

Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:

1. the CoC Application, and
2. the CoC Priority Listing.

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

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

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

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application

- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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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: UFA

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

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	08/22/2022

1B-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's local competition:	
	1. Established total points available for each project application type.	Yes
	2. At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
	3. At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	No

1B-3.	Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
	1. Did your CoC reject or reduce any project application(s)?	Yes
	2. Did your CoC inform the applicants why their projects were rejected or reduced?	Yes
	3. If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/05/2022

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/05/2022
1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC’s website or affiliate’s website–which included: 1. the CoC Application, and 2. Priority Listings.	10/18/2022

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2A-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	Special NOFO Section VII.B.2.b.	
	Describe in the field below:	
	1. how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;	
	2. how your CoC addresses individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.	

(limit 2,500 characters)

1. The CoC has reviewed HMIS data and consulted with prevention and homeless service providers to identify risk factors. Risk factors include: the combination of extremely low income and displacement from a doubled up situation or due to housing condemnation or eviction; extremely low income combined with a disability or a behavioral health issue; and discharge from incarceration and systems of care such as hospitals, behavioral health treatment, and foster care. Domestic violence is also a risk factor.

2. Currently, the CoC includes a robust state-funded program that provides prevention and rapid rehousing to at-risk households. The CoC has coordinated with the program to increase awareness and to assist people to access the program.

The CoC coordinates closely with ESG- and ESG-CV-funded prevention providers, including providers who have focused efforts on at-risk populations: these include New North Citizens Council, funded to provide assistance to people exiting incarceration; the YWCA, funded to provide prevention and rapid rehousing assistance to survivors of domestic violence; and Clinical Support Options, funded to provide prevention and rapid rehousing to people with behavioral health challenges. Catholic Charities provides prevention and rapid rehousing assistance to a broad range of household types, and is particularly responsive to very low-income households displaced by building condemnations.

3. Way Finders, Inc., the regional provider of prevention and rapid rehousing assistance, which coordinates these efforts with other providers.

2A-2.	Length of Time Homeless--Strategy to Reduce. (All Applicants)	
	Special NOFO Section VII.B.2.c.	
	Describe in the field below:	
	1. your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
	2. how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1. The CoC coordinates regular multi-agency case-conferencing meetings to strategize placements for long-stayers--both chronically homeless and those at risk of chronic homelessness. The CoC uses all of its PSH for chronically homeless and prioritizes housing placements by length of homelessness and service needs. The CoC focuses additional case management and prioritizes RRH for persons identified as at risk of chronic homelessness. The CoC participates in Community Solutions' Built for Zero initiative, through which it is regularly tracking and improving its approach to ending chronic homelessness.

2. The CoC runs twice a month HMIS data reports to identify long-stayers, and maintains a by-name list of those who are chronically homeless (both individuals and families). The list prioritizes by length of stay and severity of service needs, and the CoC has adopted the order of priority in Notice CPD-16-11. All of the CoC's PSH units are designated DedicatedPlus, in order to provide some flexibility to serve people with the highest service needs and longest stays in homelessness, but where it may be difficult to fully document the length of homelessness needed to strictly meet the chronic homelessness definition.

3. The CoC Administrator/Springfield Director of Housing.

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
	Special NOFO Section VII.B.2.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
	1. emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
	2. permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,500 characters)

1. As part of coordinated entry, the CoC assigns Housing Navigators to households experiencing homelessness; the job of a Housing Navigator is to help a household obtain necessary documentation for housing and be referred to or apply for housing opportunities. The CoC's coordinated entry system prioritizes households with the longest histories of homelessness and highest service needs for permanent supportive housing. The CoC works to increase the number of permanent supportive housing and rapid rehousing units by: reallocating CoC funds from transitional housing and poor performing projects; working with housing authorities to prioritize homeless people for units and to seek new resources (such as Mainstream and Foster Youth to Independence vouchers); approaching subsidized housing providers to seek set-asides of units; and using HOME TBRA assistance for homeless households. In 2021-2022 the CoC is partnering with three PHAs to provide Emergency Housing Vouchers to households with long stays in homelessness, and providing intensive support to assist those households in using the vouchers. The CoC has begun coordinating with the City of Springfield to use HOME-ARP funds to increase housing units prioritized for currently homeless households.

2. All CoC-funded units are Housing First/low demand and provide wraparound services. The CoC has designated all PSH units as DedicatedPlus; this practice allows the CoC to quickly rehouse anyone who loses a PSH placement, without requiring the person to age into chronic homelessness again. The CoC provides training for staff working with PSH projects, including training on trauma-informed care, motivational interviewing, responding to domestic violence, and support for individuals experiencing a behavioral health crisis.

2A-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate. (All Applicants)	
	Special NOFO Section VII.B.2.e.	

	Describe in the field below:
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1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1. The CoC has looked at its data on persons who have returned to homelessness in order to identify risk factors. Among individuals, the highest risk factor is a combination of mental illness and active substance use. For families, risk factors are extremely low incomes and active substance use or untreated mental illness.
2. The CoC's strategy to reduce returns to homelessness is to ensure that proper assessment and assistance is provided when people are housed, so that those who are most in need of support services receive ongoing services, and those who are most in need of increased income are connected with employment and training resources. All of the CoC's programs are low-demand, Housing First. The CoC provides regular training to housing support staff to provide them the tools necessary to assist this population to remain housed. ESG-funded prevention programs prioritize people who have been previously homeless.
3. CoC Administrator/City of Springfield Director of Housing.

2A-5.	Increasing Employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	
	Describe in the field below:	
	1. the strategy your CoC has implemented to increase employment cash sources;	
	2. how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and	
	3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1. The CoC has established goals for providers for the percent of participants who increase employment income. It incorporates progress toward this goal in the scoring or renewal applications. The CoC provides training to providers on employment resources and programs.
2. The CoC has collaborated with Way Finders, Inc. in a project called Secure Jobs, which works to link homeless persons to housing and employment at the same time. The program includes a full-time job locator; staff that assist participants with job search, placement and retention; and a pool of flexible funds that can be used to overcome barriers to employment. The Secure Jobs program is available to homeless families and individuals throughout the CoC's geographic area. The CoC organizes training for homeless service providers by employment training agencies, including the WIOA agency, on how people experiencing homelessness can access those programs.
3. The Director of the Western Massachusetts Network to End Homelessness, who chairs the multi-agency Career Services committee.

	2A-5a. Increasing Non-employment Cash Income–Strategy. (All Applicants)	
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Special NOFO Section VII.B.2.f.

Describe in the field below:

	1. the strategy your CoC has implemented to increase non-employment cash income;
	2. your CoC's strategy to increase access to non-employment cash sources; and
	3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1. The CoC provides regular training to agency staff on Social Security and cash assistance programs. During regular multi-agency case conferencing meetings, coordinated entry staff review income sources for persons on the by-name list and identify potential non-employment income sources. Subsequent case conferencing meetings review whether case workers have followed up on recommendations to apply for non-employment cash income.

2. The CoC requires all CoC- and ESG-funded providers to have staff who have completed SOAR training and therefore have specialized knowledge about strategies to improve approval rates for disabled people experiencing homelessness. Program staff work closely with our Health Care for the Homeless provider to obtain necessary documentation of disabling conditions.

3. CoC Administrator/City of Springfield Director of Housing

2B. Coordination and Engagement–Inclusive Structure and Participation

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

20.	Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes
21.	Non-CoC-Funded Victim Service Providers	Nonexistent	No	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	No
24.	Organizations led by and serving people with disabilities	No	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	No
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	No	Yes
29.	Substance Abuse Advocates	Yes	No	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	No
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, other People of Color, persons with disabilities).

(limit 2,500 characters)

1. The CoC's website indicates that CoC membership is open to all, and provides information about how to become a member, and that all meetings are open to the public. In advance of its 2021 annual meeting, the CoC posted notice on its website and a notice on the website of the Western Mass Network to End Homelessness that new members are welcome, and can join by indicating interest to the CoC administrator or by attending the meeting.

2. The CoC posts notices and information on its website in an accessible PDF format. Meetings are held via Zoom and closed captioning is available.

3. The CoC's Youth Action Board (YAB), made up of youth and young adults with lived experience of homelessness, is part of the CoC and conducts ongoing outreach to encourage other young people with lived experience to join. In 2021, the CoC convened focus groups of homeless individuals over age 25 to increase engagement with this population and invited interested attendees to join the CoC and participate in CoC planning.

