. Assigning and Acknowledging the CBO Point of Contact for the Inpatient/Residential or Community Provider agencies
 - e. Other care activities that will increase MA members' partnership with the CBO facility and community based providers.
- CBO shall accept referrals via Coordinated Entry that originate from and are identified as high risk members associated with this VBP. The CBO will provide current services and resources that address housing instability, childcare access & affordability, food insecurity, clothing, employment, financial strain, and utilities.
 - CBO shall ensure completion of Homeless Management Information System data entry for MA members associated with this VBP and will provide additional information to Community Care about the MA members served by the CBO as requested.
 - CBO shall provide information required or requested by Community Care regarding MA members served by the CBO and the use of dollars provided to support this initiative

Data Sharing:

Community Care and the CBO will work together on identifying the criteria and establishing a system for sharing certain SDOH member-specific data related to the VBP initiative on a monthly basis. Data will be exchanged securely between the Parties in accordance with all applicable terms and conditions of the Agreement.

Compensation:

Upon Community Care's determination that CBO has provided the services and met the expectations described in this SOW, CBO will receive 2.5% of the realized savings pool for the VBP outcomes from the 2023 Inpatient and Ambulatory Shared Savings Value-Based Arrangement no later than July 31, 2024.

Notwithstanding the foregoing, CBO acknowledges and agrees that the availability and payment of any compensation described herein is strictly contingent upon the realization of savings from the outcomes of the 2023 Inpatient & Ambulatory Shared Savings VBP Arrangement for Behavioral Health HealthChoices in Erie County. Community Care makes no guarantee that such savings shall be realized, and CBO agrees that Community Care shall not be responsible for providing compensation in the event no savings are realized.

**SECOND AMENDMENT TO HEALTHCHOICES BEHAVIORAL HEALTH
COMMUNITY-BASED ORGANIZATION AGREEMENT**

THIS SECOND AMENDMENT TO HEALTHCHOICES BEHAVIORAL HEALTH COMMUNITY-BASED ORGANIZATION AGREEMENT ("Second Amendment") is made effective on January 1, 2023 ("Effective Date") by and between Community Care Behavioral Health Organization ("Community Care") and Community Shelter Services ("CBO").

WHEREAS, Community Care and CBO entered into a Community-Based Organization Agreement (the "Agreement") effective April 1, 2021, as amended; and


WHEREAS, the Parties now desire to again amend the terms of the Agreement in certain respects;

NOW, THEREFORE, in consideration of the terms and conditions hereinafter set forth, and intending to be legally bound, the parties agree as follows:

1. The Parties agree to the terms of Exhibit E, "Erie County Community Based Care Management Program 2023 Statement of Work," attached hereto, which is entered into under and subject to the terms of the Agreement.
2. The Parties agree to the terms of Exhibit F, "Erie County Inpatient & Ambulatory Services Shared Savings Value Based Purchasing 2023 Statement of Work," attached hereto, which is entered into under and subject to the terms of the Agreement.
3. The remainder of the Agreement shall remain in full force and effect, and the only provisions being amended are those specifically set forth in this Amendment.

IN WITNESS WHEREOF, the undersigned have entered into this Amendment as of the date first set forth above.

Community Care



Name: Matthew O. Hurford, MD

Title: President & CEO

Date: 2.14.23

CBO


Community Shelter services

Name: Diane Lazette

Title: Executive Director

Date: 12/19/2022

Exhibit E
Erie County Community Based Care Management Program
2023 Statement of Work

This Statement of Work (“SOW”) is being entered into by the Parties pursuant to the terms of the Community Based Organization Agreement (“Agreement”) dated April 1, 2021 by and between Community Care Behavioral Health Organization (“Community Care”) and Community Shelter Services, Inc. (“CBO”). In the event of any inconsistent or contradictory terms between the Agreement and this SOW, the terms of this SOW will control and supersede such inconsistent or contradictory terms. The effective date of this SOW shall be January 1, 2023 (the “Effective Date”).

