

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Erie

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Not Applicable	No	Not Applicable
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	No
Local VA	Yes	Yes	No
Community Action Committee	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The COC is recruiting new members on an ongoing basis. We seek input from the geographic area by attending meetings that our collaborative with other systems. We work closely with the local VA hospital. We have integrated entitlement ESG into our system. Information from those who experience homelessness is gathered during the single point in time contacts. We have people who were formerly homeless on the Home Team and see their guidance. Home team members participate in as team members on community planning groups and bring new information back to the team. We seek input from local government. We are invited/attend the Mayor's roundtable on homelessness. The Home team contracted with the Allegheny IU to obtain data on homeless youth. Committee receiving this information involves, schools, MH, OCY and various homeless service providers and other disciplines.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Safenet TLC Plus	No	Yes	Yes
Erie School District	No	Yes	No
Intermediate Unit	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member

or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Safenet	Yes	Yes
Safe Journey	Yes	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

Our COC has an open application process. We place in ad in the local newspaper soliciting applications. The request for proposal is announced at the COC meetings. and sub committee meetings. All applications are reviewed scored and ranked for inclusion in the application. Announcements are made at the Home Team meeting for members that attend that applications are being accepted for the Competition. Information from the Home Team Members is mailed even if the were unable to attend, which included information about the 2016 NOFA. The COC provides technical assistance to new applicants. This can be on a one to one basis or in the form of supplying applicants information and/or examples of successful projects.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Quarterly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

Our COC spans two consolidated plans: City of Erie and County of Erie. Our COC collaborates on the homeless narrative for the City of Erie's Plan. We are responsible for formulated actions steps and reporting progress in HMIS. The City of Erie's Economic and Community Development staff sits on our Executive Committee. COC attends all Con Plan meeting that the City of Erie Convenes. Individual agencies are able to provide input in the process if it differs from what is agreed upon at the Home Team meetings. The County's Consolidated Plan is encompassed in DCED and is a broader scope that the City's plan. Since the meetings are held out of county, written comments are submitted if travel is prohibited. This meeting is conducted annually.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The City of Erie's ESG rapid re-housing and homeless prevention was developed in the COC executive Committee meeting. It as decided to have one agency carry out the activities. We have two other agencies that provide these services under HAP. It is imperative to our COC to be able to reallocate funding to provide services needed in the community. At this time it is difficult to reallocate across the different funding sources to ensure shelter beds, as we do not have a coordinated or single point of entry to properly determine where the need is and how to complete the across funding system task.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

One DV service provider was HUD funded. In the 2015 competition the four partner project was cut by 73% as it ranked in tier 2 and was a TH project. Our DV provider still has funds from HSDF and HAP. The TH beds will not have full funding 12/16. The other DV provider in the more rural area also received HSDF and HAP funds. In this competition more PH options will be available either through PSH or TBRA with supportive services. The providers will work together to provide permanent housing to these woman coming from the shelter. Persons who experience domestic violence also utilize other shelters in our community as there choice. The DV shelters are able to utilized to provide guidance and support even if the individual does not chose to be sheltered.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Erie	66.65%	No
Housing Authority of the County of Erie	81.29%	No

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

We have two low income tax credit projects that do not exclusively target people who are homeless. COC has acquired six units for the homeless. We also work landlords. Some have agreed to rent units far below FMR and incrementally increase as the person gains education, training and better paying jobs. By the third year persons are able to pay rent closer to FMR.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>

	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
 (limit 1000 characters)**

Erie County has implemented the VI-Spadat 2 years ago in a hybrid form. The VI Spadat is the level of care assessment tool which allows for least restrictive environment and appropriate service provision. At this time providers assess as contact is made by individuals and families to the appropriate service. Then a second assessment is the completed to develop the longer term goals.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Confere ncing	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	9
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	9
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
None:	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

Priority populations are families and children and people with disabilities that are homeless. We recognize that based on HUD information that Housing First is a more successful model and have moved to have projects that can serve people rapidly from homelessness to housing. All application were scored based on these priorities.

We offered our DV provider opportunity to be the sole renewal of the reduced project of 2015, but the did not resubmit, so the transitional housing funded by HUD for DV was not submitted.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The COC advertised in the local newspaper for renewal and new applications. Announcements were made at the Home Team meeting and all the regular COC and committee meetings that applications were being accepted. E-mail was sent out to the home team list of participants. We used the home team meetings to provide information on the scoring tools and HUD priorities.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting 09/13/2016

clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/30/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

DHS conducts on-site monitoring of all HUD projects once a year based on HUD monitoring guidelines. Letters of compliance or non-compliance as sent to the agencies. Instance of non-compliance require a CAP. This is due 30 days from the receipt of the non-compliance letter. An action plan is negotiated and the issues are revisited at the next monitoring. DHS received the APR from HMOS and enters it into ESNAPS. The results of the monitoring and the APR are with with the Home Team. All HUD recipients are part of the Home Team COC.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. 1

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software Service Point Software

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$146,027
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$146,027

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	\$0
County	\$36,507
State	\$0
State and Local - Total Amount	\$36,507

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$182,534
---	------------------

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	237	57	180	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	188	0	188	100.00%
Rapid Re-Housing (RRH) beds	2	0	2	100.00%
Permanent Supportive Housing (PSH) beds	524	0	396	75.57%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

128 VA HUD VASH were not required to participate.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>

Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	2%
3.3 Date of birth	0%	0%
3.4 Race	0%	2%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	1%
3.9 Residence prior to project entry	3%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	2%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	5%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
System Performance Measures	<input type="checkbox"/>

None	<input type="checkbox"/>
------	--------------------------

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

6

2D-4. How frequently does the CoC review data quality in the HMIS?

Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.

Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

none

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/22/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 05/02/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

We survey all homeless providers in Erie County. Erie County contract with Penn State Core (Center for Community Outreach, Research and Evaluation) to conduct the survey. Beside the beds occupied, we request information on

homelessness from the providers and the participants point of View. Save the date post cards and e-mail are sent to the providers. Training is two weeks before the PIT. Surveys are distributed by hand to the providers. Follow up calls are made to ensure they received the survey and answer and questions they may have. Follow calls as are made if not returned in a timely manner. The surveys are tabulated and responses are cross checked with what is in HMIS. If wide variation, appointments are scheduled to reconcile the data submitted. We clean the variances/discrepancies before final entry into HDX.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

In 2015 only a subset of providers participated in the PT. In 2016 a complete census included ES and TH providers.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

NA

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

Some providers participated that did not attend the training.(They received packets of instructions)Not sure if we can make it mandatory as there are providers who do overnight shelter with church funds and other private funds which we have no leverage as far as compliance.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/22/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

Areas were not selected randomly, rather an effort was made to use local knowledge to target known locations.(areas with known concentrations of unsheltered individuals). We have 2 homeless outreach teams that go out on the PIT date to known places that homeless people congregate We have shelters keep lists of those turned awayed and deduplicate this data. We use volunteers that go out all night to search for unsheltered homeless.Volunteers are trained and go out in pairs. The local VA is the command center on the PIT date. Media is notified in an effort to reach unsheltered people. We use this method as we feel we are able to reach more unsheltered person with these methods.

2I-3. Describe any change in methodology from your unsheltered PIT

count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

Increase in volunteers that resulted in an increased geographic area. Time changed by two hours to a time when the last shelter closed. Included a medical doctor and two nurses to provide direct medical care as needed. Arrangements were made with shelters to provide immediate assistance to anyone who chose to go to shelter after normal intake hours. Resulted in one homeless youth being sheltered.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

Increase in volunteers that resulted in an increased geographic area. Time changed by two hours to a time when the last shelter closed. Included a medical doctor and two nurses to provide direct medical care as needed. Arrangements were made with shelters to provide immediate assistance to anyone who chose to go to shelter after normal intake hours. Resulted in one homeless youth being sheltered. Currently the COC through the Home Team contracted the Allegheny IU to do analysis of information from the school, homeless providers and community agencies serving youth to try to determine the numbers of homeless youth in Erie County. Like HMIS, the schools had problems with data as not all projects are providing data. Also the youth for the school district is 18-21 for HUD 18-24. The data is still being reviewed and the AIU provided a follow-up meeting recently as there were a lot of questions and the methodology and the de duplication process based on the numbers presented.

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

Significantly increased the number of interviews to assist in deduplication. (The question was asked have you been interviewed before). Moved time 2 hours later when shelters were closed, allowing for better identification of the unsheltered and less duplication.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	410	377	-33
Emergency Shelter Total	222	219	-3
Safe Haven Total	6	0	-6
Transitional Housing Total	166	148	-18
Total Sheltered Count	394	367	-27
Total Unsheltered Count	16	10	-6

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,603
Emergency Shelter Total	1,200
Safe Haven Total	0
Transitional Housing Total	403

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

Renaissance Safety Committee - Partnership of downtown business owners, non-profit leadership and homeless providers meeting to discuss ways to improve perceived negative safety image of downtown. Looking at criminal data history of this area to determine what actual risks are compared to local perceptions of risk. Being discussed, using ambassadors who were previously homeless to provide support to those currently experiencing homelessness to prevent contact with police when necessary.

EUMA Healthcare for the Homeless-Working with local hospitals, behavioral health in-patient and out-patient providers, jails and prisons to formalize a discharge plans that reduce the number of persons discharged to the street and increase positive discharges to PH.

COC relationship with Veterans Justice organization VJO, to keep veterans out of prison.

New GECAC prison reentry program just began September of 2016.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

COC is working toward coordinated entry- after meeting with Allegheny County June of 2016 re HMIS and Coordinated Entry integration and enhance implementation.

COC continually discussing Housing First Principals/Barrier Free service provision, with HOME Team

Shelters and outreach workers are contacting VA when homeless veterans seek shelter or assistance.

SOAR Training to help providers identify eligibility will be scheduled in the fall of 2016.

VI-Spatat training was held for all Hud-funded homeless services staff in preparation for Coordinated Entry. Will need additional training as we move forward. Increase in RRH and PH capacity and decrease in transitional housing.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	1,193
Of the persons in the Universe above, how many of those exited to permanent destinations?	449
% Successful Exits	37.64%

3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	661
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	631
% Successful Retentions/Exits	95.46%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

First strategy is to wrap supportive services around people who are homeless. Ensuring that their connected to services such as Mental Health, Drug and alcohol services, Medical services. We have Peer support persons and mentors that assist participants in problem solving. Work with the landlords. Releases of information are signed and the landlords can notify provider if there are signs that a participant is experiencing problems, so provider can intervene so the person can remained housed. People are tracked in HMIS. HMIS is able to identify person returning to homelessness with 80% accuracy even if some of the identifying information changed. This rate of retrun is monitored and a goal was set to decrease by 50% by 2018.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

Primary resource for mainstream employment is centrally located downtown, close to many of the provider agencies & public transportation. The providers & applicant have a very good working relationship with Career Link, a workforce development agency. OVR is another resource used, to provide services for those w/ disabilities that need more intensive assistance with locating & maintaining employment/ supports Casemanagers are key in assessing the persons employment needs & referring them to proper resources; job training or education. If participants are eligible for benefits such as SSI/SSDI/VA CM's will assist with applying for these & other benefits or re-engaging lost benefits. Erie Co plans a Soar training in the Fall of 2016. Soar trained staff have dwindled due to persons leaving or changing jobs. We would expect to have at least one staff at each provider attend the training.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)**

Providers are engaging the services from the mainstream employments services Career Link, OVR and GECAC to assist homeless individuals and families by advocating for the homeless and engaging them in providing more intensive supports as they understand the stressors of being homeless. Provider agencies have developed relationships where some of the preliminary job search and preparation skills training is brought on-site for homeless individuals to take part in.. Providers offer jobs persons can gain some soft & hard skills at Thrift stores where participants may work to gain skills & income to make the next step to mainstream employment.

