

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 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 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 2026 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.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; 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–Accountable 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:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Concerned Citizen-former homeless service workers	Yes	3
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Erie County Continuum of Care (CoC) is an open collaboration that welcomes all who are interested in addressing homelessness and housing issues. All CoC coalition and committee meetings are open to anyone who wishes to attend. For those who wish to participate in the decision-making process, the CoC requires membership. The CoC does not charge membership dues. Becoming a member is a transparent process which is publicized on the website of the CoC: www.endhomelessnesseriecountypa.org. The CoC website link is also provided on the lead applicant's website: <https://eriecountypa.gov/departments/human-services/housing-and-homelessness/>. The Google Forms membership application found on the website can easily be completed via phone, tablet or computer. Paper membership applications are available at various events throughout the community and can also be directly emailed upon request. Membership applications are reviewed for approval by our Governing Board on a bi-monthly basis. The CoC accepts membership applications year-round. The CoC membership is made up of a wide-spanning array of agencies who are interested in serving the homeless population of Erie County, PA. Our membership roster is over 100 individuals and agencies representing many service sectors. To be expected, local housing providers are members of the CoC, as well as the many service agencies which work with the homeless population on a daily basis. The CoC continues to encourage all individuals with various approaches to addressing housing and homeless issues to have a seat at the table and work together to solve this ongoing problem.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The Erie County Continuum of Care (CoC) is an open collaboration that welcomes all who are interested in addressing homelessness and housing issues. All CoC full coalition and committee meetings are open to anyone who wishes to attend. The CoC has several strategies to solicit opinions to prevent and end homelessness. We offer opportunities to conduct presentations from different service/housing providers at CoC bi-monthly meetings, targeting agencies that have new programs serving the homeless or ones that are looking to expand their work in the community. Our CoC also solicits information from a homeless advocacy group comprised of persons with lived experience and incorporates their feedback into our decision-making processes. Our CoC provides and attends trainings, workshops, and local conferences including recovery-based interventions, drug and alcohol programming, mental health, domestic violence trainings, and HUD workshops throughout the year. Lead applicant and planning grant staff also attend non-CoC events to promote collaboration and discuss what other service systems are seeing regarding homelessness.

The CoC will schedule a presentation or training from service/housing providers at the beginning of most bi-monthly CoC meetings, which are open to the public. The presentations will lead to a discussion among CoC memberships to reflect on the programming and content and its relevance to CoC's work to reduce homelessness. Our sub-committees provide updates on their work and the City (ESG recipient) and County (CoC lead) provide funding/program updates at every CoC meeting. Time is set aside at the end of the CoC for the public to provide input and feedback on homelessness initiatives. The CoC continues to update its website with information and encourages the public to provide feedback on information including CoC homelessness data found on the dashboards. The CoC is also working to expand the community engagement and outreach efforts. These events (i.e. donation drives, landlord engagement sessions, etc.) are often attended by people not affiliated with the CoC. Outreach activates to rural areas less supported by services in also increasing to gain a better understanding of what is occurring in other areas. Their feedback and input are always sought out and brought back to the decision-making table.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

PA605 CoC solicited proposals from entities throughout the community for submission. The CoC has an extensive listserv consisting of both CoC member and non-member agencies, housed at the county Department of Human Services offices. The comprehensive distribution list consists of well over 100 agency and citizen contacts, including those who are current recipients of CoC funds as well as those agencies who have not been able to apply because of funding limitations. The listserv was emailed throughout the HUD notification process to notify agencies of the changes in priorities and how they have created new opportunities for current and potentially new applicants. In addition, we added several faith-based providers to the distribution listserv who have never receive HUD funding and have services that align with HUD's new priorities. The listserv was emailed throughout the HUD notification process to notify agencies of the changes in priorities and how they have created new opportunities for current and potentially new applicants. In addition to the email distribution, information regarding the NOFO process was shared and posted on the CoC website, www.endhomelessnesseriecountypa.org. Stemming from having new opportunities for agencies to apply for funding, the CoC held two informational sessions for all potential applicants to review the funding changes and what the mean for creating new opportunities from those agencies who haven't been able to apply for funds in previous years. These sessions were held virtually via Teams. Many agencies who have not received CoC funds attended these sessions to gather information. Of those new agencies that participated in these virtual sessions, four submitted applications for review through our local competition. Additionally, two of the agencies that had previously received funding had submitted additional applications for new project types. One of the agencies that submitted an application is a direct faith-based entity, and another has strong roots in faith-based approaches. In addition to these virtual session, CoC staff made themselves available for one-on-one discussions with agencies uncertain of the changes so they can proceed with clear expectations and understanding. Planning staff, who also attend meetings for the D&A, MH, and CJ systems in Erie County, was also proactive of making the changes known to attendees, as the funding opportunities were now open to different providers.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The Erie County CoC commissioned a gaps analysis of the homelessness response system in early 2026 to understand the need for shelter, services, and housing for each subpopulation, how effectively the CoC was reducing homelessness for each subpopulation, and recommend comprehensive strategies to reduce homelessness. The gaps analysis included a review of system data that analyzed: 1)The scale and trends for households living in sheltered or unsheltered places (broken down by subpopulations, including adult-only households, families with children, transition-aged youth, and veterans) 2) How many households receive supportive services (homeless services, healthcare, mental health, and substance use. 3)The program and client-level outcomes for the services delivered by subpopulation 4)Local concerns, such as 'previous zip code', 'shelter utilization by season', and 'calculating the average caseload size.' Data sources included a 5-year review of HMIS program data, Point in Time Count, Housing Inventory Count, & System Performance Data. Qualitative data included interviews with system leaders, provider agencies, and discussions with the CoC Governing Board and Full Membership meetings. It also reviewed funding sources to understand allocations, the requirements for each source, and eligibility of homelessness interventions referenced in CFR 42. The analysis identified the following gaps in the system of care:1) Gap in integrating mental health and substance use services into homelessness programming. On average 93% of households have a behavioral health diagnosis, but 29% received no BH service. 2)Increased need for shelter access for families with children during the summer and fall seasons, where 9 additional family beds are needed to bring utilization below 100%. 3)The need for dedicated services for transition-aged youth, who comprise about 6% of homeless households and have no population specific services within the CoC. 4)Gap of 518 permanent housing units with matched services for all subpopulations to keep pace with the need The Governing Board has received the findings and is updating its strategic plan to reduce homelessness in 2026. This plan will translate findings into measurable performance outcomes. Each of the measures will have an action plan, identify a lead agency for each strategy, a timeline for results, and accountability mechanisms. The Governing Board is the body responsible for evaluating and implementing the comprehensive strategy.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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	1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	25%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A The Erie City and County Continuum of Care is not a rural CoC.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

All our Permanent or Transitional Housing projects subrecipients have signed MOUs (see attached Other) with the lead applicant's, Erie County Department of Human Services (DHS) Drug and Alcohol Office (Erie County D&A). The MOU assures services provided for our CoC providers are expedited, funds non-insured participants, and assists participants in obtaining the appropriate level of care to achieve sobriety and gain self-sufficiency. Through this agreement our CoC projects have expedited access to treatment for substance use disorders (SUDs) with a range of appropriate levels of care. The County D&A Office contracts with 9 outpatient and 16 inpatient and/or detox providers, 2 halfway houses, 2 3/4 houses and 5 recovery houses in the County and surrounding areas. Many D&A services include dual-diagnosis treatment. Our CoC shelters partner with Erie County D&A office intensive case managers who work with homeless persons in shelters to support recovery. Erie County also provides substance abuse training and resource identification. Many County D&A providers are part of our CoC and do substance abuse trainings at our CoC meetings so all homeless providers can access substance abuse treatment including immediate access to emergency detox.

The CoC lead applicant office contracts with a wide array of agencies covering the full CoC geographic area for mental health (MH) treatment for all levels of care. Services include multiple outpatient, family-based and inpatient agencies including hospitals, residential treatment facilities and personal care homes for the mentally ill. Our largest MH screening and assessment referral provider also runs Coordinated Entry and our largest Permanent Supportive Housing program. Additional MH dollars support Coordinated Entry staffing that possesses MH education and work background, as well as additional time to make warm handoffs and coordinate to their team of MH Administrative Case managers who screen, assess and refer to Erie County's wide array of MH services ensuring they have timely, prioritized access to resources for mental health services. Erie County has an annual suicide prevention training which is sent to the CoC listserv and a suicide prevention screening sent to all MH, D&A and housing providers. Erie County DHS contracts with the Mental Health Association for Certified Recovery Specialists. This agency serves approximately 50 homeless persons a day.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

All CoC projects provide access to Certified Recovery Specialists (CRS) and Certified Peer Specialists (CPS). and other forms of peer support and recovery navigation. CRSs are required to have at least 18 months of sobriety and 78 hours of CRS training. Erie County CoC projects have access to peer support staff, and recovery navigation is arranged through signed MOUs with the CoC lead applicant's, Erie County Department of Human Services (DHS) Drug and Alcohol Office, Erie County (D&A). The D&A office has 3 CRSs that support persons in recovery including those that are coming out of inpatient treatment and are homeless or at risk of homelessness. Both DHS and the County D&A Office understand that peers are individuals with lived experience in their substance use or mental health recovery who can provide additional support, case management, and assist with interventions. The Erie County D&A office also contracts with 4 D&A providers that are active members of our CoC for CRSs so participants in our HUD and other County housing programs have access to CRS services throughout the CoC geographic area. The Erie County D&A office also contracts with a transitional housing provider serving mostly women with children for two CRSs that support recovery by providing individualized case management, employment and education support, and linkage to outpatient Mental Health (MH) and Substance Abuse services. Erie County D&A also provides two CRSs that work in the prison, who coordinate with the prison D&A and MH treatment provider to support D&A and dual diagnosis clients.

The lead applicant, Erie County DHS MH/ID office, contracts with our largest mental health community center, the Mental Health Association (MHA) for 2 Certified Peer Specialists (CPSs) who are required to have lived experience (a mental health disorder) and 75 hours of specialized training. MHA provides access to services for approximately 50 homeless persons daily. The Erie County's MH/ID office also contracts with a CoC MH partner agency for a CPS who assists the agency's CoC Street Outreach Team and their Crisis team on crisis calls.

The Erie County Care Management (ECCM) Coordinated Entry (CE) team makes warm handoffs to the ECCM's Administrative Case Management team who are licensed mental health professionals and can make direct referrals for CRS and CPS services.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The Erie CoC lead applicant, Erie County Department of Humans Services (DHS), contracts with Erie County Care Management's (ECCM) Administrative Case Management (ACM) Division (the Mental Health Base Service Unit) to provide intakes that consist of holistic psychosocial assessments and screenings to determine the person's needs and eligibility for County Mental Health (MH) services. ECCM's ACM team has licensed MH professionals that coordinate, collaborate and make referrals with the DHS's mental health providers who are part of our CoC to ensure timely access and availability to resources for housing and/or mental health services. While basic services are provided to all persons who have a mental health diagnosis, Administrative Case Managers often work with persons who meet the criterion for the State Priority Groups which are defined as adults who meet the threshold for Serious Mental Illness (SMI). Erie County CoC partners with community organizations who serve consumers with identified service needs and work collaboratively with many providers to ensure that the mental health continuum of care is established and services cover the entire CoC geographic area. The Erie County CoC has a wide array of services available for all levels of care throughout the continuum of care when it comes to stability for an individual with an SMI. These levels of care consist of; 1: Crisis Services and Warm Line, 2: Crisis Residential Unit, 3: Local Inpatient Psychiatric Units, 4: Long Term Structures Residential program, 5: Residential Treatment Facility for Adults (RTFA), 6: Enhanced Personal Care Home facilities, 8: Psychiatric Partial Hospitalization program, 9: Assertive Community Treatment (ACT) team, 10: Outpatient MH clinics that provide therapy and medication management, 11: Blended Case Management providers, 12: Community based Psychiatric Rehab Services, 13: Medication Monitoring providers, 14: Certified Peer Specialists, 15: Community Health Workers , and 16: Administrative Case Managers. Erie County CoC has available multidisciplinary groups of professionals that provide comprehensive, 24/7 community-based mental care for homeless individuals with severe and persistent mental illnesses. The lead applicant, Erie County DHS, also meets at least weekly with its Managed Care organization to triage persons with SMI's who have high utilization of services, have difficulty being housed, or have no placement options from hospitals or the prison.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The CoC's lead applicant, Erie County Department of Human Services (DHS) has Drug and Alcohol(D&A) and Mental Health (MH) CROMISA case managers for treatment courts. All CoC PH and TH projects have an MOU with Erie County Drug and Alcohol (D&A) and prioritize participants for treatment court. DHS contracts with a CoC provider to have a MH treatment court Administrative Case Manager. Erie County probation refers all clients needing D&A services to Erie County D&A and mandates treatment.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC coordinates with Erie County Drug & Alcohol (D&A), a CoC Mental Health (MH) provider who also has 2 CoC HUD projects, Adult Probation through the MOU between all CoC Permanent Housing (PH) and Transitional Housing (TH) projects and Erie County D&A, and through Erie County's Department of Human Services (DHS) contract with the CoC provider for a Mental Health Treatment Court Administrative Case Manager (ACM). Treatment Court case managers, CROMISA staff, and the ACM refer participants experiencing homelessness to Coordinated Entry (CE) (814-SHELTER), operated by Erie County Care Management (ECCM). Under the MOU, CoC PH and TH projects prioritize Treatment Court participants, who are required to have a service plan that includes maintaining housing stability, employment, education, and requirements to follow the D&A and or MH treatment level of care recommendations. If a participant does not follow the service plan or treatment plan recommendation or is not making efforts or progress, the court may increase the length of time the offender stays in treatment court, detain the offender, or revoke them from treatment court to face the full consequence of their charge. The CoC case manager, Treatment Court case manager or ACM, and probation officer hold case conferences weekly, with consent documented through releases that comply with HIPAA and 42 CFR Part 2. All Treatment Court participants are required to speak weekly in open court about progress they have made on their service and treatment plan or lack thereof. As participants approach Treatment Court completion, the CoC project and court team develop a transition plan for continued outpatient treatment, recovery supports, and housing. With consent, CoC staff share information on housing stability and service engagement with the Treatment Court team for progress reviews. When housing is at risk, the CoC project notifies the treatment court case manager or ACM [so the court team and housing provider can address the issue before an eviction or program exit. Treatment Court clients are prioritized for the CoC's rental assistance programs and Coordinated Entry will make a direct referral notifying the Rental Assistance provider. To support movement toward independence, CoC projects and court partners coordinate referrals to the Office of Vocational Rehabilitation, PA CareerLink, and the Erie County Re-Entry Services and Support Alliance. Case managers assist with SSI, Medical Assistance, and SNAP.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Erie County Department of Human Services (DHS), the CoC lead applicant, contracts with University of Pittsburgh Medical Center's (UPMC) Safe Harbor to run the Crisis Center (and mobile crisis). DHS Mental Health staff are on call to respond and coordinate crisis calls with Erie City and County law enforcement agencies. City of Erie Police's Crisis Car and Millcreek Township's Police's COAST program are co-responder models that divert people from inpatient care and jail.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	170

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The lead applicant, Erie County Department of Human Services (DHS), contracts with the Mental Health Association (MHA), a community mental health center in the middle of downtown Erie with 4 of our largest shelters located within a mile (see attached contract). MHA serves an average of 300 or more unduplicated mental health consumers a month. Erie County DHS also receives PATH funds and contracts with Erie County Care Management, our Coordinated Entry and a CoC mental health provider.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The CoC Lead applicant, Erie County Department of Human Services, has added 5 contracts with recovery houses and are opening 2 more with Opioid Settlement funds. While no CoC projects operate a recovery house, all our CoC PH and TH projects have an MOU with Erie County to provide both funding and access to all 5 recovery houses for their clients.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Erie County Department of Human Services (DHS) Drug and Alcohol Office, contracts with a rental assistance and homeless prevention provider to prioritize D&A clients for assistance. The D&A office has 5 case managers that coordinate with one of our prevention providers so if the person has an eviction notice they are immediately scheduled an appointment to apply for homeless prevention funds to avoid eviction. The DHS MH/ID office contracts with two rental assistance/prevention providers and all these referrals go through Coordinated Entry so all housing, homeless, and service providers can go through one point of entry for services. Coordinated Entry (CE) and our rental assistance/homeless prevention providers are then able to fast track individuals and families with evictions, those with higher needs or less means to resolve their housing issues. Our rental assistance/homeless providers both have case management services that can provide housing counseling, and one of these providers also has financial literacy and budgeting program required for those receiving assistance. Even though our rental assistance/prevention providers have a majority of funds coming from the County and not HUD ESG, they are required to enter into HMIS to avoid duplication of services, track system performance, and to ensure households are not abusing the service by going for assistance numerous times or going over the eligible amount of funding allotted. This helps to limit referrals and guide providers to only work with eligible households. The City of Erie also contracts with the two rental assistance providers, and ESG funds are prioritized for persons coming out of hospitals or detained for under 90 days in prison. All ESG referrals go through CE and enter into HMIS to prevent duplication of services and to prioritize referrals.

1C-2.	Supportive Services Investment.
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1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).
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Number

\$3,442,689

2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,420,132
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	41%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$1,869,498
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	96%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The ESG recipient, the City of Erie is on the CoC Governing Board that has bi-monthly board meetings and bi-monthly full member meetings. Updates on ESG activity are given during each meeting. The ESG recipient is also in communication with the HMIS Lead to ensure that ESG subrecipients are collecting correct, accurate data. The subrecipients communicate directly with the HMIS Lead as well for assistance with monthly reporting required by the ESG recipient.

The Continuum of Care was an active participant in the City of Erie's FY2025-2029 HUD Consolidated Plan, completed in 2025, that plans the allocation for ESG funds locally. The third priority of the Consolidated Plan is "provide homeless housing and services," making homeless services, emergency shelter, transitional housing, and permanent housing a key priority for ESG allocations. As a part of the CoC's latest gap analysis completed in 2026, the CoC Governing Board is analyzing the existing public funding streams, including ESG and CoC funds, to determine where there are gaps in funding. This is now an annual process for the CoC Governing Board to ensure that the funding allocations are adequately funding the need for housing, shelter, and services in Erie County. 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. All ESG and Erie County rental assistance programs (HUD and non-HUD funded) are entered into HMIS and data to avoid duplication and prioritize use of rental assistance funds. 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, evaluations and performance of sub-recipients receiving funds, how funds are being utilized and reallocations of ESG funds. Erie County and meets with Erie City collaborate in evaluating each ESG subrecipient's performance.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The CoC mainly coordinates with shelter providers through our Coordinated Entry (CE). CE staff, CoC and County funded shelters, and Erie County Department of Human Services (DHS), CoC Lead Applicant, Housing staff meet quarterly to discuss Coordinated Entry procedures for individuals and families to access CoC assistance. Our CE subcommittee, consisting of CE and shelter staff, also meet regularly to improve CE assessment and referral procedures to shorten the time from shelter entry to permanent housing. Our CE provider, Erie County Care Management, also has a Street Outreach team who are trained in CE activities, visit every shelter, and are able to assess homeless persons onsite for CoC assistance. All shelter providers have contact information of the ECCM Street Outreach Team and will call when a high risk or vulnerable individual or family need assistance to fast track the assessment process. The ECCM Street Outreach Team also goes to our Seasonal Overflow shelters weekly to assess our most vulnerable homeless persons, many who refuse shelter in the summer months. All are shelters are part of our CoC and they all encourage their participants to call Coordinated Entry to be assessed for CoC and other housing services. Several shelters including all DV shelters sit on our Master List team for prioritization of HUD PSH, RRH and TH funding and meet 1-2 times a month. DV individuals and families are prioritized for CoC housing services and are the first to be reviewed at our Master List meeting. All our Emergency Shelters also have the contacts of Erie County DHS housing staff and have procedures with them for persons with high needs that are difficult for shelters to manage. The DHS housing staff are able to fast tract these persons for housing assistance, including having Coordinated Entry or Street Outreach to provide an immediate assessment, and prioritize them for CoC housing without waiting for the Master List meeting. Erie County DHS also contracts with ECCM for a landlord incentive program that can pay for signing bonuses and other incentives for these high need persons to expedite housing placement.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The HMIS Lead attends all CoC Governing Board and Full Membership meetings and discusses PIT, HIC, HMIS, and System Performance data in the aggregate at these meetings. Local leadership attends these CoC meetings as well to join the data/system performance discussions that occur. Local government has and will ask for ad-hoc reports from the CoC and HMIS Lead as well. The sharing of de-identified PIT, HIC, HMIS, and System Performance Data is allowable for Administrative and Analytical purposes (e.g. audit, personnel, management functions, client outcome analysis, trend analysis, etc.). Our CoC also shares aggregate client data with state agencies and funders as requested, such as a homeless youth report for the state government. City of Erie and Erie County are independently developing a 'housing action plan' to be released in Fall 2026. The plans analyze the housing needs in the city and county, including the need for emergency shelter, transitional housing, and permanent housing. And provide goals and action steps to addressing local housing needs. The CoC has aided the city and county by sharing PIT, HIC, HMIS, and System Performance data to inform the plans. The CoC Governing Board will continue to be a vehicle for reviewing local government plans and integrating the homelessness response system into their housing work.

The CoC website has both a Systems Performance dashboard and a PIT report available publicly available and website address and data page are often shared with State and local governments inquiring about data, help coordinate with local and State housing programs and to help State and local officials make informed decisions about new housing initiatives. The link is <https://www.endhomelessnesseriecountypa.org/data>

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

Erie County Department of Human Services (DHS), the CoC lead applicant who administers HMIS, has multiple data sharing agreements to store and share Mental Health (MH), Physical Health (PH), Drug and Alcohol (D&A), Children and Youth (CY), probation/parole and prison data. The agreement with their Managed Care Organization (MCO) access to mental and physical health data including ER visits, diagnosis, medications, and history of treatment. Erie County has a data sharing agreement so all departments of DHS including the MH/ID Office, Drug and Alcohol Office and the Office of Children and Youth can share information including claims data. All Erie County DHS data including DHS MH, D&A and our managed care stored in a system called I-Dashboards and assigns an MCI number to each client. Several years ago, our HMIS provider helped us merge all HMIS numbers with MCI numbers so we can track everyone entered in HMIS across multiple systems. Housing dashboards are built to cross system checks services participants in HMIS receive. We worked with our HMIS vendor to create reports that calculate shelter episodes, length in shelter, and length of homelessness to identify those who are truly chronically homeless. We also changed our housing prioritization assessment from the BI-SPDAT which is largely subjective, to an assessment where more than half the score is based on objective housing including PH, MH, D&A, ER, Crisis, and prison data. We use this information in our Master List Prioritization meetings to prioritize for Permanent Supportive Housing (PSH). This has helped our CoC to identify those who may never be able to work again and has increased the number of chronically homeless served in our PSH programs by 13% and the number of persons with chronic health/conditions by 9%. Erie County DHS also has a data sharing agreement with Erie County Care Management (ECCM) our Coordinated Entry (CE) provider and CE staff use this data to identify persons calling and immediately link them to someone from their large MH administrative case management (ACM) team who can screen, assess and refer for mental health services. Erie County annually creates an encounter report of claims from Erie County DHS and its MCO for all projects in HMIS to examine year to year utilization of services by participants to hold subrecipients accountable for service engagement, identify and assist high utilizers of services and to ensure participants engage and follow through with services.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

Our Coordinated Entry provider, HUD-funded providers, and ESG-funded shelters collaborate closely with Career Link, the state employment center, as well as several local employment agencies. Through these partnerships, Career Link supports participants by helping them search for jobs, prepare for interviews, complete employment applications, and access transportation. Our CoC's seasonal winter shelter is located at the same site as Career Link, which enables a strong and efficient partnership. Participants staying in the seasonal shelter are fast-tracked for employment services and frequently receive same-day appointments.

Additionally, one of Erie County's largest healthcare providers, UPMC Hamot—parent company of Erie County's new CoC-funded Build CDC street outreach team—offers a Pathways to Work program. This program, housed at the UPMC Health Plan Neighborhood Center, uses a personalized approach to connect unemployed and underemployed individuals with career opportunities. Pathways to Work recruiters assist participants by offering resume guidance, interview preparation, skill assessments, and connections to free training opportunities. The training programs offered through UPMC develop core skills relevant to health care, food service, administrative professions, construction, HVAC, and other fields.

UPMC's Pathways to Work program is designed to help individuals struggling to find stable, gainful employment secure career pathways where they can grow. The program is open to participants who are 18 or older, unemployed or underemployed, and who face barriers to finding or maintaining work, including intellectual or physical disabilities.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Our CoC has strong, interdependent relationships with first responders and law enforcement. Our street outreach teams include one Coordinated Entry, one VA, two healthcare, and a faith-based housing provider who specializes in recovery. All our Street Outreach teams have personal connections with the homeless persons in our community and often assist law enforcement in mitigation of homeless persons at encampments or on the street that are having mental health and behavioral issues. Our Coordinated Entry (CE) provider has a County-funded Street Outreach (SO) team, which has a partnership with city and county police departments including specific contacts to call when an encampment needs to be cleared. Police departments also have the CE and Street Outreach teams contact information. When the police are closing an encampment, they will notify them in advance to allow time to engage with the people living there and assist with shelter placement, safe relocation and housing interventions. The CE Street Outreach staff will coordinate with our other Street Outreach teams to assist law enforcement with whatever they need including bringing personal belongings to storage, crowd mitigation, shelter placements and referral to services. The CE Outreach staff all have higher educations in the social fields. Our other Street Outreach teams all have trauma-informed training and are able to identify persons in crisis or needing Mental Health (MH) or substance abuse services. They work closely with our crisis provider and often assist them and local law enforcement on crisis calls with homeless persons. All Street Outreach teams have contacts with the sheriff's department, emergency departments, Mental Health (MH) and recovery providers and policies and procedures in place such as 911 calls, MH and D&A referrals, crisis for behavioral health interventions, and reporting criminal activity to law enforcement. These first responders and law enforcement teams also call our street outreach staff when they encounter a person who identifies as experiencing homelessness if they are in need of services. These interventions range from someone who needs a housing placement to someone who is having a serious physical or behavioral health issue. In 2025, our CE street outreach team had an 86% positive exit rate and housed 11 people including 2 into permanent, unsubsidized housing.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The Erie County CoC supports family and natural-support reunification at every point of engagement. Coordinated Entry (CE) begins diversion during the initial call by exploring safe alternatives to shelter, including reunification with family or friends. CE staff provide mediation and, when needed, limited financial assistance or transportation to help households reconnect with safe and stable supports.

Street outreach teams also assist with reunification. When individuals passing through the community wish to return to family or friends elsewhere, outreach staff confirm a safe destination and provide bus passes. When appropriate, they connect individuals with service providers in the receiving community to support ongoing stability.

For survivors of domestic violence, dating violence, sexual assault, and stalking, the CoC's Written Standards include diversion and transportation to safe family or friends. The Homeless Assistance Program additionally funds SafeNet's Bridge Housing program, an 18-bed facility for survivors and their children that prioritizes women with children and those working to regain custody.

Erie County's Office of Children and Youth (OCY) strengthens reunification through coordinated meetings with MH/ID, Juvenile Probation, and the Supports Coordination Organization. The Erie County Family Dependency Court supports parents with substance use or serious mental illness through comprehensive services—including vocational, educational, life-skills support, and judicial oversight—to meet court-ordered reunification goals.

Within CoC Program-funded housing, case managers help participants reconnect with natural supports by including family in case planning (with consent) and using available funding to cover travel costs when participants choose to relocate to live with family or friends.

OCY also uses several practices to strengthen family connections and reunification, including Family Finding, Diligent Searches, Kinship Mapping, Fatherhood Engagement, Reunification and Family Connections, Transition-Aged Youth services, Housing Stabilization supports, and three OCY-funded apartments that provide short-term housing while families work toward long-term stability.

Across CE, outreach, DV services, child welfare partners, and CoC-funded housing, the Erie County CoC embeds reunification throughout the homeless response system to help individuals and families return to safe, stable, and supportive housing.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The local police department participates as a voting member on our CoC Governance Board, ensuring that law enforcement has an active role in collaborative decision-making. Our CoC maintains strong, inter-dependent relationships with multiple law enforcement agencies to ensure public safety is protected while also supporting individuals experiencing homelessness.

All street outreach teams work closely with local police, crisis response teams, and sheriff's department officers. These teams have established personal connections that enable timely, coordinated responses to situations involving people experiencing homelessness. Outreach staff contact the appropriate police unit depending on the circumstances, and many teams—including Erie County Care Management's Coordinated Entry Street Outreach team—maintain direct communication lines with law enforcement. Conversely, local police frequently reach out to our street outreach staff whenever they encounter someone who identifies as experiencing homelessness to ensure the individual receives proper assessment and support.

The two largest police departments in the county operate diversion programs staffed with personnel trained to meet the needs of people experiencing homelessness, particularly those with substance use or mental health challenges. These strong collaborative relationships across our systems of care are seamless because staff have worked intentionally to build trust over many years.

