

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: 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

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	2
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	3
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	No	
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	No	
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	No	0
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Nonexistent	
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Nonexistent	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Nonexistent	
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	No	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

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

(limit 2,500 characters)

The CoC posts notice annually on its own website and the website of the Western MA Network to End Homelessness indicating that the CoC welcomes new members, who can join by indicating interest to the CoC administrator or by attending the CoC's annual meeting or any other meeting.

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.

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

(limit 2,500 characters)

A. In coordination with the Western Massachusetts Network to End Homelessness (WMNEH), the CoC held regular (monthly, bi-monthly, or quarterly) population-specific open and publicly advertised meetings: Individuals, Unaccompanied Youth, Veterans, Families and Career Services. The CoC/WMNEH also holds monthly meetings that bring together all organizations and persons interested in responding to homelessness to discuss news and coordinate our community response.

Advance notice of meetings are posted on the WMNEH website and sent to a large email distribution list, and meeting notes are posted on the WMNEH website. Meetings are attended by CoC leadership and multiple community stakeholders and provided a forum to discuss strategies to prevent and end homelessness.

In the last year, the CoC held two full CoC meetings which were open to the public and presented CoC data about homelessness and conducted planning activities. Advance notice of the meetings were posted on the WMNEH website and sent to a large email distribution list. In addition, the CoC's Youth Action Board (YAB) held monthly meetings open to youth experiencing or at risk of homelessness.

B. Meetings are attended by: city staff, local and state legislators, advocacy groups, homeless service providers, social services providers, health and behavioral health providers, housing authorities and other affordable housing provider/developers, employment and training provider agencies, law enforcement representatives, court staff, and persons who have experienced homelessness. Attendees include organizations that serve veterans, domestic violence survivors, older individuals, families with children, individuals with substance use and mental health disorders, and youth and young adults.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

A. The CoC uses a Request for Proposals to seek applicants for the CoC competition and advertises the RFP broadly. The CoC posts notice of the RFP 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, and emails notice to an extensive email distribution list made up of organizations and people interested in and involved with homelessness. The RFP provided detailed information about the opportunity and how to apply.

The CoC's Notice and RFP state that the CoC welcomes applications from organizations that have not previously received CoC Program funding. The RFP explains that CoC uses a competition in which renewal, expansion and new projects are all evaluated and considered, and described the process for evaluation and selection. Specifically, the RFP states that all projects (renewal, expansion and new) are scored and ranked according to published objective criteria which is made available as an attachment to the RFP, and that projects are selected in the order ranked, after taking into consideration the need for existing projects and/or needs regarding programs serving targeted populations or underserved geographic areas. The RFP states the Rating 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. The RFP provided minimum threshold requirements to be met in order to be scored, provided the scoring rubric, and explained the application scoring and selection process. The CoC provides technical assistance sessions to provide more information about the CoC program, project eligibility, and how to apply.

B. In the local competition for the FY26 CoC NOFO, the CoC received applications from four organizations that had not previously received CoC funding.

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

(limit 2,500 characters)

The CoC will introduce and begin requiring use of the Critical Time Intervention (CTI) model for all CoC-funded providers of TH, RRH and PSH. CTI is a time-limited, evidence-based case-management model—typically lasting about 9 months—that supports vulnerable individuals during major life transitions by strengthening long-term ties to community services, family, and social networks. The requirement for use of a specific case management model is based on gaps in case management skills identified by the collaborative applicant during monitoring activities, as well as on feedback from formerly homeless individuals during focus in which they have indicated that they do not believe they are getting the level of case management support they need. The CoC will require all programs to use it, regardless of the subpopulation served.

The CoC is introducing CTI to the provider community by providing a series of trainings in October 2026. Separate training events will be tailored and provided to different segments of the provider community: Coordinated access assessors and navigators, Housing program case managers, and Housing program supervisors. CoC-funded providers are required to attend. In conjunction with the training, the CoC will release required standards of care for case management in housing programs. The standards of care will provide specific standards that will be reviewed and evaluated as part of annual program monitoring beginning in the FY26 grant year. The CoC will provide a peer support network and coaching throughout the 2026-2027 year to assist providers to become skilled in use of the model.

By June 30, 2027, each CoC-funded housing program will be required to incorporate the CTI model into its policies and procedures and demonstrate to the CoC collaborative applicant that it is using the model.

Training and follow-up coaching will be paid for using the CoC's Planning Grant. The CoC collaborative applicant will oversee the implementation of the new requirement, by organizing the training, creating standards of care, and monitoring compliance with the new protocol. During the FY26 grant year, the collaborative applicant will conduct focus groups with program participants to learn if the model is providing an appropriate level of support.

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

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

6. An individual or body responsible for overseeing implementation of specific strategies	Yes
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1C. Coordination and Engagement

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	31%

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

(limit 2,500 characters)

N/A - our CoC is not rural

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

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

(limit 2,500 characters)

The CoC's geographic area is served by two Community Behavioral Health Centers (CBHCs)--Behavioral Health Network (BHN) and the Center for Human Development (CHD), both of which are active members of the CoC and both of which participate in the CoC's Coordinated Access Project (CAP) which provides standardized assessment and referral to services and housing.

CBHCs are one-stop shops for a wide range of mental health and substance use services and treatment, operate 24/7, and serve all individuals, whether or not they have health insurance. The CoC's CAP, outreach workers, and case management workers regularly make referrals to the CBHCs. Many programs provide direct assistance in accessing CBHC services, including providing transportation.

The CBHCs provide on-site crisis mental health response when an individual is reported as experiencing suicidal ideation or is otherwise identified as a danger to self or others and have the authority to initiate an involuntary mental health hold.

Additional behavioral health supports available in the CoC include:

- Clinical mental health support available on-site in the CoC's largest emergency shelter
- Two supportive housing programs that provide clinical mental health support on-site
- Clinicians as members of the police-led multidisciplinary outreach team and the District Court arraignment session to make direct connections to services, including enrollment in programs and immediate transportation to CBHC sites
- Health Care for the Homeless, which provides expedited access to appointments, mobile care, and medication management for sheltered and unsheltered individuals.

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

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

(limit 2,500 characters)

The CoC's geographic area is served by two Community Behavioral Health Centers (CBHCs)—Behavioral Health Network (BHN) and the Center for Human Development (CHD), both of which are active members of the CoC and both of which provide peer recovery support. Both CBHCs participate in the CoC's Coordinated Access Project (CAP) which provides standardized assessment and referral to services and housing.

Peer recovery support and navigation are Medicaid-covered benefits in our state and the CoC makes regular referrals to these services. In addition, the CoC has embedded clinical staff from the CBHCs into both multidisciplinary outreach teams and into our District Court's arraignment session as a strategy meant to facilitate connection to peer supports and entry to treatment services.

