

## 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 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with 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 so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
  - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant 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 Detailed Instructions click [here](#).

## **1A. Continuum of Care (CoC) Identification**

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** MA-504 - Springfield/Hampden County CoC

**1A-2. Collaborative Applicant Name:** City of Springfield MA

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** City of Springfield MA

## 1B. Continuum of Care (CoC) Engagement

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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	Yes	Yes	No
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	No	No	No
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	No	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
United Way	Yes	Yes	Yes
WIA-funded employment provider	Yes	Yes	Yes
State government staff	Yes	Yes	Yes

### 1B-1a. Describe in detail how the CoC solicits and considers the full range

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**of opinions from individuals or organizations with knowledge of homelessness in the geographic area 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.  
(limit 1000 characters)**

Organizations from the list above are active in many ways in CoC planning and priority-setting. For example, the Hampden County Sheriff's Department actively participates in the Performance and Outcomes Committee, the CoC Application Committee, and the Individual Services Committee. The Sheriff's Department has also been an active participant in planning and creating our coordinated entry system.

The YWCA, a domestic violence provider, actively participates in the Performance & Outcomes Committee, the Family Services Committee, and in planning and creation of our coordinated entry system.

**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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Center for Human Development - Safety Zone	Yes	Yes	Yes
Gandara - Shine Program	No	Yes	No
Domus, Inc	No	Yes	Yes
YWCA	No	Yes	Yes
MA Dept. of Children & Families	No	Yes	No
MA Dept. of Youth Services	No	Yes	No
Springfield Public Schools	No	Yes	Yes
Holyoke, Chicopee, Westfield Public Schools	No	Yes	No
Rep from MA Commission on Unaccompanied Homeless Youth	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 within the last 12 months (between October 1, 2014	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014
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	and November 15, 2015).	and November 15, 2015).
YWCA	Yes	Yes
Womanshelter Companeras	No	No
MA Dept. of Children & Families	Yes	No
HAP Safe Step	Yes	Yes

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?  
(limit 1000 characters)**

The CoC coordinated with the Western Massachusetts Network to End Homelessness to create "Western Mass Opening Doors," which incorporates the federal Opening Doors goals and identifies local strategies to reach these goals. The strategies for ending veteran, chronic, family and youth homelessness were established by population-specific committees which are now charged with implementing the strategies. The Committees are led by a staff member of the W. MA. Network to End Homelessness, who convenes the committees monthly and holds committee members accountable for carrying out tasks and strategies, in conjunction with the CoC administrator, Gerry McCafferty.

The City of Springfield Office of Housing--which is the CoC administrator and the only ESG entitlement city in the CoC--oversees the goal of setting a path to end all homelessness. The City has been leading system change in this area since 2007, when it created its 10-year plan to end chronic homelessness.

**1B-4. 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 any new projects in 2015. (limit 1000 characters)**

The CoC conducts an open competition for both new and renewal projects each year. For the FY15 competition, the CoC created a Request for Proposals (RFP) that was published on the websites of the City of Springfield and the Western MA Network to End Homelessness on Sept. 28, 2015. The CoC published notice that the RFP was available in the newspaper and to an extensive list-serve.

To select projects to be included in the application to HUD, the CoC scores and ranks all projects--both renewals and new. Following the ranking, the CoC Application Committee considers the ranking and the CoC's priorities and selects the highest-ranked projects that meet the CoC's priorities.

Over the past two years, the CoC has selected proposals from agencies that had not previously been funded by the CoC.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Annually

## 1C. Continuum of Care (CoC) Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**1C-1. Does the CoC coordinate with other 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)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs 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 that the CoC 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)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for 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	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5	100.00 %
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	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	50.00%
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**1C-2a. Based on the responses selected 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, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).  
(limit 1000 characters)**

The Collaborative Applicant and the HMIS Lead is the City of Springfield, which is the largest municipal consolidated planning jurisdiction in the CoC's geographic area. The same departments work on Consolidated Planning and CoC activities. The CoC provides data and strategic information to the City. The CoC and the City interact at least 2 hours a week through phone calls and planning meetings.

Other municipal Consolidated Plan jurisdictions in the CoC are Holyoke, Chicopee and Westfield. Each of these cities have a representative on the CoC Board of Directors. The CoC provides PIT, HIC, and other data and information to each of these jurisdictions. The CoC interacts with each City for 2-4 hours per quarter, through phone calls, emails, and planning meetings.