When an encampment closure is planned, law enforcement notifies street outreach teams in advance. This allows outreach workers to engage with residents ahead of time, assist with safe relocation, and provide housing interventions. Both CoC staff and law enforcement respect each other's roles, and neither impedes the other's ability to work effectively. Protecting public safety while supporting people experiencing homelessness remains a shared high priority for all partners in our CoC.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The City of Erie has ordinances under Article 955 of the City of Erie Code that all public parks and playgrounds have designated operational hours. Remaining in parks after closing hours without special authorization is illegal and enforced by local law enforcement. Erie County has ordinances that prohibit the operation of a camp or campground that does not possess a valid permit issued by the Erie County Department of Health – see link: <https://web.archive.org/web/20220626073416/https://eriecountypa.gov/wp-content/uploads/2017/06/ecdh-og-cg-ordinance.pdf>

These practices aid law enforcement and outreach teams with the disbanding of encampments that are illegal in both the city and county. They also help Street Outreach (SO) Teams in compelling persons to access shelter and other services (e.g. Substance abuse treatment, personal care homes, crisis services) when they normally would decline. While CoC Street Outreach Teams and local law enforcement already have plans (policies/procedures) that leverage beneficial policies, they continue to be improved. One area of improvement where we are developing a plan is in the rural areas in our CoC geographic area where it is difficult for outreach teams to locate and access encampments. The plan that is being developed is putting together a list of places where unsheltered persons in the rural areas go to for resources, including rural soup kitchens and food banks and working with several churches that provide services for the homeless and can inform Outreach teams of known encampments. The other part of the plan is working with local law enforcement that have jurisdiction in these areas to provide safety and assist the street outreach teams to help with leverage so the unsheltered person will go to shelter and engage in housing and other services. Factors that hinder resolution include limited shelter, rural shelter and permanent housing capacity. We increased our shelter bed significantly to house unsheltered persons, but zip code data showed a large increase in persons coming for shelter outside our CoC. The lack of affordable housing in our CoC has created significant issues for persons trying to exit shelter. The City of Erie is developing a plan to create more housing presented at our CoC meetings and asked for input from members. Leveraging local laws and policies have helped reduce our unsheltered PIT numbers from 76 in 2024 to 47 in 2025 and 39 in 2026.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

As of September 2026, the CoC's geographic area contains approximately 6–7 encampments with an estimated 20–25 individuals residing in them. Seasonal patterns affect both size and number of encampments: fewer people remain outdoors during winter when more seek shelter, while the unsheltered population typically increases in warmer months.

Recovery Street Outreach (RSO), operated by Erie County Care Management (ECCM), is the primary outreach team engaging individuals in encampments. RSO staff visit encampments, drop-in centers, meal sites, and other locations where unsheltered people stay. The team provides immediate stabilization through blankets, food, hygiene items, medical supplies, and onsite nursing support offering health screenings and mobile wound and foot care. These consistent contacts help build trust and allow RSO to complete CE housing assessments, assist with identification and benefit applications, and provide transportation to shelter, appointments, or housing options. Individuals traveling through the region may receive bus passes to safely reach their destination.

RSO also coordinates with two additional outreach teams from a local shelter and a healthcare organization to ensure full coverage of encampments and support access to shelter for people who are unsheltered. RSO documents engagements in HMIS, with 710 contacts recorded in CY2026; current tracking does not distinguish encampment contacts from those made in other settings. Among people assessed, more than 43% report being homeless for one year or longer; this figure will be updated as new data becomes available.

When an encampment closure is planned, RSO coordinates with law enforcement and the Mayor's Office to ensure residents are offered services ahead of the closure, including shelter placement, housing assistance, substance use treatment, medical or behavioral health care, or transportation to safe alternative locations. Outreach continues with anyone who remains unsheltered afterward. Data on the number of encampment residents placed into shelter or housing in the past 12 months will be added when available.

Community members who wish to help are encouraged not to visit encampments independently, as unexpected visitors may create safety risks or involve trespassing. Engagement is instead handled by trained providers who follow outreach safety practices, use crisis-prevention approaches, and coordinate with law enforcement as needed.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Several local laws and practices support the CoC's ability to reduce public drug use and quickly connect individuals to services. The Law Enforcement Treatment Initiative (LETI), operated by the PA Attorney General's Office, the Erie County District Attorney, and the Erie County Office of Drug & Alcohol Abuse (D&A), allows law enforcement to refer individuals directly to treatment instead of lengthy court processes. D&A provides screening, assessment, treatment referral, and case management, prioritizing people who inject drugs or have survived overdoses. Case managers coordinate with mental health, primary care, and other providers using warm hand-offs to support continuity of care. Medication-assisted treatment is available across treatment settings and in Erie County Prison.

Local police partner with crisis-trained responders through Erie Police's Crisis Car and Millcreek Police's COAST program, helping intervene when substance-use crises occur in public spaces. Opioid settlement funds strengthen these efforts by supporting treatment and recovery initiatives, including a regional recovery hub. Police also patrol areas with complaints of open drug or alcohol use and conduct targeted operations to reduce unsafe public activity and connect individuals to services when appropriate. Some individuals struggle to enter residential treatment, including women with children, people on methadone, and non-English speakers. Waitlists for halfway houses, housing instability, provider staffing shortages, and time-limited RSO funding hinder consistent engagement and timely treatment access. To leverage strengths and address barriers, the CoC will develop a written referral protocol among street outreach, EPD, MPD, D&A, and Coordinated Entry (CE). This protocol will ensure people using drugs in public receive rapid access to D&A screening and services, with LETI used when law enforcement is involved. The CoC will equip outreach, shelter, and project staff with naloxone and training and connect overdose survivors to D&A case management. CE will prioritize assessments and housing referrals for households engaged with D&A, treatment court, or LETI, ensuring housing supports recovery stability. The CoC will coordinate with D&A and opioid settlement grantees to expand detox, recovery housing, or other needed capacity. HMIS, D&A, and overdose data will be reviewed regularly to track referrals, treatment entry, and housing outcomes and guide system improvements.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Fatal overdoses in Erie County have declined significantly. According to the Erie County Coroner's Office, overdose deaths fell 64% from 2023 to 2025, dropping from 116 in 2023 to 73 in 2024 and 42 in 2025, the lowest number since 2011. This decline reflects expanded access to treatment, increased naloxone distribution, coordinated crisis response models, and stronger partnerships among health, outreach, and public safety agencies. In 2025, fentanyl contributed to 80% of drug-related deaths, and methamphetamine and cocaine were each present in 40%. More than two-thirds of those who died were male, with an average age of 51. Overdose calls to emergency responders also decreased, from 1,025 in the 12 months beginning March 2023 to 783 in the following 12 months. Current nonfatal overdose indicators, such as emergency department visits and naloxone administrations, show similar downward trends. To better understand circumstances surrounding fatalities, the Erie County Department of Health launched an Overdose Fatality Review (OFR) in 2025 with 15 partner agencies. Of the 10 deaths reviewed in its first year, three individuals were unhoused at the time of death and eight had experienced homelessness previously. Nine had a prior nonfatal overdose, and six had accessed substance use treatment in the year before death. These findings represent a small sample and are not yet generalizable, but they highlight housing instability as a recurring factor.

Public drug use continues to occur in specific outdoor locations, including parks, alleys, and commercial areas where outreach teams and police respond to complaints or observe substance use. Outreach teams report that public use fluctuates seasonally, increasing during warmer months. Law enforcement and crisis-trained responders also encounter public drug use during patrols and calls for service. Weekly wastewater surveillance conducted by the Department of Health supports real-time monitoring of substance trends in the community. Erie County Drug and Alcohol (D&A) have staff on call 24/7 and partner with first responders and hospitals anytime a person overdoses. The D&A staff meet first responders in the field and at the hospitals to encourage participants to engage in services which include providing transportation for warm hand-offs to hospitals. Since this policy was introduced to our Co, overdose deaths have had a significant decrease.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Erie County follows the Pennsylvania Mental Health Procedures Act (MHPA), which guides how agencies respond to individuals who may pose a danger to themselves or others. Local practices support the CoC's work with this population. Erie County Crisis Services operates 24/7 with a mobile crisis team that provides immediate behavioral health intervention. Under MHPA Section 201, individuals 14 and older may voluntarily enter inpatient care without court involvement. When someone is at imminent risk, Section 302 allows emergency involuntary evaluation based on specific criteria within the past 30 days, requiring a petitioner with first-hand knowledge and authorization from the MH/ID delegate, police, or a physician. Extended involuntary treatment under Sections 303, 304b, and 305 includes hearings and appeal rights. Erie Police's Family Crisis Unit works closely with Crisis Services and partners serving homeless individuals, strengthening coordinated response to behavioral health emergencies. Several limits affect how these standards apply to people experiencing homelessness. The 30-day requirement and "acts in furtherance" criteria may not capture individuals whose safety risk stems from deteriorating mental health or unmet basic needs without a recent qualifying act. As a result, some individuals may not receive a higher level of care until risk escalates. Section 302 admissions are limited to 120 hours unless a 303 petition is filed, and discharge can occur without confirmed shelter or housing. Limited inpatient bed availability, extended emergency department boarding times, and transportation barriers also affect timely connection to care. To strengthen alignment between crisis response and homeless services, the CoC lead applicant—the Erie County Office of MH/ID—is updating Crisis protocols to meet state DHS requirements. These updates will define referral pathways linking street outreach, coordinated entry (CE), and mobile crisis teams. The CoC will establish a discharge coordination protocol with local hospitals so individuals leaving inpatient care are connected to CE, shelter, or housing before discharge. Outreach and shelter staff will receive annual training on MHPA criteria, petitioner requirements, and trauma-informed care. Erie County DHS will also implement a cross-system dashboard to identify individuals in HMIS who have received crisis services. Together, these steps will improve safety, strengthen coordination, and support access to care.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Pennsylvania implements the Sex Offender Registration and Notification Act (SORNA) through 42 Pa.C.S. §§ 9799.10–9799.75, administered by the Pennsylvania State Police (PSP). Individuals experiencing homelessness must register as transients, report their temporary places of abode, and appear in person monthly. PSP maintains the statewide registry and public website, which law enforcement and community members' access. Erie Police Department operates a Megan's Law unit, and its motorcycle unit notifies residents when an offender moves into the city as required by law. SORNA does not assign registration or reporting duties to CoCs or homeless service providers. Several practices support the CoC's ability to comply with lawful information sharing. The HMIS privacy policy permits disclosure when required by law, and outreach teams, shelters, Adult Probation and Parole, and law enforcement maintain strong working relationships. CoC projects follow HUD's HMIS privacy standards, HIPAA, 42 CFR Part 2, and VAWA confidentiality requirements, which govern all disclosures and are not specific to SORNA. All Erie County shelter projects and many CoC housing projects are required to check the public PSP registry at intake. The main factor hindering accurate location reporting is lack of stable housing. Housing restrictions and landlord screening limit placement options, causing registrants to move frequently between shelters and unsheltered locations. This instability creates reporting challenges outside the CoC's authority. Because SORNA responsibilities fall solely on registrants and PSP, there are no SORNA-related barriers the CoC can directly mitigate. Registrants already report their own locations under state law. The CoC will continue responding to lawful information requests consistent with its HMIS privacy policy and confidentiality rules. CoC projects will inform participants of legal obligations, including registration requirements, when relevant to their housing stability. All Erie County shelters, residential providers, and Coordinated Entry (CE) have access to the PSP registry. Family shelters exclude registrants, and all shelters track individuals subject to Megan's Law. Some CoC shelters allow registrants, but bed availability is limited and CE monitors shelter entry.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Our CoC strategy to outreach to all individuals and families experiencing homelessness across our county is to collaborate with community stakeholders to build strong, interconnected relationships where information is frequently shared. This strategy utilizes relationships between street outreach teams, housing providers, first responders, law enforcement, coordinated entry, 211, healthcare providers, faith-based agencies, and community leaders, such as our Mayor and County Executive and their respective staff. Our Governance Board includes representatives from many of these partners, strengthening our ability to make informed decisions in system planning. These connections ensure that information is shared to all service providers and those they serve. We have CoC committees that each have a specific focus including Healthcare and Homelessness that informs and supports current healthcare issues and utilization, Marketing and Engagement that educates and informs community stakeholders about our services, Client Services who identify and address gaps in our system, and Persons with Lived Experience who bring the crucial voices of expertise in serving our most vulnerable neighbors. The Client Services committee recently adopted a street resource app for persons experiencing homelessness and providers to quickly access available resources such as food, clothing, school supplies, and community events relative to this population. This resource app has been a huge success as the information is current and easily accessible. For people without access to electronics, many meal, healthcare, and housing providers share the information or provide written fliers to make the current resources known. The CoC also utilizes and shares a resource document prepared by Erie County Department of Human Services that lists resources of all types and needs. We also rely on our street outreach teams to engage anyone experiencing homelessness or at imminent risk of homelessness encountered throughout our CoC. We have five teams including one VA team, one faith-based housing provider with a recovery focus, one Coordinated Entry team, and two healthcare teams. Each of these teams will serve anyone within our geographic area. The CoC also utilizes the annual Point in Time Count as an outreach event. With the assistance of volunteers, handout bags are distributed to over 400 individuals with information on various services as well as supplies.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	Yes

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

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Our CoC ensures a systemwide process for supporting children experiencing homelessness through written standards and MOUs with SEAs, LEAs, and local school districts. This coordinated approach guarantees access to transportation, school equipment, free meals, and school stability, allowing children to remain in their home school whenever possible. Collaboration occurs among homeless education liaisons, our CoC's children and youth office, early intervention providers, and other youth education partners. A formal partnership between local school districts and our children and youth office helps ensure that when a family is reported homeless, school staff and liaisons promptly connect them to services such as case management, rental assistance, transportation, and other resources. Our written standards include policies requiring that all children in CoC- and ESG-funded projects have equal access to free and appropriate public education, including preschool, consistent with HUD requirements for the CoC lead applicant and its subrecipients. Providers, including shelters and PSH/RRH programs, must coordinate with school district homeless liaisons for transportation and follow educational service requirements embedded in subrecipient contracts. These contracts must align with subtitle B of title VII of the McKinney-Vento Act, and all subrecipients are required to incorporate this language into organizational policies to ensure families are informed of their educational rights. Compliance with these requirements is verified during contracting and monitoring. All Erie County Department of Human Services (DHS) (lead applicant) HUD contracts have language that shelters coordinate with school homeless liaisons so children in shelter are provided transportation to the school they attended before they became homeless.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The Erie County Continuum of Care (CoC) works closely with the Erie County Department of Human Services (DHS) and the Erie County DHS Office of Children and Youth (OCY) to support youth transitioning from public systems of care, including foster care, juvenile justice involvement, and residential placements. This collaboration ensures coordinated housing access, service delivery, and long-term stability for transition-aged youth.

OCY, DHS, and the Housing Authority of the City of Erie (HACE) partnered to secure the federal Fostering Youth to Independence (FYI) vouchers, which provide housing subsidies to youth exiting foster care who lack a stable place to live. Through OCY, DHS contracts with Family Services of Northwestern Pennsylvania, Bethesda Lutheran Services, and the Erie United Methodist Alliance. Youth eligible for FYI vouchers also receive comprehensive Independent Living Services. These services include case management, employment and vocational training, educational support, life skills instruction, and assistance accessing college funding resources, all of which help youth successfully transition to adulthood.

To further support youth coming out of residential treatment, emergency shelters, or other out-of-home placements, OCY contracts with Justice Works Youth Care to deliver After Care services. This community-based transitional program assists dependent or delinquent youth returning to their legal parent or guardian by providing pre-discharge planning, home pass preparation, family readiness support, post-discharge reintegration, community and school adjustment, and stability monitoring aimed at preventing re-placement.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

Erie County's Continuum of Care (CoC) coordinates with the Erie County Department of Human Services (DHS), Office of Children and Youth (OCY), RHY-funded and other youth-serving providers, the Housing Authority, and community partners to provide a coordinated continuum for runaway, homeless, and transition-age youth. Coordination includes connections among Street Outreach, emergency and transitional housing, Coordinated Entry, child welfare, Independent Living services, and permanent housing. Erie County Care Management (ECCM) operates Coordinated Entry and connects youth experiencing homelessness to appropriate housing and supportive services. Youth identified through outreach, shelters, schools, child welfare, or other systems are connected to youth-specific resources whenever possible. A major component is Erie County's Independent Living Program, operated through OCY in partnership with a faith-based youth provider and family service provider. The program provides housing assistance, case management, education, employment, life-skills, and preparation for self-sufficiency. The Independent Living youth apartments provide a bridge from foster care or supervised settings to community-based housing, with ongoing support to maintain stable tenancy. Erie County coordinates with the Housing Authority and OCY through the Foster Youth to Independence (FYI) Housing Choice Voucher initiative, providing eligible youth transitioning from foster care with rental assistance and a pathway to permanent housing to prevent homelessness.

Additional community partnerships expand youth housing options. Journey Home, a partnership involving EUMA, Bethesda Lutheran Services, and Family Services of NW PA, provides housing and supportive services for young adults aging out of foster care who are at risk of homelessness. The Refuge provides another community-based resource for youth experiencing housing instability and crisis.

For dedicated youth-only crisis shelters and formal RHY programs, Pennsylvania relies in part on regional or mobile networks serving Erie, including Covenant House PA and the National Runaway Safeline. Erie County providers coordinate referrals and connections to these resources when appropriate. Through these partnerships, Erie County connects prevention, outreach, assessment, housing placement, and ongoing supports so youth do not have to navigate child welfare and homeless-service systems separately.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Erie United Methodist Alliance's My Way Home RRH, a CoC-funded project, dedicates 66 of its 94 beds (20 units) to families with children. Mercy Center for Women's Transitional TH, a new CoC Program project application in the current competition, dedicates 30 of 42 beds (13 units) to families with children. SafeNet's Bridge House TH dedicates 21 of 23 beds to survivors of domestic violence with children, giving preference to women working to regain custody of their children.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The projects identified in 1C-13 provide comprehensive supportive services designed to help participants increase income and sustain housing, with a strong focus on workforce development, job readiness, and access to employment or benefits that support long-term housing stability. Case managers in My Way Home RRH, Mercy Center for Women's Transitional Housing, and SafeNet's Bridge House Transitional Housing work individually with each household to develop service plans that include specific goals for increasing income. These goals support the participant's ability to pay rent and maintain housing when assistance ends. All three projects connect adults to Pennsylvania CareerLink Erie County, the region's American Job Center. Through these referrals, participants receive help identifying job interests, conducting job searches, preparing for interviews, securing interview clothing, and arranging transportation to interviews. Project staff also supply bus passes so participants can travel to employment agencies, interviews, and job-related appointments. Participants with disabilities are referred to the Pennsylvania Office of Vocational Rehabilitation for job training, resume development, and specialized job search assistance. Adults needing a high school equivalency or improved literacy and math skills are referred to the Greater Erie Community Action Committee's Adult Education Program and to GED preparation through Intermediate Unit #5's Distance Learning Program. Case managers also assist households with increasing non-employment income by helping them apply for SSI, SSDI, TANF, SNAP, Medical Assistance, and child support. These benefits reduce the share of household income required for basic living expenses, increasing the amount participants can allocate toward rent. EUMA's My Way Home program further enhances workforce development by offering temporary paid work opportunities in building maintenance, groundskeeping, and in the organization's thrift store. These structured work experiences help participants build job skills, develop a work history, and create a resume. EUMA also partners with PA CareerLink, GECAC, and other workforce development programs to expand access to job training, employment services, and job placement supports. Together, these services ensure that participants have multiple pathways to increase earned or non-earned income, strengthen employability, and achieve the income stability needed to successfully maintain housing.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The projects identified in 1C-13 leverage multiple mainstream family service systems to help households increase income and stabilize housing. Case managers in My Way Home RRH, Mercy Center for Women's Transitional Housing, and SafeNet's Bridge House TH ensure families enroll in all benefits for which they qualify, including TANF, SNAP, Medical Assistance, SSI/SSDI, and child support. These benefits reduce the portion of household income needed for basic expenses and increase funds available for rent.

In the My Way Home program, case managers connect participants to Medicaid-funded peer support, psychiatric rehabilitation, blended case management, substance use treatment, and physical healthcare. Enrollment in SNAP immediately lowers food costs, and Pennsylvania's voluntary SNAP Employment and Training program provides Special Allowances that cover transportation, clothing, and equipment required for work or training.

For participants with severe disabilities who cannot work, the projects use the SSI/SSDI Outreach, Access, and Recovery (SOAR) model to expedite Social Security applications. Once SSI is secured, providers create graduated rent payment plans to help households prepare for full rent while ensuring their permanent housing choice is affordable on a fixed income.

The projects also leverage workforce systems funded outside the CoC program. Formal referral pipelines with PA CareerLink connect participants to Workforce Innovation and Opportunity Act (WIOA) services, including vocational training, adult education, and career counseling. Partnerships with GECAC, IU5 school districts, St. Martin Center, the YMCA, and other agencies expand access to GED preparation, job programs, childcare supports, and other non-CoC community resources.

By relying on TANF, SNAP, Medicaid, SSI/SSDI, WIOA programs, and other mainstream systems, the projects maximize existing publicly funded services and reserve limited CoC resources for housing—ensuring participants receive comprehensive support while CoC funding remains focused on interventions not funded elsewhere.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The projects identified in 1C-13 combine housing assistance with childcare, parenting support, healthcare, and education to help families stabilize while working toward long-term independence. In the My Way Home program, case managers ensure families enroll in mainstream benefits such as Medicaid, SNAP, TANF, and SSI/SSDI. Medicaid allows adults and children to access peer support, psychiatric rehabilitation, blended case management, substance use treatment, and physical healthcare. SNAP enrollment reduces grocery expenses, and participants in Pennsylvania's SNAP Employment and Training program can receive Special Allowances for transportation, childcare, clothing, or other items needed for work or training.

For participants with severe disabilities, case managers use the SSI/SSDI Outreach, Access, and Recovery (SOAR) model to fast-track Social Security applications. Once SSI is established, case managers develop graduated rent payment plans to ensure participants can manage full rent while confirming their housing is affordable on a fixed income.

Mercy Center for Women's transitional housing project provides extensive onsite supports for women, including childcare, parenting assistance, and access to certified recovery specialists. Onsite case managers help connect participants to employment programs, education, mental health treatment, and physical health services. The Center's Dress for Success program provides job readiness training, resume building, interview skills, and professional attire to support employment. These services reduce barriers for mothers who must balance childcare with education or employment as part of their housing stability plan.

The projects also use established partnerships with PA CareerLink, GECAC, IU5 school district, St. Martin Center, the Child Development Center, and the YMCA of Greater Erie. These agencies provide GED preparation, adult education, vocational training, childcare resources, children's programs, and parenting supports funded outside the CoC program.

Together, these services ensure families receive coordinated care that integrates housing assistance with childcare, parenting support, health services, and education—allowing CoC funds to remain focused on housing while leveraging widely available community resources.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

Erie County CoC has strong ties with veteran organizations. Our CoC partners with the Erie VA Outreach Team. The VA Outreach supervisor chairs the Point in Time Count committee and sits on the Governing Board. Our Coordinated Entry (CE) provider screens and connects them with the VA Outreach team. VA Outreach staff attend our Master List Prioritization meetings. The CoC also has representation from We Solder On and the Veteran Leadership Programs and participates in various CoC committees.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

Our CoC lead applicant has contracts with both City and County Domestic Violence (DV) providers. These providers are represented in the general membership of our CoC. They attend our bi-monthly CoC meetings, Coordinated Entry (CE) subcommittee meetings, and our Master List prioritization meetings. They also provide information to update our DV policies and procedures in our CoC Written Standards and CE Policies and Procedures.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Our CoC lead applicant, Erie County Department of Human Services (DHS), holds the contract with the State for Community Reintegration of Offenders with Mental Illness and Substance Abuse (CROMISA). Erie County DHS Drug and Alcohol (D&A) and two partner agencies (one is a HUD-funded CoC subrecipient and one is a Mental Health agency) partner with Erie County Probation, State Parole, and the courts who are all part of the reintegration team.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Hamot Health Foundation's street medicine foundation, BUILD CDC partners with all our CoC service providers to deliver mobile health care, including medication management, at shelters, encampments, and drop-in centers. University of Pittsburgh's (UPMC's) Health program, through UPMC Safe Harbor Behavioral Health provides medical and mental health services to the homeless. Community Health Net, our local FQHC has an MOU with our CoC lead applicant and regularly provides health care at shelters.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The CoC lead applicant, Erie County DHS, contracts with both a personal care home and an enhanced personal care home provider for elderly persons with mental illness prioritizing those who are homeless, exiting institutions, and can no longer manage living at home. Erie County DHS contracts for meals/transportation services for elderly including those in CoC programs. Erie County DHS contracts with a CoC housing provider for a Geriatric Manager who links elderly homeless needing long-term care.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

All CoC-funded housing projects prioritize people experiencing chronic homelessness (CH) in our CoC. Our projects include ECCM Self Start PSH, CSS Lighting the Candle PSH, and EUMA My Way Home RRH. CY25 Numbers 96 chronic PSH clients served and 35 chronic RRH clients served from HMIS APR report. Automated HMIS reports that calculate episodes and lengths of stays help identify those truly chronically homeless when prioritizing CH participants for these projects.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Our Permanent Supportive Housing (PSH) projects, Self-Start PSH and Lighting the Candle 1 are scattered-site projects that prioritize the chronically homeless and participants live in scattered-site units across the community. The lead applicant, Erie County Department of Human Service Mental Health/Intellectual Disabilities (DHS MH/ID) office and their Managed Care Organization (MCO) contract with a network of providers to provide onsite behavioral health services including Assertive Community Treatment teams that provide psychiatric care, medication management, Mobile Psychiatric Rehabilitation; Mobile Medication services; Blended Case Management; Certified Peer Certified Recovery Specialists, and Crisis services that are available to chronically homeless participants in our PSH projects. Erie County Drug & Alcohol intensive case management Services delivered in all participants' homes include recovery support, transportation to D&A Outpatient treatment, resource coordination including gaining employment, housing assistance, life skill etc. Project managers in all our projects are trained on what on-site services are available and how a participant can access these services in an expedient manner. For mental health (MH) on-site services, PSH project managers call Erie County Care Management (ECCM), our CE and largest PSH provider, who have a team of administrative case managers (ACM) that screen, assess for eligibility and refer all participants requiring to onsite MH services. The Erie County Department of Human Services (DHS) housing team has access to the DHS data system and regularly reviews claims data of all participants in the project to identify participants that may need onsite services and that projects are engaging participants in onsite services. During the Master List prioritization meetings, MH and D&A claims data are reviewed by DHS for every participant referred to PSH to determine if they need onsite behavioral health services. If onsite services are needed for a participant to maintain housing stability, PSH project managers will address this in their initial contact and make referrals to the ECCM ACM team for MH services and to Erie County D&A for substance abuse services. Over 63% of our PSH projects have the head of household listed as chronically homeless and often are targeted for behavioral health service engagement by our CoC project managers and DHS housing staff prior to and when entering a PSH project.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Policies and procedures for all homeless persons (including the 64% who are chronically homeless) in our Permanent Supportive Housing (PSH) projects or reviewed for PSH on our Master List Prioritization meetings are in our CoC Written Standards. They include policies for both identifying, assessing and referring of all persons including chronically homeless for various levels of care (Personal Care Home/Nursing Home/Residential Mental Health (MH) and drug and alcohol (D&A) treatment in or being reviewed for our PSH project. Policies and Procedures include all parties involved in identifying person in projects including PSH project Staff, Erie County DHS housing staff who have access to claims data to identify participants needing a higher level of care, Coordinated Entry Staff whose agency has a team of Administrative Case Managers (ACM's) that can assess and refer to higher levels of care for personal home/nursing home care and residential MH treatment, Erie County Drug and Alcohol who have an MOU with all PH and TH projects that outlines procedures to expedite assessments of participants requiring inpatient D&A treatment and includes warm-handoffs to Detox. The CoC Written Standards also has procedures for PSH project staff to work with onsite MH and D&A case manages and mobile MH teams to facilitate assessments for residential MH and D&A services. The CoC provides MH and D&A training for all CoC projects including PSH projects.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

PSH subrecipients use the Erie City and County CoC Moving On Assessment to assess whether participants who have demonstrated housing stability and no longer need intensive services are ready to move on to an HCV. the participant and PSH provider complete the assessment together. Most participants (over 63%) were chronically homeless prior to entering. All participants in PSH projects that meet the criteria of the Moving on Assessment are encouraged to exit to unsubsidized permanent housing so there is more availability for eligible PSH participants to enter the projects. The assessment reviews three threshold areas. Financial: at least 12 months of benefits or employment income, basic budgeting skills, and review of debt obligations. Housing: at least 36 months in PSH; at least 36 months of lease compliance with no evictions or unit abandonment; 36 months of rent and utility payments; no current arrears or payment plans; and no police visits or landlord complaints about disruptive activity, excluding incidents related to domestic violence protected under VAWA. Participants that move on from projects still provide an additional 6 months of services so they can connect to participants (including those who were chronically homeless) to mainstream or other resources in order to maintain housing stability and succeed when exit to permanent housing. A Our COC also has an MOU with our City Public Housing Authority (PHA) to provide Moving-On vouchers for all PSH projects and the same Moving On assessment is used to assess participant eligibility for a Moving On voucher. PSH project staff have a contact with the City PHA and do an additional screening and assessment for the Moving On voucher. Our CoC Written Standard require all PSH and RRH project to have an annual assessment and recalculate rent. Participants including chronically homeless individuals and families are evaluated and identified during this process for readiness to move on, and if identified, project staff will do a Moving on assessment with the participant.