**3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

We did not attempt to exclude any area of the county. The majority of the homeless service providers are in the City. We have a few small providers in the more rural areas. This is not to say that persons do not experience homelessness in these areas. Those who are homeless tend to be in the City or nearby townships as far as areas where they congregate. Volunteers walk railroad tracks, that have seen camps and tent cities appear and disappear. We had leads from local law enforcement and mail carriers. We got leads from people we encountered to point us in the directions of where other people who are homeless may be. Our Home team based these decisions on 20 years of past experience and new information. Through the media people with also given a way to be county by cell phone if they did not want a face to face interview.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that No

there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

NA

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 07/26/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

na

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	31	11	-20
Sheltered Count of chronically homeless persons	31	11	-20
Unsheltered Count of chronically homeless persons	0	0	0

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)

NA

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	0	71	71

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

Four of the HUD projects designated their beds for chronically homeless.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? No

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of

**ending chronically homelessness by 2017?
(limit 1000 characters)**

We have reallocated projects that were lower performing and have moved to more closely align with the Housing First Model. We are planning to enhance HMIS and are have requested funds to set up a coordinated entry with Level of Care Assessment (Vi- Spadat). We have requested a planning grant to assist us with the enhancement, integration and development of the systems needed to more accurately determine the services needed by the homeless and the services we need to deploy in Erie County under all funding sources to get to the goal of ending chronic homelessness. We have requested TA to assist with making this shift, but it was approved when the COC competition opened and we were unable to have the TA until after the competition closes.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

Our COC uses ESG funds for rapid rehousing of families in 30 days or less. These funds are used for first month's rent and security, and short term rental assistance. Case management links families and children to appropriate services. Efforts are made to assist them with increasing their resources and income so they can manage the full rent, as soon as possible. We look to serve people in the community as are Public housing waiting lists are closed. We have been successful finding landlords who rent for below the fair market rent so that other resources can be used for persons with no disabilities. We attempt to transfer those who are eligible to subsidized programs as they open to free up spots in the family programs.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	2	2	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference

Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	121	120	-1
Sheltered Count of homeless households with children:	121	120	-1
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

NA

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	No

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	12	1	-11

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

We began overflow shelters and warming center in FY 14. We also have some shelter providers who reduced barriers allowing youth under 18 with children to enter the shelter.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
FY2016 CoC Application	Page 45	09/13/2016	

Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$0.00	\$0.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$0.00	\$0.00	\$0.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	4
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	0

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

Local and State education leaders are members of The HOME TEAM, and attend local meetings. The Home Team recently contracted with Alleghany IU # 3, to have obtain information about our homeless youth. Two meeting have occurred with Home Team members, local school liaisons and other community providers for youth from multiple disciplines. Work will follow based on the final data to plan for how youth homelessness will be addressed. Many systems currently address youth homelessness OCY, education, MH. Youth for HUD funded programs is 18-24. Schools are addressing Youth 18-21.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)

The policy of the COC is that any child of school age is required to attend school. Arrangements are place for transportation to pick children up at the ES and TH providers. We have a working relation with Early Intervention for children birth to 3 years old. The policy of the COC is that all children birth to 3 years old be referred to Early Intervention Services. Adult education opportunities are also reviewed and referrals can be made.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have

**any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

Yes at least one has and MOA With Early Connections. Providers who serve families/children have established relationships with all the areas schools homeless liaisons to ensure continuity of educational services for individuals and families, who become or remain homeless. The City of Erie's Homeless liaison is member of the COC and provides information to other school districts at there regular meeting. Most of our homeless providers are in the city, arrangements have been made through transportation agreements that children can be educated in their school of origin and PH will be sought in the area of origin. The homeless liaisons from the schools make referrals to the COC. All homeless service providers have contact information for all homeless liaisons in the education system. OCY acts as resource for the family to move to PH and is involved through the parents. OCY case manages the families that they are involved with and coordinates with the schools and the homeless providers.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	15	23	8
Sheltered count of homeless veterans:	15	22	7
Unsheltered count of homeless veterans:	0	1	1

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

in FY 15-16 we instituted a by-name list and more aggressive outreach including at the over-flow shelter. Home Team members were asked to make sure every client they worked with, was asked if the person or anyone in their family who is experiencing homelessness ever served in the US Armed Forces. Additionally, EUMA's Liberty House began working with the Veteran's Justice Outreach VJO and has been 85% of capacity from less than 50% capacity the prior year through increased outreach and recruitment from outside the county.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to

**appropriate resources such as HUD-VASH and SSVF.
 (limit 1000 characters)**

We have developed a good working relationship with the local VA to make eligibility determination for services. We have a local veteran's outreach center that assists with the veterans less than honorably discharged. The provide case management for these individuals when in the shelters and TH. Outreach has been done with the local VFW's for employment opportunities for veterans. Veterans have been prioritized for rental assistance and we work with out VA with HUD Vash. All COC agencies refer to the VA.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	6	23	283.33%
Unsheltered Count of homeless veterans:	0	1	0.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
 (limit 1000 characters)**

Agencies will continue to refer all veterans to the VA. If veterans are encountered in the field and automatic referral is made to the veteran's outreach team. Real time data is shared between the VA and HMIS. We will continue to meet with the VA to work toward this goal.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	15
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	15
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Casemanagers assist participants in completing application for benefits they may be eligible for Medicaid, Medicare of AC ACT options. (Soar training will be offered fall of 2016 to increase/renew soar trained CM's). We have options for persons to receive medical care/dental care for all homeless, prior to receiving benefits. Community Health Net, can automatically enroll person into Medicaid programs. St Paul's Free Clinic is free medical care for all who are homeless. St Vincent's hospital Free screening/assessment and TB testing. Lake Erie College of Osteopathic Medicine.- Interns provider screening assessment &

treatment for young teenage mothers & their children. Erie United Methodist Alliance moving toward integrated health care record with HMIS, exploring H2 concept, also has in-kind with Faith Community Nurses who provide services and supports to homeless persons either at EUMA or in the community.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	<input type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	13
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	1
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	8%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	12
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	12
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
--------------------------------	---

Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	2	2	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)

NA

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

NA

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?

No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

NA

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.

Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	2016 CoC Consolid...	09/12/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	2016 CoC Consolid...	09/12/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re...	09/12/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC's Rating and ...	09/12/2016
05. CoCs Process for Reallocating	Yes	CoCs Process for ...	09/12/2016
06. CoC's Governance Charter	Yes	CoC's Governance ...	09/12/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/12/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administrati...	09/12/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX-system Perfor...	09/12/2016
14. Other	No	ESG Policy	09/13/2016
15. Other	No	Safenet Letter	09/13/2016

Attachment Details

Document Description: 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants

Attachment Details

Document Description: 2016 CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoC's Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: CoCs Process for Reallocating

Attachment Details

Document Description: CoC's Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HDX-system Performance Measures

Attachment Details

Document Description: ESG Policy

Attachment Details

Document Description: Safenet Letter

Submission Summary

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

Page	Last Updated
1A. Identification	09/08/2016
1B. CoC Engagement	09/11/2016
1C. Coordination	09/12/2016
FY2016 CoC Application	Page 60
	09/13/2016

1D. CoC Discharge Planning	09/11/2016
1E. Coordinated Assessment	09/12/2016
1F. Project Review	09/13/2016
1G. Addressing Project Capacity	09/12/2016
2A. HMIS Implementation	09/11/2016
2B. HMIS Funding Sources	09/13/2016
2C. HMIS Beds	09/13/2016
2D. HMIS Data Quality	09/12/2016
2E. Sheltered PIT	09/13/2016
2F. Sheltered Data - Methods	09/12/2016
2G. Sheltered Data - Quality	09/11/2016
2H. Unsheltered PIT	09/13/2016
2I. Unsheltered Data - Methods	09/13/2016
2J. Unsheltered Data - Quality	09/13/2016
3A. System Performance	09/13/2016
3B. Objective 1	09/13/2016
3B. Objective 2	09/13/2016
3B. Objective 3	09/13/2016
4A. Benefits	09/13/2016
4B. Additional Policies	09/13/2016
4C. Attachments	09/13/2016
Submission Summary	No Input Required



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

August 30, 2016

Ms. Maureen Dunn
Erie DAWN, Inc.
2549 West 8th Street
Erie, PA 16505

Re: 2016 HUD Continuum of Care Competition

Dear Ms. Dunn:

We received many more requests this year for the 2016 U.S. Housing and Urban Development Continuum of Care Competition. The requests totaled over 2.9 million dollars and we had only 2.1 million dollars in available funds. The requests were all reviewed and ranked by the Ranking Committee on August 26, 2016. After the completion of the ranking and placing the projects by their score into the funding available, I am sorry to inform you that your Housing & Hope project was not ranked highly enough to be funded in this year's competition. I encourage you to consider other funding sources that might be available to sustain your work on behalf of Erie County's homeless individuals and families.

Sincerely,

Katherine Marinock
Program Specialist I
Erie County DHS
kmarinock@eriecountypa.gov

/ds



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

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

Kathy Dahlkemper
County Executive

John A. DiMatteo
DHS Director
MH/ID Administrator

August 30, 2016

Ms. Chris Tombaugh
Mercy Center for Women
1039 East 27th Street
Erie, PA 16504

Re: 2016 HUD Continuum of Care Competition

Dear Ms. Tombaugh:

We received many more requests this year for the 2016 U.S. Housing and Urban Development Continuum of Care Competition. The requests totaled over 2.9 million dollars and we had only 2.1 million dollars in available funds. The requests were all reviewed and ranked by the Ranking Committee on August 26, 2016. After the completion of the ranking and placing the projects by their score into the funding available, I am sorry to inform you that your Re-House project was not ranked highly enough to be funded in this year's competition. I encourage you to consider other funding sources that might be available to sustain your work on behalf of Erie County's homeless individuals and families.