The CoC includes two drop-in centers staffed by peer specialists: the Living Room, operated by a CBHC, and the Bowen Center, a peer-to-peer network that also operates a peer-run respite center. The Bowen Center is a CAP agency, which means it both refers people to the coordinated access system and receives referrals of people who can benefit from its services, including peer support.

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

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

(limit 2,500 characters)

The CoC identifies individuals experiencing serious mental illness (SMI) in several ways: 1) through multidisciplinary street outreach teams that include a behavioral health clinician; 2) through outreach to drop-in centers by trained clinicians funded by the SAMHSA's PATH program; and 3) through trained individuals that conduct Coordinated Access Project (CAP) assessments, including CAP staff embedded in shelters, the District Court arraignment session, behavioral health providers, and other social services agencies. Local cities and towns are sometimes alerted by residents to the presence of SMI individuals in their communities; local governments provide this information to the CoC's CAP to coordinate outreach to identified persons.

Response to SMI individuals varies depending on circumstances. When an SMI individual is in crisis, the crisis team of our Community Behavioral Health Center (CBHC) is contacted and responds to conduct an assessment, offer services, and, if warranted, initiate an involuntary mental health hold. If the individual is not in crisis, the SMI individual is identified to the CoC's CAP, which prioritizes the person for engagement, further assessment, and referral to behavioral health resources. This work may include immediate referral to the CBHC, which provides 24-hour/7-day access to mental health services, priority referral to an outreach worker with the PATH provider, Elliot Community Human Services or to the Mental Health Association (MHA), referral to MHA's Program of Assertive Community Treatment (PACT) services or supportive housing programs that specialize in the needs of SMI individuals. The police-led multidisciplinary outreach team, which includes a mental health clinician, will repeatedly engage the SMI individual to offer and urge accessing resources.

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

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

(limit 500 characters)

The CoC partners with Behavioral Health Network (BHN) which staffs the Drug Court at the Springfield District Court.

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

(limit 2,500 characters)

BHN is part of the CoC's coordinated access project, which performs intakes and assessments of homeless individuals, resulting in referrals to CoC and other housing programs, as well as treatment and other services. BHN is a Community Behavioral Health Centers (CBHCs) which provides treatment for people subject to court orders for treatment.

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

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

(limit 500 characters)

The CoC partners with Behavioral Health Network, a Community Behavioral Health Center (CBHC), which is the 24/7 mobile crisis response service. CoC providers contact BHN when needed, and BHN provides a drop-in center for homeless individuals, including those in crisis. BHN participates in the CoC's Coordinated Access Project.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

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

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

(limit 500 characters)

The CoC has a formal partnership with the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Elliot Community Human Services. The PATH provider is a partner in the CoC's Coordinated Access Project (CAP).

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

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

(limit 500 characters)

The CoC does not include a CoC Program-funded project that operates sober housing.

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

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

(limit 2,500 characters)

The CoC's Coordinated Access Project (CAP), which was redesigned in 2025-2026 with HUD-provided technical assistance, is the nexus for assessment and referral of individuals to behavioral health resources.

The behavioral health providers listed--BHN, CHD, Wildflower Alliance (Bowen Center), MHA, and Elliot CHS--all coordinate with the CAP. Each of these agencies use the CAP to conduct standardized assessments: 1) a First Step Assessment, which is used to identify need for shelter or other crisis housing; and 2) the Next Step Assessment, which is used to identify needs and barriers to securing on-going housing, and which is accompanied by a Housing and Goals Plan. Individuals who have high service needs are also screened using a Vulnerability Assessment Tool. The assessments and planning notes are stored in HMIS so that all providers working with a particular client can share and work off the same plan.

Individuals in CAP are connected to a Housing Navigator, who works with the individual to complete the Next Step Assessment, work through the Housing and Goals Plan, conduct the VAT if needed, and begin preparing for housing search and referral. An early task is collecting the documents needed to access housing - birth certificate, social security card, identification, proof of disability (if applicable), proof of income. The Navigator helps the client make a realistic plan for housing and then take steps to pursue that plan--adding to the CoC by-name list, applying for housing, planning to increase income to be able to pay for housing, identifying roommate or family living options, etc.

In the CAP system, behavioral health providers may make referrals to CoC-funded housing by adding the individual to a by-name list, which is used to review assessments and prioritize for housing using established CoC rules. When the CoC offers a unit to an individual, the CoC makes contact with the assessor or navigator who is already working with the individual to coordinate the connection to and acceptance into housing.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$9,787,593
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$3,826,837
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	39%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$1,804,763
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	58%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?
	100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The City of Springfield is the only local ESG recipient in the CoC's geographic area and is the collaborative applicant for the CoC.

The CoC provided input on community needs and funding priorities to the City of Springfield as part of the planning process for ESG funds and participated on application review committees for the ESG grants. The CoC and the City have collaborated to create ESG written standards for use of Springfield ESG funds.

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

The CoC provides PIT and HIC data annually to the City of Springfield.

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

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

(limit 2,500 characters)

The CoC operates a Coordinated Access Program (CAP), and shelter providers in the CoC operate as CAP Assessors and Navigators.

Key components of the CAP are:

- Standardized assessments, including a First-Step Crisis Needs Assessment, a Next-Step Assessment, and a Vulnerability Assessment.
- The Next Step Assessment is a structured interview that identifies housing and service needs and barriers and is designed to lead an Assessor and client through the necessary planning to identify the client's path out of homelessness.
- The Next Step Assessment is paired with a Housing and Goals Plan template which records the plan and the steps needed to meet the plan goals. Following assessment, shelter guests are assigned to a Navigator whose job it is to help them achieve the tasks listed in the Housing and Goals Plan.
- The CAP provides Assessors and Navigators with regularly updates resource guides listing community services, including CoC-funded programs, and how to access them.
- CoC programs must fill vacancies through the CAP. A CAP coordinator uses the standardized assessments to prioritize referrals to CoC-funded programs.

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

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

(limit 2,500 characters)

The CoC shares data as follows:

- aggregate PIT and HIC data is provided annually to the state and to local governments within the CoC's geographic area
- System Performance data is provided annually with local governments within the CoC's geographic area.
- custom aggregate HMIS reports are provided to the state and to local governments as requested, or when created by the CoC for educational or advocacy purposes

Through a data-sharing agreement and as allowed by the CoC's Privacy Plan, the CoC shares all HMIS data with the state of Massachusetts for inclusion in a state-wide data warehouse that provides aggregate data reports on various aspects of homelessness that are used for state-wide planning.

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

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

(limit 2,500 characters)

The CoC receives data from the Springfield District Court that identifies persons who have been arrested and have indicated that they are homeless. The CoC compares this data with HMIS data to obtain a better understanding of the degree of unsheltered homelessness and locations to target for engaging people who are homeless and unsheltered.