Overview:

As part of the HealthChoices Program, the Pennsylvania Department of Human Services (“DHS”) has implemented a Community Based Care Management Program (“CBCM Program”) with the intent to improve behavioral health outcomes through partnership between Behavioral Health Managed Care Organizations and Community-Based Organizations to address the social determinants of health (“SDOH”).

CBO is a Pennsylvania non-profit corporation under Section 501(c)(3) that assembles and directs federal, state, and local resources to assist low-to-moderate income families and individuals in Erie County facing SDOH barriers including but not limited to housing instability and/or homelessness, food insecurity, clothing, employment, and transportation.

Community Care is a Behavioral Health Managed Care Organization and the Subcontractor for Erie County related to the Behavioral HealthChoices Program within the county. In accordance with the HealthChoices Program, Community Care desires to improve health outcomes, access to behavioral health services and wellbeing of Medical Assistance members (“MA members”) through the use of community-based services, and thereby improve care transition, chronic disease management, and the provision of other social support.

In order to accomplish these objectives, Community Care has engaged CBO to provide the services (the "Services") as set forth below. CBO shall provide these Services in accordance with schedules mutually agreed upon by Community Care and CBO.

Term:

The term of this SOW shall begin on January 1, 2023 and, unless otherwise amended or terminated in accordance with the terms of the Agreement, expire on December 31, 2023.

Services and Obligations of the CBO:

- Services performed by CBO will address housing instability and homelessness, food insecurity, clothing, employment, and transportation of MA members in an effort to stabilize and improve consumer outcomes. Services shall be performed by CBO in compliance with HealthChoices Behavioral Health Program, Program Standards and Requirements Appendix EE – Community Based Care Management Program (CBCM), as may be amended from time to time.
- Services performed by CBO shall include but not be limited to:
 - Receiving high-risk referrals made through the Erie County Homeless Management Information System (HMIS) by Inpatient Mental Health and Non-Hospital Rehabilitation providers

- Ensuring the completion of all HMIS data fields to comprehensively inventory high risk MA members' housing needs
- Coordinating and providing safe, clean, and warm temporary shelter until permanent housing is found for MA members
- Coordinating and providing nutritional meals for MA members as determined by CBO's applicable policies and procedures
- Informing MA members of identified and available employment opportunities
- Referring MA members residing within the shelter to free clothing resources
- Coordinating and providing transportation for MA members seeking housing, employment, and special needs
- Assigning a liaison to serve as the primary point of contact for the CBCM team which includes Inpatient, Non-Hospital Rehab, Community Health Workers and Community Behavioral Health Providers (including Blended Case Managers).
- Providing critical information to the CBCM team including successful arrival at the facility, risk of leaving the facility against CBO advice, behaviors that place the member at risk and/or at risk for expulsion from the facility, and other information as needed.
- Engaging in housing permanency activities as determined by the CBO's applicable policies and procedures
- Engaging the St. Martin's Center (and/or other providers as needed) for housing permanency support services
- In addition to the Services described herein, CBO shall:
 - Ensure that all service interventions are conducted by appropriately trained and qualified CBO personnel
 - Participate in all CBCM provider calls as appropriate and when invited
 - Participate in CBCM care planning when receiving MA members
 - Participate in collaborative learning sessions as required by Community Care
 - Have appropriate systems in place to document services and interventions provided to MA members and communities
 - Have appropriate systems in place to protect the information of MA members
 - Have the ability to receive referrals from behavioral health providers and care managers through Community Care
 - Provide all services and resources that address SDOH in a manner that increases face to face interactions with MA members for the purposes of assessment, education, and/or referral
 - Provide any and all information required or requested by Community Care about MA members served by the CBO and the use of dollars provided to support this initiative

Data Sharing:

Community Care and CBO will work together on identifying the criteria and establishing a system for sharing certain SDOH member-specific program and outcome data related to the CBCM initiatives on a monthly basis. Data will be exchanged securely between the Parties in accordance with all applicable terms and conditions of the Agreement.