1D. 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	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.	09/28/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 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.	09/22/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	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.	09/22/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, 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. The Erie County CoC reallocation process uses project monitoring and a thorough scoring and ranking process within our local NOFO competition to ensure funds are utilized effectively. The process includes project monitoring by CoC Lead Applicant staff and CoC Planning grant staff according to HUD monitoring guidelines. Monitoring results are combined with CoC NOFO application scoring to determine the reallocation of funds from lower performing projects to those demonstrating greater need and/or success. Members of the scoring and ranking team use a comprehensive scoring tool that has both quantitative and qualitative information when determining final fund appropriation. Renewal applicants are rated on system performance data including returns to homeless, income, employment attainment, and length of stay, among other measures. They also consider qualitative program information, such as if the applicant's project meets both HUD and local priorities. Members of the team are well versed in our programs and have a great deal of knowledge regarding the impact the programs have on the community, reputation among consumers and other system partners, and other information that reflect successful operations. The team members also consider financial performance of each renewal project, paying close attention to those who fail to draw down their funds.

2. This year, there were 2 projects that were identified for reallocation or reduction because HUD and COC priorities aligned with other projects that had a higher priority including a new Street Outreach and TH project as well as transitioning a RRH renewal project to a TH project Type.

3. Our largest Permanent Supportive Housing (PSH) provider was subject to a reduction as determined by our scoring and ranking team as referenced above. The amount (\$375,477) reflected a 22% reduction from the previous years' award. The reallocation of these funds allowed the scoring and ranking team to use those funds for a new medical street outreach program. A long-standing Rapid Re-Housing (RRH) program had its funds reallocated as well to a new Transitional Housing program to prioritize TH projects. The team agreed that the new TH program was a better use of funds and better met both HUD and local priorities. This reallocation was just over \$1 million dollars. The reallocated amount of almost \$1.4 million represented 33.7% of potential Tier 1/Tier2/Bonus funds available for the Erie County CoC.

4. N/A

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; 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.(limit 75 characters)	WellSky - Community Services
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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.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The CoC did not make any changes to the implementation or methodology of the PIT count between 2025 and 2026. There were major changes to our PIT count prior to this year that made our PIT count more accurate, increased the number of persons on the PIT Count team and covered a greater percentage of our CoC's rural areas.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

From January 1 to December 31, 2025, the number of encampments in the CoC decreased by approximately 30% according to Street Outreach. Unsheltered homelessness has declined in the PIT count for two consecutive years, from 76 people in 2024 to 47 people in 2025 and 39 people in 2026. The CoC achieved these reductions through comprehensive coordinated actions including:

Expanded outreach: The CoC grew to five outreach teams, each serving a specific need: a faith-based housing team specializing in recovery, a VA team, a Coordinated Entry team, and two healthcare teams. Teams share data with housing, healthcare, and mainstream providers so people in encampments move quickly into available placements.

Coordinated encampment response: Outreach teams work with the Mayor's Office, city police, and the Sheriff's Office so that when an encampment closes, every resident is first offered shelter, housing, treatment, healthcare, or transportation to a safe location. This approach protects public safety while connecting people to services rather than displacing them and interrupting their access to housing and services.

Need-focused engagement: Outreach staff build trust by providing food, water, blankets, sleeping bags, and medical services, such as on-site foot care and wound treatment. Once trust is established, staff complete their intake procedures to connect people to shelter, inpatient substance use treatment, healthcare, meals, and mainstream benefits. When a situation is unsafe, staff contact crisis teams, emergency medical or behavioral health services, or police so each person receives the appropriate intervention.

Housing placement and follow-up: Outreach staff often remain engaged after move-in, which increases connection to services and supports housing stability. In 2025, one outreach team reported 86% of the people it exited went to positive destinations, including 11 people placed in permanent housing, 2 of them in unsubsidized rentals.

Increased shelter capacity: The CoC expanded emergency shelter from 353 beds in 2024 to 393 beds in 2026, and local government increased emergency shelter funding by 18% from fiscal year 2025 to fiscal year 2026. The increase in available beds have given people leaving encampments an immediate option indoors.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	10
2. Enter the reduction in the number of encampments during your evaluation period.	3

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	32
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2. Enter the reduction in the number of people in encampments during your evaluation period.

7

2A-4c. Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

N/A Our CoC had a reduction in encampments.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC identifies risk factors for the first-time homeless through various methods. For all first-time homeless households assessed by Coordinated Entry (CE), the prioritization assessment uses HMIS and Erie County Department of Human Services (DHS) data, including length of homelessness, episodes of homelessness, mental health and substance use service usage, emergency room visits, and incarceration history. HMIS captures data entered by Street Outreach to identify unsheltered first-time homeless, and HMIS ZIP code reports identify the percentage of first-time homeless who were displaced or recently moved into our CoC. The prioritization assessment includes a data scoring section with HMIS verification of homeless history, which has increased the accuracy of identifying first-time homeless. The street outreach team managed by our CE provider has completed assessments since the end of 2023: 610 in 2024, 524 in 2025, and 329 so far in 2026.

The CoC's strategies to address the risks of first-time homelessness are diversion, expedited prioritization, prevention assistance from HUD ESG and Homeless Assistance Program funds, and coordination with landlords and courts to prevent evictions. Diversion begins on the initial CE call, when staff screen the options available to a person at risk of homelessness and CE staff assist persons calling with finding alternative housing options. CE works directly with prevention providers, so providers receive direct referrals and communicate how effective the workflow is on any given week. HMIS data was used to track out of County clients entering our homeless systems and the data analyzed found a large percentage of first time homeless came from other surrounding areas during the COVID epidemic when we expanded shelter beds. Because of limited resources and eligibility, many Erie County housing programs now only prioritize Erie County residents. Following an administrative change, one prevention provider has used funding more efficiently and now uses ESG as well as local. All rental assistance providers now offer classes and workshops for clients receiving prevention funds to prevent first-time homelessness. The rental assistance providers served 936 households from January 1, 2024, to December 31, 2025.

The CoC Governing Board oversees this strategy with Erie County DHS (the lead applicant and HMIS lead), working closely together, to ensure strategies are HUD compliant, data driven, and consistent with best practices.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Our CoC's plan to reduce the length of time individuals and families remain homeless is founded in collaboration. Community stakeholders, including VA and CoC outreach teams, meal providers, and housing and healthcare staff, coordinate with crisis staff, police, drug and alcohol providers, emergency room and in-patient behavioral health staff to serve people experiencing homelessness effectively. These connections are continuously strengthened to ensure timely interventions that lead to recovery, self-sufficiency, and housing stability. From outreach to permanent housing, staff connect people with services to address barriers to housing.

Our CoC developed and uses a Housing Assessment tool that combines data from HMIS, healthcare, prison, mental health, drug & alcohol, and other systems to identify each person's individual needs more accurately, so services are prioritized based on data rather than self-report. This reduces the trauma of repeated and unnecessary assessments for services that can serve as barriers to engagement in care. The tool more accurately identifies individuals and families with the longest histories of homelessness and incorporates this data in prioritizing them for housing placement. Using data from HMIS and partnering systems also increases the accuracy of housing placement analysis. At Master List meetings, staff from all housing projects case conference to add current and relevant information that guides each individual and household to the best available housing intervention.

To expand access to rental units, a state-funded Landlord Incentive Program helps recruit and retain landlords. To address the rise in chronic homelessness over the longer term, a state- and locally funded, multi-year project is nearing implementation. The team is led through a public-private partnership including healthcare partners, PHA leadership, CoC leadership, homeless service agencies, local government, and the philanthropic community. The project will serve chronically homeless households referred by Coordinated Entry.

Our outreach teams provide critical data that has increased access to housing and healthcare for chronically homeless and unsheltered persons with the longest histories of homelessness, while reducing trauma. This approach has resulted in a reduction in unsheltered homelessness for 2 consecutive years. In 2024 the CoC had 76 unsheltered persons, and this number dropped to 47 in 2025 and 39 in 2026.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?

33.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The 33% of positive, unsubsidized exits was calculated for the federal fiscal year 2025 using the summed total of the most recent, unduplicated, client, exit destinations from all TH, RRH, and PSH project types for the denominator, and the numerator was the total, most recent, unduplicated number of client exit destinations to successfully, unsubsidized housing. This data was retrieved from HMIS data.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	277	51	328	100.00%

2. Safe Haven (SH) beds	10	0	10	100.00%
3. Transitional Housing (TH) beds	78	23	101	100.00%
4. Rapid Re-Housing (RRH) beds	116	0	116	100.00%
5. Permanent Supportive Housing (PSH) beds	187	0	291	64.00%
6. Other Permanent Housing (OPH) beds	96	0	96	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Our Permanent Supportive Housing (PSH) bed coverage rate is below 85% completely due to the HUD VASH PSH beds that were not accurately represented in the HMIS for this past HIC report. The HMIS Lead has been working with Veteran's Affairs (VA) to create an accurate import of the VA's data into HMIS. Currently, only the Head of Household data is in our CoC's HMIS. The VA has not been able to dedicate a user to HMIS in the needed capacity to rectify data quality errors and enter completed data. The HMIS Lead is still working with the VA to establish that user, but this has yet to occur. A quarterly import of HUD VASH PSH data already exists into the HMIS system, so the next step is to reach 100% bed coverage in HMIS by having a dedicated VA user enter and correct the imported data.

3A. Policy Initiatives

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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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

4A. Attachments Screen For All Application Questions

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked 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
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	Mercy Center for ...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of projects ...	09/24/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Project Supportiv...	09/24/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Pa 605 local comp...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY2026 Competitio...	09/25/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD 2996 Form	09/25/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: Mercy Center for Women On-stie D&A contract

Attachment Details

Document Description: List of projects requiring Treatment

Attachment Details

Document Description: Project Supportive Service agreements

Attachment Details

Document Description: Evidence of Coordination and Non-Interference
with law enforcement

Attachment Details

Document Description: Pa 605 local competition scoring tool

Attachment Details

Document Description: Local Competition Selection Results Priority Listing

Attachment Details

Document Description: FY2026 Competition Report

Attachment Details

Document Description: HUD 2996 Form

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

Mercy Center for Women's Transitional Housing project provides onsite D&A services for their TH Project. See attached contract below.



Erie County Contract Cover Sheet

DK

Department: Department of Human Services
(Office of Drug and Alcohol)

Contact for questions: Scott Coughenour

Phone extension: 6616

☒ **Contract** ☐ **Amendment**

☐ **New** ☒ **Renewal**

Provider name: Mercy Center for Women

Contract number: 2600-27

Start date: 7/1/2025

End date: 6/30/2026

Contract maximum: \$66,750

County funds requested: No County funds are requested for this contract. This contract is funded using 100% Federal funds.

Contract summary: This contract purchases case management services for women and children and self-esteem groups for the women participating in the transitional housing program. The case manager and client create a personalized goal plan that assesses needs in several life domains.

Purpose:

Long-term recovery from substance use disorders involves addressing ancillary determinants of health, including self-esteem and self-awareness. This contract purchases case management services and a group from Mercy Center for Women. The group focuses on increasing self-esteem and self-awareness for participants.

Mercy Center has a long-standing history of providing excellent service for the residents of Erie County. Their staff are competent and professional. Additionally, the Erie County Office of Drug and Alcohol has found the Mercy Center to be a dependable partner that we can rely on to provide clients with quality services.

Statements of Work (Full Work Statements can be found on pages 47-59 of the contract):

Mercy Center for Women is a transitional housing program for homeless women and children that can house up to 16 families. Women work closely with a case manager to address all areas of life that lead to improved self-sufficiency.

Empowering Women Through Self-Esteem and Self Awareness group: This is a 12-week group that provides education and skill building for Erie County individuals receiving services at Mercy Center for women who have been identified as having substance use disorder. The 1.5-hour weekly group focuses on enhancing participants' self-esteem and self-awareness.

Rate methodology (Unit Rates can be found on pages 60-61 of the contract):

Service	Rate	State Approved	Location
Intervention	\$20.00 per unit	Yes	Office
Group	\$5.00 per unit	Yes	Office
Training	\$20.00 per unit	Yes	Office or Community

Director initials: sc

CONTRACT BETWEEN

**MERCY CENTER FOR
WOMEN**

and

COUNTY OF ERIE

July 1, 2025 - June 30, 2026

2600-27

AGREEMENT BETWEEN

**Erie County Office of Drug & Alcohol Abuse
240 West 11th Street, Suite B-050
Erie, Pennsylvania 16501**

AND

**Mercy Center for Women
1039 East 27th Street
Erie, PA 16504**

WHEREFORE, in witness of the covenants set forth below on the attached pages, the parties have affixed their signatures hereto:

BY: Jennie Hagerty, Executive Director
Signature of Contractor

DATE: 6/30/2025

Executive Director

Jennie Hagerty, Executive Director

Title

Print/Type Name

BY: Anna Brzozowski
Signature of Contractor

DATE: 6/30/2025

Director of Client Services

Anna Brzozowski, Director of Clinical Services

Title

Print/Type Name

IF THE CONTRACTOR IS A CORPORATE ENTITY PLEASE HAVE EITHER THE PRESIDENT OR VICE PRESIDENT AND EITHER THE SECRETARY/ASSISTANT SECRETARY OR TREASURER/ASSISTANT TREASURER OF THE CORPORATION SIGN. IF ANY OTHER PERSON HAS AUTHORITY TO EXECUTE CONTRACTS, THAT PERSON MAY SIGN, BUT A COPY OF THE DOCUMENT CONFERRING THAT AUTHORITY (SUCH AS BY-LAWS OR CORPORATE RESOLUTION) MUST BE SENT WITH THIS CONTRACT WHEN RETURNING IT FOR PROCESSING.

Erie County Office of Drug and Alcohol

BY: Scott Coughenour
Scott Coughenour, Executive Director

DATE: 8/14/2025

BY: William Speros
William Speros, Erie County Solicitor

DATE: 8/15/2025

BY: Brenton Davis
Brenton Davis, County Executive

DATE: 8/16/2025

AGREEMENT

THIS AGREEMENT is made by and between Erie County Office of Drug & Alcohol Abuse, (“SCA”), and Mercy Center for Women (“CONTRACTOR”).

WHEREAS, the SCA has received or is anticipating receiving state and federal funds from the Commonwealth of Pennsylvania, Department of Drug and Alcohol Programs (“DDAP”), and funds from other sources including SCA County, for the provision of drug and alcohol abuse treatment and prevention and other services; and

WHEREAS, the SCA desires to contract with CONTRACTOR for the provision of such services; and

WHEREAS, the parties desire to set forth their understandings and agreements in writing.

NOW, THEREFORE, for good and valuable consideration, the parties, intending to be legally bound, hereby agree as follows:

- I. **TERM**: This contract shall be effective from July 1, 2025 through June 30, 2026, subject to the other provisions herein, unless terminated earlier by either party in accordance with the termination provisions of this agreement. This contract, as amended, shall remain in effect under the same terms and conditions after 6/30/2026 on a month to month basis, unless terminated by one of the parties in accordance herewith or until the COUNTY executes a follow-on contract for the service covered herein.
- II. **TERMINATION**: Either party may terminate this agreement by providing the other party sixty (60) days advance written notice at the address set forth below:

SCA:

Erie County Office of Drug & Alcohol Abuse
240 West 11th Street, Suite B-050
Erie, PA 16501
Attention: Scott Coughenour

CONTRACTOR:

Mercy Center for Women
1039 East 27th Street
Erie, PA 16504

ATTN: Jennie Hagerty, Executive Director

III. CONTRACT AMOUNT/INVOICING PROCEDURES: This contract is contingent on and subject to the availability of federal, state and local funds. The SCA will make payment under this contract for the work performed as set forth in Appendix B (rates and services are listed) and the Work Statement of this contract for Facility ID # 111333.

Reimbursement for MAT will be at cost minus co-pays and deductibles. CONTRACTOR must send an invoice for MAT separate from the treatment invoice.

SCA will pay for and CONTRACTOR shall submit invoices for services rendered pursuant to this Agreement. Subject to the availability of local, state, federal and other funds, and the other terms and conditions of this contract, SCA will reimburse CONTRACTOR in accordance with the budget for the costs incurred in providing the services described in this contract. SCA shall have the right to disapprove any expenditures made by CONTRACTOR which are not in accordance with the terms of this Agreement and adjust payment to the CONTRACTOR accordingly.

SCA, at its option, may withhold the last 20% of reimbursement due under this Agreement, until SCA has determined that all work and services required under this Agreement have been performed or delivered in a manner acceptable to SCA.

The CONTRACTOR shall, upon request, furnish SCA or DDAP receipts of itemized bills for all expenditures incurred in the performance of the project, and billed in a particular period. The expenditures must be substantiated by documentation including, but not limited to, certified copies of payroll vouchers, travel vouchers, and requisitions.

CONTRACTOR shall comply with the DDAP Fiscal Manual and the following procedures for all funds provided under this Agreement:

- (a) Create and maintain a separate set of records which accounts for all financial transactions.
- (b) Develop and utilize a group of accounts to adequately classify and summarize financial activities. Such accounts shall facilitate the reporting of data required by DDAP.
- (c) Use generally accepted accounting principles and procedures for recording of financial activity.
- (d) Record and administer the receipt and disbursement of all funds from the drug and alcohol program account.
- (e) Maintain appropriate documents and supporting evidence to substantiate all financial activity.
- (f) Use all fiscal reporting forms and procedures as indicated by DDAP.

CONTRACTOR shall ensure that funds provided under this Agreement are not utilized to pay for any item or service to the extent that payment has been made or can reasonably be expected to be made with respect to that item or service through other income.

IV. WORK STATEMENT: CONTRACTOR shall provide the work, services, and activities as set forth and described in Appendix B and the Appendix E, and in accordance with the applicable DDAP Manuals.

V. APPENDICES AND ATTACHMENTS: The following attached Appendices and attachments are incorporated into and made a part of this contract:

- Appendix A- SCA Specific Contract Provisions
- Appendix B- Fee for Service Payment Requirements (FFS)
- Appendix C- Lobbying Certification Form
- Appendix D- Confidentiality Statement
- Appendix E- Work Statement-Specific Tasks
- Appendix F- Audit Requirements

The DDAP Manuals and Grant Agreement can be accessed via the website: www.ddap.pa.gov.

The DDAP Manuals are incorporated by reference and made a part of this Agreement.

VI. CONTRACT CONDITIONS:

A. STANDARD GENERAL TERMS AND CONDITIONS

CONTRACTOR agrees to abide by and comply with the service requirements, all reporting requirements, and contract conditions as provided herein.

1. Modification: SCA reserves the right to amend this Agreement at any time pursuant to amendments in the SCA Grant Agreement with the Department of Drug and Alcohol Programs. CONTRACTOR will be notified in advance of any such Contract language amendments. Any alteration, variation, modification, or waiver of a provision of this Agreement shall be valid only when reduced to writing, duly signed by the SCA and CONTRACTOR, and attached to the original of the Agreement.

2. Contract Construction: The provisions of this Agreement shall be construed in accordance with the Laws of the Commonwealth of Pennsylvania. CONTRACTOR shall include all of the performance and regulatory provisions of this Agreement in every sub-contract under this Agreement so that the contractual provisions also bind each sub-contractor.

CONTRACTOR agrees to comply with all applicable requirements of the SCA Grant Agreement with DDAP, and the applicable provisions of the DDAP Manuals, and any subsequent revisions thereto. CONTRACTOR shall comply with all applicable state and federal regulations and laws. All documents referenced in this paragraph are incorporated herein by reference. Each provision enumerated herein or incorporated by reference hereto shall be deemed to be material and any breach thereof may be considered a material breach of this Agreement.

3. Independent Contractor: The parties hereto agree that the CONTRACTOR, and any agents and employees of the CONTRACTOR, in the performance of this Contract, shall act in an independent capacity and not as officers, employees, or agents of SCA or the Commonwealth of Pennsylvania. CONTRACTOR shall be responsible for the payment of all payroll taxes and shall provide and be responsible for all premiums for public liability, property damage, and workers' compensation insurance, insuring as they may appear, the interests of the SCA and CONTRACTOR against any and all claims which may arise out of CONTRACTOR's operations pursuant to this Agreement.

4. Department and SCA Held Harmless: CONTRACTOR agrees to indemnify, defend and save harmless the Commonwealth (including DDAP), its officers, agents, and employees and the SCA, its officers, agents, and employees: (a) from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, materialmen, laborers and any other persons, firms or corporations furnishing or supplying work, services, materials or supplies in connection with the performance of this Agreement; and (b) from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by the CONTRACTOR in the performance of this Agreement; and (c) against any liability, including costs and expenses, for violation of proprietary rights or right of privacy, arising out of the publication, translation, reproduction, delivery, performance, use or disposition of any data furnished under this Agreement or based on any libelous or other unlawful matter contained in such data.

5. Assignability: CONTRACTOR shall not assign this Agreement, in whole or in part, or payment hereunder, to any third party without prior written approval by SCA. A change of name by CONTRACTOR, provided CONTRACTOR's Federal Identification Number (EIN) remains unchanged, shall not be considered an assignment hereunder. Written notice of any change of name must be given by CONTRACTOR to SCA within seven (7) business days of the change.

6. Sub-Contracts: Except for those sub-contracts specifically authorized by this Agreement, CONTRACTOR shall not enter into sub-contracts for any work contemplated under this Agreement without obtaining prior written approval of SCA. Provided, however, notwithstanding the foregoing, unless otherwise provided herein, such prior written approval shall not be required for the purchase by CONTRACTOR of articles, supplies, equipment and services which are both necessary for and merely incidental to the performance of the work required under this Agreement. No provision of this clause and no approval by SCA of any sub-contract shall be deemed in any event in any manner to provide for the incurrence of any obligation of SCA in addition to the total agreed upon contract amount. A copy of all sub-contracts must be provided to SCA prior to execution.

7. Other Contractors: DDAP or SCA may undertake or award other contracts for additional or related work, and CONTRACTOR shall fully cooperate with other contractors, DDAP employees and SCA employees and carefully fit its work to such additional work. CONTRACTOR shall not commit or permit any act, which will interfere with the performance of work by any other contractor or by DDAP employees or SCA employees.

This paragraph shall be included in the contracts of all contractors with whom this CONTRACTOR will be required to cooperate. DDAP and SCA shall equitably enforce this paragraph as to all contractors to prevent the imposition of unreasonable burdens on any contractor.

8. Availability of Information: CONTRACTOR agrees that all information obtained during the period of this Agreement by CONTRACTOR through work governed by this Agreement shall be made available to DDAP and SCA immediately upon demand.

9. Fiscal and Program Records: CONTRACTOR agrees to maintain program records and program statistical records required by DDAP or SCA and agrees that a program and facilities review, including meetings with consumers, review of service records, review of service policy and procedural issuances, review of staffing ratios and job descriptions, and meetings with any staff directly or indirectly involved in the provision of services.

CONTRACTOR agrees to maintain books, records, documents and other evidence pertaining to the costs and expenses of this Agreement (hereinafter referred to in this paragraph 9 as "the records"), to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this contract. If CONTRACTOR is not a public body, CONTRACTOR agrees to maintain books, records, documents and other evidence in accordance with accounting procedures and practices which meet generally accepted accounting principles.

If this Agreement provides funding for a clinic or program which receives income or funding other than directly through this Agreement (such as, but not limited to, third party reimbursement for patients), CONTRACTOR agrees that all parts of this paragraph 9 shall also apply to CONTRACTOR's records pertaining to such other sources of funding or income supporting the clinic or program.

CONTRACTOR agrees to make available at the Office of the CONTRACTOR at all reasonable times during the term of this Agreement and the period set forth in Paragraph 10 below, any of the records for inspection, audit or reproduction by any authorized representative of the Department, the Department's Comptroller, the Auditor General, the Inspector General, Federal auditors or SCA.

The provisions of this Paragraph 9 shall be applicable to and included in each sub-contract hereunder.

CONTRACTOR agrees to collect statistical data of a fiscal nature on a regular basis and to make fiscal statistical reports at times prescribed by, and on forms furnished by DDAP and SCA.

10. Record Retention Requirements: All records shall be retained pursuant to the provisions of this paragraph.

- A. CONTRACTOR shall preserve and make available its records for a period of five (5) years from the date of final payment by SCA to CONTRACTOR, and for such period, if any, as is required by applicable statute, by any other paragraph of this Agreement, or by sub-paragraphs (1) or (2) below.
- (1) If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of five (5) years from the date of any resulting final payment.
- (2) Records which relate to litigation or the settlement of claims arising out of the performance of this Agreement, or costs and expenses of this Agreement as to which exception has been taken by the auditors, shall be retained by the CONTRACTOR until such litigation, claims, or exceptions have been disposed of.
- B. Except for the records described in sub-paragraph A(2) above, the CONTRACTOR may, in fulfillment of its obligation to retain its records as required by this paragraph, substitute photographs, microphotographs, or other authentic reproductions of such records, after the expiration of two (2) years following the last day of the month of reimbursement to the CONTRACTOR of the invoice or voucher to which such records relate, unless a shorter period is authorized by DDAP or SCA, with the concurrence of the auditors.
- C. Additionally, other regulations may supersede the aforementioned retention requirements, such as the Health Insurance Portability and Accountability Act (HIPAA). At a minimum, HIPAA requires all client-identifying information to be retained for a period of six (6) years after final service payment. CONTRACTOR should consult HIPAA regulations for complete compliance requirements.

11. Evaluation Component: All work performed under this Agreement shall include an evaluation component. CONTRACTOR shall participate in the collection of data as required by DDAP or SCA, based on federal requirements and as determined by SCA to track clients and performance outcome measures. CONTRACTOR shall ensure complete, timely and accurate reporting of data to include transferring that data to DDAP and SCA.

12. Federal Funds: If CONTRACTOR is contributing toward the general contract cost, Contractor certifies that the Federal funds to be used under this Agreement do not replace or supplant in any way State, local, or private funds used for already existing services. Contractor further certifies that the services to be provided under this Agreement are not already available without cost and that State funds do not replace or supplant local funding for already existing services.

13. Quality Assurance: Unless otherwise provided herein, CONTRACTOR, with due diligence, shall furnish all necessary qualified personnel, material and equipment, managing and directing same to complete the work required by this Agreement. CONTRACTOR's work

hereunder shall be monitored by SCA's designated representatives. In an effort to ensure uniformity of service delivery and evaluation, CONTRACTOR agrees to utilize forms, reports, and any instruments for the collection of data, as may be required by SCA from time to time or on an ongoing basis. SCA reserves the right to disallow the payment for services resulting from documentation and/or billing errors found during the annual monitoring visit.

14. Program Changes: SCA may at any time, by written order, make changes in the statement of work, provided such changes are within the general scope of the statement of work and provided further that the total cost of this Agreement is not exceeded. A change in the scope of work or an increase in the total cost of this Agreement shall require a fully executed contract amendment. SCA and CONTRACTOR shall mutually determine whether the ordered changes can be accomplished within the total contract cost and the extent of change, if any, in delivery schedules required by the ordered changes.

15. Written Commitment: Any written commitment or representation of CONTRACTOR made within the scope of this Agreement shall be binding upon CONTRACTOR and shall be incorporated as a part of this Agreement.

16. Key Personnel: CONTRACTOR agrees to ensure that key staff are available for all Quality Assurance Assessment Reviews and any follow-up visits required by DDAP and/or SCA. Prior to the diversion of key staff to other programs, CONTRACTOR shall notify SCA in advance and shall submit justification including the proposed substitutions, in detail sufficient to permit evaluation of the impact of the changes on the program.

17. Inspection and Acceptance: Final inspection and acceptance of all work required under this Agreement shall be performed by SCA.

18. Travel and Subsistence Costs: CONTRACTOR agrees that SCA shall not be liable for travel or subsistence costs except as specifically set forth in Paragraph VI. C. of this Agreement.

19. Data, Copyrights, and Disclosure: Data, as defined herein, may be copyrighted by the CONTRACTOR only upon prior written approval of DDAP and SCA. Where CONTRACTOR receives such approval, DDAP retains a royalty-free, non-exclusive, and irrevocable license to publish, translate, reproduce, deliver, perform, dispose of, and to authorize others to do so, all materials originating in the performance of this Grant Agreement, whether funded in whole or in part by SCA.

A. **Definition:** The term "data" as used herein, includes, but is not necessarily limited to written reports and analyses, diagrams, maps, system designs, computer programs, flow charts, software, magnetic tapes, diskettes, drawings, studies, manuals, brochures, advertisements, documents, sketches, papers, files, information, computer documentation, or other tangible materials, and work of any similar nature which is required to be performed by or for CONTRACTOR under this Agreement or which is incidentally prepared by or for CONTRACTOR in the performance of this Agreement. Data includes background material prepared by or for CONTRACTOR incidental to the

performance of this Agreement. Background material is defined as original work papers, notes, and drafts prepared by or for CONTRACTOR to support conclusions in any final report or product delivered under this agreement, including but not limited to completed questionnaires, and material in electronic data processing form, computer programs, and other tangible materials produced by or for CONTRACTOR during the term of this Agreement and directly related to the services being rendered. It does not include CONTRACTOR's financial reports or other information incidental to Agreement administration.

B. Preexisting Materials Brought by Contractor to the Project: DDAP and SCA shall have no ownership rights to CONTRACTOR's proprietary materials, methodologies or other intellectual property that CONTRACTOR brings to the service provision or has previously developed with or obtained from third parties. Notwithstanding the foregoing provision, where materials brought by CONTRACTOR to the service provision are necessary to use the deliverables required under this Agreement, CONTRACTOR shall, and hereby effectively does, grant to DDAP and SCA a paid-up, nonexclusive, nontransferable license to use, modify, prepare derivative works, and to grant to third parties engaged by the Commonwealth the right to use, modify, and prepare derivative works, from all or any portion of the material brought by CONTRACTOR to the service provision.