The CoC uses data from the McKinney-Vento school liaison to better understand the degree of family homelessness, the number of households at-risk of literal homelessness, and the number of homeless youth. The CoC uses this data for planning and to improve the CoC's response to these populations and to identify gaps in available services and care.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC partners with Way Finders, Inc.'s Secure Jobs Initiative (SJI) program to increase employment for homeless individuals. Way Finders is a CoC Coordinated Access Project (CAP) partner, meaning that it provides intake and assessment services for the CoC and it also accepts direct referrals of homeless individuals and families to its programs, including the SJI.

SJI, available to homeless families and individuals throughout Hampden County, works to link homeless persons to housing and employment at the same time. Program staff assist participants with job search, placement and retention. The program includes access to a pool of flexible funds that can be used to overcome barriers to employment, including funds for transportation (car repairs, uber, taxis, bus passes); language barriers (ESL classes); education (GED/HiSET and other Certifications); occupational skills and training; state licensing exams; and clothing (for interviews or uniforms for work). SJI provides tailored job retention support for up to 24 months after a participant begins to work. Through ongoing case management, people can receive help to grow or adjust their career plans or troubleshoot any barriers to their employment and their family's stability.

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

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

(limit 2,500 characters)

The CoC street outreach providers coordinate closely with law enforcement to increase housing and service engagement.

The CoC's collaborative applicant, the City of Springfield, took a lead role in enhancing coordination between street outreach and law enforcement through securing a multi-year Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant from the US Department of Justice in 2024 to fund a social worker position embedded in the Springfield Police Department to be a key point person for the department and for the City regarding unsheltered homeless people. The social worker coordinates the police department's multi-disciplinary outreach team, which consists of police paired with behavioral health clinicians who conduct twice-a-week deployments to places where homeless individuals are located.

The CoC's Coordinated Access System Project Manager works closely with the police department social worker, routinely sharing information about unsheltered people who are recently encountered or newly identified. The police department provides information about all contacts with unsheltered people to the Coordinated Access System Project Manager.

The Coordinated Access System Project Manager conducts a twice-monthly street outreach meeting which includes the police social worker and CoC street outreach teams (including the City ESG-funded team), for the purpose of prioritizing outreach needs and identifying strategies for engaging unsheltered individuals in services.

In addition to ongoing coordination, CoC street outreach teams have also coordinated with police and other first responders in connection with removal of encampments. When removal of an encampment is planned, street outreach teams increase outreach to the location for weeks in advance of the action. The police provide notice that removal is planned for a specific date and identify that outreach and navigation support is available. When an encampment removal occurs, outreach stand by to provide assistance to anyone that has not previously vacated.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC, through its Collaborative Applicant, assists with reunification efforts by paying for travel costs for homeless individuals who have family or friends in another location who will assist with housing. The CoC confirms that the reunification plan is realistic prior to making travel arrangements. This work is currently funded with an ARPA grant.

The CoC's youth programs provide case management and flexible funding to assist with reunification. For youth, reunification may include restoration of local connections. For example, flexible funds for food or utilities, for example, paid to family may enable family to continue to house a youth where extreme financial need made it otherwise impossible. The youth programs also use flexible funds to assist individuals to travel to reunite with family in another location. In all cases, these efforts include case management. The case management may help to identify reunification as an option, and the case manager may assist the youth in making connection with family and trouble-shooting barriers to reunification. The youth programs access funds provided by the Massachusetts Homeless Youth Grant.

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

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

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

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

(limit 2,500 characters)

The CoC and its providers collaborate with the City of Springfield's Project HOPE initiative, a multidisciplinary outreach team that pairs Springfield Police officers with behavioral health clinicians and a police department social worker to engage individuals experiencing unsheltered homelessness and connect them to housing and services. Project HOPE representatives participate in the CoC's monthly meetings to coordinate outreach efforts, identify system gaps, discuss emerging homelessness issues, and strengthen collaboration across housing, behavioral health, and public safety partners.

The Project HOPE police department social worker is the initial point of contact in the city for reports of unsheltered individuals and she coordinates the response. When the city intends to remove an encampment, the social worker requests sustained and focused outreach and engagement from the CoC providers.

On an ongoing basis, the police department social worker contacts the CoC's coordinated access project (CAP) regarding unsheltered homeless people to coordinate connections to services and housing, and CAP conducts assessments of homeless individuals and places them on the by-name list. Using non-CoC resources, the CoC has provided resources for identification documents and travel to reunite with family. Where there is a need for interventions involving law enforcement, including involuntary mental health and substance use commitments, CoC providers coordinate with Project HOPE.

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

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

(limit 2,500 characters)

The primary city in our CoC, the City of Springfield, has developed policies and has partnerships in place to promptly address encampments on public property. The city does not allow camping in public parks or on city land. The Springfield Police Department has an embedded social worker who coordinates the response to encampments and unsheltered individuals. The response includes a period of outreach, followed by notice and then removal of the camp.

Springfield has had one large encampment situated along a rail line. In summer of 2026 the city coordinated with the property owner, outreach staff, CoC providers and city crews to offer assistance to inhabitants and plan removal of the encampment. A number of individuals have moved to shelter, treatment programs, or housing. City code enforcement ordered the railway to remove and keep clear all vegetation and brush to allow for clean sight lines and prevent re-establishment of the camp once removed. The rail line has just recently coordinated the vegetation removal work and the city is coordinating with the rail line to remove remaining debris and enforce orders for people remaining in the encampment to vacate.

Springfield has no other large encampments. It regularly encounters individual tents and other areas indicating a sleeping location, and it addresses these sites on an ongoing basis.

Other cities in Hampden County use co-response teams to respond to incidents of unsheltered homelessness. These teams combine police with clinicians from the Community Behavioral Health Center (CBHC) to conduct outreach. CoC providers coordinate with the police and co-responders to provide connections to community substance use and mental health treatment, and to other services. The other cities have a limited number of smaller encampments and address these on an ongoing basis.

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

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

(limit 2,500 characters)

Springfield has had one large encampment situated along a rail line. In summer of 2026 the city coordinated with the property owner, outreach staff, CoC providers and city crews to offer assistance to inhabitants and plan removal of the encampment. A number of individuals have moved to shelter, treatment programs, or housing. City code enforcement ordered the railway to remove and keep clear all vegetation and brush to allow for clean sight lines and prevent re-establishment of the camp once removed. The rail line has just recently coordinated the vegetation removal work and the city is coordinating with the rail line to remove remaining debris and enforce orders for people remaining in the encampment to vacate.

Springfield has no other large encampments. It regularly encounters individual tents and other areas indicating a sleeping location, and it addresses these sites on an ongoing basis.

Other cities in Hampden County have a limited number of smaller encampments and address these on an ongoing basis.