Compensation and Reconciliation:

Total reimbursement to CBO for the Services rendered during the Term shall not exceed the total Proposed Budget for the Services, currently detailed below. Notwithstanding the foregoing, CBO acknowledges and agrees that the total Proposed Budget is strictly contingent upon the continued availability of CBCM Program funds from DHS and is thus subject to change. CBO shall comply with all payment conditions, and any other conditions imposed on Community Care by DHS, to receive payment for services.

Community Care shall perform periodic reconciliations of reimbursed Services as compared to available DHS funding to ensure that reimbursement to CBO does not exceed available DHS funds. In no event shall Community Care be liable for interest or charges for late payment. In the event CBO claims or receives payment from Community Care for a service, reimbursement for which is later disallowed by DHS or by state or federal government, Community Care shall offset it from any future payments due CBO.

Proposed Budget:

Below is the Proposed Budget for this SOW as of the Effective Date. Community Care and the CBO may agree to reasonably reallocate funds within categories of the Proposed Budget to meet the primary objectives of the CBCM program without increasing the total Proposed Budget. As noted above, the Proposed Budget for this SOW is strictly contingent upon the availability of applicable funds from DHS and is thus subject to change during the Term.

Personnel Costs	Total
Shelter Manager	56,535.00
Shelter Assistant Manager	38,376.00
Shelter Cook	22,514.00
Client Advocate (2 positions)	56,385.70
Total Personnel Costs	\$173,810.70

Exhibit F
Erie County Inpatient & Ambulatory Services Shared Savings Value Based Purchasing
2023 Statement of Work

This Statement of Work (“SOW”) is being entered into by the Parties pursuant to the terms of the Community Based Organization Agreement (“Agreement”) dated April 1, 2021 by and between Community Care Behavioral Health Organization (“Community Care”) and Community Shelter Services, Inc. (“CBO”). In the event of any inconsistent or contradictory terms between the Agreement and this SOW, the terms of this SOW will control and supersede such inconsistent or contradictory terms. The effective date of this SOW shall be January 1, 2023 (the “Effective Date”).

Overview:

As part of the HealthChoices Program, the Pennsylvania Department of Human Services (“DHS”) has implemented a Value Based Purchasing (“VBP”) initiative with the intent of transitioning Providers from volume to value payment models for the delivery of behavioral health services. Under this initiative, Behavioral Health Managed Care Organizations are required to incorporate Community Based Organizations into their medium and/or high VBP arrangements with Network Providers in order to address Social Determinants of Health (“SDOH”).

CBO is a Pennsylvania non-profit corporation under Section 501(c)(3) that assembles and directs federal, state, and local resources to assist low-to-moderate income families and individuals in Erie County facing barriers to SDOH, including but not limited to housing instability and/or homelessness, food insecurity, clothing, employment, and transportation.

Community Care is a Behavioral Health Managed Care Organization and the Subcontractor for Erie County related to the Behavioral HealthChoices Program within the county. In accordance with the VBP initiative established under the HealthChoices Program, Community Care desires to engage CBO under Community Care’s Inpatient & Ambulatory Service Shared Savings VBP Payment Strategy to address one or more SDOH by providing the services (the "Services") as set forth below. CBO shall provide these Services in accordance with schedules mutually agreed upon by Community Care and CBO.

Activities performed by the CBO will be conducted in compliance with HealthChoices Behavioral Health Program, Program Standards and Requirements Appendix U – Value Based Purchasing.

Term:

The term of this SOW shall begin on January 1, 2023 and, unless otherwise amended or terminated in accordance with the terms of the Agreement, expire on December 31, 2023.