Sincerely,

Katherine Marinock
Program Specialist 1
Erie County DHS
kmarinock@eriecountypa.gov

/ds



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

August 30, 2016

Ms. Colleen Hammon
Erie County Care Management
1601 Sassafras Street
Erie, PA 16502

Re: 2016 HUD Continuum of Care Competition

Dear Ms. Hammon:

We received many more requests this year for the 2016 U.S. Housing and Urban Development Continuum of Care Competition. The requests totaled over 2.9 million dollars and we had only 2.1 million dollars in available funds. The requests were all reviewed and ranked by the Ranking Committee on August 26, 2016. After the completion of the ranking and placing the projects by their score into the funding available, I am sorry to inform you that your Self Start IV project was not ranked highly enough to be funded in this year's competition. I encourage you to consider other funding sources that might be available to sustain your work on behalf of Erie County's homeless individuals and families.

Sincerely,

Katherine Marinock
Program Specialist 1
Erie County DHS
kmarinock@eriecountypa.gov

/ds

PROOF OF PUBLICATION
In
THE ERIE TIMES-NEWS
COMBINATION EDITION

ERIE COUNTY HUMAN SERVICES
154 W 9TH ST
ERIE PA 16501-1303

REFERENCE: 111908 213207
Legal Notice The Erie County Departm

STATE OF PENNSYLVANIA)
COUNTY OF ERIE) SS:

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

PUBLISHED ON: 07/15/16

TOTAL COST: \$109.50 AD SPACE: 25 Lines

FILED ON: 07/15/16

Legal Notice
The Erie County Department of Human Services, Office of Mental Health and Intellectual Disabilities (MH/ID) is soliciting project applications for the U.S. Department of Housing and Urban Development, Community Planning and Development for the 2016 Continuum of Care Program Competition. Projects applications are being solicited for Permanent Housing and Rapid Rehousing for people who are homeless. A copy of the Notice of Funding Availability (NOFA) can be obtained at the MH/ID Office, 154 W. 9th St., Fourth Floor, Erie PA 16501, beginning Friday, July 15, 2016 from 8:30 am to 5:00 pm. Project Applications must be submitted to Katherine Marinock at MH/ID by noon on Monday, August 15, 2016.
(7-213207-NT-15)

Sworn to and subscribed before me this 18th day of July, 2016

Affiant: Tom Mezler
NOTARY: Barbara J. Moore

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Barbara J. Moore, Notary Public
City of Erie, Erie County
My Commission Expires March 23, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Ranking of Erie County CoC Renewal Projects

Under 2016 HUD Continuum of Care process, Erie County Continuum of Care will be required to rank order all renewal projects. In order to rank all renewals in a fair and impartial manner using performance data as recommended by HUD. A 70 point evaluation system based upon performance and grant funding utilization was developed by the Continuum of Care Committee and approved by the HomeTeam Executive Committee August 18, 2016. The criteria for the ranking came from the program's last submitted APR to HUD in ESNAPS, the January 27, 2016 Point in Time and the amount of funding not utilized by the agency during the last APR period (FY 14-15). Overall score will equal 74 points maximum when project receives a perfect score for all performance benchmarks. The benchmarks that are established for the evaluation include the following:

Utilization of Beds on the Point in Time on January 27, 2016

Utilization of Units on the last Wednesday in January, April, July and October.

85% of the Consumers in Permanent Housing will stay at the end of the APR or exit to Permanent Housing

80% of the exiting Consumers in Transitional Housing will exit to Permanent Housing (Projects exceeding this HUD goal will receive more points.)

75% of the ADULT Consumers will maintain or increase income

20% of the ADULT Consumers will be employed

50% of the ADULT Consumers will receive one or more non-cash benefit

Section 1: Utilization of Beds and Units

Utilization of beds on the night of January 27, 2016 (MAX 5 Points)

Percentage	Points
85% and above	5
75% - 85%	4
60% - 74%	3
50% - 59%	2
25% - 49%	1
24% and below	0

Utilization rates of units on the last Wednesday in January, April, July and October. This information is reported on Question 11 of the last APR submitted to HUD in ESNAPS. (Each section can receive points- MAX 5 Points per quarter or 20 points overall)

Percentage	Points
85% and above	5
75% – 85%	4
60% - 74%	3
50% - 59%	2
25% - 49%	1
24% and below	0

Section 2: Housing Performance

Housing- Permanent and Transitional Housing goal: (MAX 5 Points plus 1 bonus) Projects will answer one of these two questions depending upon whether they are a Permanent Housing or a Transitional Housing program. Projects can receive a bonus point if they are high performing. (APR Question 36.)

- a. Consumers remaining in Permanent Supportive Housing program or exiting to Permanent Housing must meet at least 85% performance measure in order to receive the full 5 points. Projects with 90% or more performance can receive a bonus point or 6 points.

Percentage	Points
90% and above	5 + 1 Bonus
85% - 89%	5
80% – 84%	4
70% - 79%	3
50% - 69%	2
25% - 49%	1
24% and below	0

- a. Consumers in Transitional Housing exiting to Permanent Housing must meet at least 85% performance measure in order to receive the full 5 points. Projects with 90% or more performance can receive a bonus point or 6 points. (APR Question 36)

Percentage	Points
90% and above	5 + 1 Bonus
85% - 89%	5
80% – 84%	4
70% - 79%	3
50% - 69%	2
25% - 49%	1
24% and below	0

Section 3: Income, Employment and Non Cash Benefits

Income (MAX 5 Points + 1 Bonus) Consumer’s income remains the same or increases either by employment or other cash benefits. Projects with 80% or more performance can receive a bonus point or 6 points. This information for Transitional Housing project is reported in Question 24 b3. For Permanent Housing this information is reported in Question 36.

Percentage	Points
80% and above	5 + 1 bonus
75% – 79%	5
60% - 74%	3
50% - 59%	2
25% - 49%	1
24% and below	0

Employment (MAX 5 Points plus 1 Bonus). Projects with 40% or more performance can receive a bonus point or 6 points. This information is reported in question 36 or question 24 depending upon project type.

Percentage	Points
40% or more employed	5+1 bonus
20% -39% employed	5
11%-19% employed	4
6% - 10% employed	3
1%-5% employed	1-2
0	0

Non Cash Benefits (MAX 5 Points) Consumer has at least one or more non-cash benefits. Projects with 85% or more performance can receive a bonus point or 6 points. (APR Question 37)

Percentage	Points
85% or more have non-cash benefits	5+1 Bonus
75% -84% have non-cash benefits	5
65% - 74% have non-cash benefits	4
50% - 64% have non-cash benefits	3
25% - 49% have non-cash benefits	1-2
24% and below have non-cash benefits	0

Section 4: Data Quality

Data Quality is the number of Missing Data Elements on an APR (Question 7).

Percentage	Points
No data elements missing	5
All missing data elements are under 5% or less of the number of total missing or don't know or refused	4
One or more data elements are over 5% but less than 10%	3
One or more data elements are over 10% but less than 25%	2
One or more data elements are missing or don't know or refused over 25%	0-1

Section 5: Budget

1. Amount of Funds under-utilized by grant during program year reported on final APR.

0-2% return of funds	5
3-4% return of funds	4
5-8 % return of funds	3
9-10% return of funds	2
11-13% return of funds	1
>13% return of funds	0

2. Billings were received on time with appropriate and correct support documentation.

All billings were submitted correctly and with support documentation	5
2-3 billings were submitted late and/or required minor documentation adjustments	4
4-6 billings were submitted late and/or required documentation changes	3
Over 6 billings were submitted late and/or required major documentation	2-1
All billings were late and/or incorrect requiring major changes and adjustments	0

Section 6: Program Specific Measures

There are two program specific measures that each project should answer. A Permanent Housing program should answer the Permanent Housing question only. The Transitional Housing Program should answer the Transitional Housing question only. If a project answers both questions, they should be given zero points since they did not follow instructions. Safe Haven Programs are the exception since they are technically neither PH nor TH; however, they could answer either question but **NOT BOTH**.

- a. Permanent Housing: This question applies only to Permanent Housing programs. Chronic Homeless Points (Max. 5 points): Points may be awarded to agencies who dedicated all or a portion of their beds to Chronic Homeless. An existing 100% chronic homeless program can be awarded a maximum 5 points. If a project shifted a portion of their overall bed capacity to serving chronic homeless in HUD 2015 application, they may be awarded a portion of the points. A project in 2016, which is new to prioritizing chronic homeless but did not serve them previously, could be awarded a portion of the chronic homeless points. The chronic homeless question is found on Section 6 of the Performance Benchmark Report. (See scale below)

100% dedicated to serving Chronic Homeless	5
Project committed to prioritizing a portion of their beds to chronic homeless in 2015; will commit more turnover beds in 2016	4
Project committed to prioritizing a portion of their beds to chronic homeless in 2015 and the same number of turnover beds will remain for chronic homeless	3
Project is just committing to prioritizing turnover beds to chronic homeless in 2016	2
Project is not prioritizing any turnover beds for chronic homeless previously, currently or in the HUD 2016 application.	0

- b. Transitional Housing: This question applies only to Transitional Housing projects. One of the priorities of the HEARTH Act is to reduce the length of time an individual or family remains homeless in a Transitional Housing Program. For this question, the Length of Stay for a project will be reported from the median length of stay of persons exiting on their last HUD ESNAPS submitted APR. (Question 27)

0 to 90 days	5
91- 180 days	4
181-365 days	3
366 – 546 days	2
547 or more	0 - 1

Section 7: Program Response to Performance Measures: Projects are encouraged to provide responses to Section 7. The overall scoring will utilize data to evaluate performance of each program.

Bonus Points: Permanent Housing Projects may receive either 5 or 0 Bonus Points in response to the Housing First questions. Program must include information that they do not have these barriers. If not all the information is listed is available, then no points can be awarded.

Core Elements:

- Admission/tenant screening and selection practices affirm the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of "housing readiness."
- Housing accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness.
- Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy. Rapid re-housing programs may require case management as condition of receiving rental assistance.
- Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

**ERIE County Department of Human Services
HUD 2016 Renewal Application
Performance Outcomes**

Agency: _____
Project Name: _____

Total Grant Award		Program had no exits	
Type of Program		New Program	
No. of Units		Program was closed for renovations	
No. of Beds			
APR PERIOD:			
Persons Served in APR Adults and Children (APR Q 7)		Total Persons Staying(APR Q 22b2)	
Total Persons Exiting (APR Q 22a2)		Total Adults Staying(APR Q 22b2)	
Total Adults Exiting (APR Q 22a2)			

Section 1 to 5 is performance information on the specific program listed above. All data for performance measures were taken from the project's last ESNAPS HUD submitted APR and the 2016 Point in Time.

Section 1: Utilization

Utilization Performance

BED Utilization on Point in Time January 27, 2016	
January Utilization of Units- APR Q 11	
April Utilization of Units-APR Q 11	
July Utilization of Units-APR Q 11	
October Utilization of Units-APR Q 11	

Section2: Housing Performance

Permanent Supportive Housing: 85% Consumers remaining in PSH or exiting to any HUD-defined permanent housing option (APR Q 36a Measure 1)

Transitional Housing: 80% Consumers exiting to any HUD-defined permanent housing option (APR Q 36b Measure 1)

Housing Performance/ Number of Consumers	Percentage
	#DIV/0!
	#DIV/0!