4. The CoC has invited organizations serving specific communities experiencing homelessness to join the CoC and attend its meetings, including the annual meeting. Several of these organizations have leaders or staff who are CoC Board members, including Martin Luther King Jr. Family Services (serving the Black community), New North Citizens Council (serving the Latino community), Gandara Center (serving the Latino community), and Arise for Social Justice (a member-led community organization dedicated to defending and advancing the rights of poor people). These groups have been actively engaged in our CoC's planning and implementation of changes to increase equity among the people we serve. Specific recent outreach included to the regional disability rights organization and to a grassroots organizing movement with chapters in Springfield and Holyoke.

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. The CoC held focus groups of people experiencing homelessness to, and met with the Youth Action Board to continue our work or co-designing our youth homeless response system. In coordination with the Western Massachusetts Network to End Homelessness, the CoC held population-specific open and publicly advertised meetings: Individuals, Unaccompanied Youth, Veterans, Families and Career Services. The meetings were attended by CoC leadership and multiple community stakeholders and provided an opportunity and forum to discuss strategies to prevent and end homelessness.

2. Advance notice, agendas, and minutes from the meetings were posted on the Network's website, which has been active for more than 10 years and has over 500 subscribers; the same are sent to the extensive email distribution list for each committee. The CoC has a website where CoC information is posted, including meeting notices, agendas, and minutes.

3. Throughout the year, committees include various items on agendas and invite guests. Ideas from meetings have led to additional planning, work groups, and strategies. In the past year, the committees have: organized numerous training opportunities; started a workgroup on the intersection of domestic violence and homelessness; continued group work on racial justice and addressing inequities; and organized a workgroup of leaders from multiple local municipalities to cooperatively plan for emergency shelter and development of permanent supportive housing in response to needs highlighted by COVID.

Specific areas where information and opinions shared influenced the CoC in its approach in the past year were: 1) strategies for improving the equitable distribution of Emergency Housing Vouchers; 2) increased focus on prevention of homelessness as part of the strategy responding to domestic violence; and 3) creation of a new PSH project designed to serve individuals with serious mental illness, which will have on-site intensive services.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,500 characters)

1. On August 22, 2022, the CoC publicly posted notice that it is accepting proposals for new and renewal projects to the websites of the CoC, the CoC lead (the City of Springfield), and the Western Massachusetts Network to End Homelessness; published notice in the newspaper; and emailed notice to a distribution list of organizations that are involved in the fields of housing and homelessness. The notice directed interested applicants to the posted Request for Proposals (RFP) document which provides detailed information about the opportunity and how to apply.

2. The Notice and RFP state that the CoC competition is open to all eligible applicants and that the CoC is seeking applications for new projects.

3. The RFP explains how applications must be submitted (one part in esnaps and a supplemental application via email) and informs potential applicants that CoC staff will guide them through use of esnaps, as well as the process for requesting access to and assistance with esnaps.]

4. The RFP explains that CoC uses a competition to select applications to be included in its consolidated application to HUD, that all applications received are scored and considered, and it describes the process for evaluation and selection. Specifically, it states that all projects are scored and ranked according to published objective criteria which is made available in the RFP. The RFP states the Scoring and Ranking Committee is made up of CoC members who are not associated with any applicants and makes decisions on which projects to include in the CoC application.

5. The RFP was posted online in an accessible PDF format.

2C. Coordination / Engagement—with Federal, State, Local, Private, and Other Organizations

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2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Nonexistent
14.	Private Foundations	No
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

1. The CoC provided input on community needs and funding priorities to the City of Springfield (the only ESG entitlement community in the CoC's boundaries) as part of the planning process for ESG and ESG-CV funds, and participated on application review committees for the ESG and ESG-CV grants.

The CoC and the City have collaborated to create ESG written standards for providing assistance. The CoC also provided input to the state of Massachusetts for its ESG and ESG-CV planning processes.

2. The CoC collaborated with the City of Springfield (ESG recipient) to create ESG performance standards and provides HMIS-generated Consolidated Annual Performance and Evaluation Reports (CAPER) reports to the City and State.

3. The CoC provides PIT and HIC data annually to the entitlement jurisdictions in its geography--Springfield, Holyoke, Chicopee and Westfield--by sending a written report and copy of the complete data set.

4. The CoC provides information to the four consolidated plan jurisdictions for annual plans and CAPERS. In addition, community development staff from each of the four jurisdictions participate on the CoC's Board of Directors, which receives regular data reports.

2C-3.	Discharge Planning Coordination. (All Applicants)	
	Special NOFO Section VII.B.3.c.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.		
1.	Foster Care	Yes
2.	Health Care	Yes
3.	Mental Health Care	Yes
4.	Correctional Facilities	Yes

2C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts. (All Applicants)
	Special NOFO Section VII.B.3.d.

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

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

2C-4a.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts—Formal Partnerships. (All Applicants)
	Special NOFO Section VII.B.3.d.

Describe in the field below:

1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

(limit 2,500 characters)

1. The CoC has created a Homeless Provider-Education Provider workgroup that meets quarterly to share resources with the goals of: 1) assisting school staff in identifying homeless families and unaccompanied youth and providing referrals to resources, including referring unaccompanied youth to the CoC's youth housing crisis hotline, and 2) ensuring that homeless children and youth are able to access education and education services.

Youth education providers, including representatives from the two local community colleges, are members of the Homeless Youth and Young Adult Executive Committee, which oversees implementation of our YHDP coordinated community plan.

The SEA participates in quarterly Homeless Provider-Education workgroup meetings and youth-focused planning meetings, and annually provides Department of Education data to the CoC on homeless children and youth.

The CoC is formally committed to participate in regional monthly meetings of local homeless education liaisons. The City of Springfield local homeless education liaison is a member of the CoC's Board of Directors.

The CoC has provided outreach and training to school district staff regarding youth homelessness--specifically, about identification and referral of unaccompanied homeless youth. The CoC coordinates with school districts for the annual point-in-time count, with schools distributing information about the count.

2. The CoC does not have any formal partnerships with school districts.

2C-4b.	CoC Collaboration Related to Children and Youth—Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)	
Special NOFO Section VII.B.3.d.		

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

(limit 2,500 characters)

CoC written policy requires 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. The policy requires that providers that serve families or youth must have a designated staff person for this purpose and must distribute materials to family households that describe the education rights of children experiencing homelessness.

2C-5.	Mainstream Resources—CoC Training of Project Staff. (All Applicants)	
Special NOFO Section VII.B.3.e.		

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

	Mainstream Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI—Supplemental Security Income	Yes
3.	TANF—Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other	Yes

2C-5a.	Mainstream Resources—CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
Special NOFO Section VII.B.3.e.		

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

1. The CoC conducts annual training on mainstream benefit programs and also invites speakers to describe programs and how to access them at regular (weekly or bi-weekly) multi-agency case conferencing meetings and at population-specific regional meetings (regular monthly or quarterly meetings by specific population --individuals, families, youth, veterans).

2. The CoC provides regular information-sharing and updates about mainstream resources through its email list-serv and through information sharing at weekly or bi-weekly multi-agency case conferencing meetings. This information is communicated at least once a month.

3. Our community's Health Care for the Homeless program is a regular participant in regular case-conferencing meetings and these meetings include review of access to Medicaid or other health insurance and requests for assistance in helping homeless people to enroll.

4. The Health Care for the Homeless program provides health services on site at many program locations, and will visit individuals in unsheltered locations and in their housing units. The health workers both provide health care and coordinate referrals to and access to other providers by arranging appointments, providing transportation, and other assistance to support use of medical benefits. Health Care for the Homeless attends case conferencing meeting where coordination of care takes place, including identification of strategies to assist particular individuals access health care.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only). Special NOFO Section VII.A.	
If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.		
	Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	

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

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
	If you answered yes to question 3B-1, describe in the field below:	
	1. how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and	
	2. how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.	