Services and Expectations of the CBO:

- CBO will participate in quarterly Community Care Inpatient & Ambulatory Services Shared Savings VBP learning community meetings
- CBO will participate in care planning when receiving a Medical Assistance member (“MA member”) associated with this VBP initiative. Care planning includes:
 - a. Participating in post-discharge service planning meetings; to include documenting any specialize needs the MA member may have while a guest at the CBO facility
 - b. Assisting in transporting or planning transportation for the MA member from the Inpatient or Residential Drug and Alcohol treatment to the CBO facility (when possible)
 - c. Acknowledging the MA member’s successful arrival at the CBO facility

- d. Assigning and Acknowledging the CBO Point of Contact for the Inpatient/Residential or Community Provider agencies
 - e. Other care activities that will increase MA members' partnership with the CBO facility and community based providers.
- CBO shall accept referrals via Coordinated Entry that originate from and are identified as high risk MA members associated with this VBP. The CBO will provide current services and resources that address housing instability, food insecurity, clothing, employment, and transportation.
 - CBO shall ensure completion of Homeless Management Information System data entry for MA members associated with this VBP and will provide additional information to Community Care about MA members served by the CBO as requested.
 - CBO shall provide information required or requested by Community Care regarding MA members served by the CBO and the use of dollars provided to support this initiative

Data Sharing:

Community Care and the CBO will work together on identifying the criteria for sharing certain Social Determinants of Health (SDoH) member-specific data related to the VBP initiative on a monthly basis. Community Care and the CBO together will identify a secure method on how data will be shared and follow all guidelines identify within the master agreement.

Compensation:

Upon Community Care's determination that CBO has provided the services and met the expectations described in this SOW, CBO will receive 2.5% of the realized savings pool for the VBP outcomes from the 2023 Inpatient and Ambulatory Shared Savings Value-Based Arrangement no later than July 31, 2024.

Notwithstanding the foregoing, CBO acknowledges and agrees that the availability and payment of any compensation described herein is strictly contingent upon the realization of savings from the outcomes of the 2023 Inpatient & Ambulatory Shared Savings VBP Arrangement for Behavioral Heath HealthChoices in Erie County. Community Care makes no guarantee that such savings shall be realized, and CBO agrees that Community Care shall not be responsible for providing compensation in the event no savings are realized.

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHDP Replacement.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2023 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHPD Renewal Project Listing; and
- YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD’s website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2023 CoC Priority Listing Detailed Instructions and FY 2023 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: County of Erie

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2023 CoC Priority Listing Detailed Instructions and FY 2023 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2024 into one or more new projects? No

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD’s website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC’s Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which tell us which projects your CoC is prioritizing.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
Self Start PSH Ex...	2023-09-18 11:32:...	PH	Erie City & Erie ...	\$104,250	1 Year	E7	PH Bonus	PSH	Yes
My Way Home RRH E...	2023-09-18 09:04:...	PH	Erie City & Erie ...	\$153,033	1 Year	X	PH Bonus	RRH	Yes
My Way Home RRH E...	2023-09-23 16:27:...	PH	Erie City & Erie ...	\$153,033	1 Year	E4	PH Bonus	RRH	Yes

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which tell us which projects your CoC is prioritizing.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Moving Into Stabi...	2023-08-29 15:04:...	1 Year	Erie City & Erie ...	\$174,968	8	RRH	PH		
My Way Home RRH	2023-08-29 14:12:...	1 Year	Erie City & Erie ...	\$608,934	E3	RRH	PH		Expansion
Fresh Start	2023-08-29 15:01:...	1 Year	Erie City & Erie ...	\$161,093	9	PSH	PH		
Self Start PSH	2023-08-29 13:03:...	1 Year	Erie City & Erie ...	\$1,101,318	E5	PSH	PH		Expansion
Lighting the Cand...	2023-08-29 14:21:...	1 Year	Erie City & Erie ...	\$276,881	6	PSH	PH		
Erie County Coord...	2023-09-18 15:52:...	1 Year	Erie City & Erie ...	\$145,121	2		SSO		
Erie County HMIS	2023-09-18 15:42:...	1 Year	Erie City & Erie ...	\$146,027	1		HMIS		