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

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

(limit 2,500 characters)

Law enforcement organizations partner with community organizations to reduce illicit drug use. A number of local police departments, including Springfield, West Springfield, Holyoke and Westfield, have co-response teams, which partner police officers with behavioral health clinicians to conduct outreach and respond to crime and disorder associated with behavioral health concerns.

In Springfield, these more general efforts are supplemented by a social worker housed within the police department, and a second social worker housed in the Springfield District court. The Hampden County Addiction Task Force, co-led by the Hampden County Attorney General and the Hampden County Sheriff, conduct outreach to known drug users, with the goal of prompting treatment prior to arrest or overdose.

CoC providers coordinate with the police and co-responders to provide connections to community substance use treatment and services, including CoC programs.

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

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

(limit 2,500 characters)

Hampden County has been hard-hit by the opioid epidemic and drug use and trafficking are a significant problem. Hampden County is a designated High Intensity Drug Trafficking Area (HIDTA) by the U.S. Office of National Drug Control Policy. Massachusetts Bureau of Substance Addiction Services (BSAS) data indicates that Hampden County recorded 144 opioid overdose deaths in 2024, a 38% decrease from 2023.

Police intervene to stop illicit use in public.

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

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

(limit 2,500 characters)

Massachusetts authorizes two types of involuntary commitment: emergency mental health commitments (Section 12), and involuntary treatment for alcohol or substance use treatment (Section 35). The cities in our CoC have co response teams, in which clinicians from local community-based behavioral health centers (CBHCs) are embedded with the police and respond to calls involving behavioral health concerns. Co-response teams also conduct outreach to homeless individuals. CBHCs also have staff available to respond directly for calls for assistance when an individual presents as a danger to self or others.

The Springfield District Court has a Mental Health Court and a Drug Court, which hears requests for Section 12 and Section 35 commitments.

Police and co-responders in Hampden County regularly seek involuntary commitments. CoC providers coordinate with the police and co-responders, by identifying individuals in need of civil commitment, assisting in building the factual record that justifies the commitment, and by coordinating services to be provided following a commitment.

Challenges involved with civil commitment are the high legal standard required to obtain the commitment, and the brief duration of an initial mental health commitment—72 hours—which is too often followed by release without meaningful treatment. Challenges that prevent wider use of Section 35 commitments are the reluctance of courts to order the commitment in all but the most extreme cases.

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

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

(limit 2,500 characters)

In Massachusetts, the Sex Offender Registry Board (SORB) is responsible for:

- Registering and classifying convicted sex offenders by risk level.
- Maintaining public access to Level 3 offenders and certain Level 2 offenders (those classified after July 12, 2013).
- Providing information to the public and law enforcement about registered sex offenders.

SORB's public website and local police departments are the primary sources for Massachusetts sex offender data. These sources provide location information about registered sex offenders to the public.

In its January 2024 revised substantial implementation review, the Department of Justice found Massachusetts fails to meet SORNA's requirements. The methodology that Massachusetts uses is different than SORNA's crime-based preference for offender classification, and there are limitations based on the Commonwealth's Constitution and related Court rulings that make it challenging for the state to fully comply with SORNA.

CoC providers are aware of SORB registration requirements and inform offenders of their responsibility to register. Providers cooperate with police in all respects regarding registration requirements and individuals' failure to comply with those requirements.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

Our COC's strategy for outreach is built on data-driven county-wide coordination. This past year the CoC developed and launched a redesigned Coordinated Entry System that has helped us easily identify unsheltered and sheltered individuals, track service gaps, and prioritize outreach to individuals who are not normally connected with mainstream services. Additionally, we use our annual Point-in-Time (PIT) to identify where service gaps may be occurring; particularly for unsheltered individuals, and how to strategize coordinated outreach efforts in those areas.

MHA operates a housing-focused street outreach team in Springfield that prioritizes identifying, connecting, and doing housing navigation case management with homeless individuals who are not regularly using identified homeless services. Additionally, through Project Hope both the Springfield Police Department and the Springfield District Court are able to identify individuals experiencing homelessness, who are frequently coming into contact with law enforcement, and connect them with housing navigation services.

Throughout Hampden County the COC coordinates housing-focused outreach with our partners. CHD operates a triage office in Holyoke where individuals can call or visit for triage for homeless services. An outreach team also operates out of the office and does daily outreach throughout Holyoke distributing hygiene products and information about how to connect with homeless services. Eliot CHS's PATH outreach team does outreach to sheltered and unsheltered individuals, who are experiencing serious unmanaged mental health symptoms. The PATH team currently does routine outreach at Valor Recover Center (Springfield), Parish Cupboard (West Springfield), Samaritan Inn Shelter (Westfield), and Wildflower Alliance (Holyoke).

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

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

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

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

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

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

(limit 2,500 characters)

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.

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

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

(limit 2,500 characters)

The CoC's Youth and Young Adult Homeless Project manager meets bi-weekly with the DCF Housing Coordinator. Through this partnership, youth adults are connected to the Foster Youth to Independence vouchers or other housing placements. This partnership also helps problem solve situations for DCF-involved young adults when administrative barriers occur, allowing the DCF housing coordinator to resolve at the agency level. Additionally, the housing program managers from local closed referral DCF independent living programs attend the bi-weekly case conferencing meeting to streamline the referral process to DCF openings.

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

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

(limit 2,500 characters)

The Springfield-Hampden CoC overlaps with one RHY Basic Center program called Safety Zone. This program coordinates closely with the Youth Coordinated Entry system by attending biweekly case conferencing meetings, taking referrals for youth under 18 from CoC Coordinated Entry Providers, and providing 2 host home beds for youth under 18 that cannot be housed in CoC YHDP placements.

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

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

(limit 500 characters)

The following project exclusively serves families with children experiencing homelessness:

--Gandara SHINE Young Families TH

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

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

(limit 2,500 characters)

The Gandara SHINE Young Families TH program provides case management to help connect participants to local organizations that provide job training and placement services. They also provide transportation to job related activities and to organizations helping with workforce development, training, and placement.

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

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

(limit 2,500 characters)

Case managers connect participants to programs like MA's TANF program, TAFDC, administered through DTA. Through this program participants are connected services offered such as SNAP and cash assistance programs as well as daycare vouchers. The also leverage local community organizations like the Seven Hills Foundation to get participants daycare vouchers.

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

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

(limit 2,500 characters)

Through well established relationships with community service providers, staff are able to access mental health and substance abuse treatment services, parenting support, Domestic Violence Support Groups, legal support and mainstream benefits for program participants in order to support housing stability.

Case managers connect participants with the MSPCC Healthy Families program which provides in-home parent coaching services from any point in the perinatal period up to 3 years of the child's life. They also connect parents who have been involved in the DCF system to DCF parenting classes.

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

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

(limit 500 characters)

The CoC partners with the local Department of Veteran Affairs.

 nbsp;nbsp;

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

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

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

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

(limit 500 characters)

The CoC partners with two victim service organizations, the YWCA of Western Massachusetts and Alianza DV Services. The CoC provides funding to these organizations for coordinated entry and for a TH-RRH program, and the CoC makes referrals to these organizations.