(limit 2,500 characters)

N/A

4A. Attachments Screen For All Application Questions

Please read the following guidance to help you successfully upload attachments and get maximum points:

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

Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	Local Competition...	10/12/2022
1B-2. Local Competition Scoring Tool	Yes	Local Competition...	10/12/2022
1B-3. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/12/2022
1B-3a. Notification of Projects Accepted	Yes	Notification of P...	10/12/2022
1B-4. Special NOFO CoC Consolidated Application	Yes	Special NOFO CoC ...	10/18/2022
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No		
P-1a. PHA Commitment	No	PHA commitment	10/14/2022
P-3. Healthcare Leveraging Commitment	No	Healthcare Levera...	10/18/2022
P-9c. Lived Experience Support Letter	No	Lived Experience ...	10/13/2022
Plan. CoC Plan	Yes	CoC Plan	10/18/2022

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Notification of Projects Rejected

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Special NOFO CoC Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: PHA commitment

Attachment Details

Document Description: Healthcare Leveraging Commitment

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: CoC Plan

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/17/2022
1B. Project Review, Ranking and Selection	10/03/2022
2A. System Performance	10/03/2022
2B. Coordination and Engagement	10/03/2022
2C. Coordination and Engagement–Con't.	09/25/2022
3A. New Projects With Rehab/New Construction	No Input Required
3B. Homelessness by Other Federal Statutes	09/25/2022
4A. Attachments Screen	10/18/2022
Submission Summary	No Input Required

Local Competition Announcement



Special 2nd CoC Competition to Respond to Unsheltered Homelessness



Gerry McCafferty
August 22, 2022
Edit

The CoC has released a [Request for Proposals](#) for the Special Competition to respond to Unsheltered Homelessness.

The CoC is seeking programs to provide outreach and housing to the unsheltered population throughout Hampden County. Selected projects will be included in the CoC's application to HUD for a 3-year \$5,157,415 grant, which will be renewable after the initial term.

An information session for this opportunity will take place September 1, 2022 at 3 pm, and a bidder's conference will take place September 12, 2022 at 3 pm. See the RFP for Zoom links to these sessions.

The deadline for this RFP is September 20, 2022.

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Local Competition Scoring Tool

Appendix A: Project Scoring Tool for Ranking and Tiering

Category	Measure	Source	Point Value	Scoring Criteria	Points Awarded
Experience	Experience: Experience working with the proposed population and in providing services/housing similar to that proposed in the application	<i>Esnaps</i> application (screen 2B, #1)	10	Meets requirement = 10 points	
Program design	Program design: Applicant demonstrates: understanding of the needs of the clients to be served; type, scale and location of the housing fits the needs of the clients; the type and scale of all the supportive services, regardless of funding source, meets the needs of clients; and how clients will be assisted in obtaining mainstream benefits.	<i>Esnaps</i> application	10	Meets requirement = 10 points	
Program Design	Housing First: Understanding of and commitment to Housing First approach; describes project 1) eligibility criteria; 2) process for accepting new clients 3) process and criteria for exiting clients, and these are consistent with Housing First.	Part 2 Application	5	Meets requirement = 5 points	
Program design – housing	Housing leverage: Project leverages housing resources with housing subsidies/units not funded through CoC or ESG.	Leverage commitment	5	Meets requirement = 5 points	
Program design - housing	Healthcare leverage: Project leverages health resources, including a partnership with a healthcare organization.	Leverage commitment	5	Meets requirement = 5 points	
Program design - outreach	Outreach to encampments: Program describes activities designed to connect to and engage people living in encampments	Part 2 Application	10	Meets requirement = 10 points	
Program design - outreach	Innovation: Applicant identifies one or more aspects of program design or use of resources that is innovative.	Part 2 Application	5	Meets requirement = 5 points	
Quality Services	Addressing Housing Barriers: Organization identifies challenges that unsheltered people currently experience in accessing CoC housing programs and identifies strategies to overcome barriers	Part 1 Application	5	Demonstrates provision of assistance to participants to overcome barriers to accessing services = 5 points	

Quality Services	Trauma-Informed Care: Organization demonstrates commitment to TIC	Part 1 Application	5	Demonstrates that organization operates using a TIC approach = 5 points	
Equity	Overcoming BIPOC Barriers to Successful Program Participation: Identifies barriers (to access to and/or successful participation) expected to be faced by BIPOC and has created strategies to eliminate those barriers	Part 2 Application	7.5	Identifies barriers faced by BIPOC and has taken concrete actions to eliminate = 7.5 points Identifies barriers faced by BIPOC and plans concrete actions to eliminate = 5 points Identifies barriers faced by BIPOC but does not identify concrete actions to address = 2 points	
Equity	Anti-Discrimination and Diversity and Inclusion Policies: 1) Organization has a nondiscrimination policy that includes LGBTQ+ population, and 2) Organization has a Diversity and Inclusion Policy	Part 2 Application Attachment	7.5	Has anti-discrimination policy that includes LGBTQ+ <u>and</u> has a Diversity and Inclusion Policy= 7.5 points Has anti-discrimination policy that includes LGBTQ+ but no Diversity and Inclusion Policy = 4 points	
Equity	Persons with Lived Experience: Organization has involved PWLE in program design and commits to meaningful inclusion of PWLE in program implementation	Part 2 Application	7.5	Demonstrates that PWLE were included in program design = 3.5 points Demonstrates commitment of PWLE in program implementation = 4 points	
Equity	Diversity among Leadership: Under-represented individuals (BIPOC and LGBTQ+) at Board and senior leadership level	Part 2 Application	7.5	Leadership reflects homeless population (at least 60% BIPOC/LGBTQ+) = 7.5 points Demonstrates diversity (at least 25% BIPOC/LGBTQ+) = 5 points Minimal diversity (at least 10% BIPOC/LGBTQ+) = 2 points	
Geography	Program serves Holyoke	Part 2 Application	5	Explicit commitment to serve Holyoke = 5 points	
Administration - housing	Cost effectiveness: Project has reasonable cost per person	<i>Esnaps</i> application	5	For housing programs: ≥ \$12,000 = 5 points	
Administration	Audit: Agency audit contains no findings and identifies agency as low risk	Agency audit	5	Meets requirement = 5 points	
TOTAL			100		

Notification of Projects Rejected-Reduced

McCafferty, Geraldine

From: McCafferty, Geraldine
Sent: Wednesday, October 5, 2022 12:11 PM
To: Theresa Nicholson; Chelsea Wait
Subject: Continuum of Care - Competition to Address Unsheltered Homelessness

Theresa and Chelsea—

The CoC Application Review Committee has completed its work. The Committee has decided not to include CHD's application for Outreach and Navigation in its consolidated application to HUD in the special unsheltered competition. The project received a total point score of 56.5 of 100 points, and the Committee decided that this score was not high enough to include for funding.

CHD has the right to file an appeal of this decision with HUD. The process for appeal is for you to submit a "solo application" to HUD in esnaps by 8 pm on September 30, 2022. The HUD Notice of Funding Opportunity for the CoC competition provides:

Eligible project applicants that attempted to participate in the CoC planning process in the geographic area in which they operate, that believe they were denied the right to participate in a reasonable manner, may submit a solo project application to HUD and may be awarded a grant from HUD by following the procedure found in 24 CFR 578.35. Solo applicants must submit their solo project application in e-snaps to HUD by 8:00 PM EDT, on September 30, 2022. See Section X.C of this NOFO for additional information regarding the Solo Applicant appeal process.

The NOFO is available here if you wish to review Section X.C: <https://www.hud.gov/sites/dfiles/CPD/documents/FR-6500-N-25S-Update-2022-09-30.pdf>

The CoC's Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs calls for additional outreach and housing navigation. The CoC itself will apply for additional funds to support this work and will hold a second-round competition to select one or more entities to carry out the work. The additional competition will use the same questions and scoring tool. CHD may apply again in that follow-up competition.

Please let me know if you have any questions.

Gerry

Geraldine McCafferty | *Director of Housing*
CITY OF SPRINGFIELD

1600 E. Columbus Avenue | Springfield, MA 01103
t: 413.787.6500 | f: 413.787.6515 | www.springfieldcityhall.com

Notification of Projects Accepted

McCafferty, Geraldine

From: McCafferty, Geraldine
Sent: Wednesday, October 5, 2022 12:11 PM
To: Maria Perez (mperez@newnorthcc.org); Mollie M. Sullivan; Stuart, Mary; Christine Palmieri; Bill Miller; Geoffrey Oldmixon; Theresa Nicholson; Chelsea Wait
Subject: Continuum of Care - Competition to Address Unsheltered Homelessness

Good morning—

Thank you for applying for the CoC's Competition to Address Unsheltered Homelessness. The CoC Application Review Committee has completed its work, and has selected the following projects to include in the CoC's application to HUD.