Section 3: Income, Employment & Non Cash Benefits

Adult consumers who maintain or increase income from all sources (APR Q 25)

20% of the adult consumers are employed during program APR. (APR Q 36a Measure 3 for PSH or APR Q 36b Measure 3 for TH)

50% or more Adult Consumers who received non-cash benefits during program year APR Q 26 or new performance measure Q 37)

Income, Employment & Non Cash Benefits	% of Consumer
	#DIV/0!
	#DIV/0!
	#DIV/0!

Section 4: Data Quality

Program had no data quality missing values

Program had the following number of data quality items missing from record or don't know answers:

Data Quality Category	No. of Persons Missing	%
Social Security Number		#DIV/0!
Ethnicity		#DIV/0!
Race		#DIV/0!
Veteran Status at entry		#DIV/0!
Disabling Condition		#DIV/0!
Income at entry		#DIV/0!
Income at exit		#DIV/0!
Non cash at entry		#DIV/0!
Non cash at exit		#DIV/0!
Chronic Health Condition		#DIV/0!
Residence Prior to Entry		#DIV/0!
Physical Disability		#DIV/0!
Developmental Disability (at entry)		#DIV/0!
HIV/AIDS (at entry)		#DIV/0!
Mental Health (at entry)		#DIV/0!
Substance Abuse (at entry)		#DIV/0!
Domestic Violence (at entry)		#DIV/0!
Destination (at exit)		#DIV/0!

Section 5: Budget

Amount of Funds Agency returned at end of grant term/% should be less than 2% of funds

2. Billings were received on time with appropriate and correct support documentation (Specific number of months billings were timely and correct meeting HUD standards.)

	Percentage
	#DIV/0!
	0%

Section 6: Program Specific Measure. Program Specific Measures are divided into Permanent Supportive Housing and Transitional Housing Program. Please respond to the specific program that applies specifically to your program over a 12 month period.

a. Permanent Supportive Housing Program Chronic Homeless

What is the estimated number of turnover beds this project will have in FY 2016-17 for their Permanent Housing Program?		
Does this program currently serve 100% chronic homeless? (If yes, do not answer the next two questions for Chronic Homeless below.)	YES	NO
	No. of Beds	% of Beds
In the HUD 2015 Application, how many turnover beds were prioritized for chronic homeless beds?		#DIV/0!
In the HUD 2016 Application, how many turnover beds does the project plan to prioritize for chronic homeless persons?		#DIV/0!

b. Transitional Housing Program is allowable for up to a 24 month period. One of the priorities of the HEARTH Act is to reduce the length of time an individual or family remains homeless. HUD would like all transitional housing programs to reduce the length of time an individual or family may remain in transitional housing. As a part of the 2016 Transitional Housing Application the median length of participation in days (Q27) for leavers is listed below. Projects will receive a score by each evaluator based upon the median length of stay for LEAVERS submitted on question 27 in their last submitted APR to HUD.

Leavers Median Length of Stay

Does the project plan to shorten the median length of stay in FY 2016-2017?

YES NO

Please explain strategy for either yes or no answer.

Erie County New Project Review Tool 2016

- 1) Provider is requesting a HUD priority service- PH PSH or RRh- (Rapid Rehousing). **YES = 10 pts.**
No =0 pts.

Permanent Housing (PH),

Permanent Supportive Housing (PSH)

Rental assistance programs

(See 24 CFR 578.37 Sub part D for more information on the above services)

- 2) Provider is serving HUD priority group- **YES = 10 pts. No =0 pts.**

Chronically Homeless

Homeless Families

Homeless Youth ages 18-24

Homeless Veterans

- 3) Provider uses the housing first model- **YES = 10 pts. No =0 pts.**

Housing First A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing over other services participation, such as referrals to treatment, case management, or substance abuse treatment. The goal of housing first is to provide stable housing for the most vulnerable populations, such as those with mental illness, substance use disorders, or histories of homelessness. The model is based on the principle that housing is a basic human need and that it is essential for the well-being of individuals and communities. The model is based on the principle that housing is a basic human need and that it is essential for the well-being of individuals and communities. The model is based on the principle that housing is a basic human need and that it is essential for the well-being of individuals and communities.

- 4) Provider is barrier free-does not place restrictions on accessing the service - **YES = 10 pts. No =0 pts.**

Barrier free - The provider does not place any restrictions on accessing the service. The provider does not place any restrictions on accessing the service. The provider does not place any restrictions on accessing the service. The provider does not place any restrictions on accessing the service. The provider does not place any restrictions on accessing the service.

- 5) Provider has previous HUD grant experience **YES = 5pts NO = 0 pts**
6) Provider submitted all billing on time- **YES = 5pts NO = 0 pts**

- 7) Project cost effectiveness based on HUD funds requested/ person = per person rate proposed. 10 pts cost under \$8000 per person. 5 pts cost \$8001-\$10,000 per person 0 pts cost exceeds \$10,000 per person (*Note for Transitional Housing-length of stay up to 24 mos effects the cost)
- 8) Provider is prioritizing the chronically homeless- **YES = 10 pts. No =0 pts.**

Four bonus points will be awarded if the request has points for each section. (There should be zero No answers.)

#	Question:	Answer:	Points:
1	Provider is requesting a HUD priority service- PH PSH or RRh- YES = 10 pts. No =0 pts.		
2	Provider is serving HUD priority group- YES = 10 pts. No =0 pts.		
3	Provider uses the housing first model- YES = 10 pts. No =0 pts.		
4	Provider is barrier free-does not place restrictions on accessing the service- YES = 10 pts. No =0 pts.		
5	Provider has previous HUD grant experience – YES = 5pts NO = 0 pts		
6	Provider submitted all billing on time- YES = 5pts NO = 0 pts		
7	Project cost effectiveness based on HUD requested/ person = per person rate and length of stay proposed.- 10 pts cost under \$8000 per person. 5 pts cost \$8001-\$10,000 per person 0 pts cost exceeds \$10,000 per person		
8	Provider is prioritizing the chronically homeless- YES = 10 pts. No =0 pts.		
	Bonus Points: (4 bonus points if the request has all non-zero answers)		
	Total Points (out of a possible 70)* Max 74 with the bonus		

Homeless resources for Erie County, PA

HOME ABOUT US MEMBERSHIP GETHELP CALENDAR RESOURCES CONTACT

Resources

RESOURCES

2016 HUD Continuum of Care Ranking Tools

Instructions for Scoring Process for Renewals rev 2016 (1)

Renewal Project Application Scoring tool 2016 (1)

Blank Renewal Performance Sheet 2016 (4)

Erie County New Project Review Tool 2016 rev 3 (1) (1)

2016 Process for Reallocation Continuum of Care Competition

Erie County PA Reallocation plan Aug 16-2

2016 Single Point in Time Survey of the Homeless Population in Erie County

2016_SPIT_Final_Report

2015 Erie County Continuum of Care Application and Priority Listing

CoC Application 2015 Final (1)

Priority Listing 2015 Final

DRAFT 2015 Erie County Continuum of Care Application

2015 Draft CoC

2015 HUD Scoring Rank

2015 HUD CoC Summary

RATING SCALE FOR PROPOSAL EVALUATION 2015

2013 Annual Homeless Assessment Reports

Reports_DataSummary 2013 All

Reports_LocalReports 2013 All

Reports_DataSummary 2013 Veterans

Reports_LocalReports 2013 Veterans

2014 Single Point in Time Survey of the Homeless Population in Erie County

2014 SPIT JHM Final

Ending Youth Homelessness – Preliminary Intervention Model Webinar

Tuesday, March 18 at 3:30pm EST.

Ending youth homelessness requires partnership and coordinated efforts in communities and at every level of government. USICH's **Federal Framework to End Youth Homelessness** is a resource text for dialogue and action toward ending youth homelessness together.

The framework includes a Preliminary Intervention Model, designed to help communities identify the systems and capacity necessary to meet the needs of all youth experiencing homelessness. Learn more about the intervention model and how we can work together to end youth homelessness. For more information on this webinar, click [here](#).

Register Here

2013 Continuum of Care Consolidated Application

2013 Priority List Final

2013CoCFinal

2013 Continuum of Care Priority List

HUD Priority Ranking Meeting 1.7.14

The Service Prioritization Decision Assistance Tool

SPDAT uses the best available evidence to examine the components of a person or family's life that are most likely to result in housing instability.

FAQ _ OrgCode Consulting (1)

Erie County PA

Process for Reallocation Continuum of Care Competition 2016

Erie County must reallocate HUD funds from Support services only (SSO) and Transitional Housing (TH) projects in order to align with HUD's priorities of Rapid Rehousing and move toward the Housing First Model of serving individuals who are experiencing homelessness. Equally as important to accomplish this goal, we are requesting HMIS and Coordinated Entry funds to enhance our system of access to services for those who are experiencing homelessness. We plan to provide alternate housing options at or above the level of the TH housing opportunities through permanent housing, permanent supportive housing and rapid rehousing options. Expected reallocation of projects is at minimum 20% of the 2016 award and maximum of 45% or the annual renewal demand.

The County has reviewed all the documentation and information available; 2016 NOFA, 24CFR 578 (Interim Rule), information on Rapid Rehousing and the Housing first model. We have reviewed data and information from HUD on the performance and cost effectiveness of TH projects in relation to Rapidly Rehousing (RRH) individuals experiencing homelessness. We have begun to review and assess, through our HMIS data and available resources across our continuum of care, in an attempt to network the systems of care to be better informed about the amount and type of service that is needed in Erie County to move toward HUD's goal of ending homelessness by 2020.

We requested HUD technical assistance to ensure that we were taking actions appropriately, in response to the paradigm shift that needs to occur in both the access to and the types of service and delivery of the services, provided to those experiencing homelessness. We were approved for technical assistance, however were unable to receive this assistance until the completion of the 2016 Continuum of care competition.

1740
8/15/16

Golden
Director

Section 2. Powers

- (a) General Rule: Unless otherwise provided by statute, all powers vested by law in the corporation shall be exercised by or under the authority of, and the business and affairs of the Home Team shall be managed under the direction of, the Board of Directors.
- (b) Standard of Care; Justifiable Reliance: A director shall stand in a fiduciary relation to the corporation and shall perform his or her duties as a director, including duties as a member of any Committee of the Board upon which the director may serve, in good faith, in a manner the director reasonably believes to be in the best interests of the corporation and with such care, including reasonable inquiry, skill and diligence, as a person of ordinary prudence would use under similar circumstances. In performing his or her duties, a director shall be entitled to rely in good faith on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by any of the following:
- (1) One or more representative of local, state, or federal government whom the director reasonably believes to be reliable and competent in the matters presented.
 - (2) Counsel, public accountants or other persons as to matters which the director reasonably believes to be within the professional or expert competence of such person.
 - (3) A Committee of the Board upon which the director does not serve, duly designated in accordance with law, as to matters within its designated authority, which committee the director reasonably believes to merit confidence.
- A director shall not be considered to be acting in good faith if the director has knowledge concerning the matter in question that would cause his or her reliance to be unwarranted.
- (c) Consideration of Factors: In discharging the duties of their respective positions, the Board of Directors, Committees of the Board and individual directors may, in considering the best interests of the Home Team, consider the effects of any

action upon employees, upon suppliers and customers of the Home Team and upon communities in which offices or other establishments of the Home Team are located, and all other pertinent factors. The consideration of those factors shall not constitute a violation of subsection (b).