The state of MA seeks input from the CoC for its Consolidated Plan, and the CoC provides data to the state. The state and the CoC interact 2-6 hours quarterly, through phone calls, emails, and planning meetings.

**1C-2b. Based on the responses selected 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 Springfield is the only municipal ESG recipient in the CoC. Springfield consults with the CoC regarding strategies and coordination, and the CoC provides PIT and HMIS data to the City. The City includes the CoC in its selection process for ESG projects.

The CoC recommended ESG standards to the City which have been adopted. The standards are used in the annual RFP review process, where the City provides information regarding ESG recipients' performance outcomes which is used to evaluate programs for consideration of future funding. The City provides each ESG recipient with a report card at the end of the fiscal year, comparing the program's performance with the CoC goals. The City also provides information regarding ESG program outcomes to the CoC.

Massachusetts seeks input annually from the CoC on priorities, and the CoC provides PIT and other data to the state. The state monitors its ESG recipients annually and provides the results of that monitoring to the CoC.



**1C-3. Describe the 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)**

Homeless families in the CoC seek services from a centralized system operated by the state Dept. of Housing and Community Development (DHCD). When a family household applying for homeless assistance at DHCD identifies as having experienced domestic violence, DHCD notifies the state's Domestic Violence Unit, which conducts a safety assessment. The DV Unit uses that assessment to work with the family to identify the best placement, which may include a DV shelter, an emergency shelter (at a safe location), or rapid rehousing. The DV Unit exchanges information via secure email.

Families experiencing domestic violence may access services directly from a victim service provider. The YWCA DV program partners directly with CoC-funded entities to access rapid rehousing assistance for these households. Information is exchanged by telephone.

**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 October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Springfield Housing Authority	13.60%	Yes-HCV
Holyoke Housing Authority	1.60%	No
Chicopee Housing Authority	86.36%	Yes-Public Housing
Westfield Housing Authority	0.00%	No
West Springfield Housing Authority	0.00%	No

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**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)**

The City of Springfield uses HOME Tenant-Based Rental Assistance (TBRA), in partnership with social service organizations, to provide 28 units of permanent supportive housing. Friends of the Homeless uses the Massachusetts Rental Voucher Program to provide 57 units of permanent supportive housing.

There are two nonprofit organizations that provide low-rent permanent housing targeted to homeless individuals. Providence Ministries provides 24 units, and Better Homes provides 40 units. The Bi-Lingual Veterans Outreach Center has developed 20 affordable units of housing for homeless veterans which will open January 2016.

The non-profit organization New Lease was created by affordable housing providers throughout Massachusetts to provide a preference for homeless families in 10-15% of their units.

**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. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems 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 systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that 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) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not**

**discharged into homelessness.  
(limit 1000 characters)**

n/a

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

**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)**

Homeless individuals access coordinated entry at shelter or by being identified by outreach staff, Health Care for the Homeless, hospital high-utilizer programs, police, and other agencies. The CoC advertises the process to all agencies that encounter homeless individuals in an attempt to reach those least likely to access services. Screening is available in Spanish. The CoC maintains a by-name list; individuals are screened by VISPDAT to prioritize for PSH.

In Mass., the family shelter is operated by the state, which provides shelter to all qualified families. State offices operate as a coordinated entry system, providing diversion and shelter. Local DHCD offices are well-known to homeless providers and other agencies, courts, schools, hospitals, police and others, and homeless families are referred to this system. In the CoC's geographic area, DHCD Maintains a by-name list of chronically homeless families; VISPDAT screening is used to prioritize families.

**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 the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
School Administrators/Homeless Liaisons	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<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"/>

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 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 2015 CoC Program Competition?	19
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	6
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 2015 CoC Program Competition?	13
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
% maintain or increase mainstream services	<input checked="" type="checkbox"/>



<b>Monitoring criteria</b>	
<b>Participant Eligibility</b>	<input checked="" type="checkbox"/>
<b>Utilization rates</b>	<input checked="" type="checkbox"/>
<b>Drawdown rates</b>	<input checked="" type="checkbox"/>
<b>Frequency or Amount of Funds Recaptured by HUD</b>	<input checked="" type="checkbox"/>
Audit, HMIS data quality	<input checked="" type="checkbox"/>
<b>Need for specialized population services</b>	
<b>Youth</b>	<input checked="" type="checkbox"/>
<b>Victims of Domestic Violence</b>	<input checked="" type="checkbox"/>
<b>Families with Children</b>	<input checked="" type="checkbox"/>
<b>Persons Experiencing Chronic Homelessness</b>	<input checked="" type="checkbox"/>
<b>Veterans</b>	<input type="checkbox"/>
	<input type="checkbox"/>
<b>None</b>	<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)**

The CoC has created objective scoring criteria that it uses to evaluate renewal and new projects, and the scoring process is intended to reflect CoC priorities. The CoC priorities are: providing PSH and RRH to chronically homeless, DV victims, families with children, and youth, as well as TH for youth; and using Housing First and low-barriers models.