Rank	Applicant	Project	Score	Funding
1	New North Citizens Council	Outreach and Navigation	90.5	\$ 377,370
2	Mercy Medical	Outreach and Navigation	89.5	\$ 879,209
3	Mental Health Association	PSH	88	\$ 1,442,573
4	Clinical Support Options	775 Worthington Street	83	\$ 438,306
5	Center for Human Development	PSH	81	\$ 678,038

I will be in touch with you to finalize applications in the next few days.

Gerry

Geraldine McCafferty | *Director of Housing*
CITY OF SPRINGFIELD
1600 E. Columbus Avenue | Springfield, MA 01103
t: 413.787.6500 | f: 413.787.6515 | www.springfieldcityhall.com

Web Posting of CoC-Approved Special NOFO
Consolidated Application

Springfield-Hampden County Continuum of Care

Ending homelessness one person at a time



FY2022 CoC Special Unsheltered Competition

Gerry McCafferty
October 18, 2022
Edit

The Springfield-Hampden County Continuum of Care has posted its FY22 Special Unsheltered Competition Application, which will be submitted to the US Department of Housing and Urban Development (HUD) on October 20, 2022. There are two parts to the application—click on each title to access the document.

- [FY2022 Special NOFO CoC Application](#)
- [FY2022 Special NOFO Project Priority Listing](#)

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PHA Commitment



Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Jennifer D. Maddox, Undersecretary

October 14, 2022

Geraldine McCafferty
The City of Springfield Office of Housing
Springfield-Hampden County Continuum of Care (MA-504)
1600 East Columbus Avenue
Springfield, MA 01103

Re: Stability Vouchers

Dear Ms. McCafferty:

Please accept this letter as DHCD's (MA901) commitment to the Springfield-Hampden County Continuum of Care (MA-504) to work with you to pair Stability Vouchers with CoC-funded supportive services, particularly those funded through FR-6500-n-25S, the Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness. Further, we commit to working with the CoC and other stakeholders to develop a prioritization plan for the potential allocation of these vouchers.

Thank you for this opportunity to leverage our respective resources to serve unsheltered homeless people with severe service needs.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Maryssa Schneider McLean".

Maryssa Schneider McLean
Deputy Director, Division of Rental Assistance, DHCD

Healthcare Leveraging Commitment

October 18, 2022



Ms. Geraldine McCafferty
Director of Housing
Office of Housing
1600 East Columbus Avenue
Springfield, MA 01103

Dear Ms. McCafferty:

Please accept this letter to document the value of healthcare services for the CHD Unsheltered PSH application.

CHD will provide substance use treatment and support for all program participants at the 20 PSH units in the CHD Unsheltered PSH program who qualify and choose those services. Specifically, CHD will provide medication assisted treatment and recovery support coaching.

- Medication Assisted Treatment is valued at \$150.00 per session. We anticipate 5 participants will utilize this service 2 times per month.
Leverage value \$18,000
- Recovery Support Specialist is valued at \$50.00 each session. We anticipate 5 people will utilize this service 2 times per week.
Leverage value \$26,000.

In addition to the substance use recovery support, CHD will also provide nursing case management to participants in the 20 PSH units.

- Nursing Case Management is valued at \$100 each session. We anticipate 4 people accessing this service 1 time per week.
Leverage value \$20,800

These services will be available from the start date of the CHD Unsheltered PSH program through the three-year grant period. The value of the healthcare services that CHD will provide to the 20 participants in the CHD Unsheltered PSH program is \$44,000 annually, or \$132,000 over three years.

Sincerely,

A handwritten signature in blue ink that reads "Theresa Nicholson". The signature is written in a cursive, flowing style.

Theresa Nicholson
Director
Diversion Shelter and Housing CHD

CARE
FINDS
A WAY.



Letter of Commitment to Provide Healthcare Services

October 7, 2022

To Whom It May Concern:

The Massachusetts Behavioral Health Partnership (MBHP) supports the MA-504 Continuum of Care-Center for Human Development request for PSH using funds from the CoC Special Unsheltered funding competition. Should the proposal for CHD Unsheltered PSH be funded, MBHP will support enrollment into the Community Support Program for Chronically Homeless Individuals (CSP-CHI) for all eligible project participants.

Behavioral health care services will be provided through the CSP-CHI program available through MBHP's Medicaid insurance coverage and have been shown to effectively assist in sustaining tenancies for this population. The project sub-recipient, Center for Human Development, is currently a CSP-CHI approved provider.

CSP-CHI healthcare services will be made available to eligible project participants at the start of the grant and will be available for 36 months. The annual value of this service is estimated to be \$44,201.50 based on the current allowable daily rate of \$17.30 per person served and the expectation that seven chronically homeless project participants will be enrolled. The value of the expected services will be \$132,604.50 over a three-year period.

If I may be of further assistance in the application process, please do not hesitate to contact me.

Sincerely,

Sharon Hanson
Chief Executive Officer, MBHP



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
Western Massachusetts Area
1 Prince Street, Northampton, MA 01060

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

BROOKE DOYLE
Commissioner

JULIE SCHWAGER
Area Director

Phone (413) 587-6200
Fax (413) 587-6203
TTY (413) 586-6592
www.mass.gov/dmh

October 17, 2022

Geraldine McCafferty
Director of Housing
City of Springfield
1600 E. Columbus Avenue
Springfield, MA 01103

Dear Ms. McCafferty:

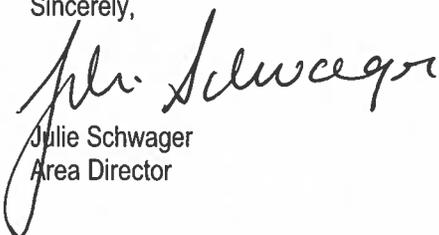
The Massachusetts Department of Mental Health supports the MA-504 Continuum of Care - Center for Human Development request for PSH using funds from the CoC Special Unsheltered funding competition. Should the proposal for CHD Unsheltered PSH be funded, DMH will work with CHD to screen and support eligible participants enrollment into our services for ACCS community support services for the Chronically Homeless Individuals that are eligible project participants.

ACCS services include providing staff support to secure and maintain housing. This includes finding an apartment and assisting with landlord negotiations and addressing any barriers to lease up like Credit/CORI issues. It also provides support to maintain the tenancy ensuring the rent is paid, the apartment is properly maintained and assist with any ongoing landlord/tenant issues. ACCS services have been shown to effectively assist in sustaining tenancies for this population. The project subrecipient, Center for Human Development, is currently the DMH approved ACCS provider in the Springfield/Holyoke/Chicopee area.

ACCS services will be made available to eligible project participants at the start of the grant and will be available for thirty-six (36) months. The annual value of the ACCS service is estimated to be \$84,534 based on the current allowable daily rate of \$46.32 per person served and the expectation that 5 chronically homeless project participants will be enrolled. The total value of the expected services will be \$253,602 over a three-year period.

If I may be of further assistance in the application process, please do not hesitate to contact me.

Sincerely,



Julie Schwager
Area Director



Letter of Commitment to Provide Healthcare Services

September 28, 2022

To Whom It May Concern:

The Massachusetts Behavioral Health Partnership (MBHP) supports the MA-504 Continuum of Care -Clinical Support Options request for PSH using funds from the CoC Special Unsheltered funding competition. Should the proposal for CHD Unsheltered PSH be funded, MBHP will support enrollment into the Community Support Program for Chronically Homeless Individuals (CSP-CHI) for all eligible project participants.

Behavioral health care services will be provided through the CSP-CHI program available through MBHP's Medicaid insurance coverage and have been shown to effectively assist in sustaining tenancies for this population. The project subrecipient, Clinical Support Options, is currently a CSP-CHI-approved provider.

CSP-CHI healthcare services will be made available to eligible project participants at the start of the grant and will be available for 36 months. The annual value of this service is estimated to be \$75,774, based on the current allowable daily rate of \$17.30 per person served and the expectation that 12 chronically homeless project participants will be enrolled. The value of the expected services will be \$227,322 over a three-year period.

If I may be of further assistance in the application process, please do not hesitate to contact me.

Sincerely,

Sharon Hanson
Chief Executive Officer, MBHP



October 14, 2022

Ms. Geraldine McCafferty
Director of Housing
Office of Housing
1600 East Columbus Avenue
Springfield, MA 01103

Dear Ms. McCafferty:

Please accept this letter to document the value of substance abuse and recovery services for the MHA Unsheltered PSH application.