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

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

(limit 500 characters)

The CoC partners with the MA Department of Corrections to provide TH to individuals being released from prison, a program operated by the CoC provider Clinical and Support Options.

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

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

(limit 500 characters)

The CoC partners with MassHealth and local hospitals to provide a medical respite program for high need patients being dismissed from hospital care; the medical respite program is operated by the Mental Health Association, a CoC provider.

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

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

(limit 500 characters)

The CoC funds Catholic Charities to provide rapid rehousing to individuals 62 or older, combined with focused efforts to apply for senior public/subsidized housing and other senior living situations. The goal is to enable seniors to quickly exit shelter while getting on and through what are usually fairly short waiting lists.

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

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

(limit 500 characters)

CSO's CoC PSH project provides permanent supportive housing to individuals experiencing chronic homelessness.

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

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

(limit 2,500 characters)

CSO's CoC PSH program is operated on-site at CSO's Friends of the Homeless campus, which incorporates CSO behavioral healthcare services. These services are co-located with the PSH in order to provide behavioral healthcare to residents without barriers to care.

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

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

(limit 2,500 characters)

CSO's policy is to assess program participants on a regular and ongoing basis to determine if they need a higher level of care. Assessment and escalation protocols are integrated into client engagement, documented in electronic health records, and reinforced through ongoing training, clinical supervision, and case reviews. At the CSO PSH program, which is co-located with health and behavioral health care services, a multidisciplinary team of licensed clinicians, nurses, and prescribers regularly monitors participants' medical and behavioral health, daily functioning, and safety through triage, care coordination meetings, and day-to-day staff interactions. When a participant's needs exceed the current level of care, the team reassesses, updates the care plan, and coordinates referrals to higher levels of care, such as assisted living or residential treatment. The CSO team also collaborates with local healthcare partners to ensure smooth access to acute, detox, and specialized services, promoting participant stability and continuity of care.

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

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

(limit 2,500 characters)

CSO's CoC PSH program uses section 8 project-based voucher assistance for tenant subsidies, which facilitates move-on to other housing when a tenant is ready. After an initial year of residence, a tenant may request a mobile section 8 voucher and move, which opens up the PSH unit to another chronically homeless individual.

CSO's policy is to encourage movement on from the PSH units, so the agency requires case management staff to regularly assess and communicate with PSH participants to assess ability and readiness to move on.

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

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

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

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

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

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

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

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

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

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The CoC uses a local competition with objective scoring to seek renewal and new projects each year. All projects--renewal and new--compete against each other. The CoC Scoring and Ranking Committee scores all applications, and then considers CoC priority areas, program/service gaps, and overall competition strategy to select the strongest and most-needed programs to include in the application to HUD. The Committee makes recommendations to the CoC Board of Directors, which makes the final determination.

2. The CoC identified the Catholic Charities 62+ RRH program as low performing.

3. The CoC reallocated the Catholic Charities 62+ RRH program. The CoC also reallocated funds from two programs that did not seek renewal funding in the FY2026 competition: the RVCC CoC PSH program and the NNCC RRH program.

4. N/A

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Green River - Open Path
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

There were no changes made to the unsheltered PIT count implementation between 2025 and 2026.

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

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

(limit 2,500 characters)

The CoC worked collaboratively with police and the multidisciplinary outreach team to identify, prepare and house unsheltered individuals in permanent supportive housing units, including 30 new units in the last year, as well as turnover PSH units. At the same time, the multidisciplinary outreach team, which includes behavioral health clinicians, engaged homeless individuals and encouraged them to enter treatment, including residential treatment.

In the City of Springfield, there has been one very large encampment along the train tracks for a number of years. Over the past seven months, the CoC has collaborated with the city to close the encampment and prevent people from returning. CoC providers engaged in focused outreach, often in connection with efforts by the Springfield Police Department and clinicians from the Behavioral health Network. Outreach staff assisted individuals to obtain documentation needed for housing applications, conducted assessments, and referred them to CoC and other housing. BHN staff worked during the same period to engage individuals in treatment options. While these efforts have assisted numerous people to exit the encampment to housing or treatment, our experience is that the location quickly refills with new individuals. In fact, this encampment has previously been subject to these large service mobilizations, without lasting results.

In 2026, the CoC collaborated with the city and other stakeholders to make lasting change to the area. The city has removed all low-level vegetation from the part of the land it owns and has added bright lighting to the areas. All surrounding owners have replaced and fortified fences. The final piece will be undertaken by the railroad, which is also removing all low-level vegetation; this is scheduled to take place in the next 60 days. All parties have agreed to maintain the improvements, and the railroad has authorized the Springfield police to issue trespass violations for people who return to the property. The city and the CoC see this activity as a model for efforts to remove additional encampments in the future, although this has been by far the largest encampment in the city, with about 40 people.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	15
2. Enter the reduction in the number of encampments during your evaluation period.	10

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	234
2. Enter the reduction in the number of people in encampments during your evaluation period.	193

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

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

(limit 2,500 characters)

Not applicable.

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

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

(limit 2,500 characters)

The CoC includes a robust state-funded program that provides prevention and rapid rehousing funds to at-risk households. The state-funded program provides up to \$7000 per household to prevent eviction. The CoC has coordinated with the program to increase awareness and to assist people to access the program.

The CoC has been successful in securing DV Bonus and YDHP funds, which has enabled it to provide targeted programming for two populations with high risk of homelessness. DV providers have accessed additional funds so that, combined with CoC funds, they offer coordinated entry, prevention, and rapid rehousing assistance. The CoC's YHDP programs work closely with the state's foster care agency to prevent youth from leaving the foster care system and entering homelessness; our youth-foster care work includes a partnership with the Springfield Housing Authority to access Foster Youth to Independence (FYI) housing vouchers.

The CoC coordinates with the corrections system to create strategies to prevent people from being released into homelessness. This coordination has led to a partnership through which a CoC homeless service provider operates a state funded rapid rehousing program that provides housing to individuals upon their release from prison.

The CoC coordinates with hospitals and behavioral health facilities to assist in identifying appropriate residential options for people leaving those facilities.

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

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

(limit 2,500 characters)

The CoC uses a data warehouse to build and manage a by-name list of chronically homeless individuals and families. The system-generated list is used at regular multi-agency case-conferencing meetings to identify long-stayers and make sure that long-stayers are connected to a Housing Navigator who assists them in collecting documents needed to get housed. The CoC's by name list prioritizes individuals and families by length of stay and severity of service needs.

The CoC uses all of its permanent supportive housing as DedicatedPlus or as dedicated to chronically homeless and prioritizes housing placements by length of homelessness and service needs. The CoC focuses additional case management and prioritizes RRH and TH for persons with long stays in homelessness but who do not qualify for PSH..