In the local CoC competition, projects receive points for Program Type (PSH, RRH, TH-Youth); Population Served (PSH-100% Chronic; RRH-100% Literally Homeless; TH-Youth Under 25); and Use of Housing First/Low Demand model.

All MA-504 CoC PSH units serve 100% chronically homeless. While the CoC prioritizes the hard-to-serve, vulnerable and street population, these factors were not included in the competition because the CoC follows the HUD prioritization rules, using length of stay and VI-SPDAT screen scores to identify the priority chronically homeless. All CoC PSH units are used for this

population.

**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. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)  
(limit 750 characters)**

The CoC review, ranking and selection process and criteria were posted on the website of the Western Massachusetts Network to End Homelessness as part of the Request for Proposals for the CoC competition on Sept. 28, 2015. The process and criteria had been approved by the full CoC at its annual meeting on Sept. 25, 2015.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)** 11/16/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 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 their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 11/05/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Annual program compliance monitoring is completed by the Collaborative Applicant (City of Springfield) according to written grant management policies and procedures, which include on-site visits using monitoring checklists for program requirements, HMIS, and fiscal policies and procedures. Monitoring includes review of client files and back-up financial documentation. The City informs the recipient of any findings and requires corrective action, and providing technical assistance as needed.

The CoC conducts an annual performance monitoring of all projects, which includes review of APR, timely submission of invoices and APR, percent of grant expended, bed utilization, housing stability, length of time spent homeless (for TH), and increases in participant income and access to mainstream benefits. The results of this monitoring are communicated to programs, shared with the public, and used in ranking of projects for the CoC competition.

### 1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

### 1G-3. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, 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 the attached MOU.**

GC 3-4 and 12; ALT 2-4

**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 Organizations (CHOs)?**

Yes

**2A-4. What is the name of the HMIS software** Efforts to Outcomes

**used by the CoC (e.g., ABC Software)?**  
**Applicant will enter the HMIS software name**  
**(e.g., ABC Software).**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Social Solutions  
**Applicant will enter the name of the vendor**  
**(e.g., ABC Systems).**

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

\* 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	\$61,992
ESG	\$0
CDBG	\$24,297
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$86,289

#### 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	\$0
State	\$27,000
State and Local - Total Amount	\$27,000

#### 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	\$113,289
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/15/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	2,877	60	2,758	97.91%
Safe Haven (SH) beds	7	0	7	100.00%
Transitional Housing (TH) beds	214	82	40	30.30%
Rapid Re-Housing (RRH) beds	1,954	0	1,954	100.00%
Permanent Supportive Housing (PSH) beds	795	0	595	74.84%
Other Permanent Housing (OPH) beds	70	0	24	34.29%

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.  
(limit 1000 characters)**

The majority of TH beds not in HMIS (57 units) are operated either by the Springfield Rescue Mission or by other small faith-based organizations. Within the next 12 months, the CoC will invite the operators of these programs to a meeting where it will present information about HMIS, including the benefits to agencies and the communities of HMIS use. The CoC will offer the use of HMIS to these agencies at no cost.

The PSH units that are not in HMIS are VASH. The CoC is already in conversation with the PHA and VA about using the PHA to enter data into VASH. Within the next year, the CoC expects that the PHA will begin using HMIS. If the parties are not able to achieve this, the CoC will seek technical assistance.

This missing OPH beds are in the Rainville Apartments (46 units). The Rainville has already agreed to begin using HMIS. In the next year, the CoC will begin paying for the license and train Rainville staff, and the Rainville will begin entering data.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.  
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<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?** Annually

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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" during the time period of October 1, 2013 through September 30, 2014.**

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%	0%
3.3 Date of birth	0%	0%
3.4 Race	0%	6%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	0%
3.7 Veteran status	14%	0%
3.8 Disabling condition	21%	0%
3.9 Residence prior to project entry	21%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	34%	0%
3.12 Destination	20%	16%
3.15 Relationship to Head of Household	30%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	21%	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"/>

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

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?**

10

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

Monthly

**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 type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input 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)**

PATH - 7/1/2016

SSVF - 7/1/2016

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent 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. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

**2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?** Yes

**2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):** 01/29/2015

**2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, 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):** 05/15/2015

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 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 checked="" 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)

The CoC uses HMIS for the sheltered PIT count for all shelters that use HMIS. For few shelter and TH programs which are unwilling to participate in HMIS, CoC staff and volunteers interview each person in the shelter on the night of the count.