C. Ownership of Data: Any Data that fits the definition of "work made for hire", as that term is defined in United States copyright law, shall be considered a "work made for hire." All rights to these Data shall vest in DDAP, which shall have the sole and exclusive ownership of all Data. In the event that such Data do not fall within the specifically enumerated works that constitute "works made for hire" under the United States copyright laws, CONTRACTOR agrees to assign and, upon their authorship or creation, expressly and automatically assigns all copyright interests, proprietary rights, trade secrets, and other right, title and interest in and to such Data to DDAP. DDAP shall have the rights accorded a holder of copyright under the United States copyright laws including, but not limited to, the exclusive right to reproduce the Data in copies, the right to distribute copies by sale or other transfers, the right to register all copyrights in its own name as author in the United States and foreign countries, the right to prepare derivative works based upon the Data, and the right to display the Data. Upon completion or termination of this Agreement, CONTRACTOR shall immediately deliver all working papers, files, background material, and other documentation to SCA. CONTRACTOR warrants that the Data are original and do not infringe the rights of any other work.

D. Data Processing: All computer programs, tapes, and software developed under this Agreement, and any data or information provided to DDAP or SCA by diskette or electronic means, shall be compatible with DDAP computer systems. Specifications, if not included elsewhere in the Agreement, may be obtained from SCA.

E. Federal Government Interests: It is understood that certain funding under this Agreement may be provided by the Federal Government. Accordingly, the rights to

Data of Contractors or subcontractors hereunder will be further subject to government rights as set forth in 37 C.F.R. Section 401, and other applicable statutes. Notwithstanding the foregoing, DDAP retains the right to share information with the Federal Government relating to Data developed under a wholly state-funded Contract.

F. Defense of Infringement Claim: CONTRACTOR shall hold the Commonwealth and SCA harmless for any suit or proceeding brought against the Commonwealth, including DDAP, or its officials or employees, or SCA, or its officials or employees, on account of any alleged infringement of any United States or foreign copyrights, patents, trademarks, or trade secrets arising out of the performance of this Agreement, including any suit or proceeding relating to all work, services, materials, reports, studies and computer programs provided by CONTRACTOR. CONTRACTOR shall pay all damages and costs awarded therein against the Commonwealth or SCA. Pursuant to the Commonwealth Attorney's Act, 71 P.S. Sections 732-101, et seq., the Office of the Attorney General (OAG) has the sole authority to represent the Commonwealth in actions brought against the Commonwealth. The OAG may, however, in its sole discretion and under the terms it deems appropriate, delegate its right of defense. If information and assistance are furnished by the Commonwealth at CONTRACTOR's written request, it shall be at the CONTRACTOR's expense, but the responsibility for such expense shall be only that within the CONTRACTOR's written request. If any of the data, materials, reports, studies or computer programs provided by CONTRACTOR are held to constitute infringement, and the use of publication thereof is enjoined in such suit or proceeding, CONTRACTOR shall, at its own expense and at its option, either procure the right to publish or continue use of such infringing data, materials, reports, studies or computer programs, replace them with non-infringing items, or so modify them so that they are no longer infringing. If after a reasonable time and good faith effort, CONTRACTOR is unable to comply with the requirements of the immediately preceding sentence, CONTRACTOR shall return to DDAP/SCA that portion of contract funds expended by CONTRACTOR in relation to the infringing item. The obligations of CONTRACTOR under this paragraph continue without time limit.

20. Department Approval and Attribution:

(A) All printed material is subject to written pre-approval by DDAP/SCA. "Printed material" includes, but is not limited to, notices, informational pamphlets, press releases, research reports, brochures, manuals, labels, newsletters, artwork and print advertisements. All printed material must bear the DDAP logo and the names and titles of the Governor and the Secretary of the Department of Drug and Alcohol Programs unless otherwise authorized in writing by DDAP's Contracting Officer and SCA. All material produced for radio and television must also be approved for quality of content and accreditation in writing by DDAP and SCA prior to final production as well as after final production.

(B) DDAP attribution shall be at DDAP's sole discretion. If DDAP requires attribution on printed materials, CONTRACTOR shall include the following statement on printed materials released by CONTRACTOR: "This project is funded, in part, under a contract with the Pennsylvania Department of Drug and Alcohol Programs. Basic data for use in this study were supplied by the Pennsylvania Department of Drug and Alcohol Programs, Harrisburg, Pennsylvania. DDAP takes no part in and is in no way responsible for any analyses, interpretations or conclusions," or another statement approved by DDAP. If DDAP requires attribution on materials produced for radio or television, CONTRACTOR shall include a statement approved by DDAP.

21. Forms Approval: All forms, questionnaires, survey instruments, etc., developed under this Agreement shall be subject to prior written approval by DDAP and/or SCA.

22. Confidentiality, Sensitive Documents and Information:

- A. CONTRACTOR shall maintain the confidentiality of medical records of individuals served by CONTRACTOR under this Agreement except to disclose such confidential information to DDAP and/or SCA for purposes of consultation or DDAP's and/or SCA's monitoring of this Agreement.
- B. CONTRACTOR shall not publish or otherwise disclose, except to DDAP and/or SCA, and except matters of public record, any information or data obtained hereunder from private individuals, organizations, or public agencies, in a publication whereby the information or data furnished by or about any particular person or establishment can be identified, except with the informed consent of such person or establishment.
- C. CONTRACTOR shall not release any sensitive documents or information without the prior written approval of DDAP and/or SCA. The term "sensitive documents or information" shall mean a document or information that contains the description, design, operational plan, or other vital information about a critical facility or infrastructure located in Pennsylvania and bordering states (e.g., nuclear power plants, hazardous chemical plant, oil refinery, bridge, dam, tunnel, etc.), or contains information about the operational protocols or emergency response capabilities of state and local agency personnel, the content of which could be used by a terrorist or enemy of the United States to plan an attack upon a critical facility located in Pennsylvania and bordering states or engages in other activities that could cause death or injury to fire, police, medical, military, or other emergency response personnel, public officials, or the general public.

23. Collection or Recording of Information: CONTRACTOR shall submit to the SCA for written approval prior to use copies of each questionnaire and survey plan, including plans for structured interviews and consultations, for the collection of information upon identical items from five (5) or more individuals or organizational elements. The term "structured interview and consultation" is defined as an interview or consultation which

follows a pre-designed line of questioning that takes approximately the same form for all the respondents being interviewed or consulted.

24. Interests of the Members of the Commonwealth and Others: No officer, member or employee of the Commonwealth and no member of its General Assembly, who exercises any functions or responsibilities under this agreement, shall participate in any decision relating to this agreement which affects that person's personal interest or the interest of any corporation, partnership, or association in which that person is, directly or indirectly, interested; nor shall any such officer, member or employee of the Commonwealth or member of its general assembly have any interest, direct or indirect, in this Agreement or the proceeds thereof.

25. Interest of Contractor: For purposes of this Agreement, having an adverse interest means being employed by or sitting in an advisory position to; having a contract or agreement to provide services or materials, supplies, equipment, land or other personal or real property to; or having more than five (5%) percent ownership interest including ownership in the aggregate by such person and any immediate family member in a company, corporation or organization with whom CONTRACTOR contracts. For purposes of this Paragraph, a member of the immediate family means a parent, sibling, spouse, child, grandparent, grandchild or in-laws. CONTRACTOR further covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. CONTRACTOR further covenants that in the performance of this Agreement, it shall not knowingly employ or make a contract for reimbursable services with any person having such interest. CONTRACTOR further certifies that no member of the Board of CONTRACTOR or any of its officers or directors have such an adverse interest.

26. Default and Termination:

A. SCA may, by written notice of default to CONTRACTOR, immediately terminate upon such terms as said notice shall set forth, the whole or any part of this Agreement in any one of the following circumstances:

- (1) If CONTRACTOR fails to perform the contracted services within the time specified herein or any extension thereof; or
- (2) If CONTRACTOR fails to perform any of the other provisions of this Agreement, or so fails to make progress as to endanger its terms, and in either of these two (2) circumstances does not cure such failure within the period of ten (10) days (or such longer period as authorized by SCA in writing to CONTRACTOR) after receipt of notice from SCA specifying such failure.

B. In the event SCA terminates this Agreement as provided herein, CONTRACTOR shall transfer and deliver to SCA all partially completed reports or other documentation as CONTRACTOR has produced under this Agreement.

C. Should CONTRACTOR become insolvent, or if proceedings in bankruptcy be instituted by or against CONTRACTOR, the remaining or unexpired portion of this Agreement may be terminated.

D. It is further agreed that in the event funding to SCA from state or federal funding sources is not obtained and continued at the anticipated level, SCA may exercise one of the following options:

(1) Issue a written Notice of Termination of this Agreement to CONTRACTOR effective upon a specified date; or

(2) Continue the Agreement by reducing the amount provided in the Agreement in accordance with the manner set forth in DDAP's Fiscal Manual.

E. After receipt of Notice of Termination, unless otherwise directed in writing by SCA, CONTRACTOR shall:

(1) Stop work under this Agreement on the date and to the extent specified in the Notice of termination.

(2) Terminate all orders, contracts, and subcontracts to the extent that they relate to the performance of work terminated by the Notice of Termination.

(3) Settle all outstanding liabilities and all claims arising out of such termination. Notwithstanding the above, CONTRACTOR shall not be relieved of liability to SCA for damages sustained by SCA by virtue of the performance of CONTRACTOR.

F. The rights and remedies of SCA provided in this Paragraph 26 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

27. Contract Contingent upon Legislative Appropriation: Payment hereunder is subject to the availability of State and/or Federal funds.

28. Availability or Sufficiency of Department Funds: DDAP may terminate the Grant Agreement with the SCA at any time in the event funds become unavailable or are insufficient for DDAP program purposes. In such case, SCA will provide CONTRACTOR with advance notice to the extent reasonable and possible under the circumstances to either terminate this Agreement or suspend all or a portion of this Agreement as determined by SCA. SCA will compensate CONTRACTOR for satisfactory work completed up until such termination, but in no event shall CONTRACTOR be entitled to receive compensation for loss of profits.

29. Fee-Splitting: The CONTRACTOR agrees that no employee, board member, or representative of the CONTRACTOR, either personally or through an agent, shall solicit the

referral of clients to any facility in a manner that offers or implies an offer of rebate to persons referring clients or other fee-splitting inducements. No person or entity involved in the referral of clients may receive payment or other inducement by a facility or its representatives.

30. Environmental Protection: In carrying out this Agreement, CONTRACTOR shall minimize pollution and shall strictly comply with all applicable environmental laws and regulations.

31. Equal Employment Opportunity:

- A. CONTRACTOR shall not discriminate against any employee, applicant for employment, independent contractor or any other person because of race, color, religious creed, ancestry, national origin, age, or sex. CONTRACTOR shall take affirmative action to ensure that applicants are employed, and that employees or agents are treated during employment, without regard to their race, color, religious creed, ancestry, national origin, age, or sex. Such affirmative action shall include, but is not limited to: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training. CONTRACTOR shall post in conspicuous places, available to employees, agents, applicants for employment, and other persons, a notice to be provided by the contracting agency setting forth the provisions of this nondiscrimination clause.
- B. CONTRACTOR shall, in advertisements or requests for employment placed by it or on its behalf, state that all qualified applicants will receive consideration for employment without regard to race, color, religious creed, ancestry, national origin, age, or sex.
- C. CONTRACTOR shall send each labor union or workers' representative with which it has a collective bargaining agreement or other contract or understanding, a notice advising said labor union or workers' representative of its commitment to this nondiscrimination clause. Similar notice shall be sent to every other source of recruitment regularly utilized by CONTRACTOR.
- D. It shall be no defense to a finding of noncompliance with this nondiscrimination clause that CONTRACTOR had delegated some of its employment practices to any union, training program, or other source of recruitment, which prevents it from meeting its obligations. However, if the evidence indicates that the CONTRACTOR was not on notice of the third-party discrimination or made a good faith effort to correct it; such factor shall be considered in mitigation in determining appropriate sanction.
- E. Where the practices of a union or training program or other source of recruitment will result in the exclusion of minority group persons, so that CONTRACTOR will be unable to meet its obligations under this nondiscrimination clause,

CONTRACTOR shall then employ and fill vacancies through other nondiscriminatory employment procedures.

- F. CONTRACTOR shall comply with all State and Federal laws prohibiting discrimination in hiring or employment opportunities. In the event of CONTRACTOR's noncompliance with the nondiscrimination clause of this Agreement or with any such laws, this Agreement may be terminated or suspended, in whole or in part, and CONTRACTOR may be declared temporarily ineligible for further Commonwealth contracts, and other sanctions may be imposed and remedies invoked.
- G. CONTRACTOR shall furnish all necessary employment documents and records to, and permit access to its books, records, and accounts by, the Department and the Office of Administration, Bureau of Affirmative Action, for purposes of investigation to ascertain compliance with the provisions of this clause. If CONTRACTOR does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by DDAP or the Bureau of Affirmative Action.
- H. CONTRACTOR shall actively recruit minority sub-contractors or sub-contractors with substantial minority representation among their employees.
- I. CONTRACTOR obligations under this clause are limited to the CONTRACTOR's facilities within Pennsylvania, or where the contract is for purchase of goods manufactured outside of Pennsylvania, the facilities at which such goods are actually produced.
- J. CONTRACTOR shall include the provisions of this nondiscrimination clause in every sub-contract, so that such provisions will be binding on each sub-contractor.

32. Equal Opportunity for the Handicapped: The CONTRACTOR agrees to abide by Section 504 of the Rehabilitation Act of 1973, as amended (Public Law 93-112, 29 U.S.C. Section 794, as amended) and implementing Federal regulations. The CONTRACTOR assures that any benefits, services, or employment, available through the CONTRACTOR to the public by way of this Agreement's funds, shall not be denied persons with handicaps who are otherwise qualified or eligible for the benefits, services, or employment available as a result of this Agreement.

The CONTRACTOR shall be responsible for and agree to indemnify and hold harmless the Commonwealth of Pennsylvania from all losses, damages, expenses, claims, demands, suits, and actions brought by any party against the Commonwealth of Pennsylvania as a result of the CONTRACTOR's failure to comply with the provisions of the above paragraph.

CONTRACTOR agrees to indemnify and hold harmless SCA from all losses, damages, expenses, claims, demands, suits, and actions brought by any party against the SCA as a result of CONTRACTOR's failure to comply with the provisions of this Section.

33. Provisions Concerning the Americans with Disabilities Act: During the term of this Agreement, the CONTRACTOR agrees as follows:

Pursuant to federal regulations promulgated under the authority of the Americans With Disabilities Act, 28 C.F.R. Section 35.101 et seq., the CONTRACTOR understands and agrees that no individual with a disability shall, on the basis of the disability, be excluded from participation in this Agreement or from activities provided for under this Agreement. As a condition of accepting and executing this Agreement, the CONTRACTOR agrees to comply with the “General Prohibitions Against Discrimination,” 28 C.F.R. §35.130, and all other regulations promulgated under Title II of The Americans With Disabilities Act which are applicable to the benefits, services, programs, and activities provided by the Commonwealth of Pennsylvania through contracts with outside contractors.

CONTRACTOR agrees to indemnify and hold harmless the Commonwealth of Pennsylvania and SCA from all losses, damages, expenses, claims, demands, suits, and actions brought by any party against the Commonwealth of Pennsylvania as a result of CONTRACTOR’s failure to comply with the provisions of the above paragraph.

34. Culturally and Linguistically Appropriate Services (CLAS): The CONTRACTOR must provide services that are respectful of and responsive to cultural and linguistic needs, cultural health beliefs and practices, preferred languages, health literacy levels and other communication needs.

35. Nondiscrimination/Sexual Harassment Clause: During the term of this Agreement, the CONTRACTOR agrees as follows:

- A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the grant agreement or any subgrant agreement, contract or subcontract, the Grantee, a subgrantee, a contractor, a subcontractor, or any person acting on behalf of the Grantee shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the *Pennsylvania Human Relations Act* (PHRA) and applicable federal laws, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.
- B. The Grantee, any subgrantee, contractor or any subcontractor or any person on their behalf shall not in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable federal laws, against or intimidate any of its employees.
- C. Neither the Grantee nor any subgrantee nor any contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable federal laws, in the provision of services under the grant agreement, subgrant agreement, contract or subcontract.

- D. Neither the Grantee nor any subgrantee nor any contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate against employees by reason of participation in or decision to refrain from participating in labor activities protected under the *Public Employees Relations Act*, *Pennsylvania Labor Relations Act* or *National Labor Relations Act*, as applicable and to the extent determined by entities charges with such Acts' enforcement, and shall comply with any provision of law establishing organizations as employees' exclusive representatives.

- E. The Grantee, any subgrantee, contractor or any subcontractor shall establish and maintain a written nondiscrimination and sexual harassment policy and shall inform their employees in writing of the policy. The policy must contain a provision that sexual harassment will not be tolerated and employees who practice it will be disciplined. Posting this Nondiscrimination/Sexual Harassment Clause conspicuously in easily-accessible and well-lighted places customarily frequented by employees and at or near where the grant services are performed shall satisfy this requirement for employees with an established work site.

- F. The Grantee, any subgrantee, contractor or any subcontractor shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable federal laws, against any subgrantee, contractor, subcontractor or supplier who is qualified to perform the work to which the grant relates.

- G. The Grantee and each subgrantee, contractor and subcontractor represents that it is presently in compliance with and will maintain compliance with all applicable federal, state, and local laws and regulations relating to nondiscrimination and sexual harassment. The Grantee and each subgrantee, contractor, and subcontractor further represents that it has filed a Standard Form 100 Employer Information Report ("EEO-1") with the U.S. Equal Employment Opportunity Commission ("EEOC") and shall file an annual EEO-1 report with the EEOC as required for employers subject to Title VII of the Civil Rights Act of 1964, as amended, that have 100 or more employees and employers that have federal government contracts or first-tier subcontracts and have 50 or more employees. The Grantee, any subgrantee, any contractor or any subcontractor shall, upon request and within the time periods requested by the Commonwealth, furnish all necessary employment documents and records, including EEO-1 reports, and permit access to their books, records and accounts by the granting agency and the Bureau of Diversity, Inclusion and Small Business Opportunities for the purpose of ascertaining compliance with the provisions of this Nondiscrimination/Sexual Harassment Clause.

- H. The Grantee, any subgrantee, any contractor or any subcontractor shall include the provisions of this Nondiscrimination/Sexual Harassment Clause in every subgrant agreement, contract or subcontract so that those provisions applicable to

subgrantees, contractors or subcontractors will be binding upon each subgrantee, contractor or subcontractor.

- I. The Grantee's, and each subgrantee's, contractor's and subcontractor's obligations pursuant to these provisions are ongoing from and after the effective date of the grant agreement through the termination date thereof. Accordingly, The Grantee, and each subgrantee, contractor and subcontractor shall have an obligation to inform the commonwealth if, at any time during the term of this Agreement, it becomes aware of any actions or occurrences that would result in violation of these provisions.
- J. The commonwealth may cancel or terminate the grant agreement and all money due or to become due under the grant agreement may be forfeited for a violation of the terms and conditions of this Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place The Grantee, subgrantee, contractor or subcontractor in the Contractor Responsibility File.

36. Additional Provisions Relating to Non-Discrimination/Sexual Harassment:

- A. CONTRACTOR or any person on CONTRACTOR's behalf shall not in any manner discriminate against or intimidate any employee involved in the performance of work or any other activity required under this Agreement on account of gender, race, creed, color, religion, age, sexual preference, handicap, or national origin.
- B. CONTRACTOR shall ensure that any services or benefits available to the public or other third parties by way of this Agreement shall not be denied or restricted for such persons due to race, creed, color, religion, sex, sexual preference, age, handicap, or national origin (national origin protections include persons who are limited English proficient) consistent with the provisions of Federal and State Laws and regulations.
- C. CONTRACTOR shall furnish all necessary employment documents and records and permit access to its books, records, and accounts by SCA for purposes of investigation to ascertain compliance with the provisions of this Nondiscrimination/Sexual Harassment Clause.

37. Disposition of Equipment and Other Material: CONTRACTOR shall adhere to the requirements for fixed assets as described in the DDAP Fiscal Manual Section 2.06.

38. Generic Drugs: If under this Agreement CONTRACTOR prescribes or dispenses drugs to consumers, it shall do so in accordance with Act 259 of November 24, 1976, P.L. 1163, 35 P.S. Section 960.1 et seq., as amended, and prescribe and dispense generically equivalent drugs rather than brand name drugs whenever possible.

39. Extension Right: SCA reserves the right, upon written notice to CONTRACTOR, to extend the term of this Agreement for up to three (3) months upon the same terms and conditions in the event that DDAP extends the Grant Agreement with the SCA for said term.

40. Contractor Integrity Provisions:

A. For purposes of this paragraph only, the following terms shall have the definitions provided in this section:

- (1) "Affiliate" means two or more entities where (a) a parent entity owns more than fifty (50 %) percent of the voting stock of each of the entities; or, (b) a common shareholder or group of shareholders owns more than 50 percent of the voting stock of each of the entities; or, (c) the entities have a common proprietor or general partner.
- (2) "Consent" means written permission signed by a duly authorized officer or employee of the Commonwealth or SCA, provided that where the material facts have been disclosed, in writing, by prequalification, bid, proposal, or contractual terms, the Commonwealth or SCA shall be deemed to have consented by virtue of the execution of this Agreement.
- (3) "Contractor" means the individual or entity that has entered into this Agreement with the SCA.
- (4) "Contractor Related Parties" means any affiliates of the CONTRACTOR and the CONTRACTOR's executive officers, directors, or owners of five (5%) percent or more interest in the CONTRACTOR.
- (5) "Financial Interest" means either:
 - (a) Ownership of more than a five (5%) percent interest in any business; or
 - (b) Holding a position as an officer, director, trustee, partner, employee, or holding any position of management.
- (6) "Gratuity" means tendering, giving, or providing anything of more than nominal monetary value Including, but not limited to, cash, travel, entertainment, gifts, meals, lodging, loans, subscriptions, advances, deposits of money, services, employment, or contracts of any kind. The exceptions set forth in the Governor's Code of Conduct, Executive Order 2015-1, 4 Pa. Code Section 7.153(b), shall apply.
- (7) "Non-bid Basis" means a contract awarded or executed by the Commonwealth without seeking bids or proposals from any other potential bidder or offeror.

B. In furtherance of this Policy, CONTRACTOR agrees to the following:

- (1) CONTRACTOR shall maintain the highest standards of honesty and integrity during the performance of this Agreement and shall take no action in violation of State or Federal laws, regulations, or any other applicable laws or regulations, or other requirements applicable to CONTRACTOR that govern contracting with the Commonwealth and SCA.
- (2) CONTRACTOR shall establish and implement a written business integrity policy, which includes, at a minimum, the requirements of these provisions as they relate to CONTRACTOR activity with the SCA and SCA employees and which is made known to all CONTRACTOR employees. Posting these Contractor Integrity Provisions conspicuously in easily-accessible and well-lighted places customarily frequented by employees and at or near where the contract services are performed shall satisfy this requirement.
- (3) CONTRACTOR, its affiliates, agents, employees and anyone in privity with CONTRACTOR shall not accept, agree to give, offer, confer, or agree to confer or promise to confer, directly or indirectly, any gratuity or pecuniary benefit to any person, or to influence or attempt to influence any person in violation of any federal or state law, regulation, executive order of the Governor of Pennsylvania, statement of policy, management directive or any other published standard of the Commonwealth in connection with performance of work under this Agreement, except as provided in this Agreement.
- (4) CONTRACTOR shall not have a financial interest in any other contractor, sub-contractor, or supplier providing services, labor, or material under this Contract, unless the financial interest is disclosed to SCA in writing and SCA consents to CONTRACTOR's financial interest prior to execution of this Agreement. CONTRACTOR shall disclose the financial interest to SCA at the time this Agreement is signed by CONTRACTOR.
- (5) CONTRACTOR certifies to the best of its knowledge and belief that within the last 5 years CONTRACTOR or CONTRACTOR Related Parties have not:
 - (a) been indicted or convicted of a crime involving moral turpitude or business honesty or integrity in any jurisdiction;
 - (b) been suspended, debarred or otherwise disqualified from entering into any contract with any governmental agency;
 - (c) had any business license or professional license suspended or revoked;
 - (d) had any sanction or finding of fact imposed as a result of a judicial or administrative proceeding related to fraud, extortion, bribery, bid rigging, embezzlement, misrepresentation or anti-trust; and,

- (e) been, and is not currently, the subject of a criminal investigation by any federal, state or local prosecuting or investigative agency and/or civil anti-trust investigation by any federal, state or local prosecuting or investigative agency.

If CONTRACTOR cannot so certify to the above, then it must submit along with this Agreement a written explanation of why such certification cannot be made and the SCA will determine whether a contract may be entered into with the CONTRACTOR. The CONTRACTOR's obligation pursuant to this certification is ongoing from and after the effective date of this Agreement through the termination date thereof. Accordingly, CONTRACTOR shall have an obligation to immediately notify the SCA in writing if at any time during the term of this Agreement it becomes aware of any event which would cause the CONTRACTOR's certification or explanation to change. CONTRACTOR acknowledges that the SCA may, in its sole discretion, terminate this Agreement for cause if it learns that any of the certifications made herein are currently false due to intervening factual circumstances or were false or should have been known to be false when entering into the Agreement.

- (6) CONTRACTOR shall comply with the requirements of the Lobbying Disclosure Act (65 Pa. C.S. Sections 13a01, et seq.) regardless of the method of award. If this Agreement was awarded on a Non-bid Basis, CONTRACTOR must also comply with the requirements of the Section 1641 of the Pennsylvania Election Code (25 P.S. Section 3260(a).)
- (7) When CONTRACTOR has reason to believe that any breach of ethical standards as set forth in law, the Governor's Code of Conduct, or these Contractor Integrity Provisions has occurred or may occur, including but not limited to contact by a Commonwealth/SCA officer or employee which, if acted upon, would violate such ethical standards, CONTRACTOR shall immediately notify the Commonwealth Contracting Officer or the Office of the State Inspector General in writing.
- (8) CONTRACTOR, by submission of its bid or proposal and/or execution of this Contract and by the submission of any bills, invoices or requests for payment pursuant to this Agreement, certifies and represents that it has not violated any of these Contractor Integrity Provisions during the term of this Agreement, to include any extensions thereof. CONTRACTOR shall immediately notify the Commonwealth/SCA in writing of any actions for occurrences that would result in a violation of these Contractor Integrity Provisions. CONTRACTOR agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of the State Inspector General for investigations of the CONTRACTOR's compliance with the terms of this or any other Agreement between the CONTRACTOR and the SCA that results in the suspension or debarment of the CONTRACTOR. CONTRACTOR shall not be responsible for investigative costs for investigations that do not result in the CONTRACTOR's suspension or debarment.

- (9) CONTRACTOR shall cooperate with the Office of the State Inspector General in its investigation of any alleged Commonwealth agency or employee breach of ethical standards and any alleged CONTRACTOR non-compliance with these Contractor Integrity Provisions. CONTRACTOR agrees to make identified CONTRACTOR employees available for interviews at reasonable times and places. CONTRACTOR, upon the inquiry or request of an Inspector General, shall provide, or if appropriate, make promptly available for inspection or copying, any information of any type or form deemed relevant by the Office of the State Inspector General to CONTRACTOR's integrity and compliance with these provisions. Such information may include, but shall not be limited to, CONTRACTOR's business or financial records, documents or files of any type or form that refer to or concern this Agreement. CONTRACTOR shall incorporate this paragraph in any Agreement, contract or sub-contract it enters into in the course of the performance of this Agreement solely for the purpose of obtaining sub-contractor compliance with this provision. The incorporation of this provision in a sub-contract shall not create privity of contract between the SCA and any such sub-contractor, and no third-party beneficiaries shall be created thereby.
- (10) For violation of any of these Contractor Integrity Provisions, the SCA may terminate this and any other Agreement with CONTRACTOR, claim liquidated damages in an amount equal to the value of anything received in breach of these Provisions, claim damages for all additional costs and expenses incurred in obtaining another CONTRACTOR to complete performance under this Contract, and debar and suspend CONTRACTOR from doing business with the Commonwealth. These rights and remedies are cumulative, and the use or non-use of any one shall not preclude the use of all or any other. These rights and remedies are in addition to those the Commonwealth and SCA may have under law, statute, regulation, or otherwise.

41. Contractor Responsibility Provisions:

- A. CONTRACTOR must certify, in writing, for itself and all its subcontractor, that as of the date of its execution of this Agreement, that CONTRACTOR is not under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if CONTRACTOR cannot so certify, then it agrees to submit, a written explanation of why such certification cannot be made.
- B. CONTRACTOR must also certify, in writing, that as of the date of the execution of this Agreement it has no tax liabilities or other Commonwealth obligations.
- C. CONTRACTOR's obligations pursuant to these provisions are ongoing from and after the effective date of this Agreement through the termination date thereof. Accordingly, the CONTRACTOR shall have an obligation to inform the SCA if,

at any time during the term of this Agreement, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it is suspended or debarred by the Commonwealth, the federal government, or any other state or governmental entity. Such notice shall be made within fifteen (15) days of the date of suspension or debarment.