(d) Presumption: Absent breach of fiduciary duty, lack of good faith or self-dealing, actions taken as a director or any failure to take any action shall be presumed to be in the best interests of the corporation.

(e) Personal Liability of Directors

(1) A director shall not be personally liable, as such, for monetary damages for any action taken, or any failure to take any action, unless:

(i) the director has breached or failed to perform the duties of his or her office under this section; and

(ii) the breach or failure to perform constitutes self-dealing, willful misconduct or recklessness.

(2) The provisions of paragraph (1) shall not apply to the responsibility or liability of a director pursuant to any criminal statute, or the liability of a director for the payment of taxes pursuant to local, State or Federal law.

(f) Notation of dissent: A director who is present at a meeting of the Board of Directors, or of a Committee of the Board, at which action on any Home Team matter is taken shall be presumed to have assented to the action taken unless his or her dissent is entered in the minutes of the meeting or unless the director files a written dissent to the action with the Secretary of the meeting before the adjournment thereof or transmits the dissent in writing to the Secretary of the corporation immediately after the adjournment of the meeting. The right to dissent shall not apply to a director who voted in favor of the action. Nothing in this section shall bar a director from asserting that minutes of the meeting incorrectly omitted his or her dissent if, promptly upon receipt of a copy of such minutes, the director notifies the Secretary, in writing, of the asserted omission or inaccuracy.

Section 3. Number and Election: The Board of Directors shall consist of a minimum of twenty-two (22) and a maximum of thirty-five (35) persons. The Board should be representative

of a cross section of the community. The Board shall include representation from all agency HUD grantees, member(s) to be selected for nomination by those grantees with the names being forwarded to the Membership Committee. Board members shall be elected at a meeting at which quorum is present and hold office for three (3) years or until their successors shall be elected. A Board member may serve a section three (3) year term if requested by the Board. After a second term, the Board member will rotate off the Board for a minimum of one (1) year.

Section 4. Vacancies: Vacancies to the Board shall be filled by a majority vote of the membership present and voting at any Board meeting based on the recommendations of the Resource and Planning Committee.

Section 5. Removal: Any member of the Board absent from 50% of the regular meetings of the Board during the span of a fiscal year shall be deemed to have resigned from the Board and shall be so notified in writing, unless a special recommendation is made to the Board of Directors by the Committee he/she is on.

Section 6. Meetings: Meetings of the Board of Directors shall be held at the time and place designated by the Chairperson of the Board. Regular meetings of the Board shall be held bi-monthly.

Section 7. Annual Meeting: Meetings of the Board of Directors shall be held in January of each year, or on another date as determined by the Board, and at such times and place as determined by the Board.

Section 8. Meeting Notice: Notice of all regular meetings shall be made at least five (5) days prior to the meeting. Special meetings may be called by the Chairperson or Vice-Chairperson on two (2) days notice to each Director. The Chairperson shall call special meetings as deemed necessary, or by written request of at least three (3) members providing such request shall state the purpose of such special meeting.

Section 9. Quorum: At all meetings of the Board a majority of the total number of Directors then in office shall constitute a quorum for the transaction of business. A simple majority of those present and voting shall be required to pass any motion or resolution. If a quorum shall not be present the Directors present may recess the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present.

Section 10. Roberts Rules of Order Revised shall govern the proceedings of all meetings of the agency, except as provided in these by-laws.

ARTICLE IV

OFFICERS

Section 1. Election: The officers of the Home Team shall be elected at the end of the calendar year (December) and shall serve for a term of one (1) year and until their successors are elected. The officers shall be the Chairperson, Vice-Chairperson, Immediate Past Chairperson, Secretary, Treasurer and Chairpersons of the Committees. Vacancies will be filled by a majority vote of the Board. The Immediate Past Chairperson has the option to remain, at the discretion of the Board, as an officer for a maximum of one (1) year. In addition to the above, the City of Erie and the County of Erie will be considered as standing members of the officers. The above shall be considered the Executive Committee.

Section 2. Duties:

- (a) The Chairperson shall preside at all meetings of the Board; appoint all committees with the approval of the Board; serve as an ex-officio member of all committees; submit a report of the operations of the Home Team to the Board at the annual meetings; and, from time to time, shall report to the Board on all matters that may affect the Home Team.
- (b) The Vice-Chairperson shall be vested with all powers and shall perform all of the duties of the Chairperson during the absence of the latter, and shall have such other duties as the Board may from time to time determine.
- (c) The Secretary shall keep the minutes of the Board of Directors and shall give, or cause to be given, nature of all meetings of the Board and shall perform all other usual duties of that office and such additional duties as prescribed by the Board.
- (d) The Treasurer shall report on such fiscal matters as the Board may request from time to time, and shall perform all other acts incident to the position of the Treasurer, subject to control of the Board

ARTICLE V

COMMITTEES

Section 1. The Membership Committee shall recommend annually, chairpersons who are also Directors, to the following standing committees, of each of which he/she shall be an ex-officio member. The Chairperson may also recommend such ad hoc committees as shall from time to

time be desirable and necessary. The Board shall confirm these appointments. Committee quorum shall be those members in attendance.

Section 2. Assessment Committee: The Committee is responsible for the review of the audit; review of agency policies; review of agency programs and the review of Board efficiency and effectiveness.

Section 3. Resource and Planning Committee: The Committee is responsible for the review of the agency's strategy in relation to the environment and the funding for this strategy, the development of the agency's yearly and three year goals, the review of the agency annual budget and investments, and the promotion of the fund raising activities of the agency, and promotion and selection of new members.

ARTICLE VI AMENDMENTS

Section 1. The Board of Directors may make, alter, amend and repeal the by-laws of the agency at any meeting of the Board, provided that they be advised of such proposal in the written notice of the meeting, which shall be sent to each member not less than two (2) weeks before the meeting.

**ERIE COUNTY CONTINUUM OF CARE
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) CHARTER
POLICY AND PROCEDURE MANUAL**

This document outlines the Charter between the Erie County Continuum of Care (ECCoC) and the Erie County PA Homeless Management Information (HMIS-Erie) System. The HMIS-Erie Policy and Procedure Manual is also included here, which identifies roles and local procedures for operating HMIS-Erie. Specific expectations regarding the use of the system and procedures that will be followed are documented here.

SECTION 1: Governance Charter and Federal Operating Procedures

This HMIS Governance Charter follows the policies and procedures outlined in the Department of Housing and Urban Development (HUD) Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Proposed Rule for HMIS Requirements and 2014 HMIS Data and Technical Standards in administering the HMIS-Erie system.

SECTION 2: Contractual Requirements and Roles

ECCoC Contract Requirements: ECCoC Lead and HMIS-Erie Lead agree to work closely together to ensure adherence to this HMIS Governance Charter and all Policies and Procedures defined here. Erie United Methodist Alliance, in its role as the HMIS Lead Agency for Erie County Department of Human Services office of MH/MR (ECDHSMH/MR), agrees to provide the necessary equipment and staff to operate and maintain the centralized HMIS database site. This includes required licenses for software¹ and direct training and technical assistance to sites who serve persons experiencing homelessness. This applies to all Contributory HMIS Organizations (CHO) that ECCoC is currently funded to serve.

ECCoC New Sites Requirements: All Federal Partners and private agencies serving persons experiencing homelessness are also encouraged to be part of the HMIS-Erie system and will receive the same level of support. Any CHO that ECCoC does not receive alternate funding for and yet does want to participate in HMIS must assume the costs of requisite licenses and cost share of central resources.

HMIS-Erie Server Management: Management of an HMIS requires several divergent skill sets. The HMIS-Erie project has identified the following roles to provide the best, most efficient service to our stakeholders:

- Project Manager
- Requirement Analyst
- Technical Support Specialist
- Trainer
- Application Administrator

The project also designates the roles of every participating user in order to prevent any confusion around responsibilities and privileges. Each role must be filled in order for the Agency to begin working with the project: Participating Agency Administrator and/or Executive Director, and User(s).

¹ Due to budget constraints, CHO's will be limited to a maximum of two user licenses per organization. Exceptions will be made as necessary based on demonstrated need. Any CHO wishing to purchase additional user licenses may contact the HMIS-Erie Administrator.

SECTION 3: Participation Requirements

Participation Requirements: For the most efficient utilization of the services provided by HMIS Lead, several steps must be completed at the Agency level before implementation can begin. Steps include:

- High Speed Internet Connectivity (DSL or Broadband)
- Signed Participation Agreement contract
- Establishing client consent procedures and interview protocols

Central Server Requirements: This section covers the equipment, staffing, and procedures that the HMIS Lead staff is responsible for. Focused on security, the areas are:

- Hardware Physical Security
- Software Security
- Network security
- Client database security

Implementation Requirements: Agencies must generate documents that cover each of the following areas in order for implementation to begin.

- **Participation Agreement:** Each participating Agency must agree to the requirements set forth in the Participation Agreement, which must be signed by a duly authorized Agency representative and returned to the Agency's HMIS Lead. Each Agency must complete the Provider Form.
- **Privacy Notice to Consumers:** Each participating Agency must use a Privacy Notice. HMIS Lead will provide an HMIS Privacy Notice to each participating Agency for each Agency to adapt to their needs. Each participating Agency must provide a copy of the adapted Privacy Notice to ECDHSMH/ MR. If the participating Agency is a HIPAA covered entity, the Agency may continue to use its' own Privacy Notice; However, ECDHSMH/ MR must have copy of it on file.
- **Privacy Posting:** Each participating Agency must post the Privacy Summary in a conspicuous place at each Provider site. ECDHSMH/ MR will provide the Privacy Summary, which is a summary of the Privacy Notice.
- **Data Collection Commitment:** Participation in the HMIS-Erie project requires that all participating Providers collect minimum universal and program specific data elements on all consenting clients.
- **Information Security Protocols:** Internal policies must be developed at each site to establish a process for the violation of any of ECDHSMH/MR information security protocols.
- **Implementation Connectivity:** Once implementation has begun, each site agrees to maintain connectivity in order to continue project participation.
- **Maintenance of Onsite Computer Equipment:** Each Agency agrees to maintain its computer equipment in order to continue project participation.
- **Policy Update Schedule:** HMIS Lead will provide the HMIS Policy and Procedures Manual to each participating Agency. This manual will be updated periodically.

SECTION 4: Training

HMIS Application Training: HMIS Lead provides ongoing training on all relevant aspects of system operation for the duration of the project. Training modules are developed based on skill level and type of access to the system. Each user of the system is required to complete the application training, as

well as HIPAA training, in order to begin using the system. Annual training will include critical areas such as security and data quality, in addition to program data entry and workflows.