The CoC uses HMIS where possible because it provides a reliable unduplicated count. The CoC uses interviews where HMIS is not used because the CoC has found that this produces more reliable data than using shelter operator reports.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, 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 and change in partners participating in the PIT count). (limit 1000 characters)**

There was no change in methodology between 2014 and 2015.

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?** No

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

The 2015 included new family emergency shelter units created by the state of Massachusetts that did not exist in 2014. The new units were included in order to provide complete coverage of all shelter beds.



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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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"/>
Provider 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 2014 to 2015 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 method). (limit 1000 characters)**

There were no changes to the way the CoC implemented its sheltered PIT count from 2014 to 2015.

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was 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):** 01/29/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, 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):** 05/15/2015

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 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 checked="" 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 its unsheltered PIT count methodology. (limit 1000 characters)

Outreach workers, homeless service providers and volunteers (including previously homeless individuals) perform a count of downtown urban areas (including a complete count in downtown Springfield) and in known locations throughout the CoC's urban and semi-urban areas. Police departments for all non-urban towns in the county are asked to provide count and identifying information for any unsheltered persons in their community on the night of the count.

In addition, for several days after the count, in the more rural and suburban areas of the CoC, outreach workers interview people at service locations to determine where they stayed on the night of the count. Interviews include identifying information, which is compared to HMIS and records from the night of the count to deduplicate.

The CoC selected these methods to get the broadest coverage possible with

the staff and volunteers available for the count, which also using deduplication methods to get a reliable unduplicated count.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, 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 and change in partners participating in the count). (limit 1000 characters)**

There were no changes in methodology between 2014 and 2015 in the unsheltered count.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" 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 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 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 to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

The 2015 unsheltered PIT count included outreach to all police departments in the county, which was not done in 2014 or previously.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2,690	3,002	312
Emergency Shelter Total	2,424	2,798	374
Safe Haven Total	7	6	-1
Transitional Housing Total	224	188	-36
Total Sheltered Count	2,655	2,992	337
Total Unsheltered Count	35	10	-25

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

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	11,704
Emergency Shelter Total	11,533
Safe Haven Total	7
Transitional Housing Total	171

### 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 for becoming homeless for the first time.**

**(limit 1000 characters)**

To identify risk factors for first-time homelessness, the CoC has reviewed HMIS data on households entering homelessness for the first time, and interviewed/surveyed the following: providers that operate homelessness prevention programs, advocacy organizations, hospital social workers, and McKinney-Vento homeless school liaisons.

In order to reduce first-time homelessness, the Center for Human Development operates a prevention/diversion program at the entry point for the state's emergency shelter program, which serves as the coordinated entry access point for all families. In 2016, the CoC is starting a shelter-based coordinated entry point for individuals, and will incorporate diversion into this access point. The Mental Health Association operates a prevention program that connects tenants being evicted for behavioral health issues to appropriate services to prevent eviction.

### **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)**

The CoC uses the Simtech tool AgencyDash to run reports that rank all currently homeless people in HMIS by length of shelter stay. The CoC uses these reports to focus case conferencing and provision of housing/services to those with the longest stays.

The CoC has weekly multi-agency case conferencing meetings to create strategies for the longest stayers (based on the AgencyDash report) and most vulnerable (based on VISPDAT score).

The state of Massachusetts has very long stays in its family shelter system, resulting in high numbers of families that meet the definition of chronically homeless. The CoC is collaborating with the state to ensure that very long stayers are housed in the CoC's family PSH units. The CoC and state are reviewing data to identify the circumstances of families that become very long stayers, to create strategies to intervene earlier with these families.

### **\* 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:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	221
Of the persons in the Universe above, how many of those exited to permanent destinations?	147
% Successful Exits	66.52%

### 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, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	249
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?	233
% Successful Retentions/Exits	93.57%

### 3A-5. Performance Measure: Returns to Homelessness:

**Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three 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)**

The CoC has implemented screening protocols that ask about prior homelessness. Households that have previously experienced homelessness are prioritized for prevention and rapid rehousing assistance. In addition, these households are screened (using the VI-SPDAT, Family VI-SPDAT, or TAY-VI-SPDAT) to determine whether they should be referred for permanent supportive housing.