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which tell us which projects your CoC is prioritizing.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
PA 605 CoC Planning	2023-09-20 10:11:...	1 Year	Erie City & Erie ...	\$183,773	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project Listings simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2023 NOFO, CoCs must rank all YHDP Renewal projects that HUD initially funded in the FY 2016 (Round 1) YHDP Competition.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which tell us which projects your CoC is prioritizing.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted ?	Rank	PSH/RRH	Consolidation Type
This list contains no items									

Continuum of Care (CoC) YHDP Replacement Project Listing

Instructions:

Prior to starting the YHDP Replacement Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Replacement project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project Listings simultaneously. To review a project on the YHDP Replacement Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2023 NOFO, CoCs must rank all YHDP Replacement applications for projects replacing YHDP Renewal projects that HUD initially funded in the FY 2016 (Round 1) YHDP Competition.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which tell us which projects your CoC is prioritizing.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	Rank
This list contains no items							

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked the New, Renewal, Round 1 YHDP Renewal and Round 1 YHDP Replacement projects, or rejected project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC's Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$2,614,342
New Amount	\$257,283
CoC Planning Amount	\$183,773
YHDP Amount - Competitive	\$0
YHDP Amount - Non-Competitive	\$0
Rejected Amount	\$153,033
TOTAL CoC REQUEST	\$3,055,398

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	Certification of ...	09/20/2023
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

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Page	Last Updated
Before Starting	No Input Required
1A. Identification	08/29/2023
2. Reallocation	09/14/2023
5A. CoC New Project Listing	09/23/2023
5B. CoC Renewal Project Listing	09/19/2023
5D. CoC Planning Project Listing	09/20/2023
5E. YHDP Renewal Project Listing	No Input Required
5F. YHDP Replacement Project Listing	No Input Required
Funding Summary	No Input Required
Attachments	09/20/2023
Submission Summary	No Input Required

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Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Erie City and County CoC

Project Name: PA-605 CoC Application F& 2023

Location of the Project: Erie City and County, Pa. See list of projects from each jurisdiction
within the CoC's geographic area below.

Name of the Federal Program to which the applicant is applying: 2023 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph Schember

Title: Mayor

Signature: *Joseph V. Schember*

Date: Sept. 19, 2023

2023 ERIE CITY AND COUNTY CONTINUUM OF CARE (PA-605) PROJECT APPLICATIONS

Project Type	Project Name	Location of Project
HMIS	HMIS	City & County of Erie, PA
SSO	Coordinated Entry	City & County of Erie, PA
RRH	My Way Home RRH	City & County of Erie, PA
RRH	My Way Home RRH Expansion	City & County of Erie, PA
PSH	Self-Start PSH	City & County of Erie, PA
PSH	Lighting the Candle 1	City & County of Erie, PA
PSH	Self-Start PSH Expansion	City & County of Erie, PA
DV-RRH	Moving Into Stability	City & County of Erie, PA
PSH	Fresh Start	City & County of Erie, PA

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Erie City and County CoC

Project Name: PA-605 CoC Application F& 2023

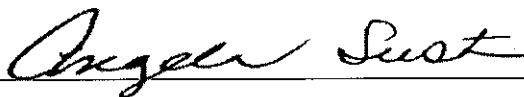
Location of the Project: Erie City and County, Pa. See list of projects from each jurisdiction
within the CoC's geographic area below.

Name of the Federal Program to which the applicant is applying: 2023 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Angela Susten

Title: Director, Center for Community and Housing Development

Signature: 

Date: 09/20/2023

2023 ERIE CITY AND COUNTY CONTINUUM OF CARE (PA-605) PROJECT APPLICATIONS

Project Type	Project Name	Location of Project
HMIS	HMIS	City & County of Erie, PA
SSO	Coordinated Entry	City & County of Erie, PA
RRH	My Way Home RRH	City & County of Erie, PA
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PSH	Lighting the Candle 1	City & County of Erie, PA
PSH	Self-Start PSH Expansion	City & County of Erie, PA
DV-RRH	Moving Into Stability	City & County of Erie, PA
PSH	Fresh Start	City & County of Erie, PA