The CoC has coordinated with the Springfield Housing Authority, the Holyoke Housing Authority, and the City of Springfield HOME Tenant-Based Rental Assistance program to identify and create additional housing for chronically homeless. CoC providers created 56 new units of permanent supportive housing in the last two years, which have been used to successfully house a number of people who have had long stays in homelessness.

	2A-7. Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	28.60%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC ran a combined Annual Performance Report (APR) over all TH/RRH/PSH programs (with the exception of the CoC's DV TH-RRH program) for the period January1, 2025 to December 31, 2026.

During the reporting period, 98 persons exited. The number of people who exited to unsubsidized housing destinations was 28.

The CoC counted unsubsidized housing destinations as:

- . Staying or living with family, permanent tenure;
- Staying or living with friends, permanent tenure;
- Rental by client, no ongoing housing subsidy; and
- Owned by client, no ongoing housing subsidy.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	724	64	778	98.73%
2. Safe Haven (SH) beds	23	0	23	100.00%
3. Transitional Housing (TH) beds	107	47	143	92.86%
4. Rapid Re-Housing (RRH) beds	2,400	45	125	5.11%
5. Permanent Supportive Housing (PSH) beds	1,151	0	1,038	90.18%
6. Other Permanent Housing (OPH) beds	204	0	130	63.73%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

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

2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

RRH beds:

1. Massachusetts uses state funds to provide a large rapid rehousing program for families. All of the CoC's non-HMIS RRH beds are in this program. Although data for the program is collected in HMIS, the program is centralized, and the state is unable to provide the data to the various CoCs in the state. The CoC is active in statewide CoC and homeless planning work, including as part of the oversight committee for the state's HMIS data warehouse. The CoC regularly advocates for the state to update/change its HMIS system for RRH beds and will continue this advocacy in the coming year.
2. The CoC does not know if it will be able to get RRH coverage to at least 85% in the next year, because getting coverage requires a major shift in statewide data collection. The CoC has been advocating with the state to change the data collection for this statewide program for many years.

OPH beds:

1. The CoC's OPH beds include projects operated by organizations (including housing authorities) that are more recently part of CoC work or which are not well-connected to the CoC. The CoC has not had the capacity to keep up with outreach and training on HMIS for these organizations. Over the next 12 months the CoC's Data Manager will conduct outreach to these entities to encourage them to use HMIS and to offer access to HMIS at no cost and provide training on use of HMIS.
2. The CoC's Homeless Data Project Coordinator's job description includes outreach to organizations to encourage them to participate in HMIS. In the upcoming year, this individual will outreach to the organizations not currently participating, with the goal of getting the OPH coverage to at least 85%.

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	MA-504 List of Pr...	09/20/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	MA-504 List of Pr...	09/20/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/27/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	MA-504 FY2026 HDX...	09/19/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	MA-504 Advancing ...	09/19/2026
11. Other	No		

Attachment Details

Document Description: MA-504 List of Projects with Substance Use Treatment

Attachment Details

Document Description: MA-504 List of Projects that Require Substance Use Treatment

Attachment Details

Document Description:

Attachment Details

Document Description: Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: MA-504 FY2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: MA-504 Advancing Recovery Policy

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/27/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

MA-504**List of TH/RRH/PSH Providers and Treatment Providers with On-Site Substance Use Treatment**

Project Name	Project Type	Treatment Provider for On-Site Substance Use Treatment
CSO-FOH PSH	PSH	Clinical & Support Options
MHA CSO PSH	PSH	Mental Health Association
YHDP MHA PSH	PSH	Mental Health Association
RVCC CoC PSH	PSH	River Valley Counseling Center

Note:

The CoC has calculated the percentage of TH/RRH/PSH projects that have substance use treatment on site as $4/13 = 30.8\%$.

The CoC's UFA award is for 14 projects, but one of these projects (NNCC RRH) is not operational; prior to award, the agency rejected the award. The CoC is reallocating funds for this project in the FY26 NOFO competition.

MA-504

List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

No projects require substance use treatment.

Lawrence E. Akers
Police Superintendent
Springfield Police Department
130 Pearl Street • P.O. Box 308
Springfield, MA 01101
(413) 787-6313



THE CITY OF
SPRINGFIELD, MASSACHUSETTS

September 28, 2026

Geraldine McCafferty
Director of Housing, City of Springfield
Springfield-Hampden County Continuum of Care
1600 E. Columbus Ave.
Springfield, MA 01103

Dear Ms. McCafferty,

I am writing to confirm the strong working relationship between the Springfield Police Department and the Springfield-Hampden County Continuum of Care (COC) and its subrecipients.

The COC and its subrecipients do not interfere with the work of law enforcement or other first responders when responding to encampments or other situations involving individuals experiencing homelessness. In fact, COC outreach and Coordinated Entry staff regularly collaborate with police and other first responders to coordinate responses, address safety concerns, and connect individuals experiencing homelessness with appropriate services and housing resources.

We value this collaborative approach and the partnership between our systems in responding to homelessness and supporting the safety and well-being of our community.

Sincerely,

Lawrence E. Akers
Superintendent of Police
Springfield Police Department

PART B – Application Scoring Tool for All Project Types

Measure	Source	Max. Points	Scoring Criteria
Experience – 10 points			
Applicant experience: Experience of the applicant in working with the proposed population and in providing housing or services similar to that proposed in the application	Application Q. 3.1	10	4+ years operating the programming comparable to what is proposed in the application – 10 points 2-3 years operating the proposed activities or 4+ years of homeless service provision but no direct experience with the programming proposed – 5 points
Track record with federal funds: Experience in effectively using federal funds	Application Q. 3.2	5	Has received prior federal grant(s) and describes success in meeting performance measures, timely spending, and compliance with reporting requirements
Project Design - 30 points			
Project Priority: Project addresses a geographic need and aligns with CoC FY26 priorities	Application Q. 4.2 and 4.3	10	Project is located outside Springfield and addresses an identified CoC priority project type – 10 points Project is located in Springfield and addresses and identified CoC priority project type – 5 points
Design: Project design is responsive to the needs of the clients to be served	Application Q. 6.1	5	Applicant demonstrates understanding of the needs of the clients to be served, and that the type, scale, and location of the project is responsive to the needs of the clients to be served
Staffing: Project staffing model is appropriate	Application Q. 6.2 and 6.3	5	Staffing model and justifications are appropriate. Recommended: TH staffing ratio 1:10; SSO staffing ratio 1:20.
Housing plan: Describes plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs	Application Q. 7.3	4	Describes how applicant will provide housing navigation and search assistance. For TH providers, describes strategies to locate and secure units, including master leasing, existing relationships with landlords, dedicated housing identification staff, etc.
Increase income: Describes how clients will be assisted to increase employment income to maximize their ability to live independently	Application Q. 7.5	3	Identifies specific strategies identified for assisting participants to increase employment income
Behavioral Health: Describes how clients will be assisted to access behavioral health services	Application Q. 7.4	3	Project provides access or referrals for behavioral health care. For a TH project to receive full points, behavioral health care must be available on site.
Performance – 30 points			
Performance measurement goals	Application Q. 9.2	5	The applicant establishes performance measures that are objective, measurable, and trackable
Success in assisting participants to access housing	Application Q. 9.1	10	The applicant has prior experience operating the proposed project type in which at least 50 percent of participants exit to a positive destination within 24 months as reflected in HMIS or another data system used by the applicant.
Success in assisting participants to access employment	Application Q. 9.1	10	The applicant has prior experience operating the proposed project type in which at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