In 2015, the CoC began using Simtech's AgencyDash, which operates as a



data warehouse and enables the CoC to run data reports on data from all CoC programs (as a whole, or by housing/program type, or for individual agencies or programs). The CoC engaged Simtech to create reports that provide information on returns to homelessness. The CoC has shared these reports with providers and is beginning ongoing monitoring of this measure.

### **3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

1. [Employment] HAP Housing (RRH provider) and CHD (PSH provider) have added job developers to staff. These individuals work to identify appropriate job openings and cultivate relationships with employers.
2. [Employment] HAP Housing collaborated with other providers serving homeless families to hold a Secure Jobs Rally and job fair for enrollees in the Secure Jobs program who had not yet accessed employment. The event included child care, bus passes and lunch.
3. [Non-Employment] CoC providers had staff participate in the online SSI/SSDI Outreach, Access and Recovery (SOAR) training, and begin to use the Massachusetts Virtual Gateway online benefits application program, which accepts applications for 18 mainstream programs.

#### **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)**

The CoC works with the Regional Employment Board of Hampden County (REB) to assist homeless individuals and adult family members to access or increase employment. The REB has a designated homeless assistance staff person. CoC agencies and the REB collaboratively operate a Secure Jobs Program, which assists homeless households to access housing and jobs at the same time. Through coordinated casemanagement, shelter/housing agency staff work to assist households to obtain housing while the households work with REB staff to obtain employment. 35% of CoC-funded housing programs regularly connect participants with employment services.

### **3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's**

**geographic area are known to and engaged by providers and outreach teams?  
(limit 1000 characters)**

Health Care for the Homeless, the PATH program, and VA peer outreach conduct outreach on streets, riverbanks, and at feeding programs throughout the CoC. Each entity records its efforts in its own database. In addition to these efforts, the CoC sponsors regular meetings between outreach workers, hospital high utilizer case management staff, mental health crisis team, and the Springfield police department to ensure that all unsheltered people are identified.

Outreach workers, shelter staff, and housing providers meet on a regular basis to exchange information about people in need of housing units and units coming available. In 2015, the CoC began compiling a by-name list, made up of unsheltered homeless people known by the police or other entities, which it uses in conjunction with the lists of chronically homeless individuals and veterans. The by-name list is used at the multi-agency meeting to ensure that each unsheltered person has a housing navigator.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** No

**3A-7b. What was 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)**

N/a

## 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	520	297	-223
Sheltered Count of chronically homeless persons	502	293	-209
Unsheltered Count of chronically homeless persons	18	4	-14

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, 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 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)**

The total number of chronically homeless decreased for several reasons. 1. The CoC has had a long-standing focus on housing chronically homeless individuals, which resulted in the reduction of this population from 83 to 69 individuals. 2. The CoC's data regarding chronically homeless families is produced by the state of MA, which operates the statewide family shelter system. In 2014, the state's HMIS data on hundreds of families in overflow motels was poor quality and reflected a very high number of chronically homeless families. The data quality was significantly improved for the 2015 count, and appears to provide a more accurate--and lower--count of chronically homeless families.

The decrease in the number of unsheltered chronically homeless persons is due to a CoC focus on housing these individuals, using a housing first model. In addition, January 2015 was extremely cold and snowy, which may have led some people who are usually unsheltered to come into shelter.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

1. CoC providers will prioritize 100% of non-CH-designated beds for CH, which will provide 10 CH turnover beds per year.
2. In 2014, VOC will begin operation of 18 PSH-CH beds funded in FY12.
3. In FY13, HAP Turning Point is converting from TH to PSH, adding 21 units of PSH-CH. In FY14, MHA will convert Annie's House (TH) and Safe Havens to PSH, and Providence will convert Loreto House (TH) to PSH, creating a total of 39 units of PSH-CH. The CoC expects conversion of another 10 units of TH in FY15; Samaritan Inn is evaluating how to convert its 10 TH units to PSH.
4. In its FY14 application, MHA will use funds in its S+C 48 grant to create 20 additional units of PSH-CH.
5. Soldier On's veterans project, which includes 15 PSH-CH, will open in 2015.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

1. The CoC prioritized 100% of its non-CH-designated beds for CH, starting Jan. 2014.
2. VOC began operating 18 PSH-CH beds in Oct. 2015.
3. Turning Point TH converted to PSH Aug. 2014. Annie's House TH converted to PSH June 2015. Safe Havens converted to PSH July 2015.
4. MHA is still in the process of expanding PSH-CH beds under its S+C 48 program; it no longer expects to be able to expand by 20 units, so some of this grant is being reallocated in this FY15 competition.
5. The Soldier On veterans project is still under construction, with an expected

opening in 2016.