MHA will provide access to recovery coach services, prescriber services, as well as individual therapy/counseling sessions for all program participants at the 31 new units who qualify and choose those services.

Based on our experience in providing permanent supportive housing, MHA estimates that 15 participants will take use of services as follows:

- Recovery Coach Services- 10 individuals x \$500 x 12 months = \$60,000
- Prescriber Services- 5 individuals x \$110/session x 12 monthly sessions = \$6,600
- Individual Therapy/counseling- 5 individuals x \$95/session x 12 monthly sessions = \$5,700

The value of these services for a one-year period is \$72,300. Over the three-year grant term, the total expected value will be \$216,900.

Sincerely,

A handwritten signature in blue ink that reads 'Sarah Smith'.

Sarah Smith
Vice President of Finance



Voted "Best Place to Work"
and "Best Non-Profit"



Letter of Commitment to Provide Healthcare Services

September 28, 2022

To Whom It May Concern:

The Massachusetts Behavioral Health Partnership (MBHP) supports the MA-504 Continuum of Care - Mental Health Association request for PSH using funds from the CoC Special Unsheltered funding competition. Should the proposal for MHA Unsheltered PSH be funded, MBHP will support enrollment into the Community Support Program for Chronically Homeless Individuals (CSP-CHI) for all eligible project participants.

Behavioral health care services will be provided through the CSP-CHI program available through MBHP's Medicaid insurance coverage and have been shown to effectively assist in sustaining tenancies for this population. The project subrecipient, Mental Health Association, is currently a CSP-CHI-approved provider.

CSP-CHI healthcare services will be made available to eligible project participants at the start of the grant and will be available for 36 months. The annual value of this service is estimated to be \$63,145, based on the current allowable daily rate of \$17.30 per person served and the expectation that 10 chronically homeless project participants will be enrolled. The value of the expected services will be \$189,435 over a three-year period.

If I may be of further assistance in the application process, please do not hesitate to contact me.

Sincerely,

Sharon Hanson
Chief Executive Officer, MBHP



Mercy Medical Center
Trinity Health

10-17-22

Mercy Medical Center
Department of Community Health and Well Being
317 Carew Street
Springfield, MA

To whom it may concern:

Mercy Medical Center commits healthcare services its support the Springfield-Hampden County Continuum of Care (CoC) plan to address the needs of unsheltered homeless individuals with severe needs.

Through its Healthcare for the Homeless program, Mercy currently provides primary and behavioral health care to people who are homeless, including to homeless individuals as they transition into housing. Depending on the situation for these newly housed individuals Mercy can leverage funds that can support the purchase of furniture, support for ongoing physical and mental health services and transportation resources as needed. Additionally, our community health workers support individuals with connections to social care resources such as SNAP, HIP, educational training, and job placement. The length of time we are engaged is based on the client needs and housing status.

The CoC's plan will provide housing opportunities for 87 individuals. Mercy Medical Center will make the following health care services available to these 87 individuals:

- Primary Care and periodic follow up appointments
- Medication management
- Initial Mental Health assessment and treatment plan
- Follow Up Mental Health care as needed
- Specialty referrals to services such as surgery, substance use disorder, pulmonary, dermatology etc.

Mercy estimates that it will provide 42 primary care visits; 45 medication management appointments; 36 mental health care appointments; 90 follow up mental healthcare appointment to individuals in these housing units. This estimate is based on the following assumptions:

60 individuals served per year who will engage with healthcare service as follows:

- 70% need primary care or follow appointments
- 60% will need mental health service and then follow up appointments
- 50% will need medication management appointment (1/2 of whom need more than one)

The estimated value of each primary care visit is \$222, mental health services are \$216 for initial visits and \$140 for follow up care. The cost of a medication management visit is \$52.

Over the course of a year, the total expected value of health care services that Mercy Medical Center expects to provide to individuals housed through this plan is \$32,000. The value over the three-year grant term is \$96,000.

Sincerely,

Mary Stuart

Mary Stuart (Oct 17, 2022 11:43 EDT)

Mary Stuart, MPH
Executive Director – Department of Community Health and Well Being

Lived Experience Support Letter

October 13, 2022

We are a working group of people who are currently homeless and unsheltered who have worked with the Springfield Hampden-County Continuum of Care to identify needs and priorities for the CoC's application for HUD funds to respond to unsheltered homelessness.

We support the CoC's strategy that includes:

- Funding for outreach and navigation staff who will find people living outside, help them get identification and meet basic needs, connect them to housing, and help them to get accepted to and move into the housing
- Funds for outreach workers to give assistance with basic needs, transportation, food, etc., all of which are important to help people survive and prepare to get off the streets
- Connection to non-congregate emergency shelter in hotel rooms, to help people have a safe location while they get necessary documents together and plan for moves into housing
- Funding for new supportive housing for people who are unsheltered, that will be created to overcome barriers that unsheltered people face, including poor landlord history, criminal history
- Housing that is available without entrance requirements, and will take people as they are

We support the CoC's applications for funding for the following projects:

Street Outreach and Housing Navigation

City of Springfield
Mercy Medical Center
New North Citizens Council

Permanent Supportive Housing

Center for Human Development – 20 units
Clinical Support Options – 36 units
Mental Health Association – 31 units

We believe these projects will help people who are unsheltered to move into stable housing, and are looking forward to these projects being funded and getting started.

Darron Shore

Israel Dejesus

Destiny

[Signature]

[Signature]

**Springfield- Hampden County Continuum of Care, MA-504
CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe
Service Needs**

a. Leveraging Housing Resources

(1) Development of new units and creation of housing opportunities

The CoC will create 87 housing opportunities for individuals with very high service needs, of which 66 are leveraged, as follows:

- 36 units of permanent supportive housing being developed by Clinical Support Options (CSO), funded by Federal Low-Income Housing Tax Credits, the Mass. Housing Innovations Fund, the Mass. Housing Stabilization Fund, the National Housing Trust Fund, and HOME-American Rescue Plan (HOME-ARP) funds.
- 30 Stability Vouchers being requested by the Massachusetts Department of Housing and Urban Development, which will be paired with services funded through this application, and provided by the Center for Human Development (CHD) and the Mental Health Association (MHA)

In this application, the CoC also seeks CoC long-term rental assistance to be paired with 21 new units being constructed by Renaissance Housing Development Inc. with American Rescue Plan Act (ARPA) and HOME-ARP funds in a partnership with MHA.

(2) Landlord Recruitment

The CoC uses a variety of strategies to recruit landlords and to identify units to rent with mobile housing vouchers and rapid rehousing assistance. These include:

- Close coordination with local housing authorities to take advantage of their established relationships with landlords throughout the region and the fact that they often learn of upcoming vacancies directly through landlords without the units being marketed
- Use of two- and three-bedroom bedroom apartments as shared housing for individuals after finding that our market has more availability of larger units than studios or one-bedroom units
- Offering payment of a one-time incentive fee to landlords at the time of lease-up
- Use of master leasing to provide landlords with additional assurance that they will receive payment timely and have a responsible agency to turn to if there are any problems in the unit

The housing market in the CoC's geographic area has shifted considerably in the last three years, with the market becoming much tighter and rents rising, often above Fair Market Rent levels. These factors have caused the CoC to experiment with new strategies to recruit landlords and find units. The new strategies the CoC has developed are use of two- and three-bedroom units for shared housing and use of incentive payments to landlords. Additionally, while the CoC has used master leasing for scattered site units for a long time, it is currently opening a new project where

an entire building is being master leased, including space for on-site staff. The commitment to master lease an entire building which was in disrepair after a fire prompted the owner to move forward with the needed rehabilitation.

Lessons learned from implementing new strategies include the recognition that multiple strategies are needed to be successful in a tight housing market with increasing rents; that a strategy that works at one time may lose its effectiveness over time (which has been our experience with landlord incentives); and that it's important to see what is available in the market and figure out how to use that.

The current difficulty in recruiting landlords has increased the challenge of housing individuals with very high service needs, and an additional lesson learned is that the lack of available units places a disproportionate burden on people with the highest needs and people who face discrimination. The CoC has reacted to this lesson by planning projects where providers are themselves the landlords. Two of the three projects proposed in this application—making up 57 units—include new construction of units that are targeted for the high need and high barrier population. The CSO project involves the provider developing a 36-unit building which will offer services on site. The MHA project includes an up-front partnership agreement where the developer is creating the units for the purpose of being master leased by MHA, which will also offer services on site. Both of these projects are using HOME-ARP and other public and private funds to create these new units.