- D. The failure of CONTRACTOR to notify the SCA of its suspension or debarment by the Commonwealth, any other state, or the federal government shall constitute an event of default under this Agreement.
- E. CONTRACTOR agrees to reimburse SCA and DDAP for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of CONTRACTOR's compliance with the terms of this Agreement, which results in the suspension or debarment of CONTRACTOR. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. CONTRACTOR shall not be responsible for investigative costs for investigations that do not result in CONTRACTOR's suspension or debarment.
- F. CONTRACTOR may obtain a current list of suspended and debarred Commonwealth contractors by either searching the Internet at <http://www.dgs.state.pa.us/> or by contacting the:

Department of General Services
Office of Chief Counsel
603 North Office Building
Harrisburg, Pennsylvania 17125
Telephone No: (717) 783-6472

42. Contractor Offset Provision: If SCA determines that CONTRACTOR has spent funds in contradiction with this Agreement, or any State or Federal law or regulation, or obligation, SCA shall notify CONTRACTOR of the disallowed expenditure and offset it against any monies payable to CONTRACTOR.

43. Assignment of Antitrust Claims: CONTRACTOR and SCA recognize that in actual economic practice, overcharges by CONTRACTOR's suppliers resulting from violations of state and federal antitrust laws are in fact borne by the Commonwealth. As part of the consideration for this Agreement, and intending to be legally bound, CONTRACTOR assigns to the Commonwealth and SCA all right, title and interest in and to any claims CONTRACTOR now has or may hereafter acquire under state or federal antitrust laws relating to the goods or services which are the subject of this Agreement.

44. Laws and Regulations: This Agreement is subject to the provisions of all pertinent federal, state and local laws and regulations and all amendments made thereto. Definitions of service, eligibility of recipients of service and other limitations on the purchase

of the services established in this Agreement are subject to modification by amendments to Federal, State and local laws and regulations without further notice to CONTRACTOR.

45. Corporate Practice of Medicine Doctrine: CONTRACTOR agrees to comply with and not violate the corporate practice of medicine doctrine.

46. Human Research: CONTRACTOR agrees that all human subject research (which includes but is not limited to the researcher obtaining identifiable private information or data through intervention or interaction with an individual) shall be prohibited unless CONTRACTOR certifies that prior written approval of its own or another Institutional Review Board (IRB) has been obtained or the research has been exempted, subject to all applicable laws, statutes, and regulations including, but not limited to, 42 U.S.C. Section 3515(b) (relating to prohibitions on funding certain experiments involving human participants), and the regulations thereunder. The written, voluntary, informed consent of each subject must be obtained. If the subject is a minor or incompetent, the written, voluntary, informed consent of his or her legal guardian shall be required. The CONTRACTOR shall inform each potential subject prior to his or her consent that refusal will not result in the loss of any benefits to which the subject is otherwise entitled from the Federal Government, the Commonwealth, SCA, or any third-party insurer. In addition, such experimentation or research projects involving human subjects must be submitted for review and approval to the Department of Health's IRB on Form Number HD1103F prior to the onset of the research.

47. Medical Marijuana Prohibition: The CONTRACTOR cannot use federal funds directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended...in full accordance with U.S. statutory...requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). See Information Bulletin 02-21 for further guidance.

This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

If a large system, e.g. a hospital, receives federal funding, the Medical Marijuana Prohibition applies only to the department that receives the funds. Recipients of Federal Funding may continue to serve clients who use medical marijuana for a mental or substance use disorder as long as CONTRACTOR documents the client's understanding of the risks of marijuana use and willingness to work toward other, evidence-based alternatives to treat their mental or substance use disorder.

48. Medication Assisted Treatment: Individuals with SUD who have a disorder for which there is an FDA-approved medication treatment must have access to those treatments based upon their individual needs and preferences. CONTRACTOR must ensure medication and clinical therapeutic interventions are available in all levels of care, even if CONTRACTOR is

not the prescriber of the medication. CONTRACTOR must ensure that the individual's needs are met directly or through an appropriate referral to a prescriber. CONTRACTOR may not exclude individuals on MAT from being admitted into services. CONTRACTOR may not place limits on a type of service or medication or restrict the length of service.

DDAP will identify state or federal funds that are available only to providers that permit use of FDA-approved medications in the treatment of SUD. If CONTRACTOR restricts admission based upon medication use, CONTRACTOR may not receive those funds to treat any individual or provide any type of service.

49. Integration Clause: The parties agree that this Agreement constitutes the entire contract between SCA and CONTRACTOR. This Agreement with attached Appendices, Attachments, and items incorporated by reference contains all the terms, provisions, and conditions of this Contract. All the provisions thereof are intended by the parties to be whole and entire, and if any provision or any part hereof is determined to be void, only that part shall be nullified and such, shall not affect the remainder of the Agreement.

50. Reporting Requirements Under The Federal Funding Accountability and Transparency Act (FFATA):

A. Registration and Identification Information

CONTRACTOR must maintain current registration in the Central Contractor Registration (www.ccr.gov) at all times during which they have active Federal awards funded pursuant to this Agreement. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number (www.dnb.com) is one of the requirements for registration in the Central Contractor Registration.

CONTRACTOR must provide its assigned DUNS number, and DUNS + 4 number if applicable, to the SCA along with CONTRACTOR's return of the signed Agreement. The SCA will not process this Agreement until such time that the CONTRACTOR provides this information.

B. Primary Location

CONTRACTOR must provide to the SCA the primary location of performance under this Agreement, including the City, State, and Zip+4. If performance is to occur in multiple locations, then CONTRACTOR must list the location where the greatest amount of the funding is to be expended pursuant to this Agreement.

CONTRACTOR must provide this information to the SCA along with the CONTRACTOR's return of the signed Agreement. The SCA will not process this Agreement until such time that CONTRACTOR provides this information.

C. Compensation of Officers

CONTRACTOR must provide to SCA the names and total compensation of the 5 most highly compensated officers of the entity **if—**

- (1) the entity in the preceding fiscal year received:
 - (a) 80 percent or more of its annual gross revenues in Federal awards; and,
 - (b) \$25,000,000 or more in annual gross revenues from Federal awards; and,
- (2) the public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Sections 78m(a), 78o(d)) or Section 6104 of the Internal Revenue Code of 1986 (26 U.S.C. Section 6104).

If CONTRACTOR does not meet the conditions listed above, then it must specifically affirm to the SCA that the requirements of this clause are inapplicable to CONTRACTOR.

CONTRACTOR must provide information responding to this question along with the CONTRACTOR's return of the signed Agreement. The SCA will not process this Agreement until such time that CONTRACTOR provides such information in response to this question.

51. Unusual Incident Reports: CONTRACTOR will report any unusual incidents that may occur during the life of this contract to SCA Office.

The following shall constitute a listing of those unusual incidents that shall be reported to the SCA: the death of a client at a residential treatment facility; an injury, trauma, or illness requiring hospitalization that occurs when the individual is at the facility or under the supervision of the facility; suicide attempt; physical assault by staff or resident; sexual assault by staff or resident; an individual who is missing more than 24 hours or who could be in jeopardy of missing at all; outbreak of a contagious disease or food poisoning of residents; an incident requiring the services of a fire department or law enforcement agency; a condition (except snow or ice condition) resulting in closure of a facility for more than one scheduled day of operation; fire or structural damage to the facility; misuse or alleged misuse of client's funds or property; incident the facility director believes may lead to community concern.

Contractor shall notify SCA within twenty-four (24) hours of those incidences listed above. It is understood that the SCA may conduct investigations of unusual incidences when warranted.

B. AUDIT REQUIREMENTS

DDAP provides Federal and State financial assistance to a variety of entities. Audit requirements may be either a Federal mandate or a Department mandate. The applicable audit requirements are determined according to the source(s) of the agreement's funding.

CONTRACTOR must comply with the minimum audit reporting requirements and the submission of Audit Reports requirements detailed in the Audit Requirements at Appendix F, which Appendix is incorporated herein by reference and thereby made a part of this Agreement. CONTRACTOR further agrees to comply with all audit requirements pertaining to fee-for-service providers as per the DDAP Fiscal Manual.

A facility specific annual audit which is facility specific, designating each service activity provided within the facility, must be submitted to SCA by all Residential Treatment Facilities. If detox and residential rehab treatment are provided in one facility, a breakout of each of these two services must be identified in the audit.

If a parent agency owns more than one facility, and a corporate audit is conducted rather than a facility specific audit, then the corporate audit must at a minimum include a facility specific **Schedule of Functional Expenses and Revenue** for each service activity provided within each facility.

C. COMMONWEALTH TRAVEL AND SUBSISTENCE RATES

The provisions of the DDAP Manuals must be adhered to by CONTRACTOR with regard to travel and subsistence reimbursements. During the Agreement term Transportation and Subsistence reimbursement rates shall be in accordance with the Commonwealth transportation and subsistence reimbursement rates at the time the expense is incurred as set forth in the most current Management Directive for Commonwealth Travel Policy (230.10) found at [https://www.oa.pa.gov/Policies/md/Pages/Management_AdministrativeSupport\(205-260\).aspx](https://www.oa.pa.gov/Policies/md/Pages/Management_AdministrativeSupport(205-260).aspx), the most current Commonwealth Travel Procedures Manual (M230.1) found at <https://www.oa.pa.gov/Policies/Pages/manuals.aspx>, and the rates established and as posted by the General Services Administration at the following internet address: <http://www.gsa.gov>

(a) Travel: The mileage allowance shall be the State allowed rate per mile for the miles incurred by CONTRACTOR's employees in driving their personal vehicle. Travel cost will only be allowed in the performance of this Agreement when a travel line item provides for such cost in the budget.

(b) Lodging: Lodging costs will only be allowed in the performance of this contract when a travel line item provides for such costs in the CONTRACTOR's budget. Contractors will only be reimbursed for actual expenses incurred. Copies of hotel receipts must be provided with the invoice submitted to the SCA. In those instances when lodging cannot be secured within the established lodging rate allowance, CONTRACTORS may exceed the allowance if written justification is provided to the SCA. Written documentation of the solicitation of three bids must be provided with the invoice submitted to SCA for payment. Lodging rate allowances may be exceeded when CONTRACTOR must stay at a specific lodging facility where the CONTRACTOR's presence is required by the nature of the official business (e.g. location of conference, training course, convention). A written explanation must be provided on the invoice submitted to the SCA for payment. Hotel charges will not be reimbursed if CONTRACTOR is negligent in canceling reservations in accordance with the hotel's policy.

Lodging costs are limited to the maximum per night lodging rates issued by the General Services Administration (GSA) at <http://www.gsa.gov> under the Per Diem Rates tab. The lodging per night rate is presented as a maximum allowable lodging rate, excluding taxes, and provides the allowable rates on a month to month basis. Exceptions to these rates are only allowable as noted in the above paragraph.

(c) Subsistence-Overnight Travel: Reimbursement for meals and other subsistence expenses for each 24-hour period spent in continuous overnight travel status is allowed in accordance with the current Commonwealth subsistence rate in effect at the time the expense is incurred as set forth in the applicable Management Directive for Commonwealth Travel Policy (230.10 Amended), the Commonwealth Travel Procedures Manual (M230.1 Amended), and the reimbursement rates posted on the website for the General Services Administration at <http://www.gsa.gov> under the Per Diem Rates tab. The 24-hour period begins at any time of day or night that CONTRACTOR leaves their office or residence on official business.

(d) Non-Overnight Travel: No subsistence payments for non-overnight travel are allowed unless CONTRACTOR is fifty (50) miles or more from their residence or the work site and works more than two (2) hours past their scheduled quitting time with or without prior notice.

(e) Documentation: Itemized receipts for travel and subsistence must be on file to support reimbursement and an explanation must be submitted with invoices for every item of expense for \$15.00 or more. Subsistence allowances are not flat allowances and only amounts actually expended may be claimed.

(f) CONTRACTOR acknowledges that all reimbursement herein shall be in accordance with the Commonwealth Management Directive 230.1 or other official Commonwealth notification as posted on DDAP's website.

D. MINIMUM PERSONAL COMPUTER HARDWARE, SOFTWARE AND PERIPHERALS REQUIREMENTS

The Commonwealth of Pennsylvania has adopted minimum standard personal computer component configurations to ensure compatibility with the Commonwealth Information Technology Systems.

CONTRACTOR agrees that during the Agreement term, the following minimum computer configurations shall be maintained:

- Intel Core i7 3.4GHZ Processor
- 8 Gigabytes (GB) of RAM
- 256 Gigabytes (GB) Solid State Hard Drive (SSD)
- 512MB AMD RADEON HD DVI video card
- 23" FP Monitor

16X DVD+/-RW DVD drive
 Intel Gigabit LAN 10/100/1000 Network Interface Card (NIC)
 Windows keyboard
 Mouse
 Internal Sound Card
 Windows 10
 64-bit Operating System

In the event that the above referenced configurations change during the term of this Agreement, such changes shall become part of this Agreement and shall supersede any prior configurations. SCA shall notify the CONTRACTOR by letter of the subsequent configurations and the effective date of any change. CONTRACTOR shall use Industry Best Practices to secure and protect personal computer systems including but not limited to the use of virus protection, firewall, spyware, and intrusion detection software, and keep such software up to date with current recommended updates. All personal computer systems and software must be kept patched with manufacturer recommended critical security patches.

CONTRACTOR shall use Industry Best Practices to backup, secure and protect all data collected on personal computer systems on behalf of the Commonwealth/SCA. CONTRACTOR shall ensure that for all confidential or protected data that the Commonwealth requirements for encryption of data are met. Personal Computers under this agreement that connect with Commonwealth Information Technology systems or that may during their lifecycles connect with those systems must comply with applicable standards published by the Commonwealth in their Information Technology Policies (ITPs) which can be found at the following location:
<https://www.oa.pa.gov/Policies/Pages/itp.aspx>

CONTRACTOR must contact SCA to request a waiver if there is a need to deviate from the standards/policies stated above.

E. PRO-CHILDREN ACT OF 1994

The Contractor and all subcontractors shall agree to comply with the following certification required by P.L. 103-227 Sections 1041-1044, 20 U.S.C. Sections 6081-6084, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient hospital drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a

civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Pro-Children Act of 1994 and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Pro-Children Act of 1994.

The Contractor agrees that it will require that the language of this certification be included in any subcontracts which contain provisions for children's services and that all subcontractors shall certify accordingly.

The Contractor further agrees that it will comply with and require any subcontractors to comply with the requirements of the Pro-Children Act of 1994 regardless of the source of funds for this contract.

F. RIGHT TO KNOW LAW

(a) CONTRACTOR understands that this Agreement and records related to or arising out of this Agreement are subject to requests made pursuant to the Pennsylvania Right-to-Know Law, 65 P.S. Sections 67.101-3104, ("RTKL"). For the purpose of these provisions, the term "the Commonwealth" shall refer to the Department of Drug and Alcohol Programs.

(b) If the Commonwealth needs SCA's assistance in any matter arising out of the RTKL related to this Agreement, SCA shall notify CONTRACTOR using the legal contact information provided in this Agreement. CONTRACTOR, at any time, may designate a different contact for such purpose upon reasonable prior written notice to SCA.

(c) Upon written notification from the Commonwealth that it requires SCA's assistance in responding to a request under the RTKL for information related to this Agreement that may be in CONTRACTOR's possession, constituting, or alleged to constitute, a public record in accordance with the RTKL ("Requested Information"), CONTRACTOR shall:

1. Provide the Commonwealth and/or SCA, within ten (10) calendar days after receipt of written notification, access to, and copies of, any document or information in CONTRACTOR's possession arising out of this Agreement that the Commonwealth and/or SCA reasonably believe is Requested Information and may be a public record under the RTKL; and
2. Provide such other assistance as the Commonwealth or SCA may reasonably request, in order to comply with the RTKL with respect to this Agreement.

(d) If CONTRACTOR considers the Requested Information to include a request for a Trade Secret or Confidential Proprietary Information, as those terms are defined by the RTKL, or other information that CONTRACTOR considers exempt from production under the RTKL, CONTRACTOR must notify the Commonwealth and SCA and provide, within seven (7) calendar days of receiving the written notification, a written statement signed by a

representative of CONTRACTOR explaining why the requested material is exempt from public disclosure under the RTKL.

(e) The Commonwealth and SCA will rely upon the written statement from CONTRACTOR in denying a RTKL request for the Requested Information unless the Commonwealth or SCA determines that the Requested Information is clearly not protected from disclosure under the RTKL. Should the Commonwealth or SCA determine that the Requested Information is clearly not exempt from disclosure, CONTRACTOR shall provide the Requested Information within five (5) business days of receipt of written notification of the Commonwealth's or SCA's determination.

(f) If CONTRACTOR fails to provide the Requested Information within the time period required by these provisions, CONTRACTOR shall indemnify and hold the Commonwealth and SCA harmless for any damages, penalties, costs, detriment or harm that the Commonwealth or SCA may incur as a result of CONTRACTOR's failure, including any statutory damages assessed against the Commonwealth or SCA.

(g) The Commonwealth or SCA will reimburse CONTRACTOR for any costs associated with complying with these provisions only to the extent allowed under the fee schedule established by the Office of Open Records or as otherwise provided by the RTKL if the fee schedule is inapplicable.

(h) CONTRACTOR may file a legal challenge to any Commonwealth or SCA decision to release a record to the public with the Office of Open Records, or in the Pennsylvania Courts, however, CONTRACTOR shall indemnify the Commonwealth and SCA for any legal expenses incurred by the Commonwealth or SCA as a result of such a challenge and shall hold the Commonwealth and SCA harmless for any damages, penalties, costs, detriment or harm that the Commonwealth or SCA may incur as a result of CONTRACTOR's failure, including any statutory damages assessed against the Commonwealth or SCA, regardless of the outcome of such legal challenge. As between the parties, CONTRACTOR agrees to waive all rights or remedies that may be available to it as a result of the Commonwealth's or SCA's disclosure of Requested Information pursuant to the RTKL.

(i) CONTRACTOR's duties relating to the RTKL are continuing duties that survive the expiration of this Agreement and shall continue as long as CONTRACTOR has Requested Information in its possession.

G. BLOCK GRANT PROVISIONS

CONTRACTOR agrees to comply with the Block Grant prohibition provisions pursuant to the Federal SABG and in accordance with 42 U.S.C. Section 300x-31 and 45 CFR Section 96.135, whereby none of this contract's funds shall be used to:

(a) Provide inpatient hospital services unless it is determined, in accordance with guidelines issued by the Secretary of Health and Human Services, that such treatment is a

medical necessity for the individual involved. In exercising this exception, a physician must determine that the primary diagnosis of the individual is substance abuse; the services can be reasonably expected to improve the individual's condition or level of functioning; the individual cannot be effectively treated in a community-based, non-hospital, residential program of treatment; and the hospital's substance abuse program follows national standard of substance abuse professional practice. SABG funding may only be used under these circumstances only to the extent that the daily rate of payment provided to the hospitals for providing the services to the individual shall not exceed the comparable daily rate provided for community-based, non-hospital, residential programs of treatment for substance abuse; and that payment is only for services that are medically necessary, that is, only for those days that the patient cannot be safely treated in a residential, community-based program.

- (b) Make cash payments to intended recipients of health services;
- (c) Purchase or improve land, purchase, construct or permanently improve (other than minor remodeling if provided for in the line item budget of this agreement) any building or other facility, or purchase major medical equipment. (No minor equipment may be purchased unless the line item budget specifically provides for such purchase);
- (d) Satisfy any requirement for the expenditure of non-Federal funds as a condition for receipt of Federal funds;
- (e) Provide financial assistance to any entity other than a public or non-profit private entity; or
- (f) Provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines in writing that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
- (g) Provide workforce recruitment and retention measures involving staff loan repayments or tuition reimbursement.

CONTRACTOR and all subcontractors shall comply with State law, Controlled Substance, Drug Device and Cosmetic Act, 35 P.S. Section 780-101 et seq., which prohibits providing individuals with hypodermic needles or syringes.

H. ENHANCED MINIMUM WAGE PROVISIONS

- (a) Enhanced Minimum Wage. Contractor agrees to pay no less than \$12.00 per hour to its employees for all hours worked directly performing the services called for in this Contract, and for an employee's hours performing ancillary services necessary for the performance of the contracted services when such employee spends at least twenty per cent (20%) of their time performing ancillary services in a given work week.

(b) Adjustment. Beginning July 1, 2019, and annually thereafter, the minimum wage rate shall be increased by \$0.50 until July 1, 2024, when the minimum wage reaches \$15.00. Thereafter, the minimum wage rate would be increased by an annual cost-of-living adjustment using the percentage change in the Consumer Price Index for All Urban Consumers (CPI-U) for Pennsylvania, New Jersey, Delaware, and Maryland. The applicable adjusted amount shall be published in the Pennsylvania Bulletin by March 1 of each year to be effective the following July 1.

(c) Exceptions. These Enhanced Minimum Wage Provisions shall not apply to employees:

- i. exempt from the minimum wage under the Minimum Wage Act of 1968;
- ii. covered by a collective bargaining agreement;
- iii. required to be paid a higher wage under another state or federal law governing the services, including the Prevailing Wage Act and Davis-Bacon Act; or
- iv. required to be paid a higher wage under any state or local policy or ordinance.

(d) Notice. Contractor shall post these Enhanced Minimum Wage Provisions for the entire period of the contract conspicuously in easily accessible and well-lighted places customarily frequented by employees at or near where the contracted services are performed.

(e) Records. Contractor must maintain and, upon request and within the time periods requested by the Commonwealth, furnish all employment and wage records necessary to document compliance with these Enhanced Minimum Wage Provisions.

(f) Sanctions. Failure to comply with these Enhanced Minimum Wage Provisions may result in the imposition of sanctions, which may include, but shall not be limited to, termination of the contract or lease, nonpayment, debarment or referral to the Office of General Counsel for appropriate civil or criminal referral.

(g) Subcontractors. Contractor shall include the provisions of these Enhanced Minimum Wage Provisions in every subcontract so that these provisions will be binding upon each subcontractor.

I. HIPAA BUSINESS ASSOCIATE AGREEMENT

CONTRACTOR agrees to safeguard the confidentiality of data pursuant to the Federal and State Drug and Alcohol confidentiality laws and regulations. SCA and CONTRACTOR must disclose certain information to each other pursuant to the terms of this Drug and Alcohol Services Agreement, some of which may constitute Protected Health Information (“PHI”).

SCA and CONTRACTOR intend to protect the privacy and provide for the security of PHI disclosed to the other pursuant to this Drug and Alcohol Services Agreement, and to comply with applicable transaction and code requirements in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104 -191 and regulations promulgated thereunder

by the U. S. Department of Health and Human Services (collectively “HIPAA”) and other applicable federal and state laws.

SCA and CONTRACTOR acknowledge that certain drug and alcohol federal or state confidentiality laws may take precedence over HIPAA. The parties agree that this paragraph, the operational requirements hereunder, and the Drug and Alcohol Services Agreement shall be interpreted to enable the parties to comply where applicable with any or all of HIPAA, the Privacy Rule, and applicable federal or state confidentiality laws and regulations.

CONTRACTOR recognizes that, in the course of providing drug and alcohol services for SCA, CONTRACTOR may come into contact with confidential client health information created, maintained, and/or used by or on behalf of SCA, which is protected by virtue of state and federal law, including but not limited to the federal regulations set forth at 42 C.F.R., Parts 160 and 164, entitled *Standards for Privacy of Individually Identifiable Health Information*.

CONTRACTOR agrees that it shall notify in writing SCA within two (2) days of discovery of any security incident or promptly thereafter as such information becomes available. CONTRACTOR agrees to make its internal practices, books, and records relating to the use or disclosure of PHI available to SCA for the purpose of determining compliance with the provisions of this Agreement.

CONTRACTOR agrees to indemnify, defend, and hold harmless SCA and DDAP from any and all claims and actions, whether in law or equity, resulting from CONTRACTOR’s breach or violation of the HIPAA Regulations. Additionally, CONTRACTOR agrees to reimburse SCA for any civil monetary penalties imposed on SCA as a result of CONTRACTOR’S breach or other violation of The HIPAA Regulations.

VII. FEDERAL LOBBYING CERTIFICATION AND DISCLOSURE

CONTRACTOR agrees to abide by the Federal Lobbying Certification and Disclosure Requirements, attached hereto as Appendix C.

Federal Lobbying Certification and Disclosure Requirements whereby the CONTRACTOR certifies, to the best of CONTRACTOR’s knowledge and belief, that:

No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, CONTRACTOR shall complete and submit Standard Form-LLL, (<http://www.ddap.pa.gov>) "Disclosure of Lobbying Activities," in accordance with its instructions, attached hereto as Appendix C

CONTRACTOR shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed under Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure.

Persons or entities, at whatever tier, receiving more than \$100,000 in federal funds hereunder, shall promptly file the certification and any necessary lobbying disclosure forms with the tier providing the funding. That tier shall retain the certification but promptly file any lobbying disclosure forms with the next higher tier until such lobbying disclosure forms reach the federal funding source agency. There is an obligation to file an amended lobbying disclosure form and pass it from tier to tier whenever there is a material change to the original lobbying disclosure form. See 55 Federal Register 6736-6756 (February 26, 1990). Further general information may be obtained by telephoning the Federal Office of Management and Budget at 202-395-3254.

VIII. ON SITE PROVIDER MONITORING

The CONTRACTOR agrees to permit on-site monitoring by the DDAP-assigned SCA for administrative and program performance. The CONTRACTOR will allow the SCA staff to access any information requested in order to verify adherence to this Agreement. The CONTRACTOR will allow SCA to monitor for all services provided on behalf of all SCAs who contract with the provider.

IX. CONFIDENTIALITY PROVISIONS

CONTRACTOR agrees that all information acquired through this Agreement will be kept confidential. CONTRACTOR agrees that all persons currently or formerly screened, assessed, diagnosed, counseled, treated and rehabilitated for drug and alcohol abuse and dependence, shall be protected from disclosure of their names, identities, patient records and the information contained therein except as disclosure is permitted by state and federal statute and regulation.

To assure confidentiality of client information, CONTRACTOR shall make adequate provision for system security and protection of individual privacy.

CONTRACTOR shall store counseling and testing records in locked cabinets. Coded names, number sequences, and other Department-approved methods that assure confidentiality shall be permitted. CONTRACTOR is required to keep all client counseling and testing information and AIDS patients' identities, records, and information in such records confidential. CONTRACTOR shall not release HIV information from these records without the specified prior written and informed consent of the client in accordance with the confidentiality requirements contained in Act No. 1990-148, 35 P.S. Section 7601 et seq.

CONTRACTOR and others subject to the confidentiality requirements of the Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. Section 1690.108), the Public Health Service Act (42 U.S.C. Section 290dd-2), Federal Confidentiality Regulations (42 C.F.R. Part 2), and State Confidentiality Regulations (4 Pa. Code Section 255.5(b) and 257.4), the Confidentiality of HIV-Related Information Act 1990-148, the Healthcare Facility Act (35 P.S. Section 7601 et seq.), and the Health Insurance Portability and Accountability Act (HIPAA and HITECH), and any other appropriate confidentiality law, shall comply with such requirements, as applicable.

CONTRACTOR must have written procedures for compliance with all federal and state confidentiality regulations. The procedures must include provisions regarding 1) release of client-identifying information; 2) storage and security of client records, to include computer security; 3) completion of required confidentiality training; 4) staff access to records; 5) disciplinary protocols for staff violating confidentiality regulations; 6) revocation of consent, to include how this is documented on the consent form; and, 7) notification that re-disclosure is prohibited without proper consent. All staff who perform or supervise treatment and treatment-related services must acknowledge in writing that they have read the procedures.

CONTRACTOR agrees to require that all employees of CONTRACTOR sign a confidentiality statement in the form that is attached hereto as Appendix D.

X. REPORTING REQUIREMENTS

CONTRACTOR shall submit all required reports in accordance with the provisions of this Agreement, as specified by SCA, DDAP, or as required for federal reporting purposes. CONTRACTOR agrees to submit data that is complete, timely, and accurate. CONTRACTOR agrees to prepare and submit any additional financial reports that are deemed necessary by DDAP and/or SCA or that are required for federal reporting requirements.

CONTRACTOR acknowledges that failure to submit any of the reports as referenced in this Agreement by the due date, shall constitute a material breach of contract. Such material breach of contract may subject CONTRACTOR to the immediate withholding of payment until the outstanding report is submitted to SCA. A complete forfeiture of the withheld funds may occur if a report is not submitted by July 31 for a previous fiscal year.

XI. ADDITION OF SUBSEQUENTLY AVAILABLE FUNDS

If, during the term of this Agreement, supplemental funds become available to provide additional or expanded services or activities under the scope of this Agreement, SCA may inform CONTRACTOR of any requirements for the use of the additional funds, and CONTRACTOR agrees to use the additional funds, if awarded, in accordance with the requirements as stated by SCA.