HIPAA Training: Each participating Agency is responsible for scheduling and participating in HIPAA training and certifying that their users are trained. A HIPAA training verification will be required for all new users at the time they attend the HMIS Application training or within 90 days of onsite training.

Scheduled Training Delivery: HMIS Lead provides group user training annually while individual user training will be scheduled on an as needed basis.

HMIS Training Materials: All training documentation will be available on the HMIS page of the HMIS Lead's website, found at euma-erie.org/hmis.

HIPAA Training Materials: For HIPAA training and materials, contact Robin Dowling or current HIPAA contact at Stairways Behavioral Health 814-878-2177.

SECTION 5: User, Location, Physical and Data Access

Access Privileges to System Software: Access to system resources will only be granted to Agency staff that need access in order to perform their job. Users must complete the HMIS User Agreement form in order to request access privileges. All applicable licensing restrictions apply.

Access Levels for System Users: Each user of the system will be assigned an account that grants access to specific system resources that they require. A model of least privilege is used; No user will be granted more than the least amount of privilege needed to perform his/her job.

System Access Deactivation: Participating Agency duly authorized Agency representative will complete the HMIS User Deactivation form within one business day when there is a change in a user's job role or the user is no longer employed by the Agency.

Access to Data: All data collected by the HMIS-Erie project is categorized. Access to datasets, types of data, and all HMIS-Erie data releases is governed by policies developed by the HMIS Project Team.

Access to Client Paper Records: All users of the system must not have greater access to client information through the system than is accessible in the agencies paper files.

Physical Access Control: All equipment or media containing HMIS-Erie data must be physically controlled at the Agency site. Protections and destruction policies vary depending on the type of data and media.

Logical Access: Access to system resources must be limited to authorized users for authorized transactions.

Unique User ID and Password: Each user of the system must be individually and uniquely identified. Identification will be verified through a password.

Right to Deny User and Participating Agencies' Access: HMIS Lead retains the right to suspend or revoke the access of any Agency or individual to the system for consistent or egregious violation of ECCoC policies.

Data Access Control: Access to the system must be audited. All audits may be reviewed regularly.

Auditing - Monitoring, Violations and Exceptions: HMIS Lead considers any exception to stated DTS Computer Security Guideline policies a violation of those policies that must be investigated.

Auditing – Data Logs: HMIS Lead will maintain logs of all actions taken by users. Logs may include operating system logs, database, and firewall logs. All logs may be reviewed regularly.

Data Assessment and Access: All data associated with the HMIS-Erie project is categorized. Access to data is restricted based on the content of the data. Reproduction, distribution, and destruction of data are based on the content of the data.

Data Integrity Controls: Access to the production data is restricted to authorized users only. Each user that has access to production data is contracted to not falsely alter or impact data in any way. If the Agency receives information that necessitates a client's information be entirely removed from the HMIS, the Agency will complete the Client Delete Request form.

Local Data Storage: If agencies choose to store local copies of data they are required to develop policies and procedures on how data is generated, stored, and destroyed.

Transmission of Client Level Data: All authorized users agree to transmit any client level data securely.

Data Accuracy: There are many aspects to data quality, such as validity, completeness, consistency, coverage, accuracy, and timeliness. Each of these aspects is defined in detail in the HMIS Data Quality Standards.

SECTION 6: Technical Support and System Availability

Planned Technical Support: HMIS Lead offers technical support to all participating agencies. Support services include training, implementation support, report writing support, and process troubleshooting. Participating Agency Technical Service Request: Service requests from participating agencies may originate from any authorized user either by contacting the HMIS Administrator or sending a request to the HMIS email account (hmis@euma-erie.org).

Availability – Hours of System Operation: The system is available to users 24 hours a day, except during routine system maintenance, scheduled system upgrades, and unexpected system failures.

Availability – HMISErie: HMIS Lead staff are available from 8:00 AM to 4:00 PM on Monday to Friday (with the exclusion of holidays) to respond to service requests.

Availability – Planned Interruption to Service: Participating agencies will be notified of planned interruptions to service one week prior to the interruption.

Availability –Unplanned Interruption to Service: In the event of an unplanned interruption to service HMIS Lead staff will immediately notify all authorized users ASAP after system failure.

SECTION 7: Stages of Implementation

Implementation – Stage 1: Startup and Initial Training: Implementation begins with stage 1. To enter stage 1 an Agency must complete all requisite paperwork and have user accounts created on the system.

Implementation – Stage 2: Data Entry Begins: To enter stage 2 an Agency must begin entering data on their client population.

SECTION 8: Stages of Completion

One week prior to an Agency and/or Provider contract termination, the HMIS Administrator will notify the Agency and/or Provider to exit all clients from the HMIS application. Upon the first business day of the contract termination, the HMIS Administrator will deactivate all user accounts associated with the Agency and/or Provider.

SECTION 9: Encryption Management

Encryption General: All potentially identifying information is encrypted in the database. Encryption prevents unauthorized personnel from accessing confidential information for any reason.

SECTION 10: Data Release Protocols

Data Release Authorization and Distribution: ECCoC does release data in the process of generating reports. ECCoC will only release de-identified aggregate data.

Right to Deny Access to Client Identified Information: ECCoC does not release client identified information to any third party. Court orders for information will be forwarded to the ECDHSMH/ MR Housing Specialist for review. Pursuant to policy no release will occur unless the party obtains the written release of every client within the database prior to receiving the database.

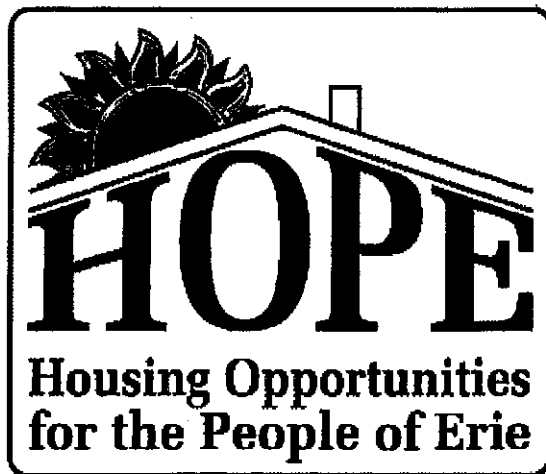
Right to Deny Access to Aggregate Information: HMIS Lead retains the right to deny access to aggregate level data. Pursuant to policy any interested party must submit a request for data to the HMIS Project Team. All requests are reviewed by the HMIS Project Team.



ECCoC Lead Signature



Date



**HOUSING AUTHORITY OF
THE CITY OF ERIE**

**Section 8
Housing Choice Voucher Program
Administrative Plan**

December 23, 2013



TABLE OF CONTENTS

<u>Chapter</u>	<u>Page</u>
1. PROGRAM APPROACH AND OBJECTIVES.....	1-1
A. PURPOSE OF THE ADMINISTRATIVE PLAN.....	1-1
B. OVERALL PROGRAM OBJECTIVES.....	1-1
C. STAFFING AND ADMINISTRATIVE RESPONSIBILITY.....	1-1
D. OUTREACH INITIATIVES.....	1-2
E. ELIGIBLE TYPES OF HOUSING.....	1-3
F. REGULATIONS GOVERNING THE PROGRAM.....	1-3
G. EQUAL OPPORTUNITY REQUIREMENTS.....	1-3
H. PRIVACY STATEMENT.....	1-5
2. ELIGIBILITY AND ADMISSION.....	2-1
A. APPLICANT ELIGIBILITY.....	2-1
B. APPLICATION PROCESS.....	2-6
C. WAITING LIST.....	2-7
D. SELECTION.....	2-9
E. TARGETING AND PREFERENCES.....	2-10
F. PREFERENCE DENIAL.....	2-10
G. SPECIAL ADMISSIONS (NON-WAITING LIST SELECTION).....	2-11
H. REQUIREMENT TO ATTEND SCHEDULED MEETING.....	2-11
3. VERIFICATION, INCOME AND DETERMINATION OF TTP.....	3-1
A. VERIFICATION POLICY.....	3-1
B. INCOME, ASSETS, AND INCOME EXCLUSIONS.....	3-4
C. TOTAL TENANT PAYMENT AND MINIMUM RENT.....	3-5
4. BRIEFINGS AND VOUCHER ISSUANCE.....	4-1
A. BRIEFINGS.....	4-1
B. FAMILY OBLIGATIONS.....	4-2
C. SUBSIDY STANDARDS.....	4-4
D. VOUCHER TERM.....	4-5
E. VOUCHER PORTABILITY.....	4-6
5. APPROVAL OF AN INITIAL LEASE.....	5-1
A. REQUEST FOR APPROVAL TO LEASE A UNIT.....	5-1
B. APPROVAL PROCESS.....	5-1
C. ADDITIONAL DOCUMENTATION.....	5-1
D. DISAPPROVAL OF OWNER.....	5-1
E. FAIR MARKET RENT/PAYMENT STANDARD LIMITATIONS.....	5-2
F. EXCEPTION PAYMENT STANDARDS.....	5-3
G. REASONABLE RENT DETERMINATIONS.....	5-3
H. SECURITY DEPOSIT REQUIREMENTS.....	5-4
I. SEPARATE AGREEMENTS ACCEPTABLE TO THE HACE.....	5-4

<u>Chapter</u>	<u>Page</u>
6. HOUSING QUALITY STANDARDS INSPECTIONS	6-1
A. HOUSING QUALITY STANDARDS APPROACH	6-1
B. VARIATIONS TO HQS.....	6-1
C. INITIAL INSPECTIONS.....	6-1
D. ANNUAL INSPECTIONS	6-2
E. SPECIAL INSPECTIONS.....	6-2
F. ENFORCEMENT OF INSPECTION STANDARDS	6-3
G. SUSPENSION OF PAYMENT.....	6-5
H. HAP CONTRACT TERMINATION	6-5
I. NOTIFICATION OF INSPECTION	6-5
7. PAYMENTS TO OWNERS.....	7-1
A. HOUSING ASSISTANCE PAYMENTS	7-1
B. ADJUSTMENTS OF RENT TO OWNER.....	7-1
8. REEXAMINATIONS.....	8-1
A. REPORTING REQUIREMENTS	8-1
B. REPORTING EXCEPTIONS.....	8-1
C. ZERO INCOME.....	8-1
D. ANNUAL REEXAMINATION.....	8-2
E. INTERIM REEXAMINATIONS	8-3
F. DISALLOWANCE OF EARNED INCOME FOR PERSONS WITH DISABILITIES.....	8-4
G. REPORTING REQUIREMENT	8-5
H. INCORRECT REPORTING.....	8-5
9. SPECIAL FAMILY CIRCUMSTANCES	9-1
A. FAMILY BREAKUP.....	9-1
B. REMAINING MEMBER OF THE FAMILY.....	9-1
C. TEMPORARILY ABSENT CHILD.....	9-1
D. JOINT CUSTODY OF MINORS:	9-1
E. LIVE-IN AIDE:	9-2
F. DISAPPROVAL OF LIVE-IN AIDE	9-2
10. EXCLUSIONS TO HOUSEHOLD.....	10-1
A. GENERAL POLICY	10-1
B. ABSENT FAMILY/FAMILY MEMBER	10-1
C. TEMPORARILY ABSENT FAMILY MEMBERS' INCOME.....	10-1
D. OTHER ABSENT FAMILY MEMBERS.....	10-1
E. VISITORS	10-2
F. ABANDONMENT OF UNIT	10-2
11. TERMINATIONS AND FAMILY MOVES	11-1
A. LEASE TERMINATION.....	11-1
B. HAP CONTRACT TERMINATION	11-2
C. TERMINATION OF ASSISTANCE TO FAMILY	11-2
D. FAMILY MOVES	11-3
E. DEFINITION OF CONTINUOUSLY ASSISTED	11-3