Our CoC functioned for a long time in a weak rental market, and has used scattered site voucher models for the majority of our PSH units. In a newly tight market, the CoC has shifted its strategy away from reliance on the private housing market for available units.

The CoC's measure of its effectiveness in recruiting landlords is the length of time it takes to house someone with mobile or rapid rehousing assistance. One of the indicators of the market change in our geographic area over the last few years has been the increasing length of time it takes to house people with these types of assistance. The key data point the CoC will use to track effectiveness of landlord recruitment is time from acceptance into a housing program and date of move-in.

The measure of effectiveness in identifying units in geographically diverse areas is whether the CoC is able to identify units where the people prioritized for housing want to live. If the CoC fails to identify appropriate units in wanted locations the CoC will be unable to house all of the prioritized people, because some will refuse units. Therefore, the measure of the ability to identify housing in wanted locations will be whether the CoC is able to identify units that the highest-need individuals want. If there are prioritized people who do not get housed due to inability to find desired units, this will indicate the CoC's lack of effectiveness.

The CoC is concerned that underrepresented groups, including people with disabilities, people who are Black, Indigenous or Persons of Color (BIPOC) and people who are lesbian, gay, bisexual, transgender or queer (LGBTQ+) may be particularly challenged in accessing rental units. The CoC will track data about length of time to housing for these groups.

Data regarding length of time to house, the ability to find units that prioritized people will rent, and the equity of housing outcomes for underrepresented groups will be indicators to the CoC that there is a need to identify and use additional landlord recruitment strategies in order to house our target population.

b. Leveraging Healthcare Resources

The CoC is creating three new permanent supportive housing projects. All three projects are being created by social service organizations which include substance abuse treatment or recovery services as part of the organization's available services. All three will provide access to treatment or recovery services for all program participants who qualify and choose those services.

The three projects leverage additional healthcare services, including Medicaid coverage for housing support services for chronically homeless individuals enrolled in the Massachusetts Behavioral Health Partnership (MBHP) plan, Department of Mental Health housing support, medication management, and nursing visits.

The estimated value of all the healthcare services that will be made available to participants is \$1,247,893. This is 49% of the total funding being requested for the housing projects.

c. CoC's Current Strategy to Identify, Shelter, and House Individuals and Families Experiencing Unsheltered Homelessness

(1) Current Street Outreach Strategy

The CoC's current street outreach work is conducted primarily by two organizations that focus on homeless individuals. Eliot Community Human Services (Eliot) is the Projects for Assistance in Transition from Homelessness (PATH) provider, and Mercy Medical Center Street Outreach (MMCSO) has been funded with Emergency Solutions Grant-COVID (ESG-CV) funds. Outreach work is supplemented by staff at other agencies with different but overlapping focus—most significantly, overdose prevention and substance use recovery.

Outreach efforts by the various agencies are coordinated through a weekly CoC-wide multi-agency/multi-disciplinary case conferencing meeting. Case conferencing meetings are structured around a review of a by-name list of people experiencing homelessness. The meetings are attended by outreach workers, hospital high user coordinators, a police department social worker, and staff from emergency shelters, the Massachusetts Department of Mental Health, agencies providing substance use services, and permanent supportive housing and rapid rehousing providers. Providers who see the same individuals identify the primary housing goal that each individual wants, and can discuss a common strategy to work toward it. Outreach staff and housing navigators identify the primary contact who will work with an individual to collect documents and move housing applications or other processes forward.

The Eliot and MMCSO teams conduct outreach daily Monday through Friday. Eliot has four staff who work throughout Hampden County and focuses on food sites and drop-in centers. Mercy has two staff who focus on street outreach in the cities of Springfield and Holyoke, and

who also coordinate with social work staff in local hospitals. The City of Springfield has an outreach worker that coordinates with our police department to respond to unsheltered individuals in the community to offer assistance. While much of the work takes place during the day, there is also occasional early-morning, evening, and weekend outreach, often in efforts to find and engage specific individuals.

Outreach workers across programs serve as intake points for the CoC's coordinated entry system. Outreach workers assess individuals using the CoC's common assessment tool, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and add individuals to the CoC's by-name list. Outreach workers assist individuals to become "document-ready" for housing, which means they assist individuals in obtaining birth certificates, social security cards, and government identification cards, so that they will have the documents needed to access most housing.

The coordinated entry system provides access to permanent supportive housing and rapid rehousing programs, and prioritizes people by the longest stays in homelessness and the degree of service needs. During case conferencing meetings, case workers strategize among possible housing and service outcomes for each individual, so the process does more than just serve as a referral route for PSH and rapid rehousing (RRH). Based on client choice, additional referral outcomes include: nursing homes, assisted living, residential substance use treatment programs, public or subsidized housing, living with family or friends, rest homes, and adult foster care.

When there is an individual with particularly challenging engagement, placement, or treatment issues, the CoC will convene a critical response team (CRT) meeting of all entities working with the client to trouble-shoot pathways to housing. These meetings have typically revolved around people who have limited capacity to engage in document-readiness and housing referral activities, such as those with active serious mental illness, active and heavy substance use, and/or cognitive issues or brain injuries.

Outreach workers use a variety of local and evidence-based strategies to engage individuals with the highest vulnerabilities. The Eliot PATH team is led by Jay Levy, a pioneer (and published author) of the concept of pretreatment, an engagement strategy used with persons with mental illness focused on finding a common language and understanding of an individual's situation as a means of moving forward toward a housing plan. The opioid overdose prevention partners the CoC coordinates with are skilled with motivational interviewing, and use harm reduction techniques as a means of creating a trusting relationship. The MMCSO team's community health workers are particularly skilled in addressing health care needs as a means of engagement and movement toward a housing goal. Outreach staff at the various agencies include people with lived experience of homelessness or prior histories of addiction, BIPOC individuals, and Spanish-speaking individuals.

(2) Current Strategy to Provide Immediate Access to Low-Barrier Shelter and Temporary Housing for Individuals and Families Experiencing Unsheltered Homelessness

CoC providers operate low-barrier congregate and non-congregate shelter in Hampden County. CSO operates the Homeless Resource Center, a 24-hour low-barrier shelter, meal site, and resource center. While originally opened as a large congregate shelter, the facility has now been divided into smaller dorm spaces with more open space in response to COVID. Our CoC also has two smaller congregate shelters which are more restrictive—one is a sober location and the other has a Christian focus—but match the needs of some people in need of shelter.

At the beginning of the COVID pandemic, our community recognized that there were people who lived outside who could not or would not go in to congregate shelter. The community used ESG-CV funds to initiate a non-congregate shelter program using motels and hotels. There are two agencies operating non-congregate shelter models. Catholic Charities Agency places individuals and families in a variety of different hotel rooms throughout Hampden County. The Center for Human Development (CHD) has a staffed motel site dedicated to use as a non-congregate shelter. The CHD facility has secured continued state funding for the next four years, which will enable it to continue operating after ESG-CV funds are fully spent out.

The CoC's COVID strategy has been to pair use of the non-congregate shelters with outreach focused on unsheltered people, using outreach workers to find people living outdoors and offer them hotel placements. Over a three-year period, the non-congregate shelters have served 142 individuals whose previous living situation was a place not meant for human habitation. Another 15 individuals came to non-congregate settings after being previously homeless and discharged from institutional settings (psychiatric hospital, substance abuse facility, hospital, incarceration) after indicating that they would not go to congregate shelter. While an additional 156 non-congregate shelter users had previously been in some type of emergency shelter, the CoC's review of their records found that many had experienced long-term homelessness with frequent periods of unsheltered homelessness.

The CoC's experience has been that non-congregate shelters have better outcomes to permanent housing than those of congregate shelters. Over a three-year period, 52% of exits from non-congregate shelter were to permanent housing. In contrast, during the same period, 18% of exits from congregate shelter were to permanent housing.

Lessons learned from the CoC's experience of during COVID is that noncongregate shelter is an effective tool for engaging people who have been unsheltered and are unable or unwilling to stay in congregate shelters. When someone moves from the streets to a non-congregate shelter it becomes easier to stay in contact with them and complete documentation, which increase the likelihood of a positive housing outcome.