XII. DISPUTE RESOLUTION

All questions or disputes arising between the parties hereto respecting any matter pertaining to this Agreement, or any part thereof, or any breach of contract arising thereunder shall be resolved in accordance with the following procedure:

- a) If CONTRACTOR has been adversely affected by a decision of SCA, it shall be entitled to a hearing. Upon written request by certified mail from CONTRACTOR, SCA shall schedule a hearing no later than fifteen (15) days following receipt of said request. Notice of hearing shall be sent to CONTRACTOR by SCA by certified mail.
- b) Hearing: The hearing shall be conducted by SCA, and all parties shall be permitted to be represented by counsel and to examine witnesses. The following rules of procedure shall be in effect during a hearing:
 - 1. The PA Rules of Civil Procedure shall apply. Nevertheless, the evidentiary requirements set down for administrative law proceedings in general shall be applicable where interest of justice demands.
 - 2. Stenographic notes shall be taken at all proceedings.
 - 3. All hearings shall be open to the public pursuant to the Sunshine Law.
- c) Written Adjudication: Following the hearing, SCA shall render a written adjudication, which shall be issued within ten (10) days following the conclusion of the hearing and shall include findings of fact and conclusions based thereupon.
- d) Appeal: An appeal from the decision of SCA shall lie with the Pennsylvania Department of Drug and Alcohol Programs. Said appeal shall be filed within fifteen (15) days following receipt of SCA's adjudication. A copy of the notice of appeal shall be sent to SCA. Failure to file an appeal within fifteen (15) days shall result in a waiver of such right.
- e) Stay of Decision: CONTRACTOR making the appeal, may in writing request the Department of Drug and Alcohol Programs to issue stay of the decision of the SCA pending appeal. Where justified, the Department of Drug and Alcohol Programs may grant a stay no later than five (5) days after receiving the request.

f) Procedure on Appeal: The appeal procedure shall be as follows:

1. The SCA shall forward a copy of the stenographic record and its adjudication immediately following filing a notice of appeal with the Department of Drug and Alcohol Programs.
2. The Department of Drug and Alcohol Programs, shall set an argument date within thirty (30) days after receipt of said materials.
3. The Department of Drug and Alcohol Programs, shall appoint a hearing examiner who shall hear oral arguments of the affected parties not to exceed fifteen (15) minutes per party. Any briefs or memoranda the parties shall deem appropriate to submit shall be received at this time.

g) Hearing Examiner's Review: The hearing examiner's review shall be limited to the following:

1. Whether the decision of the SCA was based upon the testimony received at the hearing.
2. Whether the decision of the SCA was an abuse of authority.
3. Whether the decision of the SCA was arbitrary and discriminatory.

The hearing examiner shall report his findings and recommendations to the Department of Drug and Alcohol Programs, which shall render an adjudication within forty-five (45) days after receipt of said recommendation. Any further appeals shall be in accordance with the laws of the Commonwealth of Pennsylvania in effect at the time of the appeal.

XIII. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

By signing this Agreement, CONTRACTOR, in accordance with 45 C.F.R. Part 76, certifies that it shall provide a drug-free workplace by:

A. Establishing a drug-free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace; and
- (2) CONTRACTOR's policy of maintaining a drug-free workplace; and
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

- B. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the CONTRACTOR's workplace and specifying the actions that shall be taken against employees for violation of such prohibition.
- C. Including the statement published pursuant to subparagraph B above, a requirement that each employee, as a condition of employment, shall:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- D. Notifying DDAP and SCA within ten (10) days after receiving notice under subparagraph C. (2), above, from an employee or otherwise receiving actual notice of such conviction.
- E. Taking one of the following actions, within thirty (30) days of receiving notice under subparagraph C. (2), above, with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.

XIV. CHARITABLE CHOICE

CONTRACTOR shall adhere to Federal Statutory language (42 C.F.R. Part 54) on Charitable Choice provisions. Funding cannot be expended for inherently religious activities such as worship, religious instruction, or proselytization. More specifically, CONTRACTOR shall:

- A. Assure that they, as well as any sub-contractors, post the following notice in a prominent location at their work site:

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

- B. Ensure that religious organizations under contract and providing drug and alcohol treatment make referrals to alternative treatment services when requested by their clientele;
- C. Fund or provide, or both, alternate and comparable services within a reasonable period of time to which the client has no religious objection (it need not be a secular organization, but merely one to which the client has no religious objections);
- D. Effectively monitor adherence to the above requirements, to include identifying those contracted prevention and treatment providers who identify themselves as a religious organization or profess religious beliefs as part of the services they provide on behalf of SCA; and
- E. Assure notification from a contracted religious organization when a referral is made to an alternate and comparable service within a reasonable period of time to which the client has no religious objection. Notification is necessary in order to track and report the number of referrals made by contracted religious organizations.

XV. PA WITS DATA ENTRY

CONTRACTORS must enter the following components into PA WITS within seven (7) days from the date of service delivery for every individual receiving case management services:

1. Client Profile
2. Intake
3. Screening Tool
4. ASAM
5. Program Enrollment
6. Encounter Note-explain reason for discharge
7. Documentation of Interim Services

SEE Section 5.06 of the DDAP Case Management and Clinical Services Manual for additional service-type reporting requirements.

It is recommended that all treatment-related Provider Staff complete the online training modules for DDAP's Data System, PA WITS, available online at https://www.ddap.pa.gov/Training/Pages/DataSystem_Training.aspx.

CONTRACTORS must enter TEDS Data into PA WITS within seven (7) days from the date of occurrence (admission, transfer to another level of care, discharge). SCA will issue corrective action to any CONTRACTOR who fails to enter TEDS data into PA WITS.

SCA may sanction providers that are found to be out of compliance. Sanctions may include a temporary funding suspension or other corrective action deemed necessary to bring the provider into compliance.

XVI. CORE TRAINING

SCA contracted treatment providers staff and supervisors are required to complete the following DDAP approved courses (more fully described in Appendix A):

- 1) Addictions 101
- 2) Confidentiality
- 3) Practical Application of Confidentiality Laws and Regulations
- 4) The ASAM Criteria, 2013

Upon completion of each training course, participants must complete a course evaluation. The evaluation form can be accessed through DDAP's Training Management System.

XVII. AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) ALIGNMENT

CONTRACTOR must be in alignment with all ASAM criteria. CONTRACTOR agrees to attest to the completion of the applicable Service Characteristics and the Self-Assessment Checklists, which can be viewed at www.ddap.pa.gov under "ASAM Transition".

Every Level of Care must comply with the defined parameter of hours, as follows:

Outpatient –	1 to 8 hours/week
Intensive Outpatient –	9-19 hours/week
Partial -	a minimum of 20 hours/week

Contracted providers shall adhere to the ASAM requirements as outlined in the ASAM Criteria, 2013 including admission criteria, discharge criteria, interventions, types of services, hours of clinical care, and credentials of staff as set forth in the ASAM transition requirements found at <http://www.ddap.pa.gov/Professionals/Pages/ASAM-Transition.aspx>.

XVIII. FINAL AGREEMENT APPROVAL

This Agreement shall not be legally binding until CONTRACTOR has signed this Agreement and the Lobbying Certification, completed the Federal Awards information at Appendix F, Attachment 1, and has returned a signed Agreement to SCA.

APPENDIX A

SCA SPECIFIC CONTRACT PROVISIONS

Contract Conditions

CONTRACTOR will comply with any and all SCA Policy Memorandums issued during the term of this Agreement. Should any such memorandums alter or change the conditions as included in this Appendix, the memorandum will supersede the contract condition it alters. Should CONTRACTOR be unable to comply with the Policy Memorandum, it will notify SCA, in writing, within thirty (30) days of receipt of the policy. In the event that SCA and CONTRACTOR are unable to reach agreement regarding the Policy, the matter will be submitted to SCA for final arbitration.

SCA may reduce allocated funds, at its discretion, by a maximum of 5% for each month of noncompliance, if required reports are not submitted on a timely basis, or if SCA correspondence is not answered on a timely basis as required by SCA or by DDAP, or for non-compliance of the terms of this Agreement as determined by SCA. SCA is required to notify CONTRACTOR in writing of such non-compliance to allow for remedy prior to exercising this option.

CONTRACTOR will be responsible for assuring that when they are at full client per counselor caseload capacity the SCA is notified, and when capacity is reached, appropriate referrals are made to alternate programs. CONTRACTOR must notify SCA when clients are placed on a waiting list for services.

Third Party Reimbursement for program service fees collected as a result of the provision of services under this Agreement shall be applied against the approved cost or charge of such services rendered in order to reduce the amount of reimbursement due from SCA. Records of receipt and disposition of all fees shall be maintained in accordance with audit requirements as stipulated in this Agreement.

All Providers:

1. All other reporting requirements as requested by the SCA.
2. Complete all mandatory training requirements and keep certificates on file for review.
3. All Medicare Fraud waste/ abuse web sites must be checked on a monthly basis for all staff. A quarterly report is due to the SCA.
4. All Contractors carry general liability insurance naming the County of Erie as an additional insured.
5. Providers must make all information obtained pursuant to services under contract available to DDAP and SCA immediately upon request. In the event that any local, state or federal funding agency conducts a site visit, the provider must ensure availability of key staff.
6. Providers are required to be in compliance with the current agreement between DDAP and SCA and all applicable DDAP manuals.

Core Training:

All Treatment Staff and their supervisors must complete the following DDAP Core Trainings:

1) **Addictions 101** (requires DDAP certificate or exemption)

This course includes basic information about the disease concept, characteristics of common drugs of abuse, pharmacology, assessment, withdrawal management, treatment, and recovery.

2) **Confidentiality** (requires DDAP certificate)

This course provides participants with information needed to comply with applicable laws and regulations for the confidentiality of drug and alcohol treatment services in the Commonwealth of Pennsylvania.

3) **Practical Application of Confidentiality Laws and Regulations** (requires DDAP certificate)

Case examples allow participants to apply federal and state laws and regulations to field-relevant situations.

4) **American Society of Addiction Medicine, *The ASAM Criteria, 2013*** (requires Train for Change or The Change Companies certificate)

Approved courses include the two-day classroom skills course by Train for Change and/or ASAM Modules I and II by The Change Companies. These courses are designed to provide participants with the skills and understanding necessary for effective use and application of *The ASAM Criteria, 2013*.

Independent use and application of *The ASAM Criteria, 2013* is prohibited by SCAs and CONTRACTOR unless DDAP approved core training requirements are successfully completed.

All Intervention Staff (both part-time and full-time) and their supervisors must complete the following DDAP Core Trainings:

1) **Addictions 101** (requires DDAP certificate)

2) **Substance Use Disorder Confidentiality** (requires DDAP certificate)

3) **Case Management Series** (both trainings require DDAP certificate)

a) **Case Management Overview**

b) **Case Management Skills Training** (available in-person or virtual)

Note: The online Case Management Overview training must be completed before the Case Management Skills training.

4.) **Motivational Interviewing: Advancing the Practice** (requires DDAP certificate)

5.) **Ethics** (requires DDAP certificate)

6.) **Co-occurring Conditions** (requires DDAP certificate)

Upon completion of each training, participants must complete a course evaluation, which can be accessed through DDAP's Training Management System.

Training Certificates must be kept on file and made available for SCA Provider Monitoring.

CONTRACTOR will, as part of this Agreement, maintain a policy relating to patients or prospective patients with AIDS or patients who have tested positive for HIV or AIDS. Policies must cover minimum education for staff, minimum education of drug and alcohol clients at high risk, assurance of provision of drug and alcohol treatment, and appropriate inter-agency referral agreements and will comply with any applicable laws and regulations. HIV/AIDS education, risk assessment, and referral for testing as appropriate must be provided to all clients (including co-dependents) and must be clearly documented in the client record.

The follow-up of discharged clients is presently a requirement of state licensing regulations. To insure that programs at a minimum level, evaluate treatment results, the SCA requires that CONTRACTOR submit within thirty (30) days of discharge available data and follow-up results of all clients who have been successfully discharged from treatment. It is recommended that minimally a six (6) month follow-up be conducted following discharge.

Recovery Oriented System of Care: CONTRACTOR agrees to provide a recovery-oriented system of care blending traditional clinical models of care with models of community organization and community development. A recovery-oriented system of care shifts the focus of care from directing individuals into treatment to a recovery process anchored to their own natural environments or an environment in which recovery can flourish. CONTRACTOR shall direct attention beyond acute stabilization toward a client-directed recovery and sustained recovery self-management; extend the focus of services beyond the individual to the family and a larger social network; and integrate clinical models of intervention with models of community organization/development; with the goal of sustaining recovery and achievement by the client of a meaningful life in the community.

Section B - Program Description General Information

Intervention Provider Name: Mercy Center for Women

Address: 1039 East 27th St. Erie PA 16504

Telephone Number: 814-455-4577

Contact Person for Contracting: Anna Brzozowski

Contact Person for Daily Operations: Anna Brzozowski

Employer Identification Number: 25-1695659

1. Provide a brief Intervention Provider Profile (It should include information about the agency, it's history and future):

The Mercy Center for Women is a sponsored ministry of the Sisters of Mercy of the Americas and has been offering case management and support services since 1994. Women can reside at the transitional housing facility for up to one year in length. There are 16 bedrooms allowing each woman/family to have their own room. The other areas of the home are community areas that include a dining room, kitchen, library, education room, playroom, outside playground, and several living areas. During their stay, they can participate in a host of services that empower women to become self-sufficient through life-skills classes, case management services, education programs, emotional wellness groups, recovery supports, and financial literacy.

For over 30 years MCW has provided safe housing and support services to women and children. The community's need grew so it responded by expanding services in the Mercy Anchor Community Center. This former school was renovated to create affordable apartments and services under one roof. MACC houses all individuals, including the LGBTQ community, in need of housing. Collaborations were reached with community partners who rent space and offer primary and behavioral healthcare services; pre-employment, computer, and educational programs; a food pantry, thrift store and family center to both tenants and the community.

2. Describe the program, including specific service activities and life domains that will be focused on:

Participants in the program work closely with a case manager to address all areas of life that lead to improved self-sufficiency. The case manager and client create a personalized goal plan that assesses needs in the areas of D/A Recovery, MH Recovery, Housing, Education and Employment, Parenting, Physical Health, and any other identified needs.

3. Describe your agency's target population (including race, ethnicity, gender, age, pregnant/post-partum, families, etc.)

The Mercy Center for Women's Transitional Housing Program and Aftercare program

focus on serving adult women, with or without children, who are homeless.

4. Describe where your referrals will originate from and whether you have a referral form for external providers to refer.

Referrals come from ECCM's coordinated entry program through the 814-shelter number. In addition to a referral from coordinated entry, applicants must submit a written application. We frequently get calls directly from women seeking services or from other community partners. Applications are available at the center or online. Upon obtaining an application, we also ask people to contact 814-shelter for a referral if they had not previously done so.

5. Detail how many staff work in this program, whether they are full / part time and what the caseload maximum is:

At this time, there are 3 staff providing case management services to clients in our transitional housing program and aftercare services. The Director of Client Services has up to 3 clients. A part-time case manager works with up to 18 residents in the transitional housing program. The Aftercare case manager works with up to 10 clients between the aftercare and transitional housing programs.

6. What is your program's inclusionary criteria?

The Mercy Center for Women transitional housing program is open to women who are at least 18 years of age who are homeless, with or without children. We do accept women who are on probation/parole or who utilize MAT. Applicants must be willing to remain free from drugs and alcohol, including marijuana and have a desire to make change in their life.

Aftercare participants must have successfully completed the transitional housing program.

7. What is your program's exclusionary criteria?

Applicants are not accepted into the program if they have less than 90 days clean time. This does not include marijuana.

8. What is your program's discharge criteria and process?

GENERAL MOVING OUT PROCEDURE

Prior to moving out, you will be given a Moving Out Check List to go over with the House Manager on duty. At this time, MCW staff will review the Resident's room, check for any damage, and ensure that all MCW property remains at MCW, including the room key.

Residents Belongings:

When you move out of MCW, you are responsible for removing all of your personal belongings from the room. You have 1 week's time to do so. After 1 week anything left at MCW will be disposed of and/or donated. See below for specifics depending on how the Resident left the program.

MCW Savings Account:

If you have chosen to utilize the MCW Savings Account Program and you have funds in your account at the time of departure, the following procedure will be followed:

1. Cash Savings: You will be issued a check from MCW upon your departure for the full amount.
2. Food Stamp Savings: Your Case Manager and Finance Staff will plan with you to reimburse the funds, typically in the form of a gift card and/or a food shopping trip with MCW staff. Checks cannot be issued for Resident Food Stamp Savings.

If you leave the Mercy Center and owe on residency fee, and/ or did not return Mercy Center property (room key, fan, surge protectors, etc.), or caused any intentional damage to the center, you will be responsible for covering cost and damages. If you have an MCW Savings Account, coordination can take place with Finance to arrange payment for any owed costs and damages.

SUCCESSFUL COMPLETION

Successful completion is described as someone who left the MCW program and moved into permanent housing they are renting themselves, with or without subsidy, as well as the things listed below:

- Resident worked diligently with their Case Manager to complete the goals in their Goal Plan.
- Resident maintained compliance with the expectations and procedures of the program.
- Resident does not owe MCW any money upon leaving MCW.
- Resident has regular attendance and good participation in core programs
- Participation in optional programming as suggested by the Case Manager.
- Understanding of, and consistent demonstration of basic life skills (cleaning, cooking, personal hygiene, parenting, etc.)
- Establishing and following a realistic and responsible budget, including debt reduction and savings.
- Positive growth in social skills and emotional maturity level.
- Resident moving in with someone is not successful completion. You must be self-sufficient.
- Evidence of internalization of program values, which includes, but is not limited to:
 - Accountability
 - Positive attitude
 - Responsibility for self
 - Honesty
 - Responsibility to others
 - A spirit of humility & gratitude

Successful Completion determination will depend on evaluations from the Case Management Team and Director(s). Understand that since our program is not 'one size fits all' neither is completion.

Upon your Successful Completion of MCW you will have the option to utilize the programs explained below.

Moving Out Assistance:

We are happy to provide assistance with moving out to those clients who have Successfully Completed the program. Moving Out Assistance includes: assistance with furniture and household items as available, and assistance with the act of moving, such as staff driving the MCW Truck or Van. This will be based on staff ability and availability. No more than 2 hours with MCW vehicle is permitted. Residents must have the laborers to lift and move items. MCW staff will not be responsible for the lifting of heavy items. Current MCW Residents are encouraged to help graduates move their belongings from their MCW bedroom knowing that this same favor may one day be given to them.

After Care Case Management Services:

MCW is happy to provide After Care Case Management Services to Residents who have Successfully Completed the program and who wish to participate. This part of the program is designed to help ease the transition into your new place. Participants are eligible for home visits and community resource connections. For more information about this program please speak with your Case Manager.

On-going Support and Assistance:

We are truly committed to the ongoing success of each of our program graduates. We look forward to keeping in touch and continuing with you on your journey even after you leave MCW. There are many ways to stay connected. Follow the MCW Facebook page to keep up to date with all Alumni events.

We all go through times where we could use a helping hand. Whether it be help with groceries, a bus pass, hygiene products, diapers, gifts for a child's birthday, Christmas presents, etc., we're here to help. All we ask is that you keep in touch and give back by coming to volunteer. Contact the After-Care Case Manager if needed.

LEAVING MCW AGAINST STAFF ADVICE

MCW is a voluntary program, and you may leave at any time you choose. We ask that you give notice to MCW staff so they can adequately prepare your medications, paperwork, and keys for discharge. If you decide at any time that you wish to leave the program, you will have 1 week to remove your belongings from MCW. Any resident that leaves against staff advice forfeits their eligibility to receive moving out assistance from MCW as well as their participation in MCW's After Care Program. Leaving against MCW staff advice is considered an Unsuccessful Completion.

DISCHARGE DUE TO POLICY VIOLATION

If a Resident is found to have violated our Safety Policy or our Non-Compliance Policy, the Resident will be discharged from MCW, and the following procedure will be followed:

- If the Resident is in violation of the Safety Policy the Resident may have to vacate the premises immediately to ensure the safety of others.
- If the Resident is in violation of the Non-Compliance Policy the Resident will have to vacate the premises in 72 hours (3 days) or an alternate timeline determined by MCW staff.

MCW Staff will assist the Resident in finding a place to go. MCW Staff will make every effort to connect the Resident with needed services; detox, treatment, emergency shelter. If there are no beds available at any of these agencies and the Resident is unable to locate a friend or family member to stay with, the Resident will still need to vacate the premises. Failure to do so will result in MCW Staff contacting the police.

MCW staff will assist the Resident in finding a safe place for their child/children. If you are involved with the Office of Children and Youth, your OCY Case Worker must be the first person contacted regarding the child/ children. If it is after business hours or no such place can be identified, then MCW staff will contact the Erie County Office of Children and Youth After Hours Line to assist in placing the child/ children in a safe environment.

MCW staff will also contact Child Line to report the situation if it endangered the safety of the child/ children and/ or resulted in the family becoming homeless.

If the Resident has a Probation/ Parole Officer, a Blended Case Manager or an Office of Children and Youth Case Worker, the Resident's MCW Case Manager will notify them of the Resident's discharge from MCW.

Upon discharge from MCW the Resident will have 1 week's time to arrange to gather their belongings, which must be done during normal business hours. After 1 weeks' time MCW reserves the right to dispose of the Resident's belongings.

If the Resident is being discharged due to violation of the Safety Policy, the Resident will not be permitted to return to MCW themselves to gather their things. The Resident must arrange with MCW staff and a third party of their choosing to get their things.

A Resident who is discharged due to Policy Violation will not be eligible to receive Moving Out Assistance or participate in the MCW After Care Program.

9. Does this program provide transportation?

Transportation can be provided for certain necessary appointments. Case managers work with residents to help them utilize public transportation in order to be self-sufficient. MCW provides bus passes for necessary appointments for residents in the transitional housing program.

10. Where do services take place?

Most services for the transitional housing program take place at MCW. Case managers do attend appointments with residents as deemed appropriate.

Aftercare services generally take place in the client's home. They also could meet in the community, at an appointment, or at MCW.

11. When do services take place (hours of the day and days of the week)?

The facility is staffed with a house manager 24/7. Case managers and other administrative staff are available during regular business hours, Monday through Friday 8:30am-4:30pm. The Director of Client Services and the Executive Director are always on-call and there is an assigned staff on-call for the weekends.

12. How often will services take place?

Case managers in the transitional housing program meet with clients at least weekly to start. This is more frequent at the beginning of services or if deemed necessary. Over the course of time, frequency may decline to bi-weekly if the resident is making progress and less available, such as if they are working.

Aftercare services begin with weekly meetings and gradually decrease to monthly before completing the program. Visits may be more or less frequent depending on need.

13. What is the average length of service?

The transitional housing program of the Mercy Center for Women offers transitional housing for up to 1 year. When a woman graduates for the Mercy Center and enters independent housing, an aftercare case worker provides follow up services for up to 1 year.

14. How often is your service plan reviewed with the client?

The goal plan drives service delivery. It is reviewed informally at most meetings with the client to stay on track. A formal review is done as goals are completed or adjusted, at least every 6 months.

15. Describe how your agency evaluates the programs your organization delivers.

We have a survey that can be completed on paper or electronically that is given to the client at the time of discharge from the transitional housing program.

16. How does your agency document billable services? (Are case notes on paper or in an electronic record?)

As of 5/1/24, case managers are using an electronic document that is available to all case managers. This improves service delivery and documentation by easily allowing all case managers to contribute to documentation. This also allows for billing to be compiled directly from the notes for more accurate submissions.

Empowering Women Through Self-Esteem and Self Awareness

12-week group

1.5 hours each group

For many women, long-term recovery from substance use disorders involves addressing self-esteem and self-awareness. These tools can help prevent relapse by giving individuals a stronger sense of identity and purpose.

Week 1: Introduction and building trust

Objective: Establish a safe and supportive environment and set the foundation for group dynamics

Activities:

1. Ice breaker (30 min)

“Two truths and a lie”- Each participant shares two true statements and one false statement about themselves. Other participants guess the untrue statement.

2. Group agreement (20 min)

-Discuss expectations to establish group rules and confidentiality, respect and participation

-“Group Norms” Poster for everyone to sign.

3. Overview of the program (20min)

-PowerPoint: Goals and structure of the program.

4. Personal Reflection (20 min)

-Participants journal about current feelings and what they hope to achieve from this group.

Week 2: Understanding Addiction and Self- Esteem

1. Educational Session (30min)

-information on how addiction can impact ones self-estem, brief lecture, video

2. Personal Stories (30 min)

- Invite participants to share personal stories related to their experiences with addiction and self-esteem, or journal if they choose.
- 3. Self- Esteem Assessment/Discussion (30min)
 - Complete self-esteem assessment inventory or questionnaire. (Rosenberg self-esteem scale)
 - Discuss or journal thoughts and feelings on results of questionnaire.

Week 3: Identifying Strengths and Achievements

1. Strength Inventory (30 min)
 - Strength finding exercise: Strength mapping where each participant will write down each personal strength on separate sticky notes and stick there strengths onto poster board organizing similar strengths into clusters. Discuss common strengths.
2. Achievement Exercise (30 min)
 - participants make a timeline were they list significant accomplishments in their life.
3. Affirmations (30 min)
 - participants create a list of positive affirmations based on strengths and achievements write them on a small mirror to hang where they can look at it daily.

Week 4: Exploring Self Awareness

1. Mindfulness Practice (30 min)
 - Loving-Kindness-Meditation- known as a Metta meditation, a practice that focuses on cultivating feelings of compassion, love, and kindness towards oneself and others. Aiming at fostering positive emotions and an open-hearted mindset, which can lead to increased well-being and improved relationships.
2. Self- Reflection Exercise (30 min)

-use reflective questionnaire to help participants explore their personal values and goals, provide journaling prompts for example “what are my core values?” “What are my triggers and how I currently deal with them”

3. Group Discussion (30 min)

-Facilitate discussion here participants share their insights from the self-reflection exercise.

Week 5: Building Self Compassion

1. Self-Compassion Exercise (30 min)

- Use 3-step self-compassion break.
- One, acknowledge pain, recognize common humanity, offer kindness to yourself.
- For each one facilitator gives examples and explanation for each step.
- Explain how these self-compassion breaks can have a profound impact on your emotional well-being, helping to navigate difficult moments with ease.

2. Group Discussion (30 min)

-Facilitate discussion with common barriers to self-compassion and strategies for over-coming them.

3. Role-playing participants respond to themselves with compassion. (30 min)

- Have participants play out scenarios where they are responding to themselves with compassion
- Provide scripts of prompts that encourage self-compassionate responses.

Week 6: Coping Strategies for managing Cravings

1. Stress Management techniques (30 min)

-give examples of and guide participants in deep breathing and progressive muscle relaxation, visualization, also discuss other techniques and provide handouts.

2. Coping Skills Workshop (30 min)

- Create a “coping skills toolbox”
- brainstorm and role play various coping strategies.

3. Develop personal Plan (30 min)

- provide worksheet for participants can do that outlines triggers, coping strategies and action steps for managing triggers.

Week 7: Building Resilience and handling Relapse

1. Resilience Building (30 min)

- Discuss concept of resilience, share stories of personal and historical figures who exemplify resilience.
- Participants highlight their personal resilience by identifying past challenges and how they were overcome by writing in journal.

2. Relapse Prevention Plan (30 min)

- create a “relapse prevention plan” can incorporate personal plan.
- facilitator will use case studies or scenarios to discuss how to respond to potential relapse situations.

3. Group Sharing (30 min)

- share personal strategies for maintaining resilience during challenging times.
- facilitate discussion on maintain and seeking support.

Week 8: Enhancing Assertiveness and Communication Skills

1. Assertiveness training (30 min)

- Facilitator to talk about assertiveness techniques and utilize group for role playing. Group to practice “I” statements.

2. Communication Exercise (30 min)

- Use the “mirroring” exercise to practice active listening by ensuring that the listener accurately understands and reflects back what the speaker has said. Participants will be broken up into groups of 2 for this exercise.

3. Feedback Session (30 min)

- Facilitator will break down and describe what the “feedback sandwich approach” is. Participants will take

turns in groups of 2 in front of other participants practicing “feedback sandwich approach”

Week 9: Setting and Achieving Goals

1. Goal setting workshop (30 min)
 - Explain SMART goals framework provide worksheet and template for participants.
2. Personal Action Plan (30 min)
 - Develop personal action plan that includes outline of their personal goals, potential obstacles and strategies to overcome.
 - Create a timeline for goal achievement by creating a vision board.
3. Group Discussion (30 min)
 - Participants are offered to share and discuss personal goals and action plans, provide opportunity for other participants to offer feedback and support to each other.

Week 10: Building Support Networks

1. Support network mapping (30 min)
 - utilize a support network worksheet and have participants write a visual map of existing support system.
2. Building Connections (30 min)
 - Discuss strategies for strengthening existing relationships and building new ones.
 - Role-play scenarios for reaching out and asking for support.
3. Community Resources (30 min)
 - Review local resources and support groups
 - handout a resource list with contact information for local services.

Week 11: Celebrating Progress and Reflection on the Journey

1. Progress Reflection (30 min)

- Reflect on personal growth and achievements throughout the program; can utilize guided questions or reflection sheet.

2. Sharing Success (30 min)

- Have participants work together on making a mural that has all their different success and growth throughout these groups and their hopes for their future.

3. Closure Ceremony (30 min)

- Have participants write down challenges and negative thoughts or anything they wish to let go of and facilitator will facilitate a fire for participants to throw these things they would like to let go of as a way of them release there old patterns and moving on with the tools from this group with a better acknowledgement of self-awareness and self-esteem; feeling empowered.

Week 12: Planning for the Future and Wrap up

1. Future Planning (30 min)

- Discuss strategies for continued growth and recovery. Discuss a future plan with outlines next steps and ongoing goals. Utilize this in journal.