Strategies listed which were not accomplished were conversion of Loreto House and Samaritan Inn to permanent supportive housing. Both programs elected not to convert, so they did not apply for renewal CoC funding in FY14. The funds that were freed up were used to create a new project providing 10 units of PSH for chronically homeless families.

**3B-1.3. 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 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	536	321	-215

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in 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 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.  
(limit 1000 characters)**

What appears to be a decrease in the number of PSH beds dedicated for chronically homeless actually represents a data correction. The 2014 HIC included both the Springfield Housing Authority's Family's First program (122 beds) and VASH units (98 beds) as beds for chronically homeless. While both these programs (which are not CoC-funded) serve many chronically homeless people, the programs are not dedicated solely to this population, so they were removed from this category in the 2015 HIC. With these programs removed, the CoC actually increased the number of beds dedicated to chronically homeless people by 5 beds between the 2014 HIC and the 2015 HIC.

**3B-1.4. Did the CoC adopt the orders of priority in 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 ?**

Yes

**3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.**

Pages 12-13.

### 3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	54
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	13
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	13
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

### 3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

#### 3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The CoC is participating in the Zero 2016 campaign, and is on track to meet the goal of ending chronic homelessness by 2016. The CoC has established a monthly target for the number of chronically homeless to house, and tracks progress. Regular multi-agency case conferencing meetings coordinate outreach, services, and housing. The CoC has created a by-name list in order to ensure that there is focus on every chronically homeless person. CoC providers have prioritized 100% of PSH units for chronically homeless, and all programs operate in a low-demand Housing First model.

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

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

#### 3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input type="checkbox"/>
Number of previous homeless episodes:	<input type="checkbox"/>
Unsheltered homelessness:	<input 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 type="checkbox"/>
Chronic homelessness	<input checked="" type="checkbox"/>
Family VI-SPDAT score	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

#### 3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.

**(limit 1000 characters)**

All eligible homeless families in Massachusetts are provided \$8000 in state-funded rapid rehousing assistance, plus housing location services and ongoing supportive services. In the next year, the CoC will: collect data to better understand barriers that prevent families from quickly rehousing, and advocate with local housing authorities to create preferences for homeless families.

The CoC is using a coordinated entry process to identify families in need of permanent supportive housing. Families with long stays are assessed with the Family VISPDAT, and the most vulnerable families are offered PSH. Once the CoC houses all chronically homeless families it will move the VISPDAT screen to earlier in a family's stay to quickly identify families in need of PSH.

The CoC uses both ESG and CoC Rapid Rehousing funds to provide rapid rehousing assistance to families not eligible for the state's rapid rehousing program.

### 3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	1,024	1,954	930

### 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, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" 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 type="checkbox"/>
The state funding agency, MA Dept. of Housing & Community Development, prohibits involuntary family separation	<input checked="" type="checkbox"/>
The municipal ESG provider, the City of Springfield, prohibits involuntary family separation	<input checked="" 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

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**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	2,252	2,628	376
Sheltered Count of homeless households with children:	2,252	2,628	376
Unsheltered Count of homeless households with children:	0	0	0

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The state of Massachusetts provides emergency shelter to all eligible families, expanding when necessary through the use of motel placements. While there is a priority for local placements, the state operates the system on a centralized basis and places families wherever there is availability in the state. From the 2014 PIT to the 2015 PIT, the state increased the number of family emergency shelter beds in Hampden County from 874 to 1626 beds.

The level of family homelessness has been rising statewide in Massachusetts for several years. Some factors that drive this are very high housing costs in the eastern part of the state, a state policy emphasis on shelter rather than prevention and diversion, and a state system that is designed for very long shelter stays.