<u>Chapter</u>	<u>Page</u>
12. INFORMAL REVIEWS & HEARINGS.....	12-1
A. INFORMAL REVIEWS FOR APPLICANTS.....	12-1
B. INFORMAL HEARINGS FOR PARTICIPANTS.....	12-2
C. HEARING OFFICER AND CONDUCT OF INFORMAL REVIEWS / HEARINGS.....	12-5
D. INFORMAL REVIEW AND HEARING DECISIONS.....	12-5
E. RESTRICTION ON ASSISTANCE TO NON-CITIZENS.....	12-6
13. REPAYMENT AGREEMENTS.....	13-1
A. MISREPORTED OR UNREPORTED INCOME.....	13-1
B. OTHER AMOUNTS OWED THE HACE.....	13-1
C. REPAYMENT AGREEMENT POLICY.....	13-1
D. REPAYMENT AGREEMENTS BY OWNERS.....	13-2
E. PROSECUTION FOR FRAUD.....	13-2
14. PROGRAM INTEGRITY AND PERFORMANCE.....	14-1
A. PROGRAM MONITORING.....	14-1
B. ETHICS.....	14-1
C. QUALITY CONTROL.....	14-1
D. NOTICE OF CONTINUED INTEREST.....	14-2
E. FINANCIAL REPORTING.....	14-2
F. EXPENDITURE THRESHOLD.....	14-2

E. TARGETING AND PREFERENCES

Eligible applicants will be placed on the waiting list and selected for admission based upon Federal Income Targeting eligibility requirements.

1. Federal Income Targeting

All families whose annual gross incomes do not exceed 30% of the area median income (extremely-low-income) at the time of admission will be considered Federal Income Targeting Eligible. Seventy-five percent (75%) of all new admissions to the HCV Program are required to be in this category. Families who do not meet this income requirement will be placed on the waiting list as Federal Income Targeting Ineligible.

Where necessary, a request will be made to HUD by the HACE to establish and implement different targeting standards, for "good cause", in accordance with the HACE's Agency Plan. "Good cause" may include, but is not limited to, the requirement to house eligible families as special non-waiting list admissions and the treatment of the family's income for the purposes of eligibility and Federal Income Targeting.

2. Local Preference

Families who qualify as Local Preference holders, as defined in this section, will be admitted prior to families who do not have a Local Preference. All Local Preferences will be rated as equal, having no individual weight or aggregate value for multiple preferences. The HACE will place families on the waiting list by time and date of application, and by any Local Preference as described below:

Special Lead-Safe Housing Preference for Families with Children

Any applicant family who currently resides in a unit which has been selected for the HUD-funded Lead Hazard Control Program operated by the Redevelopment Authority of the City of Erie and who:

- has, as one of its members, a child under six years of age; and
- resides in the City of Erie.

F. PREFERENCE DENIAL

A preference does not guarantee admission. The applicant must meet all HACE tenant screening criteria before being selected as a tenant.

If the applicant's preference cannot be verified, the applicant will be placed on the non-preference waiting list and notified of the preference denial and given the opportunity for an informal hearing.

G. SPECIAL ADMISSIONS (NON-WAITING LIST SELECTION)

A special admission is the admission of an applicant who is not on the HACE's waiting list or who is admitted without consideration of the applicant's waiting list position. The HACE will admit families as special admissions under the following conditions:

1. If HUD awards funding that is targeted for families living in specified units:
 - The HACE will use the assistance for the families living in these units; and
 - The HACE will maintain records showing that a family was admitted with HUD-targeted assistance.
2. The HACE will admit a family who is part of a HUD Office of Inspector General ("OIG") witness protection program, provided that the OIG furnishes a written threat assessment that recommends rehousing the family to avoid or minimize a risk of violence against family members as a reprisal for providing information.

H. REQUIREMENT TO ATTEND SCHEDULED MEETING

It is the responsibility of the applicant to attend the scheduled application interview. If the applicant cannot attend on the date scheduled by the HACE, the applicant must notify the HACE to reschedule the interview in advance and in accordance with the HACE's notice requirements. If the applicant fails to reschedule or misses one (1) scheduled meeting, the HACE has the right to reject the application and remove the family from the waiting list. Such notification will be in writing, and will include a statement of the applicant's right to an Informal Review.

During the interview, if additional documentation is required, the applicant will have ten (10) calendar days to comply with the request. Failure to provide the required documentation will result in the applicant's name being removed from the waiting list. The applicant may file an appeal in accordance with the Informal Review procedures (see chapter 12).

If the applicant is removed from the waiting list because his/her failure to respond was due to a verified disability, the HACE will reinstate the applicant to his/her former position on the waiting list.

All adult members must sign the Release of Information Form for the application to be considered complete.

Erie County Housing Authority
Corry, Pennsylvania
Admissions and Continued Occupancy Policy

Adopted by PHA Board of Directors

Resolution No.: 2015-2

Date of Adoption: September 15, 2015

Effective Date of Implementation: September 15, 2015

Authorized Use by the Erie County Housing Authority

than all applicants at any given time;

3. The PHA shall publicize preferences by posting copies in each office where applications are received, and by furnishing copies to applicants or residents upon request;

C. Local Preferences and Ranking

The Housing Quality and Work Responsibility Act of 1998 permanently eliminated the Federal preference requirement; however, PHAs may adopt the Federal preference language and criteria as their local and/or ranking preferences.

The PHA will select and house applicants in accordance with the following preferences and priorities, in the order listed:

1. Limitations on Admission
 - a) Types of developments and units available;
 - b) Occupancy Standards (limitation on the minimum and maximum number of household members permitted to live in dwelling units of specified sizes).
2. Selection Preferences, as follows, in the order listed.

	Preference	Ranking or Point Value
1	Victims of domestic violence (spousal/child abuse)	1
2	<p>Local residency preference for those living in the jurisdiction of the PHA at the time of application, subject to the following:</p> <p>The preferences may not be based upon the length of time the applicant has resided in the jurisdiction;</p> <p>Applicants who are working or who have been notified that they are hired to work in the jurisdiction will be treated as residents of the jurisdiction;</p> <p>A residency preference may not have the "purpose or effect" of delaying or otherwise denying admission to a development or unit based on the race, color, ethnic origin, gender, religion, disability or age of any applicant family member;</p> <p>The "residency preference" refers to admission of persons who reside in a specified geographic area that may not be an area smaller than a county or municipality.</p>	1

3	Displaced	1
4	Medical Emergency (Pleasant Manor, Center Place, Salsbury and College View developments ONLY)	1
5	Work or attend school locally (Marvin J. Schick, Random Court and West Court developments ONLY)	1
6	Applicant families whose head of household, or spouse is employed or has a bona fide offer for employment, (this preference will not be based on the amount of earned income and the PHA may not prefer higher income families over families with lower incomes to occupy a development or unit except to the extent that the PHA has identified the need to implement economic de-concentration and income targeting). Families whose head of household or spouse is sixty-two (62) years of age or disabled automatically receive the maximum level of local preference (Corry Family, MJS, and South Hills ONLY)	1
7	Active Service Members	3
8	Veterans	2
9	Household members of a deceased service member or veteran	2

3. **Date and Time of Application (in each of the above circumstances)**

Applicants who meet all the eligibility requirements and who qualify for a preference will be assisted first according to the date and time of application. After all applicants with verified preferences are assisted, the PHA will then contact applicant families who are on the waiting list, according to date and time of application, and bedroom size needed.

4. **Eligibility for Multiple Preferences**

In the event that a family qualifies for multiple local preferences, the PHA will combine the points for the preferences for which the family qualifies. Among applicants with the same preferences and same combined points, the application date and time shall establish the order of placement on the waiting list.

5. **Denial of Local Preference(s) claim**

Applicants must provide appropriate documentation to substantiate their claim for a local preference. Families who cannot provide the appropriate documentation to the agency will be notified in writing that they do not qualify for a local preference.

The PHA will provide a written notice if an applicant does not qualify for a preference. This notice will contain: a brief statement of the reasons for the determination, and a statement that the applicant has the right to meet with the PHA's designee to review



ERIE COUNTY HOUSING AUTHORITY
ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM

Administrative Plan -Table of Contents

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

PART I:	THE APPLICATION PROCESS	4-3
4-I.A.	Overview	4-3
4-I.B.	Applying for Assistance [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]	4-3
4-I.C.	Accessibility of the Application Process	4-4
	Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]	4-4
	Limited English Proficiency	4-4
4-I.D.	Placement on the Waiting List	4-5
	Ineligible for Placement on the Waiting List.....	4-5
	Eligible for Placement on the Waiting List	4-5
PART II:	MANAGING THE WAITING LIST	4-7
4-II.A.	Overview	4-7
4-II.B.	Organization of the Waiting List [24 CFR 982.204 and 205]	4-7
4-II.C.	Opening and Closing the Waiting List [24 CFR 982.206]	4-8
	Closing the Waiting List.....	4-8
	Reopening the Waiting List.....	4-8
4-II.D.	Family Outreach [HCV GB, pp. 4-2 to 4-4].....	4-9
4-II.E.	Reporting Changes in Family Circumstances	4-10
4-II.F.	Updating the Waiting List [24 CFR 982.204]	4-10
	Purging the Waiting List	4-10
	Removal from the Waiting List.....	4-11
PART III:	SELECTION FOR HCV ASSISTANCE	4-13
4-III.A.	Overview	4-13
4-III.B.	Selection and HCV Funding Sources	4-13
	Special Admissions [24 CFR 982.203]	4-13
	Targeted Funding [24 CFR 982.204(e)]	4-13
	Regular HCV Funding.....	4-13
4-III.C.	Selection Method.....	4-14
	Local Preferences [24 CFR 982.207; HCV p. 4-16]	4-14
	Income Targeting Requirement [24 CFR 982.201(b)(2)]	4-14
	Order of Selection.....	4-15
4-III.D.	Notification of Selection.....	4-16
4-III.E.	The Application Interview.....	4-16
4-III.F.	Completing the Application Process	4-18

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Definitions for Preference Purposes

ECHA/CHA Policy

Resident: A family that resides within the agency's jurisdiction, including families with a member who works or who has been hired to work in the area, and including families with members attending school full-time within the agency's jurisdiction.

Special Category Single: A household of one who is elderly, near-elderly, displaced, disabled, or a victim of domestic violence.