(3) Current Strategy to Provide Immediate Access to Low Barrier Permanent Housing for Individuals and Families Experiencing Unsheltered Homelessness

The CoC has a system-wide commitment to Housing First, as demonstrated by the fact that all of its permanent housing programs operate using a Housing First approach. Among all individuals currently housed in CoC permanent housing programs, 22% came into housing directly from an unsheltered situation. In fiscal year 2021, the CoC housed 107 chronically homeless individuals.

During the last three years, the CoC partnered with three housing authorities to use EHV's, and targeted the majority of those vouchers to chronically homeless households. One of the CoC's strategies was to provide EHV's to people who had moved from unsheltered locations into hotel rooms in our non-congregate shelter program. The CoC, through its regular case conferencing meetings, worked to match individuals up with both housing vouchers and support services, including the Medicaid-reimbursed housing support benefit available to chronically homeless individuals enrolled in the Massachusetts Behavioral Health Partnership (MBHP) plan. This strategy has been effective in assisting individuals to transition from unsheltered homelessness to EHV-supported housing.

While this strategy has been effective over the long term, the CoC found that it took a long time to coordinate the various parts of the strategy, which included outreach engagement, entry into the non-congregate shelter, accumulation of personal documents, securing the EHV (coordinated centrally through our coordinated entry process, but working with three different housing authorities), identifying an MBHP provider to enroll the individual, and conducting housing search. Of these steps, the longest in most cases was housing search, as the housing market is very tight and the individuals being housed tended to have multiple barriers to being accepted by a landlord. The availability of hotel rooms during this long process was critical to remaining in contact with the individual and speeding up the process as a result of regular contact, but many individuals had long hotel stays.

The CoC also found that the EHV strategy has not always been effective for those with the most severe service needs. These individuals needed more intense case management throughout the move from the street to the hotel and during their hotel stay. They also faced higher barriers to housing, and some were not successful. Reasons the strategy did not work for some individuals included: an immigration status or sex offender record that made them ineligible for a voucher; disabilities that made some individuals unable to participate in securing documentation or completing applications; behavioral health issues that made it challenging to secure stable housing; and very high health care needs that were not well-suited to hotel stays where the existing visiting nurse program will only visit individuals in a residence, not in a hotel room.

Recognizing the limits of voucher/tenant-based rental assistance and a tightening rental market in carrying out a strategy to house people with the most severe needs, several CoC partners began plans to establish project-based locations. Provider control of the units enables quick access to units. Services on-site enables providers to house people with very high needs that may make it difficult or impossible to remain stably housed in a scattered site, privately owned unit.

Of the CoC's existing 755 PSH units, only 193 are project-based, and many of those serve dedicated populations (veterans, youth). But CoC providers currently have 117 PSH units in the development pipeline, with the goal of making all of these new units available to individuals with the most severe needs. The new units include two projects that have secured all assistance prior to this application, and two of the three projects included in this plan.

One of the funded opportunities, MHA's Chestnut Street Apartments, was awarded CoC assistance in the FY21 competition for 20 PSH units developed with public and private funding and assisted with section 8 rental assistance. The second project is CHD's master-leasing of a newly-renovated 40-unit apartment building with space for on-site staff, a project funded by the state of Massachusetts.

This plan includes CSO's new construction development of 36 PSH units, listed in section 4.A.1 of the CoC's plan. Located on the agency's existing campus which has an on-site clinic and clinical behavioral health care staff, this project will be able to serve people with very high health/behavioral health care needs. The project will use section 8 project-based vouchers (PBVs) through an agreement with the Springfield Housing Authority under SHA's existing PBV program in which units are filled solely through referral from the CoC's coordinated entry system. An added benefit of the PBV program is that, once a tenant has been in a PBV unit for at least a year, the tenant has the option to access a mobile housing choice voucher and move to a unit in the private market. This enables tenants who stabilize and no longer need the high level of support to transition out of the building. When this happens, SHA fills the opening in the building with the next referral from the CoC's coordinated entry system, which creates movement through the CoC's PSH stock

This plan also includes the MHA/Renaissance Development Corp. project, which includes adaptive reuse of a vacant building to provide 21 new units of housing, which will be matched with CoC long-term rental assistance. For this project, MHA is using CoC rental assistance rather than PHA subsidies because of the flexibility the CoC rental assistance offers regarding eligibility and ease of paperwork. MHA sees these units as being available to move individuals directly from unsheltered locations with limited bureaucracy. The lowered level of bureaucracy involved is particularly helpful in the agency's efforts to house individuals with severe mental illness, brain injuries, and co-occurring disorders.

As mentioned in section 4.A.1 of the CoC's plan, the CoC also intends to use 30 Stability Vouchers, to be issued to DHCD and administered by its local housing agency Way Finders, Inc. The CoC chose to use just one housing authority to request Stability Vouchers to ease the administrative burden of coordinating multiple housing authority processes. The CoC expects to use the vouchers in a combination of master leased and scattered site settings. Despite the challenges the CoC has experienced with using mobile vouchers, the CoC has found that having flexible locations is important to meet the needs of some of the long-term and vulnerable population the CoC is prioritizing for these housing opportunities.

d. Updating the CoC's Strategy to Identify, Shelter, and House Individuals Experiencing Homelessness with Data and Performance

Street Outreach. The CoC will use data to improve street outreach by tracking and increasing the number of non-traditional partners who use HMIS to record encounters with unsheltered individuals.

Through its use of a by-name list and multiple outreach, drop-in center, health care, and police contacts, the CoC has identified many unsheltered people who have not been entered in HMIS. The CoC has a data warehouse, called Open Path, which it uses to record basic identifying information about these individuals, and this enables us to put them on our by-name list. Once on the by-name list, we identify these individuals for additional outreach. The current practice has been to add them to HMIS once an HMIS-participating organization connects with them.

The CoC has identified this as a data gap that interferes with efforts to identify, document, and remain engaged with the full unsheltered population. The CoC has made it a goal to recruit non-homeless service providers who interact with the unsheltered population to use HMIS to capture data about this population. The CoC fully funds HMIS use by all partners, so that new providers do not need to pay user or other fees. The CoC provides start-up and ongoing training and support for all users at no cost. The CoC will recruit new entities that will data-entry-only use of HMIS.

The CoC is a Built for Zero community, and has been working with Built for Zero technical staff and our own Open Path data warehouse provider to improve our CoC's real-time knowledge of people experiencing homelessness in our geographic area. The Open Path warehouse pulls data from HMIS on a nightly basis and organizes the data into a number of system-generated by-name lists, including one that is the entire homeless population, and others for specific segments of the population, such as individuals, families, chronic, veterans, and youth. The by-name lists are in the system as spreadsheets that include columns used for revealing specific HMIS information, or adding user-generated information. The CoC uses these lists in multi-agency case conferencing meetings, where engagement and case management strategies and progress are shared. Factors recorded on the by-name lists in the system include assessment score, length of time homeless, age, primary housing navigator staff name, housing plan, and next steps. The by-name lists are particularly helpful for highlighting people who are remaining homeless but are not working with anyone to assist them in moving forward toward housing.

More complete information about people on the by-name list will increase the likelihood of connecting each person to a housing navigator and a housing plan. The entry of data into the system by non-homeless system providers—such as health care providers, overdose prevention/harm reduction workers, public health departments, and police, will assist in remaining connected to individuals who are unsheltered.

The CoC's success in increasing data collection about the unsheltered population will be demonstrated by a decrease in the number of people who report long-term homelessness who are identified each month.

Low barrier and non-congregate shelter. The CoC will continue to collect and analyze data regarding its use of low-demand non-congregate shelter and the success of this model in assisting unsheltered homeless individuals to become sheltered and then housed. The CoC began using hotels and motels as non-congregate shelter during the pandemic, and found this to be particularly effective in sheltering people who had previous long histories of unsheltered homelessness. Further, data indicated that the non-congregate shelters had higher rates of exit to permanent housing than the congregate shelters.

The CoC will track the system's ability to move unsheltered people into shelter and its success in moving people into permanent housing. The CoC's primary shelter resources are all low-demand, so there are not barriers to access to shelter. However, many unsheltered people report an unwillingness to go to congregate low barrier shelter, either due to concerns about substance use and theft in congregate shelter, or due to an inability or unwellness to be around so many other people. These concerns are resolved through the use of non-congregate shelter, and the CoC has found that non-congregate beds are always full and that almost every unsheltered person is willing to go to a non-congregate room.