There were no unsheltered families in 2014 or 2015. The state's comprehensive shelter benefit makes the existence of unsheltered families very uncommon.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
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?	Yes

**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"/>
CoC is currently developing strategies to identify youth subject to trafficking and appropriately serve and refer this population	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 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 type="checkbox"/>
Score on Transition Age Youth VISPDAT	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	40	34	-6

**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 2014 is lower than FY 2013, explain why.  
(limit 1000 characters)**

The CoC initiated a new program for youth in 2013--the Gandara SHINE Transitional Housing Program, which serves youth 18-24. This program includes an outreach component, which has assisted in identifying at-risk youth. In addition, it has provided another service option for youth unwilling to go to emergency shelter for single adults.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$511,920.00	\$641,360.00	\$129,440.00
CoC Program funding for youth homelessness dedicated projects:	\$189,235.00	\$318,675.00	\$129,440.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$322,685.00	\$322,685.00	\$0.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	9
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	9
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.  
(limit 1000 characters)**

The CoC has both Family and Youth Committees, each of which meets monthly and include active participation by the CoC's McKinney-Vento liaisons. The liaisons have produced posters and handouts with information about the

educational rights of homeless children, which they give to homeless service providers who distribute the materials directly to families. Liaisons and provider staff communicate regularly by phone and email about particular families, ensuring that children are enrolled and receiving transportation and any other needed services. The state of Massachusetts has a right to shelter for families, so the state operates as a 'front door' for homeless families. The state provides regular notice to liaisons of children entering the shelter system within their school district, and the liaisons use this information to cross-check and ensure that children are enrolled. Homeless service providers assist school staff in identifying resources for at-risk families.

**3B-2.11. How does the CoC make sure that homeless participants 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. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

The CoC has adopted a policy requiring CoC- and ESG-funded providers to ensure that homeless children and youth are enrolled in school or early childhood education and are connected to appropriate education-related services in the community. Providers must distribute materials to family households that make clear that homeless children are able to remain in their school of origin or are able to enroll immediately in their new school; that homeless and children who remain in their school of origin are provided transportation to the school; and that homeless children and youth have access to all school programs and services on the same basis as other students. CoC and ESG-funded homeless assistance providers that serve families are required to have designated staff assigned to ensure adherence to federal and state statutes related to enrollment, transportation requirements and notification procedures. The CoC requires that CoC- and ESG-funded providers submit an annual certification of compliance with these requirements.

## 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	42	38	-4
Sheltered count of homeless veterans:	41	38	-3
Unsheltered count of homeless veterans:	1	0	-1

#### 3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The number of sheltered veterans decreased by 3, and the number of unsheltered veterans decreased by 1.

The decreases are due to continued CoC focus on identifying homeless veterans and referring them for VASH and SSVF assistance.

#### 3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?

**(limit 1000 characters)**

The CoC has created a by-name list of homeless veterans. The list was initially created from HMIS data, and as other homeless veterans are identified, they have been added to the list. Homeless outreach workers, VA peer outreach, and the police are collaborating to find and identify unsheltered homeless veterans.

Emergency shelter providers, outreach workers, and SSVF and VASH staff meet and communicate regularly to exchange information, create strategies, and make and track referrals for the people on the list. In addition, a VA peer outreach worker has regular hours at shelter locations in order to engage homeless veterans in VA services.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)**

The CoC gives preference for non-VA-eligible veterans in its CoC-funded programs. When a veteran is determined to be ineligible for VA services, the VA alerts shelter or outreach staff who attend the regular multi-agency case conferencing meetings, and the needs of the veteran are reviewed at that meeting. Non-VA-eligible veterans are referred for RRH or, if chronically homeless, considered for PSH.

**3B-3.4. 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 2015 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)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	9	38	322.22%
Unsheltered count of homeless veterans:	0	0	0.00%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** Yes

This question will not be scored.

**3B-3.5a. 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 2015?  
(limit 1000 characters)**

The CoC is participating in the Zero 2016 campaign. This participation has helped the CoC to develop a by-name list of homeless veterans and focus outreach and engagement strategies on these individuals. The CoC veterans committee has brought CoC, ESG, VA, and SSVF providers together to understand the population, coordinate strategies to engage and house veterans, and communicate about particular veterans. The challenge for our CoC has not been a lack of resources, but the difficulty in finding and engaging some hard-to-serve veterans in the community. Cross-agency collaboration has been helpful in identifying and engaging these individuals.

## 4A. Accessing Mainstream Benefits

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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 mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which 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 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	22
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 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	20
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	91%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

Massachusetts is fully participating in Medicaid Expansion. The state completed its own healthcare reform in 2006 which has increased coverage and access to coverage.