Prevention of Returns to Homelessness	Application Q. 9.1	5	The applicant has prior experience operating the proposed project type in which no more than the following percentages of participants are dismissed from the project with an exit that is a homeless location: TH: no more than 15% exit to homelessness SSO: no more than 50% of participants are homeless at exit All SSO-CE projects will be awarded full points for this metric
Timeliness – 5 points			
Quick start-up: Plan for rapid implementation of the program	Application Q. 11.1	5	Application describes plan for effective and timely program start-up
Financial – 20 points			
Agency audit	Agency audit	5	The agency audit notes no exceptions to standard practices; characterizes the agency as low-risk; and does not include any findings that have not been resolved
Match	Application Q. 10.3 and attached match documentation	5	Documented match amount meets HUD requirements
Reasonable Cost	Application Q. 9.2 and 10.1	5	The average cost per household served for the project is reasonable: - For TH, cost per household served is no more than \$17,000 - For SSO, cost per household served is no more than \$12,000
Budget	Application Q. 10.1 and 10.2	5	Budgeted costs are reasonable, allocable and allowable
TOTAL		100	

LOCAL COMPETITION SELECTION RESULTS

Project Name	CoC Priority	Project Score	Project Rank	Project Status	Amount Requested from HUD	Reallocated Funds
HMIS	A	System renewal	1	Accepted	\$ 265,078	
CoC Coordinated Access Project	A	System renewal	2	Accepted	\$ 353,019	
DV Coordinated Entry	A	System renewal	3	Accepted	\$ 313,910	
YHDP Coord Entry & Navigation	A	System renewal	4	Accepted	\$ 326,276	
Gandara SHINE RRH	B	90	5	Accepted	\$ 529,897	
Way Finders Turning Point	B	88	6	Accepted	\$ 96,000	
CSO-FOH PSH	B	86	7	Accepted	\$ 482,358	
CHD Family PSH	B	84	8	Accepted	\$ 861,223	
VOC Family PSH	B	84	9	Accepted	\$ 313,030	
MHA CoC Program	B	83	10	Accepted	\$ 2,040,629	
YHDP MHA PSH	B	83	11	Accepted	\$ 203,049	
YHDP Gandara TH	B	70	12*	Accepted	\$ 272,555	
YHDP CHD TH	B	65	12*	Accepted	\$ 779,616	
YWCA-Alianza TH	B	65	13	Accepted	\$ 1,019,933	\$ 1,019,933
Gandara SHINE Young Families TH	B	61	14	Accepted	\$ 409,611	\$ 409,611
Catholic Charities 62+ RRH	B	43		Fully Reallocated		\$ (823,283)
RVCC CoC Program	B	Did not apply		Fully Reallocated		\$ (476,723)
NNCC RRH	B	Did not apply		Fully Reallocated		\$ (419,123)
Way Finders SSO CE	C	82	15*	Accepted	\$ 343,489	\$ 289,585
BHN STEPS SSO-CE	C	77	15*	Accepted	\$ 297,891	
MHA SSO- Street Outreach	D	78	16*	Accepted	\$ 165,440	
SEI Waypoint Case Mgmt SSO	D	71	16*	Accepted	\$ 34,551	
Western Mass Training Consort	D	53	16*	Accepted	\$ 312,440	
YWCA-Alianza TH	E	62	17	Accepted	\$ 623,675	
CSO Recovery Supports SSO	F	59	18	Accepted	\$ 180,631	
TOTAL					\$ 10,224,301	\$ -

CoC Priority

System renewal	A
Housing renewal/replacement	B
New Coordinated Entry	C
New Street Outreach	D
New DV Bonus	E
Other Eligible Projects	F

Note: projects marked with an asterisk have been combined to be submitted as a single project

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

MA-504 - Springfield/Hampden County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

- 1) FY = Fiscal Year
- 2) *This considers all extensions where they were provided.
- 3) ***"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒	☒	☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

2025 HDX Competition Report

2026 Competition Report - SPM Data

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is

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

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

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	3,943	340.6	250.0
1.2 Persons in ES-EE, ES-NbN, SH, and T	4,117	342.7	255.0

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
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2025 HDX Competition Report

2026 Competition Report - SPM Data

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	4,030	521.6	358.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	4,202	518.9	358.0

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	17	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from ES	773	20	2.6%	6	0.8%	15	1.9%	41	5.3%
Exit was from TH	54	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from SH	3	0	0.0%	2	66.7%	0	0.0%	2	66.7%
Exit was from PH	175	4	2.3%	0	0.0%	2	1.1%	6	3.4%
TOTAL Returns to Homelessness	1,022	24	2.4%	8	0.8%	17	1.7%	49	4.8%

Measure 3: Number of Homeless Persons

2025 HDX Competition Report

2026 Competition Report - SPM Data

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

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

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	4,135
Emergency Shelter Total	3,922
Safe Haven Total	48
Transitional Housing Total	184

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

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

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

Metric	Value
Universe: Number of adults (system stayers)	263
Number of adults with increased earned income	16

2025 HDX Competition Report

2026 Competition Report - SPM Data

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Percentage of adults who increased earned income	6.1%
--	------

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

Metric	Value
Universe: Number of adults (system stayers)	263
Number of adults with increased non-employment cash income	106
Percentage of adults who increased non-employment cash income	40.3%

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

Metric	Value
Universe: Number of adults (system stayers)	263
Number of adults with increased total income	119
Percentage of adults who increased total income	45.3%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	98

2025 HDX Competition Report

2026 Competition Report - SPM Data

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Number of adults who exited with increased earned income	13
Percentage of adults who increased earned income	13.3%

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

Metric	Value
Universe: Number of adults who exited (system leavers)	98
Number of adults who exited with increased non-employment cash income	30
Percentage of adults who increased non-employment cash income	30.6%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	98
Number of adults who exited with increased total income	40
Percentage of adults who increased total income	40.8%

Measure 5: Number of Persons who Become Homeless for the First Time

2025 HDX Competition Report

2026 Competition Report - SPM Data

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	2,132
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	532
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1,600