Non-Special Category Single: A household of one who is not elderly, near-elderly, displaced, disabled, or a victim of domestic violence.

Victim of Domestic Violence: An applicant who can identify they are a victim of domestic violence by providing a copy of the Protection from Abuse court order or other documentation deemed acceptable by ECHA/CHA.

Displaced Family: A family (or sole member) who has been displaced by governmental action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized under Federal disaster relief laws, or by fire.

Disabled Family: A family whose head, co-head, spouse, or sole-member is a person with disabilities as listed in Exhibit 3-1 of this document.

Disabled Family Member: Any family member that meets HUD's definition of being a person with disabilities as listed in Exhibit 3-1 of this document.

Elderly Family: A family whose head, co-head, spouse or sole member is at least 62 years of age.

Near-Elderly Family: A family whose head, co-head, spouse or sole member is 50 – 61 years of age.

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

ECHA/CHA Policy

Families who claim and can verify preferences as ranked as follows:

1) Resident Applicant Family

- a. Any family, other than non-special category singles, that has been terminated from ECHA/CHA's HCV program due to insufficient program funding.
- b. Displaced Family with a disabled family member (including single person families)
- c. Displaced Family (including single person families)
- d. Families with a disabled family member (including single person families)
- e. Victim of Domestic Violence (including single person families)
- f. Elderly/near-elderly families (including single person families)
- g. Families with minor children
- h. Other families comprised of more than one family member, without other preference
- i. Non-Special Category single, without other preference.
- j. Active Service Members
- k. Veterans
- l. Household members of a deceased service member or veteran who died of service-connected causes. Provided: I. the death occurred during active duty service or within five years of discharge from service. II. The death occurred not more than five years from the date of application.

2) Non-Resident Applicant Family

- a. Displaced Family with a disabled family member (including single person families)
- b. Displaced Family (including single person families)
- c. Families with a disabled family member (including single person families)
- d. Victim of Domestic Violence (including single person families)
- e. Elderly/near-elderly families (including single person families)
- f. Families with minor children
- g. Other families comprised of more than one family member, without other preference
- h. Non-Special Category single, without other preference.
- i. Active Service Members
- j. Veterans

- k. Household members of a deceased service member or veteran who died of service-connected causes. Provided: I. the death occurred during active duty service or within five years of discharge from service. II. The death occurred not more than five years from the date of application.

In the case of equal preferences, the time and date of application will determine the order of selection from the waiting list.

Preferences will be verified at the time a family is placed on the waiting list, and again at the time of selection unless the agency determines that the original verification is sufficient. See Chapter 7 for verification requirements.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

ECHA/CHA Policy

ECHA/CHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.



Welcome, [Katherine Marinock](#) | [Log Out](#)

Now viewing data for: PA-605 - Erie City & County CoC

[Home](#) [Dashboard](#) [HIC](#) [PIT](#) [AHAR](#) [Sys PM](#) [Messages](#) [Reports](#) [HDX Admin](#)

Performance Measurement Module (Sys PM) [Reports](#) [Measure 1](#) [Measure 2](#) [Measure 3](#) [Measure 4](#) [Measure 5](#) [Measure 6](#) [Measure 7](#)

[Reporting Status](#) [Import](#)

Reporting Status for PA-605 - Erie City & County CoC

Reporting Period: ▼

Current Status	Submitted
Reports	• Sys PM Report
Last Updated On	7/26/2016
Last Updated By	Katherine Marinock
Submitted On	7/26/2016
Submitted By	Katherine Marinock
Validation Warnings +	0 Validation Warnings
Messages +	No Messages

Developed under contract with the U.S. Department of Housing and Urban Development
[Technical Support](#)

Download [Adobe Acrobat Reader](#) to view PDF files located on this site.

[RECOVERY.GOV](#) | [Busque Información en Español](#) | [Accessibility](#) | [Contact Info](#) | [Privacy Policy](#) | [EOIA](#) | [Web Policies and Important Links](#)



U.S. Department of Housing and Urban Development
451 7th Street S.W., Washington, DC 20410
Telephone: (202) 708-1112 TTY: (202) 708-1455
[Find the address of the HUD office near you](#)

Length of Time Persons Remain Homeless, Metric 1

Summary

Report Dates: 10/1/2014 - 9/30/2015

	Current Year Counts (Persons)	Current Year Average LOT	Current Year Median LOT
Persons in Emergency Shelter and Safe Haven	1,180	52	32
Persons in Emergency Shelter, Safe Haven, and Transitional Housing	1,358	93	46

Exits to Permanent Housing with Returns to Homelessness, Metric 2 Summary

Qualifying Entry Date Range: 10/1/2012 - 9/30/2013 Reappear Date Range: 10/1/2012 - 9/30/2015

Measure 2a and 2b: The extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6 to 12 months (and 24 months in a separate calculation)									
Total Number of Persons who Exited to Permanent Housing Destination (2Years Prior)	Number Returning to Homelessness in Less than 6 Months (0-180 days)	Percentage of Returns in Less than 6 Months (0-180 days)	Number Returning to Homelessness from 6 to 12 Months (181-365 days)	Percentage of Returns from 6 to 12 Months (181-365 days)	Number Returning to Homelessness from 13 to 24 Months (366-730 days)	Percentage of Returns from 13 to 24 Months (366-730 days)	Number of Returns in 2 Years	Percentage of Returns in 2 Years	
Exits from SO	10	30.00%	2	20.00%	2	20.00%	7	70.00%	
Exits from ES	249	18.07%	21	8.43%	20	8.03%	86	34.54%	
Exits from TH	156	9.62%	14	8.97%	14	8.97%	43	27.56%	
Exits from All PH	349	1.72%	14	4.01%	14	4.01%	34	9.74%	
TOTAL Returns	764	9.03%	51	6.68%	50	6.54%	170	22.25%	

Number of Homeless Persons, Metric 3.2

Summary

Prior Year Report Dates: 10/1/2013 - 9/30/2014

Current Year Report Dates: 10/1/2014 - 9/30/2015

	Prior Year Counts	Current Year Counts	Difference
Unduplicated Total Sheltered Homeless Persons	1,625	1,432	-193
Emergency Shelter	1,374	1,200	-174
Safe Haven	0	0	0
Transitional Housing	417	403	-14

Employment and Income Growth for CoC Funded Projects, Metric 4 Summary

Prior Year Report Dates: 10/1/2013 - 9/30/2014

Current Year Report Dates: 10/1/2014 - 9/30/2015

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

	Prior Year Counts	Current Year Counts	Difference
Number of adults (system stayers)	68	65	-3
Number of adults with increased earned income	7	0	-7
Percentage of adults who increased total income	10.29%	0	

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

	Prior Year Counts	Current Year Counts	Difference
Number of adults (systems stayers)	68	65	-3
Number of adults with increased non-employment cash income	8	2	-6
Percentage of adults who increased non-employment cash income	11.76%	3.08%	

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

	Prior Year Counts	Current Year Counts	Difference
Number of adults (system stayers)	68	65	-3
Number of adults with increased total income	12	2	-10
Percentage of adults who increased total income	17.65%	3.08%	

Metric 4.4 - Change in earned income for adult system leavers

	Prior Year Counts	Current Year Counts	Difference
Number of adults who exited (system leavers)	117	110	-7
Number of adults who exited with increased earned income	37	24	-13
Percentage of adults who increased total income	31.62%	21.82%	

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

	Prior Year Counts	Current Year Counts	Difference
Number of adults who exited (system leavers)	117	110	-7
Number of adults who exited with increased non-employment cash income	25	17	-8
Percentage of adults who increased non-employment cash income	21.37%	15.45%	

Metric 4.6 - Change in total income for adult system leavers

	Prior Year Counts	Current Year Counts	Difference
Number of adults who exited (system leavers)	117	110	-7
Number of adults who exited with increased total income	59	38	-21
Percentage of adults who increased total income	50.43%	34.55%	

Number of Persons First Time Homeless, Metric 5

Summary

Prior Year Report Dates: 10/1/2013 - 9/30/2014

Current Year Report Dates: 10/1/2014 - 9/30/2015

Metric 5.1 - Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS			
	Prior Year Counts	Current Year Counts	Difference
Persons with entries into ES, SH, or TH during the reporting period	1,437	1,247	-190
Of persons above, count those who were in ES, SH, or TH within 24 months prior to their entry during the reporting year.	394	416	22
Of the persons above, count those who did not have entries in ES, SH, or TH in the previous 24 months. (Number of persons experiencing homelessness for the first time.)	1,043	831	-212

Metric 5.2 - Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS			
	Prior Year Counts	Current Year Counts	Difference
Persons with entries into ES, SH, TH or any PH during the reporting period	1,662	1,390	-272
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	459	453	-6
Of the persons above, count those who did not have entries in ES, SH, TH or any PH in the previous 24 months. (Number of persons experiencing homelessness for the first time.)	1,203	937	-266

Permanent Housing Placement/Retention, Metric 7

Summary

Prior Year Report Dates: 10/1/2013 - 9/30/2014

Current Year Report Dates: 10/1/2014 - 9/30/2015

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

	Prior Year Counts	Current Year Counts	Difference
Persons who exited Street Outreach	355	366	11
Exited to temporary & some institutional destinations	213	215	2
Exited to permanent housing destinations	32	43	11
Percentage successful exits/retention	69.01%	70.49%	

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

	Prior Year Counts	Current Year Counts	Difference
Persons in ES, SH, TH, and RRH who exited	1,200	1,183	-17
Exited to permanent housing destinations	538	440	-98
Percentage successful exits/retention	44.83%	37.19%	

Metric 7b.2 - Change in exits to or retention of permanent housing

	Prior Year Counts	Current Year Counts	Difference
Persons in PH-H, PSH, and PH-S who exited	635	664	29
Remained in applicable PH projects and or exited to permanent housing destinations	597	637	40
Percentage successful exits/retention	94.02%	95.93%	



DEPARTMENT OF HUMAN SERVICES
Erie County Office of Mental Health & Intellectual Disabilities

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

Kathy Dahlkemper
County Executive

John A. DiMattio
DHS Director
MH/ID Administrator

September 8, 2016

Ms. Linda-Lyons King
SafeNet
1702 French Street
Erie, PA 16501

RE: 2016 Continuum of Care Competition
SafeNet TLC Plus

Dear Ms. King:

After review of the 2016 Continuum of Care Competition projects, ranking placed SafeNet TLC Plus into Tier 2 due to outcomes and performance factors. There are two other projects before this one in Tier 2. SafeNet TLC Plus will be submitted even though there are not adequate funds available in Tier 2 to fully fund it. HUD will decide if the available funds would allow some or part of the project to be viable. At this time, the level of funds that could potentially be made available, dependent on HUD's decision, would be a minimum of \$45,550 and a maximum of \$91,016. As we have seen last year, Tier 2 funding is precarious and it is possible that all three Tier 2 projects could be eliminated.

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

Sincerely,

A handwritten signature in black ink that reads "Kathy".

Katherine M. Marinock
Program Specialist
kmarinock@eriecountypa.gov

/ds