The CoC's success in using low-barrier and non-congregate shelter is demonstrated by a reduction in unsheltered homelessness.

Rapid rehousing for unsheltered individuals and families. In order to assess the CoC's effectiveness in rapidly housing individuals and families who have histories of unsheltered homelessness, the CoC will use the metric of length of time to become housed. The CoC will look at this measure separately for the unsheltered population by including only those records of people who were unsheltered at first encounter. The CoC will be able to compare outcomes for this population to outcomes for the sheltered population.

e. Identify and Prioritize Households Experiencing or with Histories of Unsheltered Homelessness

All housing resources created through this Special NOFO will be prioritized for people who are unsheltered or who have histories of unsheltered homelessness. The CoC will fill housing opportunities exclusively through coordinated entry and the community's by-name list. By housing long-term unsheltered people in a low demand, Housing First model, the CoC will directly reduce the number of unsheltered people. The CoC recognizes that the ability to make a lasting reduction in the unsheltered population requires the population housed from the streets to remain housed. The CoC's existing Housing First PSH programs, all of which serve the chronically homeless/DedicatedPlus population, have an over 95% housing success rate, so the CoC expects to achieve a high rate of housing stability. The CoC also recognizes that there is a regular inflow into homelessness, including into unsheltered homelessness. It will continue to partner with prevention, healthcare and corrections organizations to prevent this flow.

The CoC uses a data warehouse and automated coordinated entry system called Open Path. In Open Path, units may be set up for particular populations and, when there is an opening in a program, the system finds and refers the person with the qualification for the unit and the highest priority level for the opening. Units created through this opportunity will be programmed to find

prioritized people who are unsheltered or have histories of unsheltered homelessness for openings. This priority will continue on any turnover of the unit.

In the CoC's current coordinated entry and by-name list system, the CoC's goal is to connect every person on the list with a Housing Navigator who will assist the individual in becoming document-ready for housing, making the connection to a unit offered, and, where not provided by another organization, assisting the person to access basic furniture and move-in supplies. The CoC does not have enough Housing Navigators to meet the need for this service, so it is seeking funding for Housing Navigators through this Special NOFO.

f. Involving Individuals with Lived Experience of Homelessness in Decision Making

The CoC's decision-making entity is the 27-member Board of Directors, which includes three members with lived experience of homelessness (PWLE). Two of these members represent the CoC's Youth Action Board (YAB), which has a five-member paid executive leadership team, and has held monthly meetings of a broader community of unsheltered and sheltered youth since 2018. In order to make their participation possible, the CoC provides regular weekly pay to YAB executive leadership members, and pays stipends to Board members with lived experience and to members of the YAB for time spent at meetings or on CoC business. The CoC regularly meets with the full YAB to discuss upcoming issues so that these conversations will prepare the YAB representatives for votes at the Board level.

The Board of Directors directs CoC priorities and makes policy and funding decisions. Board members who are PWLE are full Board members with voting authority on all matters.

The CoC's commitment to involvement of PWLE is conveyed to provider agencies in several ways: by the CoC's active involvement of PWLE, through annual monitoring of funded agencies which confirms that they involve PWLE in decision-making, and through the annual funding competition, which asks about and scores involvement of PWLE. The question on this year's application specifically asked about employment of PWLE, and the CoC found that all of the provider agencies currently employ PWLE.

The CoC engaged more than 30 people currently experiencing unsheltered homelessness as it developed the CoC's plan for this Special NOFO. The key mode of engagement was repeated regular in-person meetings held mornings in a location convenient to people who are unsheltered. These meetings were advertised through flyers that were distributed by outreach workers, drop-in locations, and the public library. Participants were paid for their time participating in the working group meetings. Although everyone who attended that was unsheltered were currently individuals on their own, one head of household with children living in a hotel attended, and several of the individuals mentioned that they had also had spent time homeless with their children. Some participants came to every meeting, but others came occasionally.

The experiences and expressed needs of the workgroup members shaped the funding priorities for the CoC's plan, and the design of projects that the plan incorporates their recommendations.

Workgroup members also provided information to the application review committee which influenced which projects were selected.

While these unsheltered individuals were instrumental in shaping the CoC's plan and application for this Special NOFO, these individuals have not yet been incorporated into the Co's overall formal decision-making process. The CoC's interaction with this group highlighted that the very experience of living unsheltered causes a level of instability that interferes with the ability to reliably attend regularly-scheduled meetings. While we continued a conversation and decision-making process with a shifting group attending meetings, the CoC did not identify a meaningful way to incorporate these individuals into decision-making at the level of the Board of Directors.

The CoC's experience from engaging youth with lived experience was that we started with meetings with individuals as they were still experiencing homelessness. As these youth moved into housing and stabilized, they grew into leaders of the YAB, which is always bringing in new youth with current experience. The CoC anticipates a similar trajectory for the unsheltered people that we engaged in this planning process. The CoC will continue to seek their expertise as the CoC moves toward implementation of new projects, and it expects that these individuals will move into housing and stabilize. The CoC hopes that some will grow in leadership and be actively involved with the CoC going forward, including leading an ongoing lived experience committee (separate from the YAB), which will be included in the CoC Board of Directors through dedicated Board seats.

g. Supporting Underserved Communities and Supporting Equitable Community Development

CoC data analysis has indicated that BIPOC persons in Hampden County have not accessed permanent supportive housing at the same rate that they are represented in the homeless population. The CoC found that BIPOC are less likely to be identified as chronically homeless, and, if identified and placed on the CoC's by-name list, are still not housed at the same rate as non-Hispanic white chronically homeless individuals.

The CoC identified this as a problem as it sought to find a way, starting in 2021, to ensure that its distribution of EHV's was equitable, while also targeting the EHV's to disabled people who had experienced long-term or repeat homelessness. The CoC used two methods to identify strategies to achieve equity.

First, it analyzed the BIPOC people on its by-name list to identify common characteristics, and used these to create priorities for distribution of EHV's. This strategy revealed three factors to focus on, in addition to chronic homelessness: high emergency room utilization, age 50 or older, and on the by-name list without a successful housing solution for 180 days or more.

Second, the CoC engaged in conversations with people with lived experience of homelessness and front-line staff with outreach and shelter provider agencies, and learned that BIPOC were less likely to be identified as chronically homeless due to less-frequent use of homeless provider services, higher likelihood of staying in non-outdoor locations not often reached by outreach staff (such as stairwells and abandoned buildings), and a greater likelihood of stays in

homelessness being interrupted by institutional stays, which made them less likely to be connected to homeless services or meeting the technical definition of chronically homeless. As a result of these lessons, the CoC has increased its coordination with emergency room social workers, opioid overdose prevention/harm reduction workers, methadone clinics, and programs that assist individuals released from incarceration.

The two strategies—improved targeting and additional coordination with providers outside the homeless sector—have helped us to improve upon our goal of achieving equitable outcomes with the EHV's. BIPOC people make up 63% of individuals in our homeless population, and 61% of our EHV's have been issued to BIPOC people. While there is need for additional improvement, this is better than our pre-intervention status of BIPOC making up only 54% of our chronic by-name list.

Looking beyond the CoC's by-name list for chronically homeless individuals, the CoC has identified two populations with the highest rates of BIPOC people in them: youth 18-24 and domestic violence survivors. The CoC has focused planning and funding on these two populations in recent years. It secured a \$2.43 million Youth Homelessness Demonstration Program (YHDP) grant in 2019, which has enabled the CoC to create a multi-agency collaborative 24/7 youth housing triage line staffed with housing navigators, along with almost 50 housing opportunities dedicated for this population. It has secured \$915,000 in DV Bonus funds to support a multi-agency collaboration that provides DV-specific coordinated entry and TH-RRH housing opportunities.

Based on the CoC's findings that BIPOC are less likely to interact with homeless assistance programs, the CoC's strategy is to continue to increase our interaction and coordination with other types of providers and systems that serve BIPOC at higher rates. Two outreach and navigation projects that are part of this plan are specifically targeted to help the CoC connect with other systems of care and with BIPOC individuals. The New North Citizens Council (NNCC) proposal will fund outreach and navigation for a community partner that is deeply rooted in the Black and Brown community, and provides harm reduction, access to recovery supports, and HIV services, as well as operating a program specifically targeted to individuals leaving incarceration. The Mercy Medical Center outreach project will improve our connections to the population that is in and out of emergency rooms and other health care place