Throughout the CoC, Mercy Hospital's Health Care for the Homeless program prioritizes enrollment in health insurance. For the period October 2014 through September 2015, Health Care for the Homeless assisted homeless households to complete 533 applications for health insurance enrollment.

Over 90% of participants in the CoC's PSH and TH programs have Medicaid or Medicare coverage.

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

<b>Educational materials:</b>	<input checked="" type="checkbox"/>
<b>In-Person Trainings:</b>	<input checked="" type="checkbox"/>
<b>Transportation to medical appointments:</b>	<input checked="" type="checkbox"/>
On-site health clinic at community's homeless resource center (which provides PSH, a day center, and emergency shelter)	<input checked="" type="checkbox"/>
Assistance with co-pays	<input checked="" type="checkbox"/>
Language assistance	<input checked="" type="checkbox"/>
<b>Not Applicable or None:</b>	<input type="checkbox"/>

## 4B. Additional Policies

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 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? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

#### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	21
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 2015 competition:	21
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

#### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	19
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	18
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	95%

**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:	<input checked="" type="checkbox"/>
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 checked="" 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 any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	1,024	1,954	930

**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)

n/a

**4B-7. Is the CoC requesting to designate one** No

or more  
of its SSO or TH projects to serve families  
with children  
and youth defined as homeless under other  
Federal statutes?

**4B-7a. If "Yes" in 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)**

n/a

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 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)**

n/a

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** No

**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 type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>

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

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

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

## 4C. Attachments

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Notice re reducti...	11/19/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Screenshot - publ...	11/17/2015
03. CoC Rating and Review Procedure	Yes	FY15 CoC Competit...	11/13/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Publication of Co...	11/13/2015
05. CoCs Process for Reallocating	Yes	CoC Rank & Reallo...	11/13/2015
06. CoC's Governance Charter	Yes	MA-504 Governance...	11/16/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	10/16/2015
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	Documentation of ...	11/19/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	MA-504 HMIS Roles...	11/16/2015
11. CoC Written Standards for Order of Priority	No	CoC System Coordi...	10/17/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:** Notice re reduction in MHA S+C 48 grant amount

## **Attachment Details**

**Document Description:** Screenshot - publication of full application

## **Attachment Details**

**Document Description:** FY15 CoC Competition RFP 9-28-15

## **Attachment Details**

**Document Description:** Publication of CoC Competition RFP 9-28-15

## **Attachment Details**

**Document Description:** CoC Rank & Reallocation - posted 11-5-15

## **Attachment Details**

**Document Description:** MA-504 Governance Charter

## **Attachment Details**

**Document Description:** HMIS Policies and Procedures Manual

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Documentation of PHA homeless preferences

## **Attachment Details**

**Document Description:** MA-504 HMIS Roles & Responsibilities

## **Attachment Details**

**Document Description:** CoC System Coordination, Standards for Assistance, and Coordinated Entry

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**



**Document Description:**

**Attachment Details**

**Document Description:**

## Submission Summary

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

Page		Last Updated
1A. Identification		11/13/2015
1B. CoC Engagement		11/13/2015
1C. Coordination		11/13/2015
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<b>1D. CoC Discharge Planning</b>	11/13/2015
<b>1E. Coordinated Assessment</b>	11/16/2015
<b>1F. Project Review</b>	11/16/2015
<b>1G. Addressing Project Capacity</b>	11/16/2015
<b>2A. HMIS Implementation</b>	11/13/2015
<b>2B. HMIS Funding Sources</b>	11/13/2015
<b>2C. HMIS Beds</b>	11/16/2015
<b>2D. HMIS Data Quality</b>	11/19/2015
<b>2E. Sheltered PIT</b>	11/16/2015
<b>2F. Sheltered Data - Methods</b>	11/16/2015
<b>2G. Sheltered Data - Quality</b>	11/13/2015
<b>2H. Unsheltered PIT</b>	11/13/2015
<b>2I. Unsheltered Data - Methods</b>	11/13/2015
<b>2J. Unsheltered Data - Quality</b>	11/13/2015
<b>3A. System Performance</b>	11/16/2015
<b>3B. Objective 1</b>	11/16/2015
<b>3B. Objective 2</b>	11/16/2015
<b>3B. Objective 3</b>	11/19/2015
<b>4A. Benefits</b>	11/16/2015
<b>4B. Additional Policies</b>	11/16/2015
<b>4C. Attachments</b>	11/19/2015
<b>Submission Summary</b>	No Input Required