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

Metric	Value
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2025 HDX Competition Report

2026 Competition Report - SPM Data

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2,380
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	623
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,757

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

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
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2025 HDX Competition Report

2026 Competition Report - SPM Data

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Universe: Persons who exit Street Outreach	85
Of persons above, those who exited to temporary & some institutional destinations	15
Of the persons above, those who exited to permanent housing destinations	37
% Successful exits	61.2%

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3,394
Of the persons above, those who exited to permanent housing destinations	1,860
% Successful exits	54.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	900
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	874
% Successful exits/retention	97.1%

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	3,979	184	1,162	376	203
Total Leavers (HMIS)	3,387	75	73	218	68
Destination of Don't Know, Refused, or Missing (HMIS)	795	2	13	28	31
Destination Error Rate (Calculated)	23.5%	2.7%	17.8%	12.8%	45.6%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

MA-504 - Springfield/Hampden County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2026 Competition Report - HIC Summary
MA-504 - Springfield/Hampden County CoC
For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV ¹ Beds or Beds Affected by Natural Disaster [*]	Adjusted ^{***} Total Year-Round, Current, Non-VSP Beds	Adjusted ^{***} HMIS Bed Coverage Rate for Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV ¹ Beds or Beds Affected by Natural Disaster ^{**}	Adjusted ^{***} Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted ^{***} Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	788	714	724	0	724	98.6%	64	64	0	64	100.00%	778	788	98.73%
SH	23	23	23	0	23	100.0%	0	0	0	0	NA	23	23	100.00%
TH	154	96	107	0	107	89.7%	47	47	0	47	100.00%	143	154	92.86%
RRH	2,445	80	2,400	0	2,400	3.3%	45	45	0	45	100.00%	125	2,445	5.11%
PSH	1,151	1,038	1,151	0	1,151	90.2%	0	0	0	0	NA	1,038	1,151	90.18%
OPH	390	130	390	186	204	63.7%	0	0	0	0	NA	130	204	63.73%
Total	4,951	2,081	4,795	186	4,609	45.2%	156	156	0	156	100.00%	2,237	4,765	46.95%

2026 Competition Report - HIC Summary
MA-504 - Springfield/Hampden County CoC
For HIC conducted in January/February of 2026

- 1) † EHV = Emergency Housing Voucher
- 2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
- 3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
- 4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
- 5) Data included in these tables reflect what was entered into HDX 2.0.
- 6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
- 7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
- 8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs

2025 HDX Competition Report

2026 Competition Report - PIT Summary

MA-504 - Springfield/Hampden County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/28/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	2,706	2,329	862
Safe Haven Total	7	15	26
Transitional Housing Total	128	154	173
Total Sheltered Count	2,841	2,498	1,061
Total Unsheltered Count	177	211	158
Total Sheltered and Unsheltered Count*	3,018	2,709	1,219

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	272	224	129
Total Unsheltered Count	110	78	22
Total	382	302	151

Springfield Hampden County Continuum of Care

Policy: Advancing Recovery by Prohibiting Certain Practices Regarding Illicit Drugs

Purpose

The Springfield-Hampden County Continuum of Care (CoC) is committed to providing safe, stable housing while supporting recovery and improving health outcomes for persons experiencing homelessness. This policy establishes standards applicable to CoC-funded projects regarding illegal drug activity, substance use disorder treatment, and program eligibility.

1. Prohibited Activities

As a condition of receiving CoC funding, CoC-funded housing projects shall not:

- Operate or permit the operation of drug injection sites or supervised consumption sites.
- Knowingly distribute illicit drug paraphernalia on or off property under their control for the purpose of facilitating the use of illegal drugs.
- Knowingly permit the use, possession for distribution, or distribution of illicit drugs on property under their ownership or control, except where otherwise required by applicable law or emergency medical response.
- Conduct any of the above activities under the designation or pretext of "harm reduction."

Nothing in this policy prohibits:

- Overdose prevention education.
- Distribution or administration of naloxone.
- Referrals to medical, behavioral health, or substance use disorder treatment.
- Case management, recovery support services, or other legally permissible health interventions.

2. Compliance and Enforcement

When the CoC receives credible information that a recipient or subrecipient may be in violation of this policy, the CoC shall:

1. Conduct a documented review of the allegation.
2. Provide the recipient written notice of the alleged violation.
3. Allow the recipient an opportunity to respond and provide documentation.
4. Make written findings based upon available evidence.

If a violation is substantiated, the CoC may impose one or more of the following remedies:

- Require submission of a corrective action plan.
- Require staff training or policy revisions.
- Increase monitoring or compliance reporting.
- Suspend referrals through Coordinated Entry until corrective actions are completed, where permitted by applicable law and funding requirements.
- Recommend funding conditions during future competition.
- Recommend reduction, reallocation, or termination of CoC funding to the Collaborative Applicant or HUD when authorized under applicable regulations.
- Refer the matter to appropriate governmental authorities if required.

The severity of the remedy shall be proportionate to the nature, duration, and seriousness of the violation.

3. Encouragement of Treatment and Recovery

The CoC encourages recipients and subrecipients to:

- Establish partnerships with licensed substance use disorder treatment providers.
- Maintain referral relationships with detoxification, residential treatment, outpatient treatment, medication-assisted treatment, and peer recovery programs.
- Connect participants with recovery housing where appropriate.
- Assist participants in accessing Medicaid, behavioral health services, and recovery supports.
- Coordinate with local public health agencies and behavioral health providers to improve access to treatment.

Participation in treatment should be available as an option for individuals seeking recovery, consistent with each project's operating model and applicable federal requirements.

4. Recovery Housing and Sober Programs

The CoC recognizes that recovery housing and sober living environments are valuable components of the community's homeless response system.

Nothing in these Written Standards shall be interpreted to prohibit CoC-funded projects from:

- Operating recovery-oriented housing models.
- Requiring sobriety as a condition of occupancy where permitted under applicable federal regulations.
- Requiring participation in substance use disorder treatment or recovery programming as a condition of assistance when such requirements are permissible under **24 CFR Part 578** and other applicable federal law.
- Establishing reasonable program rules designed to support recovery and maintain a drug-free living environment.

Projects utilizing recovery-oriented models shall clearly communicate eligibility requirements to applicants and Coordinated Entry.

5. Relationship to Housing First

The CoC recognizes that different CoC-funded projects may employ different service models consistent with federal regulations.

Nothing in this policy shall be construed to prohibit Housing First projects operating in accordance with HUD requirements, nor shall it prohibit projects that lawfully require sobriety or participation in treatment where such requirements are expressly authorized by **24 CFR Part 578**.

6. Annual Review

The CoC Board shall review this policy annually and revise it as necessary to maintain compliance with federal regulations and HUD guidance.

Adopted by the Springfield Hampden County Continuum of Care Board of Directors 7/30/2026