2. Resource Review/ Final Reflection (30 min)

- Review the resource lists that have been provided.
- Participants to share their final thoughts and feed back
- Utilize a “circle of thanks”

3. Celebration Ceremony (30 min)

- certificates of achievements presented.
- snack provided

APPENDIX B

BUDGET

FEE-FOR-SERVICE (FFS) PAYMENT REQUIREMENTS

This Fee-For-Service Payment Agreement is made by and between Erie County Office of Drug & Alcohol (SCA) and **Mercy Center for Women** (“CONTRACTOR”). This Fee-For-Service Payment Agreement shall be effective from *July 1, 2025 through June 30, 2026*.

Contract Maximum (Maximum Agreement Amount): **\$66,750.00**

Facility #	Type of Service Activity #	Population to be Served						Unit Definition	Rate Per Unit
		Adult	Adolescent	Male	Female	Pregnant Female	IDU		
	Intervention							1 unit = 15 minutes	\$20.00 per unit
	Training*							1 unit = 15 minutes	\$20.00 per unit
	Groups							1 unit = 15 minutes	\$5.00 per unit

APPENDIX B

Billable Service Activities for Intervention Services	
Client Contact	○ Face-to-Face ○ Via Telephone
Collateral Provider Contact	○ Face-to-Face ○ Via Telephone
Family/Emergency Contact	○ Face-to-Face ○ Via Telephone
Training (only those required by the SCA) *	
Transportation-In County ONLY	○ If the transportation is out of county, you MUST request prior approval from the SCA or you cannot bill for this.
Travel	
No shows	○ Services in the community: you can bill for travel to the appointment, travel back to the office and 15 minutes (1 unit) for wait time. ○ In-office services: you can bill 15 minutes (1 unit) for wait time.
Groups	○ Only groups with a service description in the contract can be billed. ○ The group rate must be used to bill for groups.

- Any activity not identified as billable in the chart above is considered a non-billable service activity.
- Any activity that is billed, including a no-showed appointment, must have a corresponding case note in the client's record which justifies the number of units billed.
- Use the Rounding Chart below when rounding:

1-7 minutes =	0 hours	(0 units)
8-22 minutes =	.25 hours	(1 unit)
23-37 minutes =	.50 hours	(2 units)
38-52 minutes =	.75 minutes	(3 units)
53-60 minutes =	1.0 hours	(4 units)
- You cannot bundle units.

Facility Name: Mercy Center for Women
Level of Care: Intervention
Facility Number: 111333

Cumulative Revenue and Income

501 - Provider Revenues - SCA's
501 - Provider Revenues - Other
502 - Provider Charitable Income
503 - Provider Interest Income
504 - Client Fees
505 - Private Health Insurance
506 - Medical Assistance Fee For Service (HealthChoices)
507 - Other Third Party Fees
508 - Other Income (identify) _____
Total

Actual for Prior Year 2023/24	
\$	60,439.00
\$	27,285.00
\$	87,724.00

Current Year Projected 2024/25	
\$	66,750.00
\$	35,600.00
\$	102,350.00

Next Year Budgeted Year 2025/26	
\$	66,750.00
\$	36,500.00
\$	103,250.00

Expenses

	Actual for Prior Year 2023/2024 (Audited)		
	Admin	Client Oriented	Total
Personnel Services (100)			
111 - Administrative Salaries	\$ 711		\$ 711
112 - Administrative Benefits	\$ -		\$ -
121 - Client-Oriented Services Salaries		\$ 61,328	\$ 61,328
122 - Client-Oriented Services Benefits		\$ -	\$ -
131 - Staff Development	\$ -	\$ -	\$ -
Sub-total: Personnel Services	\$ 711	\$ 61,328	\$ 62,039
Operating Expenses (300)			
301 - Meeting and Conference Expenses	\$ -	\$ -	\$ -
302 - Consultant Expenses	\$ -	\$ -	\$ -
303 - Miscellaneous Personnel Expenses	\$ -	\$ -	\$ -
304 - Occupancy Expenses	\$ -	\$ 36,989.00	\$ 36,989
305 - Insurance	\$ 14,514.00	\$ -	\$ 14,514
306 - Communications	\$ -	\$ -	\$ -
307 - Office Supplies	\$ 76,367.00	\$ -	\$ 76,367
308 - Minor Equipment and Furniture	\$ -	\$ -	\$ -
309 - Medical Supplies and Drugs	\$ -	\$ -	\$ -
310 - Food and Clothing	\$ -	\$ 17,219.00	\$ 17,219
311 - Program Supplies	\$ -	\$ 141,059.00	\$ 141,059
312 - Staff Travel	\$ -	\$ -	\$ -
313 - Client Transport	\$ -	\$ -	\$ -
314 - Purchased Client-Oriented Services	\$ -	\$ -	\$ -
315 - Equipment Maintenance Expense	\$ -	\$ -	\$ -
316 - Equipment Leases	\$ -	\$ -	\$ -
317 - Motor Vehicle Maintenance Expense	\$ -	\$ -	\$ -
318 - Motor Vehicle Leases	\$ -	\$ -	\$ -
319 - Other Operating Expenses	\$ 68,006.00	\$ 4,754.00	\$ 72,760
320 - Indirect Costs	\$ -	\$ -	\$ -
320 - Indirect Costs - Depreciation	\$ -	\$ -	\$ -
Sub-total: Operating Expenses	\$ 158,887	\$ 200,021	\$ 358,908
Column Totals	\$ 159,598	\$ 261,349	\$ 420,947

	Current Year 2024/2025 Projected		
	Admin	Client Oriented	Total
\$ 6,003			\$ 6,003
\$ -			\$ -
	\$ 60,474		\$ 60,474
	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ 6,003	\$ 60,474		\$ 66,477
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ 39,387.00		\$ 39,387
\$ 12,089.00	\$ -	\$ -	\$ 12,089
\$ -	\$ -	\$ -	\$ -
\$ 86,747.00	\$ -	\$ -	\$ 86,747
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ 14,558.00		\$ 14,558
\$ -	\$ 66,447.00		\$ 66,447
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ 101,547.00	\$ -	\$ -	\$ 101,547
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ 200,383	\$ 120,392		\$ 320,775
\$ 206,386	\$ 180,866		\$ 387,252

These cells pull totals from Personnel Roster

Next Year Budgeted 2025/2026			Proposed increase (Decrease) Column L compared to Column H	Proposed increase (Decrease) Column D compared to Column D
Admin	Client Oriented	Total		
\$ 42,306		\$ 42,306	\$ 36,303	\$ 5,292
\$ -		\$ -	\$ -	\$ -
	\$ 128,906	\$ 128,906	\$ 68,432	\$ (854)
	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ 42,306	\$ 128,906	\$ 171,212	\$ 104,735	\$ 4,438
			\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ 46,100.00	\$ 46,100	\$ 6,713	\$ 2,398
\$ 13,000.00	\$ -	\$ 13,000	\$ 911	\$ (2,425)
\$ -	\$ -	\$ -	\$ -	\$ -
\$ 93,700.00	\$ -	\$ 93,700	\$ 6,953	\$ 10,380
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ 15,000.00	\$ 15,000	\$ 442	\$ (2,661)
\$ -	\$ 73,900.00	\$ 73,900	\$ 7,453	\$ (74,612)
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ 138,000.00	\$ 5,200.00	\$ 143,200	\$ 41,653	\$ 28,787
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ 244,700	\$ 140,200	\$ 384,900	\$ 64,125	\$ (38,133)
\$ 287,006	\$ 269,106	\$ 556,112	\$ 168,860	\$ (33,695)

Budget Narrative

APPENDIX C

LOBBYING CERTIFICATION FORM

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed under Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure.

Signature Jennie Hagerty, Executive Director

Title Executive Director

Date 6/30/2025

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See following page for public burden disclosure)

1. Type of Federal Action: a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: a. bid/offer/application b. initial award c. post-award	3. Report Type: a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: Prime Subawardee Tier if known: Congressional District, if known	5. If Reporting entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known	
6. Federal Department/Agency: 	7. Federal Program Name/Description CFDA Number, if applicable:	
8. Federal Action Number, if known	9. Award Amount, if known \$	
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a)	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: Print Name: Title: Telephone No.: _____ Date: _____	
Federal Use Only	Authorized for Local Reproduction Standard Form – LLL	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to Title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional district, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code for the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
- (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

APPENDIX D

CONFIDENTIALITY STATEMENT

In the normal course of employment and the fulfillment of assigned work duties and responsibilities, I understand that I may have access to or view information regarding clients and employees. With regard to all such information, I agree to observe a strict standard of confidentiality. I further agree that knowledge and information of a confidential nature, gained through employment may not be used, distributed or discussed outside of my immediate work responsibilities.

I understand and agree that breach of such confidentiality shall subject me to progressive disciplinary action, up to and including discharge. Further, it is understood that in accordance with Federal Law, any substantiated breach of client confidentiality is also punishable by a \$500.00 fine for the first violation and up to \$5,000.00 for any subsequent violations.

I hereby attest that I have read and understood this Confidentiality Statement and agree that my continued employment is contingent upon strict adherence to same. I understand, and agree, that I will be disciplined, and possibly discharged, should I violate this standard of strict confidentiality.

Witness

Employee Signature

Date: _____

Date: _____

Employee Printed Name

APPENDIX E

WORK STATEMENT PROGRAM SPECIFIC TASKS

CONTRACTOR agrees to comply with the following requirements where applicable:

(1) All treatment providers must be licensed by the Department of Drug and Alcohol Program Division of Program Licensure. Out-of-state treatment providers must be licensed by the appropriate agency.

(2) All out-of-state prevention, intervention, and treatment-related providers, including case management providers, must be licensed or approved by the appropriate agency, if required by that state.

(3) All drug and alcohol service providers are required to make continuing education available to its employees pursuant to the Substance Abuse Prevention and Treatment Block Grant.

(4) CONTRACTOR must submit all required reports in accordance with the due dates listed herein. CONTRACTOR shall submit any additional financial reports that are deemed necessary by DDAP or SCA, or required for federal reporting requirements, and any other such reports as DDAP or SCA may require. All data submitted by CONTRACTOR must be complete, timely, and accurate.

(5) CONTRACTOR must submit an invoice that specifies the total cost incurred for services rendered. Invoices must indicate the services delivered to allow SCA fiscal staff to identify the DDAP activity numbers for reporting the expenditures. The DDAP activity numbers are listed in the DDAP Fiscal Manual at Section 2.02. No payment can be made to CONTRACTOR in advance of the delivery of services.

APPENDIX F

AUDIT REQUIREMENTS

This Appendix is intended to provide general audit requirement instruction to CONTRACTOR as a recipient of funds issued by SCA, from funds initiated by DDAP. More specific instruction may be provided in the DDAP Fiscal Manual. CONTRACTOR must incorporate these requirements into their subcontracts.

I. INTRODUCTION

The Department of Drug and Alcohol Programs (DDAP) provides Federal and State financial assistance to a variety of entities. This document is intended to provide general audit requirement instruction to all recipients of funds issued by DDAP, whether directly through contract, grant or grant agreement, or through a sub-grant or sub-contract that resulted from funds initiated by DDAP. More specific instruction may be provided elsewhere within the contracts or grant agreements issued by DDAP, or contained in other incorporated documents associated with those contracts or grant agreements. However, unless otherwise specified within this document or the contract or grant agreement issued by DDAP, entities receiving funds from DDAP should incorporate these requirements into their subcontracts or sub-grants. Failure to adequately or appropriately address audit requirements in subcontracts or sub-grants shall be considered as an issue of non-compliance and a breach of the contract or grant agreement.

CONTRACTOR must comply with all applicable federal and state grant requirements including *The Single Audit Act Amendments of 1996*; *2 CFR Part 200 as amended*; and any other applicable law or regulation, and any amendment to such other applicable law or regulation which may be enacted or promulgated by the federal government.

Audit requirements may be either a federal mandate or a DDAP mandate. **The audit requirements that are applicable to this contract/grant are determined by the source(s) of the contract/grant funding as described in the following Sections of this document:**

- Section II - Contracts/grants funded 100 percent by federal funds
- Section III – Contracts/grants funded 100 percent by state funds
- Section IV – Contracts/grants funded by federal and state funds

Audit exemption conditions are described in Section V of this document. Additionally, general audit provisions that are applicable to ALL contracts/grants are described in Section VI.

II. CONTRACTS/GRANTS FUNDED 100 PERCENT BY FEDERAL FUNDS - (Federally Mandated Audits)

A. General Requirements

If CONTRACTOR is a local government or non-profit organization and expends total federal awards of \$750,000 or more during its fiscal year, received either directly from the federal government or indirectly from a recipient of federal funds, CONTRACTOR is required to provide the appropriate single or program-specific audit in accordance with the provisions outlined in *2 CFR Part 200.501*.

If CONTRACTOR expends total federal awards of less than the threshold established by *2 CFR 200.501*, it is exempt from federal audit requirements for that year, but records must be available for review or audit by appropriate officials (or designees) of the federal agency, passthrough entity, and Government Accountability Office (GAO).

If CONTRACTOR is a for-profit entity, it is not subject to the auditing and reporting requirements of *2 CFR Part 200, Subpart F – Audit Requirements (Subpart F)*. However, DDAP is responsible for establishing requirements, as necessary, to ensure compliance by for-profit contractors. To accomplish this, SCA reserves the right to perform monitoring during the contract and require the following at its discretion:

1. Pre-award audits; and
2. Post-award audits. The post-award audits may be in the form of a financial audit conducted in accordance with [Government Auditing Standards](#), or a single audit report or a program specific audit report in accordance with *Subpart F*. However, if a post-award audit is required by DDAP or SCA, it must be directly submitted to DDAP or SCA. Only single audit reports for local governmental and non-profit contractors/grantees are electronically submitted to the Federal Audit Clearinghouse.

In instances where a federal program-specific audit guide is available, the audit report package for a program-specific audit should be prepared in accordance with the appropriate audit guide, *Government Auditing Standards*, and *Subpart F*.

B. Additional Components of the Single Audit Reporting Package

In addition to the requirements of *Subpart F*, DDAP requires that the single audit report packages include the following additional components in the Schedule of Expenditures of Federal Awards (SEFA), or supplemental schedules:

1. A breakdown of federal funds passed through DDAP by federal grantor, *Catalog of Federal Domestic Assistance* (CFDA) number, CFDA name and state program name (if different from CFDA name), state program year, and state contract/grant number (if applicable);

2. Contract period beginning and ending dates for federal funds passed through SCA, by contract;
3. Program or award amount for each SCA contract;
4. Total received during the year for each SCA contract;
5. Accrued or deferred revenue at the beginning of the year for each SCA contract;
6. Revenue recognized during the year for each SCA contract;
7. Accrued or deferred revenue at the end of the year for each SCA contract.

C. Submission of the Audit Report

All recipients of funds required to complete a federally mandated audit must submit an electronic copy of the data collection form and the audit reporting package to the Federal Audit Clearinghouse, which shall include the elements outlined in *Subpart F*.

D. Submission of the Federal Audit Clearinghouse Confirmation

CONTRACTOR must electronically send a copy of the confirmation from the Federal Audit Clearinghouse to the resource account established by the Office of the Budget, Bureau of Audits at RA-BOASingleAudit@pa.gov. Note that this is only applicable to recipients directly funded by the Commonwealth through a contract or grant agreement with an agency of the Commonwealth; or any administrative agent utilized by CONTRACTOR to manage the disbursement and contracting of funds for CONTRACTOR. Instructions for confirmation of audit material submission to the Federal Audit Clearinghouse by subcontractors or sub-grantees would be provided by the entity contractually engaged with that subcontractor or sub-grantee.

III. CONTRACTS/GRANTS FUNDED 100 PERCENT BY STATE FUNDS - (DDAP Mandated Audits)

A. General Requirements

CONTRACTOR shall have a program-specific audit performed when it expends \$500,000 or more of state funds under this contract/grant during the state fiscal year (i.e., July 1 through June 30), or unless notified in writing by DDAP or SCA prior to the termination of the applicable audit period that the audit requirement has been waived. If CONTRACTOR's contract or any successive period is for a period shorter than the state fiscal year, but the contract amount expended by CONTRACTOR during said period includes \$500,000 or more of state funds, CONTRACTOR is also required to have a program-specific audit performed for the entire contract or successive period, unless notified in writing by DDAP prior to the termination of the applicable audit period that the program-specific audit requirement has been waived.

If the body of CONTRACTOR's contract with DDAP contains language superseding the dollar threshold for DDAP mandated audits identified in this document, the superseding language takes precedence and must be used by CONTRACTOR when determining whether CONTRACTOR is required to have an audit performed.

When CONTRACTOR is required to have a program-specific audit performed, it must be a financial audit conducted in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*, issued by the Government Accountability Office (GAO). The audit shall meet the audit requirements of the laws and regulations governing the program(s) in which CONTRACTOR participates, and the terms of this contract/grant. With the written consent of DDAP, CONTRACTOR may be permitted to vary the audit period for these audits.

The costs of program-specific audits performed in accordance with the provisions of Section III of this document shall be reimbursed by SCA **when said costs are specifically budgeted in the contract budget as audit expenses.**

B. Minimum Audit Reporting Requirements

When a program-specific audit is performed, the audit report must include the following at a minimum:

1. A Statement of Financial Position (balance sheet) for each contract/grant CONTRACTOR includes in the program-specific audit. Said statement of financial position shall identify any unexpended/unused funds at the end of the audit period.
2. A separate Statement of Contractual Performance, which shall reflect the contract/grant budget and reporting period and include a comparison of budgeted to actual expenditures/services, must be prepared for each contract/grant CONTRACTOR includes in the program-specific audit. Said schedule(s) must reconcile to the state fiscal year(s) affected.
3. Notes to the financial statements. The following must be included:
 - a. Definition of the reporting entity
 - b. Summary of significant accounting policies used in preparing the statements
 - c. Other informative disclosures (as necessary)
4. Auditor's report on the financial statements and any additional statements required in the terms of this contract. The report must identify each contract included in the program-specific audit by its SCA contract number.

5. Auditor's report on internal control, including (where applicable) references to contract requirements and DDAP audit guidance. The report must identify each contract included in the program-specific audit by its SCA contract number. This report shall describe the scope of testing of internal control and the results of the tests, and, where applicable, refer to the separate Schedule of Findings and Questioned Costs described below.
6. Auditor's report on compliance with laws, regulations, and the provisions of this contract, noncompliance with which could have a material effect on the financial statements. The report must identify each contract/grant included in the program-specific audit by its DDAP contract number. This report shall include (where applicable) references to contract/grant requirements and DDAP audit guidance.
7. Schedule of Findings and Questioned Costs (if applicable). This schedule shall include the views of responsible officials of CONTRACTOR concerning the auditors' findings, conclusions, and recommendations. This schedule shall contain all findings and questioned costs for the financial statements which are required to be reported under *Government Auditing Standards*. Specifically, the auditor shall report the following as audit findings in this schedule:
 - a. Reportable conditions in internal control over the program(s) (state and/or federal) that provide funding under this contract/grant. The auditor shall identify reportable conditions which are individually or cumulatively material weaknesses.
 - b. Material noncompliance with the provision of laws, regulations, and the provisions of this contract/grant.
 - c. Questioned costs specifically identified by the auditor (known questioned costs). In evaluating the effect of the questioned costs, the auditor shall consider the best estimate of total costs questioned (likely questioned costs), not just the known questioned costs. In reporting questioned costs, the auditor shall include information to provide proper perspective for judging the prevalence and consequences of the questioned costs.
 - d. Known fraud that has a material effect on the financial statements.
8. Corrective Action Plan (if applicable). At the completion of the audit, CONTRACTOR shall prepare a corrective action plan (CAP) to address each audit finding included in the audit report. The CAP shall provide the name(s) of the contact person(s) responsible for corrective action(s), the corrective action(s) planned, and the anticipated completion date(s) for the corrective action(s) planned. Further, if CONTRACTOR does not agree with an audit finding, it must clearly and completely explain the nature of its disagreement with the finding in the CAP. Finally, if CONTRACTOR believes that corrective action is not required, it must provide the specific reason(s) in the CAP.

9. Status of Prior Audit Findings and Recommendations (if applicable). The auditor shall report the status of uncorrected material findings and recommendations from prior audits that affect the current audit.
10. Management Letter (if applicable). If a letter is issued to management disclosing nonreportable conditions or other matters that warrant the attention of management, it must be furnished to SCA with the audit report.
11. Subcontractor/Sub-grantee Audit Requirements: As applicable, CONTRACTOR shall have subcontractors/subgrantees obtain audits of their contracts/grants in accordance with Section III of this document. CONTRACTOR shall make the requirements of Section III applicable to any subcontractor/subgrantee expending \$500,000 or more of state funds under this contract/grant during the state fiscal year (i.e., July 1 through June 30), or expending \$500,000 or more of state funds under this contract/grant within any successive state fiscal year. If the subcontract/subgrant or any successive period is for a period shorter than the state fiscal year, but the subcontractor/subgrantee expends \$500,000 or more of state funds under this contract/grant during said period, CONTRACTOR is also required to make the requirements of Section III of this document applicable to the subcontractor/subgrantee. **CONTRACTOR, NOT SCA, shall be responsible for the receipt, review, and resolution of such audits.** CONTRACTOR shall follow up on all findings disclosed in the audit report(s). CONTRACTOR shall retain such audits for a period of time which is the greater of four years after termination of CONTRACTOR's contract/grant with the subcontractor/subgrantee or until resolution of any audit exceptions or other claims or actions involving a subcontract/subgrant.

If the body of CONTRACTOR's contract with SCA contains language superseding the dollar threshold for DDAP mandated audits identified in this document, the superseding language takes precedence and must be used by CONTRACTOR when determining whether the subcontractors/subgrantees are required to have an audit performed of their contracts/grants.

C. Submission of Audit Reports

When CONTRACTOR is responsible for obtaining a program-specific audit in accordance with Section III of this document, the audit report must be completed and submitted within 120 days of the end of the state fiscal year (i.e., June 30) or 120 days following the end of each state fiscal year in case of a contract/grant lasting more than twelve months. DDAP will accept electronic submission of program-specific audit reporting packages, a paper-copy is to be submitted to SCA. **Electronic submission is required for the state fiscal year ending June 30, 2016 and subsequent reporting periods.** The reporting package must be submitted electronically in single Portable Document Format (PDF) file to the e-mail resource account RA-DASCAAUDIT@pa.gov.

Steps for electronic submission:

- Complete the Program-Specific Audit Reporting Package Checklist to ensure your package contains all required elements.
- Upload the **completed** Program-Specific Audit Reporting Package along with the checklist in a **single** PDF file to the e-mail resource account RA-DASCAAUDIT@pa.gov. In the subject line of the e-mail you must identify the exact name on the Program-Specific Audit Reporting Package and the period end date to which the package applies.
- You will receive an e-mail to confirm the receipt of your Program-Specific Audit Reporting Package, including the completed checklist.

Technical assistance with respect to program-specific audits performed in accordance with Section III of these Audit Requirements will be provided by DDAP'S Division of Budget and Grants Management at RA-DASCAAUDIT@pa.gov or the following address and telephone number.

Pennsylvania Department of Drug and Alcohol Programs
Division of Budget and Grants Management
One Penn Center, 2601 N. Third Street, 5th Floor
Harrisburg, PA 17110
Phone: (717) 783-8200

IV. CONTRACTS FUNDED BY FEDERAL AND STATE FUNDS

A. Conditions Requiring an Audit

1. CONTRACTOR is required to have a federally mandated audit made in accordance with the requirements of Section II when CONTRACTOR expends more than \$750,000 of total federal awards received from ALL sources during its fiscal year, regardless of the amount of state funds received under this contract/grant during the state fiscal year.
2. CONTRACTOR is required to have a program-specific audit made in accordance with the requirements of Section III if the contractor expends \$500,000 or more of state funds received under this contract during the state fiscal year and CONTRACTOR is not required to have a federally mandated audit(s) in accordance with this document that covers the entire state fiscal year.

If the body of CONTRACTOR's contract with SCA contains language superseding the dollar threshold for DDAP mandated audits identified in this document, the superseding language takes precedence and must be used by CONTRACTOR when determining whether CONTRACTOR is required to have an audit performed in accordance with the condition described above.

V. AUDIT EXEMPTION CONDITIONS

A. Unless stated otherwise in the terms of this contract, CONTRACTOR is not required to have an audit performed when EITHER of the following conditions is applicable:

1. CONTRACTOR expends less than \$500,000 of state funds received under this contract during the state fiscal year (i.e., July 1 through June 30) (for DDAP mandated audits) AND it expends less than \$750,000 of total federal awards received from ALL sources during its fiscal year.

If the body of CONTRACTOR's contract with SCA contains language superseding the dollar threshold for DDAP mandated audits identified in this document, the superseding language takes precedence and must be used by CONTRACTOR when determining whether CONTRACTOR is required to have an audit performed.

2. The contract is funded by either state or federal funds, and all contract/grant monies expended during either CONTRACTOR's fiscal year (for federally mandated audits) or during the state fiscal year (i.e., July 1 through June 30) (for DDAP mandated audits) are received on a strictly fee for service basis.

However, even if CONTRACTOR is not required to have an audit performed, CONTRACTOR is required to maintain auditable records of federal awards and any state funds which supplement such awards, and to provide access to such records by federal and state agencies or their designees.

VI. GENERAL AUDIT PROVISIONS

A. Auditor Selection

CONTRACTOR is responsible for obtaining the necessary audit and securing the services of a certified public accountant or independent governmental auditor.

The Office of the Budget, Office of Comptroller Operations, Bureau of Audits (Bureau of Audits) may decide to perform program-specific audits that are required under Section III of these Audit Requirements. CONTRACTOR will be given written notification if the Bureau of Audits makes this decision. In the event that the Bureau of Audits does perform the program-specific audit, any audit costs included in the contract will revert to DDAP. However, unless notified as provided above, CONTRACTOR is required to arrange for the audit as described above.

B. Questioned Costs

Any questioned costs identified as such in audit reports of either CONTRACTOR or its subcontractors/subgrantees shall be returned to the cognizant federal and/or state agencies providing the financial assistance, unless resolved to the satisfaction of said entities.

C. Sanctions (Remedies for Noncompliance with Audit Requirements)

CONTRACTOR's failure to provide an acceptable audit in accordance with the requirements of this document may result in DDAP initiating sanctions against CONTRACTOR including, but not limited to, the following actions:

1. Disallowance of the cost of the audit.
2. Withholding a percentage of the contract/grant funding.
3. Withholding or disallowance of administrative/overhead costs.
4. Suspension of subsequent contract/grant funding.

D. Additional Audits

The Commonwealth reserves the right for federal and state agencies or their authorized representatives to perform additional audits of a financial or performance nature, if deemed necessary by commonwealth or federal agencies. Any such additional audit work will rely on work already performed by CONTRACTOR's auditor and the costs for any additional work performed by the federal or state agencies will be borne by those agencies at no additional expense to CONTRACTOR.

E. Audit Working Papers and Reports

Audit documentation and audit reports must be retained by CONTRACTOR's auditor for a minimum of five years from the date of issuance of the audit report, unless CONTRACTOR's auditor is notified in writing by the commonwealth, the cognizant federal agency for audit, or the oversight federal agency for audit to extend the retention period. Audit documentation will be made available upon request to authorized representatives of the commonwealth, the cognizant federal agency for audit, the oversight federal agency for audit, the federal funding agency, or the Government Accountability Office (GAO).

F. Records Retention

CONTRACTOR is required to maintain records of state funds and federal awards. CONTRACTOR shall preserve all books, records and documents related to this contract/grant for a minimum of four years from the date of final payment under this contract/grant; or until all findings, questioned costs or activities have been resolved to the satisfaction of the commonwealth; or as required by applicable federal laws and regulations, whichever is longer, unless this contract/grant elsewhere provides for a shorter period; or unless DDAP otherwise separately agrees in writing to a shorter period. CONTRACTOR shall provide federal and state agencies or their designees access to such books, records and documents for inspection, audit or reproduction.

G. Funding Source(s)

The audit report must identify the amounts of federal and state funding that is included in the report. This identification must include the breakdown of federal and state dollars provided and the related federal and state financial assistance program name and number. For entities directly receiving funds from DDAP through contract or grant agreement with DDAP, this identifying information is provided in Section V. FUNDING SOURCE(S) of the DDAP Grant Agreement.

**APPENDIX F
ATTACHMENT 1**

FEDERAL AWARDS

The following information is provided pursuant to the requirements of 2 C.F.R. Section 200 as amended
(CONTRACTOR is required to provide all information for sections not completed by SCA):

CONTRACTOR's registered name for DUNS: Mercy Center for Women

CONTRACTOR'S DUNS number: 803049998

DUNS number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>).

Federal Award Identification Number (FAIN) Will be provided at a later date

Date of Federal Award Will be provided at a later date

The date when the Federal award is signed by the authorized official of the Federal awarding agency.

Start and end date for performance July 1, 2025-June 30, 2026

Period of performance means the time during which the non-Federal entity may incur new obligations to carry out the work authorized under the Federal award.

Amount of Federal Funds obligated herein: Unable to determine prior to delivery of service

Total amount of Federal Award: Will be provided at a later date

Project Description: See program description

A brief summary of the statutory or regulatory requirements of the program and its intended outcome, and should align with the strategic goals and objectives within the Federal awarding agency's performance plan

Federal awarding agency: SAMSHA/DDAP

Contact information for awarding agency: Erie County Office of Drug and Alcohol Abuse 240 West 11th Street, Suite B-050, Erie PA 16501

Pass-through entity: DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

Catalog of Federal Domestic Assistance (CFDA) name and number: 93.959 SAPT Block Grant
93.788 State Opioid Response

CFDA number means the number assigned to a Federal program in the CFDA.

Is this award for research and development? YES NO X

"Research" is defined as a systematic study directed toward fuller scientific knowledge or understanding of the subject studied.

"Development" is the systematic use of knowledge and understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes.

Indirect cost rate: N/A

For nonprofit organizations, the costs of activities performed by the non-Federal entity primarily as a service to members, clients, or the general public when significant and necessary to the non-Federal entity's mission must be treated as direct costs whether or not allowable, and be allocated an equitable share of indirect (F&A) costs. *Indirect (F&A) costs* mean those costs incurred for a common or joint purpose benefitting more than one cost objective.

Certificate Of Completion

Envelope Id: 339B6554-054E-423B-89F8-09391B24C899

Status: Completed

Subject: Please DocuSign: Mercy Center for Women, Intervention FY 2025-2026 Contract

Source Envelope:

Document Pages: 81

Signatures: 6

Envelope Originator:

Certificate Pages: 2

Initials: 1

D & A Contracting

AutoNav: Enabled

154 West 9th Street

Envelopeld Stamping: Enabled

Erie, PA 16501

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

DrugandAlcoholContracts@eriecountypa.gov

IP Address: 209.225.113.250

Record Tracking

Status: Original

Holder: D & A Contracting

Location: DocuSign

6/30/2025 8:27:45 AM

DrugandAlcoholContracts@eriecountypa.gov

Signer Events

Signature

Timestamp

Jennie Hagerty, Executive Director

jhagerty@mcwerie.org

Executive Director

Security Level: Email, Account Authentication
(None)

Jennie Hagerty, Executive Director

Sent: 6/30/2025 8:40:45 AM

Viewed: 6/30/2025 9:23:59 AM

Signed: 6/30/2025 9:25:12 AM

Signature Adoption: Pre-selected Style

Using IP Address: 66.211.220.98

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Anna Brzozowski, Director of Clinical Services

abrzozowski@mcwerie.org

Director of Client Services

Security Level: Email, Account Authentication
(None)

Anna Brzozowski

Sent: 6/30/2025 9:25:13 AM

Viewed: 6/30/2025 9:26:50 AM

Signed: 6/30/2025 9:29:48 AM

Signature Adoption: Drawn on Device

Using IP Address:

2600:1016:b071:3a4b:9cf6:a6ff:fe7d:2257

Signed using mobile

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

scott coughenour

scoughenour@eriecountypa.gov

Director

Security Level: Email, Account Authentication
(None)

Scott Coughenour

Sent: 6/30/2025 9:29:50 AM

Viewed: 8/14/2025 4:41:38 PM

Signed: 8/14/2025 4:45:39 PM

Signature Adoption: Drawn on Device

Using IP Address: 209.225.113.250

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

William Speros

wsperos@eriecountypa.gov

County Solicitor

Security Level: Email, Account Authentication
(None)

William Speros

Sent: 8/14/2025 4:45:41 PM

Viewed: 8/15/2025 8:11:05 AM

Signed: 8/15/2025 8:11:16 AM

Signature Adoption: Pre-selected Style

Using IP Address: 209.225.112.10

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
Brenton Davis bdavis@eriecountypa.gov County Executive Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	 Signature Adoption: Pre-selected Style Using IP Address: 72.23.170.130 Signed using mobile	Sent: 8/15/2025 8:11:19 AM Viewed: 8/16/2025 8:17:39 AM Signed: 8/16/2025 8:17:44 AM
Deliliah Kuhn dkuhn@eriecountypa.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	 Signature Adoption: Pre-selected Style Using IP Address: 209.225.112.10	Sent: 8/16/2025 8:17:46 AM Viewed: 8/18/2025 12:05:40 PM Signed: 8/18/2025 12:11:53 PM
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Courthouse Finance Office contracts@eriecountypa.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		Sent: 8/18/2025 12:11:55 PM Viewed: 8/19/2025 8:24:32 AM
Beverly Myers bmyers@eriecountypa.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		Sent: 8/18/2025 12:11:56 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/30/2025 8:40:45 AM
Certified Delivered	Security Checked	8/18/2025 12:05:40 PM
Signing Complete	Security Checked	8/18/2025 12:11:53 PM
Completed	Security Checked	8/18/2025 12:11:56 PM
Payment Events	Status	Timestamps

List of Projects and number of Units that Require Substance Abuse Treatment

Our approved CoC Written Standard have been updated to require all persons with chronic substance disorders in our PH and TH projects to engage in Substance Abuse Treatment.

Project Name	Units
Lighting the Candle 1 (PSH)	20
Self-Start PSH	85
My Way Home Transitional	37
*Mercy Center for Women Transitional	28

*Mercy Center for Women's TH project did not request funding for rental assistance/leasing but only supportive services and operating costs. Their application did state the number the number of units which is listed above.

Community Shelter Services Participant Service Agreements

In accordance to HUD and Erie City and County CoC requirements, all participants must sign and agree to engage in services in accordance with the CoC Written Standards outlined below:

1. Service Requirements

- Subrecipients of CoC funds will be required to demonstrate that their project will provide at least 20 hours of customized services for each participant, with the exception of participants over age 62 or those with physical or developmental disability defined under 24 CFR 582.5.
- Project participants receiving housing from CoC funds are required to take part in supportive services (e.g case management, employment training, substance abuse treatment) if the participant is identified or assessed to meet the needs for that service.

The Lighting the Candle project has very specific guidelines for participation in accord with HUD's Interim Rule PART 578. Subsequently, an annual assessment process will occur to certify your continued eligibility for the Lighting the Candle Project .

The following Lighting the Candle project requirements are mandatory:

- I agree to accept mental health and/or substance abuse treatment to help me maintain a stable living situation. I agree to engage in at least 20 hours per week of engagement in services, activities or employment (examples of services or activities include case management, counseling, treatment, volunteering, work. therapy, education, job training, community building activities, etc.) with an exception if you are over age 62 or have a physical or developmental disability.
- I agree to accept mental health and/or substance abuse treatment to help me maintain a stable living situation.
- I agree to participate in an Individualized Service Plan, including working with other agencies to receive needed services and supports.
- I agree to work with my case manager to communicate clinical concerns related to my housing to my landlord and the professionals on my Individual Service Plan.
- I agree to meet as needed with my case manager to amend my Individual Service Plan at least annually.
- I agree and understand that I am responsible for the terms delineated on my landlord's lease.
- I agree to pay 30% of my income toward my mandatory, monthly rental portion of the rent to the first week of every month if applicable.
- I agree to notify my case manager immediately if I have problems making my mandatory monthly rental portion payment.
- I agree and understand that project eligibility will be renewed every year, if I choose to engage with at the time of my yearly project eligibility renewal.
- I agree to inform my case manager there are any changes to my income or household members.

- I agree to a mandatory housing inspection annually.
- I agree that I will provide income verification at least annually or as requested
- I agree to be present for scheduled home visits, and I understand that unscheduled visits may also take place.
- I agree and understand that once I can pay for my own housing, I will no longer receive rental assistance from the Project. I also agree that, if I am eligible for Section 8 subsidized housing, then I will transfer to that project .
- I agree and understand that I may receive supportive services up to but no longer than 6 months after I exit the project .

By signing below, I agree to accept the above terms to remain in the Lighting the Candle Project . I understand that my failure to comply with one or more of the above conditions will result in my termination from the project .

Printed name: _____

Participant signature: _____

Date: _____

Printed name: _____

Case Manager Signature: _____

Date: _____

ECCM Participant Service Agreements

In accordance to HUD and Erie City and County CoC requirements, all participants must sign and agree to engage in services in accordance with the CoC Written Standards outlined below:

1. Service Requirements

- Subrecipients of CoC funds will be required to demonstrate that their project will provide at least 20 hours of customized services for each participant, with the exception of participants over age 62 or those with physical or developmental disability defined under 24 CFR 582.5.
- Project participants receiving housing from CoC funds are required to take part in supportive services (e.g case management, employment training, substance abuse treatment) if the participant is identified or assessed to meet the needs for that service.

The Self-Start project has very specific guidelines for participation in accord with HUD's Interim Rule PART 578. Subsequently, an annual assessment process will occur to certify your continued eligibility for the Self-Start Project .

The following Self-Start project requirements are mandatory:

- I agree to accept mental health and/or substance abuse treatment to help me maintain a stable living situation. I agree to engage in at least 20 hours per week of engagement in services, activities or employment (examples of services or activities include case management, counseling, treatment, volunteering, work. therapy, education, job training, community building activities, etc.) with an exception if you are over age 62 or have a physical or developmental disability.
- I agree to accept mental health and/or substance abuse treatment to help me maintain a stable living situation.
- I agree to participate in an Individualized Service Plan, including working with other agencies to receive needed services and supports.
- I agree to work with my case manager to communicate clinical concerns related to my housing to my landlord and the professionals on my Individual Service Plan.
- I agree to meet as needed with my case manager to amend my Individual Service Plan at least annually.
- I agree and understand that I am responsible for the terms delineated on my landlord's lease.
- I agree to pay 30% of my income toward my mandatory, monthly rental portion of the rent to the first week of every month if applicable.
- I agree to notify my case manager immediately if I have problems making my mandatory monthly rental portion payment.
- I agree and understand that project eligibility will be renewed every year, if I choose to engage with at the time of my yearly project eligibility renewal.
- I agree to inform my case manager there are any changes to my income or household members.

- I agree to a mandatory housing inspection annually.
- I agree that I will provide income verification at least annually or as requested
- I agree to be present for scheduled home visits, and I understand that unscheduled visits may also take place.
- I agree and understand that once I can pay for my own housing, I will no longer receive rental assistance from the Project. I also agree that, if I am eligible for Section 8 subsidized housing, then I will transfer to that project .
- I agree and understand that I may receive supportive services up to but no longer than 6 months after I exit the project .

By signing below, I agree to accept the above terms to remain in the Self-Start Project . I understand that my failure to comply with one or more of the above conditions will result in my termination from the project .

Printed name: _____

Participant signature: _____

Date: _____

Printed name: _____

Case Manager Signature: _____

Date: _____

EUMA Participant Service Agreements

In accordance to HUD and Erie City and County CoC requirements, all participants must sign and agree to engage in services in accordance with the CoC Written Standards outlined below:

1. Service Requirements

- Subrecipients of CoC funds will be required to demonstrate that their project will provide at least 20 hours of customized services for each participant, with the exception of participants over age 62 or those with physical or developmental disability defined under 24 CFR 582.5.
- Project participants receiving housing from CoC funds are required to take part in supportive services (e.g case management, employment training, substance abuse treatment) if the participant is identified or assessed to meet the needs for that service.

The My Way Home project has very specific guidelines for participation in accord with HUD's Interim Rule PART 578. Subsequently, an annual assessment process will occur to certify your continued eligibility for the My Way Home Project .

The following My Way Home project requirements are mandatory:

- I agree to accept mental health and/or substance abuse treatment to help me maintain a stable living situation. I agree to engage in at least 20 hours per week of engagement in services, activities or employment (examples of services or activities include case management, counseling, treatment, volunteering, work. therapy, education, job training, community building activities, etc.) with an exception if you are over age 62 or have a physical or developmental disability.
- I agree to accept mental health and/or substance abuse treatment to help me maintain a stable living situation.
- I agree to participate in an Individualized Service Plan, including working with other agencies to receive needed services and supports.
- I agree to work with my case manager to communicate clinical concerns related to my housing to my landlord and the professionals on my Individual Service Plan.
- I agree to meet as needed with my case manager to amend my Individual Service Plan at least annually.
- I agree and understand that I am responsible for the terms delineated on my landlord's lease.
- I agree to pay 30% of my income toward my mandatory, monthly rental portion of the rent to the first week of every month if applicable.
- I agree to notify my case manager immediately if I have problems making my mandatory monthly rental portion payment.
- I agree and understand that project eligibility will be renewed every year, if I choose to engage with at the time of my yearly project eligibility renewal.
- I agree to inform my case manager there are any changes to my income or household members.

- I agree to a mandatory housing inspection annually.
- I agree that I will provide income verification at least annually or as requested
- I agree to be present for scheduled home visits, and I understand that unscheduled visits may also take place.
- I agree and understand that once I can pay for my own housing, I will no longer receive rental assistance from the Project. I also agree that, if I am eligible for Section 8 subsidized housing, then I will transfer to that project .
- I agree and understand that I may receive supportive services up to but no longer than 6 months after I exit the project .

By signing below, I agree to accept the above terms to remain in the My Way Home Project . I understand that my failure to comply with one or more of the above conditions will result in my termination from the project .

Printed name: _____

Participant signature: _____

Date: _____

Printed name: _____

Case Manager Signature: _____

Date: _____

Mercy Center for Women Participant Service Agreements

In accordance to HUD and Erie City and County CoC requirements, all participants must sign and agree to engage in services in accordance with the CoC Written Standards outlined below:

1. Service Requirements

- Subrecipients of CoC funds will be required to demonstrate that their project will provide at least 20 hours of customized services for each participant, with the exception of participants over age 62 or those with physical or developmental disability defined under 24 CFR 582.5.
- Project participants receiving housing from CoC funds are required to take part in supportive services (e.g case management, employment training, substance abuse treatment) if the participant is identified or assessed to meet the needs for that service.

The Mercy Center for Women Transitional Housing project has very specific guidelines for participation in accord with HUD's Interim Rule PART 578. Subsequently, an annual assessment process will occur to certify your continued eligibility for the Mercy Center for Women Transitional Housing Project .

The following Mercy Center for Women Transitional Housing project requirements are mandatory:

- I agree to accept mental health and/or substance abuse treatment to help me maintain a stable living situation. I agree to engage in at least 20 hours per week of engagement in services, activities or employment (examples of services or activities include case management, counseling, treatment, volunteering, work. therapy, education, job training, community building activities, etc.) with an exception if you are over age 62 or have a physical or developmental disability.
- I agree to accept mental health and/or substance abuse treatment to help me maintain a stable living situation.
- I agree to participate in an Individualized Service Plan, including working with other agencies to receive needed services and supports.
- I agree to work with my case manager to communicate clinical concerns related to my housing to my landlord and the professionals on my Individual Service Plan.
- I agree to meet as needed with my case manager to amend my Individual Service Plan at least annually.
- I agree and understand that I am responsible for the terms delineated on my landlord's lease.
- I agree to pay 30% of my income toward my mandatory, monthly rental portion of the rent to the first week of every month if applicable.
- I agree to notify my case manager immediately if I have problems making my mandatory monthly rental portion payment.
- I agree and understand that project eligibility will be renewed every year, if I choose to engage with at the time of my yearly project eligibility renewal.
- I agree to inform my case manager there are any changes to my income or household members.

- I agree to a mandatory housing inspection annually.
- I agree that I will provide income verification at least annually or as requested
- I agree to be present for scheduled home visits, and I understand that unscheduled visits may also take place.
- I agree and understand that once I can pay for my own housing, I will no longer receive rental assistance from the Project. I also agree that, if I am eligible for Section 8 subsidized housing, then I will transfer to that project .
- I agree and understand that I may receive supportive services up to but no longer than 6 months after I exit the project .

By signing below, I agree to accept the above terms to remain in the Mercy Center for Women Transitional Housing Project . I understand that my failure to comply with one or more of the above conditions will result in my termination from the project .

Printed name: _____

Participant signature: _____

Date: _____

Printed name: _____

Case Manager Signature: _____

Date: _____



ERIE POLICE DEPARTMENT

CHIEF RICHARD E. LORAH

The City of Erie Police Department (EPD) is committed to working with our community partners to keep the public safe.

The Department coordinates efforts with local housing, service, and street outreach providers to address reports of encampments, illicit public drug use, and public endangerment when homeless persons are identified. Protocols and procedures in place allow us to engage situations effectively through saturation patrols and crisis team interventions to protect the public.

Our community partners provide us support, with no impedance towards EPD efforts.

A handwritten signature in blue ink that reads "Richard E. Lorah". The signature is written in a cursive style with a large initial "R".

Richard E Lorah
Chief of Police
Erie Police Department

2026 PH and RRH (moving to Transitional) Renewal Ranking Tool

Yellow cells = manual entry. The Performance column is entered by the HMIS Lead; Pts. Awarded is entered by the reviewer.

Organization Name:

Project Type:

Reviewer Name:

Review Date:

	Rating Criteria	Pts. Available	Performance	Pts. Awarded	Reviewer Notes
Length of Stay					
	Placed in housing within 45 days of project start date for PSH projects.	10.0			
	Placed in housing within 45 days of project start date for RRH projects.	10.0			
Exits to Permanent Housing					
	90% remain in or move to other Permanent Housing for PSH projects.	15.0			
	75% move to other Permanent Housing for RRH projects.	15.0			
Returns to Homelessness					
	10% or less return to homelessness within 12 months of exit to Permanent Housing.	25.0			
New or Increased Income and Earned Income					
	25% or more project stayers increased employment income.	20.0			
	15% or more project stayers increased non-employment income.	5.0			
	25% or more project leavers increased employment income.	20.0			
	15% or more project leavers increased non-employment income.	5.0			
Serves High Need Populations					
	95% or more of entries come from Coordinated Entry.	5.0			
	80% or more of beds dedicated to chronically homeless with a physical and/or developmental disability (PSH).	10.0			
	20% or more of beds dedicated to chronically homeless with a physical and/or developmental disability (RRH).	10.0			
Project Effectiveness					
	Project utilized 90% of funds.	20.0			
	Project's data quality is above 90%.	10.0			
Other and Local Criteria					
	Completeness, Quality and Accuracy of Renewal Application.	20.0			
	Quality of Landlord Engagement.	10.0			
	No	25.0			

Total Points Awarded:	0.0
Sum of All Listed Rows (PSH + RRH variants):	235.0
Applicable Maximum per Project (one type):	200.0
Weighted Score (Awarded / Stated Max x 100) plus 10 additional points for projects with onsite behavioral:	0.0

Score only the rows matching the project's type. Length of Stay, Exits to Permanent Housing, and Dedicated Beds each list a PSH row and an RRH row; a project earns points on one. Bc project types total 200. RRH Exits value (15) is mirrored from the PSH row - confirm.

2026 HMIS Project Ranking Tool

Yellow cells = reviewer entry.

Organization Name:

Project Type:

Reviewer Name:

Review Date:

	Rating Criteria	Pts. Available	Pts. Awarded	Reviewer Notes
HMIS Access				
	HMIS enters projects that cover the entire Erie City and County CoC Geographic Area including rural townships in the County.	10.0		
	HMIS works with Coordinated Entry to identify and facilitate access to both HUD and non-HUD funded housing services.	10.0		
Data Collection and Reporting				
	The HMIS collects Universal Data Elements as set forth in the HMIS Data Standards.	15.0		
	HMIS produces all HUD required reports and provides data as needed for HUD reporting in a timely manner.	20.0		
HMIS Data Utilization for Housing and Other Services				
	HMIS enters non-HUD funded housing project in the CoC Geographic Area to provide better coordination of services and avoid duplication of services.	15.0		
	HMIS is used as a proactive case management tool to identify other services outside of housing including treatment, recovery, and employment services.	15.0		
	HMIS data is utilized to better identify housing and other needs at a participant and systems level.	15.0		
Total Points Awarded:			0.0	
Sum of Listed Line Maximums:			100.0	
Stated Maximum:			100.0	

2026 SSO Coordinated Entry Ranking Tool

Yellow cells = reviewer entry.

Organization Name:

Project Type:

Reviewer Name:

Review Date:

	Rating Criteria	Pts. Available	Pts. Awarded	Reviewer Notes
Coordinated Entry Access				
	Coordinated Entry covers the entire Erie City and County CoC Geographic Area including rural townships in the County.	10.0		
	Coordinated Entry is accessible to those with disabilities and other barriers (i.e. deaf, no access to phone, etc.).	15.0		
	Coordinated entry marketing to those experiencing homelessness with the highest needs.	15.0		
	Coordinated entry strategy to work with Street Outreach in reaching those persons least likely to have access to service systems.	15.0		
Quality and Timeliness of Assessment				
	Coordinated entry has a standardized assessment and their ability to do assessments in a timely manner.	15.0		
Coordinated Entry Strategies for Referring to Other Non-Housing Services and Non-HUD Funded Housing Services				
	Coordinated Entry's strategy for referring and coordinating other services outside housing including employment, mental health and drug/alcohol.	20.0		
	Coordinated Entry's strategy to coordinate housing programs and service delivery outside of HUD programs.	10.0		
Total Points Awarded:			0.0	
Sum of Listed Line Maximums:			100.0	
Stated Maximum:			100.0	

2026 New Project PH and Transitional Housing Ranking Tool

Yellow cells = reviewer entry.

Organization Name:

Project Type:

Reviewer Name:

Review Date:

	Rating Criteria	Pts. Available	Pts. Awarded	Reviewer Notes
Experience with Homeless Population and Public Funding				
	Experience of applicant in working with the homeless population and providing housing.	15.0		
	Experience in effectively utilizing federal funds including HUD Grants and other public funding.	15.0		
Experienced in the Delivery and Coordination of Supportive Services				
	Demonstrates type and scale of current supportive services.	10.0		
	Demonstrates how participants are assisted with accessing mainstream benefits.	10.0		
	Establishes performance measures for increasing income that is objective and measurable.	10.0		
Design of Housing and Supportive Services				
	Plan to assist participants to rapidly secure and maintain safe, affordable permanent housing.	10.0		
	Describe how participants will be assisted to increase employment.	20.0		
	Project leverages housing resources with housing units not funded through Continuum of Care/ESG funds	5.0		
	Describe how project leverages healthcare resources.	10.0		
	Agency has process for receiving and incorporating feedback from persons with lived experience.	5.0		
	Describe agency partnerships with Employment Agencies, Educational schools, Technical Schools and the Office of Vocational Rehabilitation (OVR).	15.0		
	Describe agency partnerships with Drug and Alcohol and Mental Health service providers.	15.0		
Project Effectiveness				
	Describe plan for rapid implementation of project.	5.0		
	Coordinated Entry Participation - 95% of entries come from Coordinated Entry.	5.0		
	Describe how project is cost effective.	5.0		
Financial				
	Most recent audit found no exception to standard practices.	5.0		
	Most recent audit identified as "low risk".	2.5		
	Most recent audit indicates no findings.	2.5		
	Budgeted costs are reasonable, allocable and allowable.	5.0		
	Documented Match amount.	5.0		
Other and Local Criteria				
	Completeness, quality and accuracy of application.	20.0		
	Landlord partnerships and engagement.	5.0		
Total Points Awarded:				0.0
Sum of Listed Line Maximums:				200.0
Stated Maximum:				200.0
Weighted Score (Awarded / Stated Max x 100) plus 10 additional points for projects with onsite behavioral				0.0

2026 Supportive Services Only (SSO) Ranking Tool

Yellow cells = reviewer entry.

Organization Name:

Project Type:

Reviewer Name:

Review Date:

	Rating Criteria	Pts. Available	Pts. Awarded	Reviewer Notes
Access				
	SSO project covers the entire Erie City and County CoC Geographic Area including rural townships in the County.	5.0		
	SSO project identifies and facilitates access to both HUD and non-HUD funded housing services.	10.0		
Experienced in the Delivery and Coordination of Supportive Services				
	Demonstrates type and scale of current supportive services including Street Outreach.	10.0		
	Demonstrates how participants are assisted with accessing mainstream benefits.	10.0		
Design of Housing and Supportive Services				
	Plan to assist participants to rapidly secure and maintain safe, affordable permanent housing.	10.0		
	Describe how participants will be assisted to increase employment.	15.0		
	Describe agency partnerships with Employment Agencies, Educational schools, Technical Schools and the Office of Vocational Rehabilitation (OVR).	15.0		
	Describe agency partnerships with Drug and Alcohol and Mental Health service providers.	15.0		
Describe Partnerships With				
	Describe agency partnership and coordination with law enforcement.	10.0		

Total Points Awarded:	0.0
Stated Maximum:	100.0

Erie County Priority Listing of Ranked Projects 2026 NOFO										
PPRN	\$	4,606,351								
ARD (\$)		\$3,442,689								
Tier 1 / Funding Ceiling (\$):		\$2,065,613								
Tier 2 (Realloc. & Bonus)										
Tier 2 Reallocation		\$1,377,076								
Tier 2 CoC Bonus		\$690,953								
TOTAL POTENTIAL AVAIL:		\$4,133,642								
Ranking	Score	Project Name	Project Type	Amount Requested	Status	Reallocated amounts	Amount Approved	Tier 1/Tier 2	Status	Reallocation/CoC Bonus
1	100.0	HMIS	HMIS	\$217,076	Accepted		\$217,076	Tier 1	Renewal	
2	100.0	Coordinated Entry	Coordinated Entry	\$163,058	Accepted		\$163,058	Tier 1	Renewal	
3	90.5	Lighting the Candle	PSH	\$376,574	Accepted		\$376,574	Tier 1	Renewal	
4*	84.5	Self-Start PSH	PSH	\$1,683,382	Reduced	\$374,477	\$1,308,905	Tier 1	Renewal	
5**	93.5	My Way Home RRH	RRH	\$1,002,599	Reallocated	\$1,022,599	\$0	Tier 2	Renewal/Transitioned	
5	93.5	My Way Home Transitional	RRH to Transitional	\$1,002,599	Accepted		\$1,002,599	Tier 2	New	Reallocation
6	94.0	Street Outreach	SSO	\$557,791	Accepted		\$557,791	Tier 2	New	Reallocation/CoC Bonus
7	97.0	MCW Transitional Housing	New PH/TH	\$856,419	Reduced		\$507,639	Tier 2	New	CoC Bonus
8	93.5	Every Child Home	RRH for Families	\$320,231	Rejected		\$0	N/A	New	N/A
9	86.0	ECCM Street Outreach	SSO - Street Outreach	\$356,647	Rejected		\$0	N/A	New	N/A
10	77.0	ECM Street Outreach	SSO - Street Outreach	\$517,721	Rejected		\$0	N/A	New	N/A
11	59.5	Pathways Home	SSO	\$238,115	Rejected		\$0	N/A	New	N/A
12	49.0	Beyond Shelter	SSO	\$105,638	Rejected		\$0	N/A	New	N/A
TOTALS				\$6,179,729	\$0		\$4,133,642			

*This grant received 10 bonus points for being an onsite mental health provider.

**This grant is a renewal RRH project transitioning to New TH project and reallocating funds from their renewal RRH to their New TH project.

PROJECTS	FUNDS REQUESTED
Ranked Renewal Projects	\$ 3,068,212
Ranked New Projects	\$ 1,065,430
Planning Grant (not ranked)	\$ 230,318
TOTAL HUD REQUEST w/ Plannin	\$ 4,363,960
Total HUD Requested w/out Plan	\$ 4,133,642

Funding that Falls in Tier 1

Rank	Funding Type	Project	Amount
1	HMIS	HMIS	\$ 217,076.00
2	SSO	Coordinated Entry	\$ 163,058.00
3	PSH	Lighting the Candle	\$ 376,574.00
4	PSH	Self-Start PSH	\$ 1,308,905.00
Tier 1 Total			\$ 2,065,613.00

Funding that Falls in Tier 2

Rank	Funding Type	Project	Amount
5	RRH to Transitional	My Way Home Transitional	\$ 1,002,599.00
6	SSO -Street Outreach	Build CDC Street Outreach	\$ 557,791.00
7	Transitional	MCW Transitional Housing	\$ 507,639.00
Tier 2 Total			\$ 2,068,029.00

**Certification for Opportunity Zones
Preference Points**

**U.S. Department of Housing and
Urban Development**

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.

****Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

Applicant Organization:

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

1) 42049000100
The activities in the application will benefit the following Opportunity Zone Census Tracts in Erie County, PA:
3) 42049000300
4) 42049000400
5) 42049000500
6) 42049000600
7) 42049000700
8) 42049000800
9.02) 42049000902
10) 42049001000
11) 42049001100
12) 42049001200
13) 42049001300
14) 42049001400
15) 42049001500
16) 42049001600
17) 42049001700
18) 42049001800
19) 42049001900
20) 42049002000
23) 42049002300
24) 42049002400
25) 42049002500
28) 42049002800
113) 42049011300

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☒ 76% - 100%
- ☐ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The Erie County Continuum of Care application to the United States Housing and Urban Development Notice of Funding Opportunity for Continuum of Care Program described the work to reduce homelessness in Erie City and County. The application proposes funding for emergency shelter, supportive services, transitional housing, and permanent housing programs that will move people off the streets and out of shelter and connect them with intensive services and stable housing. The large majority of the work will occur in the City of Erie's Opportunity Zone Qualified Census Tracts, which represents the downtown business district and the core neighborhoods of the city. The application will stabilize vulnerable populations, which will have the indirect benefit of expanding commercial and business activity in Erie's downtown by allowing the area to focus on commercial activity instead of homelessness outreach. The application will also stimulate the social services workforce who work primarily in Opportunity Zones.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|---|---|
| ☐ Access to Capital | ☐ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☒ Community Capacity Building | ☐ Industrial development |
| ☐ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure – streets, sidewalks, lighting |
| ☒ Health | ☐ "Below ground" infrastructure – water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☒ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☒ Public Safety | |

Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date: