

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

#### Objective 1: Increase Progress Towards Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

#### 3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

|   | Proposed in 2012 CoC Application | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|----------------------------------|--|-----------------------------------|-----------------------------------|
| 3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.  |                                  | 91   | 91                                | 91                                |
| 3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.  | 305                              | 478  | 496                               | 552                               |
| 3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.   |                                  | 10   | 10                                | 10                                |
| 3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year. |                                  | 0%   | 100%                              | 100%                              |
| 3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?   |                                  | 0  | 21                                | 28                                |

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)**

1. CoC providers will prioritize all non-CH-designated beds for CH, which will provide 10 CH turnover beds per year.
2. In 2014, VOC will begin operation of 18 PSH-CH beds funded in FY12.
3. In the FY13 application, HAP Turning Point is converting from TH to PSH, adding 21 units of PSH-CH. In the FY14 application, MHA will convert Annie's House (TH) and Safe Havens to PSH, creating 18 units of PSH-CH. The CoC expects conversion of another 10 units of TH in FY15; if the conversion does not take place, the CoC expects to reallocate funds to new PSH-CH.
4. In its FY14 application, MHA will use funds in its S+C 48 grant to create 20 additional units of PSH-CH.
5. Soldier On veteran's project, which includes 15 PSH-CH, will open in 2015.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)**

1. The CoC Performance and Outcomes Committee is responsible for ensuring that turnover units are used for chronically homeless individuals. The Committee will collect and monitor data on the use of turnover units and will report progress on this commitment to the CoC Board of Directors on a quarterly basis.
2. The CoC Application Committee is responsible for implementing the CoC's reallocation strategies. It will do so by requiring agencies to reallocate or lose funding so that new projects can use the funds for PSH-CH.

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

#### Objective 2: Increase Housing Stability

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.**

**3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?** Yes

#### 3A-2.2 Objective 2: Increase Housing Stability

|  | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|--|--|-----------------------------------|-----------------------------------|
| 3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:  | 186  | 207                               | 225                               |
| 3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. | 169  | 186                               | 202                               |
| 3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.  | 90%  | 90%                               | 90%                               |

**3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)**

While the CoC consistently performs very high on housing stability, the two programs with lower-than-average rates on this measure are Open Pantry Tranquility House and SMOC Bowdoin Street. Both programs are converting to a Housing First model in 2014, and expect to have less turnover because tenants will no longer lose housing based on rule violations that are not lease violations.

**3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)**

The CoC Performance and Outcomes Committee is responsible for ensuring that the CoC maintains its high rate of housing stability. The Committee will review HMIS reports on a regular basis and monitor each program's housing stability achievement. If any programs show signs of not maintaining high levels of housing stability, the Committee will request that the CoC provide technical assistance and training to the organization.

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

#### Objective 3: Increase project participants income

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-3.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 314**

#### 3A-3.2 Objective 3: Increase project participants income

|   | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|--|-----------------------------------|-----------------------------------|
| 3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?                    | 6%   | 10%                               | 12%                               |
| 3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit? | 19%  | 22%                               | 25%                               |

**3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.**

| Cash Income Sources    | Number of Participating Adults | Percentage of Total in 3A-3.1 |
|------------------------|--------------------------------|-------------------------------|
| Earned Income          | 49                             | 15.61 %                       |
| Unemployment Insurance | 5                              | 1.59 %                        |
| SSI                    | 129                            | 41.08 %                       |

|                              |    |       |   |
|------------------------------|----|-------|---|
| SSDI                         | 67 | 21.34 | % |
| Veteran's disability         | 0  |       | % |
| Private disability insurance | 0  |       | % |
| Worker's compensation        | 0  |       | % |
| TANF or equivalent           | 18 | 5.73  | % |
| General Assistance           | 19 | 6.05  | % |
| Retirement (Social Security) | 24 | 7.64  | % |
| Veteran's pension            | 1  | 0.32  | % |
| Pension from former job      | 3  | 0.96  | % |
| Child support                | 3  | 0.96  | % |
| Alimony (Spousal support)    | 0  |       | % |
| Other Source                 | 7  | 2.23  | % |
| No sources                   | 42 | 13.38 | % |

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)**

In 2014-2015, the CoC will assist CoC-funded providers to improve participants access to SSI/SSDI by providing a minimum of two trainings on access to these resources. The CoC no longer has a SOAR trainer, as people who received SOAR training are no longer working in homeless services in the area. The CoC will identify individuals from the Social Security Administration, other CoCs, and/or the state of Massachusetts to provide this training.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

The majority of the CoC's programs are PSH-CH, and house the hard-to-serve population, many of whom have serious mental illness, a substance abuse disorder, or both. In this year's planning process, the CoC recognized that most providers have focused efforts on housing stabilization, and have less experience in supporting disabled individuals in accessing work.

The CoC will hold a series of training sessions in 2014, addressing issues regarding employment for people with disabilities (including impact on SSI benefits) and connecting providers to employment specialists in the community, including the Massachusetts Rehabilitation Commission, the WIA providers, and providers that support employment for specific population (for example, Hampden County Sheriff's Department After-Incarceration Support Services). One CoC-funded provider, Human Resources Unlimited, specializes in supported employment for persons with serious mental illness. The CoC will ask providers to review for eligibility for HRU services and increase referrals to this agency.

**3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)**

The CoC Performance and Outcomes Committee.

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

#### Objective 4: Increase the number of participants obtaining mainstream benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-4.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.** 314

#### 3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

|   | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|--|-----------------------------------|-----------------------------------|
| 3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit. | 85%  | 87%                               | 88%                               |

**3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.**

| Non-Cash Income Sources                     | Number of Participating Adults | Percentage of Total in 3A-4.1 |
|---|--------------------------------|-------------------------------|
| Supplemental nutritional assistance program | 152                            | 48.41 %                       |
| MEDICAID health insurance                   | 168                            | 53.50 %                       |
| MEDICARE health insurance                   | 52                             | 16.56 %                       |
| State children's health insurance           | 0                              | %                             |
| WIC   | 2                              | 0.64 %                        |



|  |    |       |   |
|--|----|-------|---|
| VA medical services                          | 1  | 0.32  | % |
| TANF child care services                     | 1  | 0.32  | % |
| TANF transportation services                 | 1  | 0.32  | % |
| Other TANF-funded services                   | 0  |       | % |
| Temporary rental assistance                  | 2  | 0.64  | % |
| Section 8, public housing, rental assistance | 12 | 3.82  | % |
| Other Source                                 | 3  | 0.96  | % |
| No sources                                   | 46 | 14.65 | % |

**3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

The Performance and Outcomes Committee will use HMIS data to regularly review program achievements regarding participant access to mainstream benefits and the CoC will provide training and technical assistance to providers regarding benefits types that are not being accessed. In 2014, the CoC is requiring providers to focus efforts on increasing Medicaid/Medicare enrollment and to report to the CoC barriers which prevent full enrollment.

**3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)**

The Performance and Outcome Committee will monitor and will provide quarterly reports on progress to the CoC Board of Directors.

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

#### Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

#### 3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

|  | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|--|--|-----------------------------------|-----------------------------------|
| 3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.               | 0  | 0                                 | 8                                 |
| 3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.               | 3  | 12                                | 15                                |
| 3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding. | 1218   | 1250                              | 1250                              |

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

1. HAP Inc. will seek RRH funds in the FY13, FY14 and FY15 applications, and the CoC will prioritize these applications.
2. The CoC will continue to advocate for expanded state funds for RRH, and HAP, Inc. will continue to seek local allocations of those funds as the region's lead RRH agency.
3. The City of Springfield will increase the amount of ESG funds used for RRH in FY13, FY14 and FY15.

**3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)**

- 1 and 2. Shannon Porter, Vice President, Rehousing and Stabilization Services, HAP Housing, Inc.
3. Geraldine McCafferty, Director of Housing, City of Springfield

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)**

The greatest percentage of rapid rehousing funds are provided by the state of Massachusetts and benefit eligibility is determined by regulation. Households receive up to \$4000 to assist with rehousing. There are no requirements regarding the amount or percentage of rent that participants must pay. The CoC's written policies and procedures apply to ESG funds. Eligibility requirements: Current homelessness, verified; and income at or below 30% area median income. Funding may be used for short-term assistance (up to 3 months); household pays 30% income for rent, with exception of first month, when household is not required to pay rent; maximum benefit \$2500.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)**

Families in our CoC receive RRH through one lead agency, HAP. In HAP's RRH program, caseworkers do an initial in-unit visit/inspection and then maintain monthly contact either by phone, in-office appointment, or in-unit visit, based on the needs of the recipient. The initial assistance period is determined at the time of the award. Families either end their assistance on a pre-determined date or reapply for assistance. The needs of the needs of the family are evaluated throughout the assistance period.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)**

HAP follows recipients for a minimum of 12 months following the assistance period. If a family becomes at-risk again, HAP refers them for additional benefits (the state's Homebase or RAFT program).

## 3B. Continuum of Care (CoC) Discharge Planning: Foster Care

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-1.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?**

**3B-1.1a If other, please explain. (limit 750 characters)**

The state has a mandated policy, and the CoC has adopted local procedures.

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)**

State Department of Children and Families (DCF) policy prohibits discharge of youth from foster care into homelessness. Youth are routinely discharged to reunify with their families or to another housing type, if the youth's age permits or reunification is not possible. Hotel/motels, dwellings that fail to meet health and building codes or places not meant for human habitation are not acceptable options. In Massachusetts, about 65% of youth who reach 18 in the care/custody of DCF sign a Voluntary Agreement to remain in DCF care, which provides housing support.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)**

The MA Dept. of Children & Families is the Commonwealth's agency providing Foster Care and is responsible for ensuring that its policy that youth not be discharged into homelessness is followed. DCF establishes a Transition Plan with each youth which identifies available resources, steps to meet targeted goals, the individual(s) responsible to assist, and the appropriate discharge housing arrangements. The local DCF director is a member of the Western Mass Interagency Council, where regional representatives from state agencies meet bi-monthly with service providers to address systemic problems leading to homelessness, including problems with discharge. The local agencies Center for Human Development and Gandara operate supportive services and transitional programs for youth and work with DCF to establish appropriate discharge alternatives.

## **3B. Continuum of Care (CoC) Discharge Planning: Health Care**

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-2.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?**

**3B-2.1a If other, please explain. (limit 750 characters)**

The state has a mandated policy, and the CoC has adopted local procedures.

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)**

The CoC created and distributed a regional discharge policy in 2011, through a collaborative effort of representatives from hospitals, psychiatric units, community mental health programs, substance abuse programs, Health Care for the Homeless and shelter providers. The CoC's Individual Services Committee is monitoring implementation of the policy.

In addition, CoC member Mercy Medical Center has pioneered and implements a Critical Response Team model, in which regional emergency departments have come together to develop system-wide Individual Service Plans for high frequency emergency room users.

Local hospitals and emergency rooms have social workers on staff who coordinate release into rest homes, nursing homes, and other housing alternatives.

Substance abuse treatment providers routinely discharge consumers primarily to non-CoC-funded transitional support and residential recovery programs.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)**

MA Operational Services Div., which oversees state contracts, uses contract language that states that discharge of consumers to shelters or streets is not appropriate and that through the implementation of aggressive and comprehensive discharge planning efforts, the number of consumers who enter homelessness will be reduced.

Local stakeholder/collaborating agencies include: Mercy Medical, Baystate Medical Center, Wing Hospital, Noble Hospital, Providence Behavioral Health Hospital, VA Medical Center, MA Department of Public Health, MA Department of Mental Health, Health Care for the Homeless, Mass Behavioral Partnership, Elliot Community Human Services, Behavioral Health Network and the Mental Health Association.

## 3B. Continuum of Care (CoC) Discharge Planning: Mental Health

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### 3B-3.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

#### 3B-3.1a If other, please explain. (limit 750 characters)

The state has a mandated policy, and the CoC has adopted local procedures.

#### 3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The CoC created a regional discharge policy in 2011, through a collaborative effort of representatives from hospitals, psychiatric units, community mental health programs, substance abuse programs, Health Care for the Homeless and shelter providers. The CoC's Individual Services Committee monitors implementation of the policy.

In addition, CoC member Mercy Medical Center implements a Critical Response Team, in which emergency departments have come together to develop system-wide Individual Service Plans for high frequency emergency room users, including those with serious mental illness.

Discharges from DMH facilities are documented in a comprehensive database to monitor activity. For the period 2009-2011, Massachusetts data shows 28% of discharges go to the legal system (courts, correctional facilities), 32% to family or non-family housing; 20% to DMH community system of services; 7%

transferred to another DMH facility; 2% into other category (moved, against medical advice, deceased, etc.). Clients routinely continue to receive DMH services upon discharge from mental health facilities.

#### 3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)



Dept of Mental Health policy states that in no instance shall a person be discharged from an in-patient facility with directions to seek housing or emergency shelter; and that every effort must be made through careful discharge planning to work with the client and area resources to seek adequate, permanent housing.

the local discharge planning group regularly reviews and works to improve local practices. CoC members and DMH also participate in the Western Massachusetts Interagency Council, where regional representatives from state agencies meet with service providers to address systemic problems leading to homelessness, including discharge.

Local stakeholders/collaborating agencies include: Mercy Medical, Baystate Medical Center, Wing Hospital, Noble Hospital, Providence Behavioral Health Hospital, VA Medical Center, MA Department of Public Health, MA Department of Mental Health, Health Care for the Homeless, Mass Behavioral Partnership, Elliot Community Human Services, Behavioral Health Network and the Mental Health Association.

## 3B. Continuum of Care (CoC) Discharge Planning: Corrections

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### 3B-4.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

#### 3B-4.1a If other, please explain. (limit 750 characters)

The state has a mandated policy, and the CoC has adopted local procedures.

#### 3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The CoC created and distributed a regional discharge policy in 2011, through a collaborative effort of representatives from hospitals, psychiatric units, community mental health programs, substance abuse programs, Health Care for the Homeless and shelter providers. The Individual Services Committee is monitoring implementation of the policy.

Some of the practices/policies that are part of the local discharge process from correctional facilities include: 1) MassHealth insurance in place prior to release; 2) State mental health services approved and in place prior to release (where applicable); 3) Referral information has been compiled for distribution to people released unexpectedly when sentenced to 'time served'; 4) Correctional facilities and service providers have designated contact people to communicate about difficult cases or identified problems.

Inmates are discharged to residences (house, apartment or rooming house); residential treatment programs; sober homes; and hotel/motel. A few are released to medical or mental health facilities.

#### 3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Hampden County Sheriff's Department After-Incarceration Support Services (AISS) program is the lead entity for corrections discharge planning and follow-up. AISS hhas an extremely broad network of providers that it partners with.

## 3C. Continuum of Care (CoC) Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness?** Yes

### 3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

Springfield Plan includes the following goals:

1) Create 75 PSH-CH units; 2) Maintain the percentage of homeless persons in permanent housing over 6 months at a minimum of 77%; 3) Maintain the percentage of homeless persons moving from TH to PH to at least 65 percent; 4) Maintain the percentage of persons employed at exit to at least 20%; and 5) Decrease the number of homeless families.

The Holyoke-Chicopee-Westfield Consolidated Plan includes the following goals: 1) build community support for ending homelessness; 2) fund and coordinate prevention and rapid rehousing; 3) create supportive housing for vulnerable populations; 4) increase the stock of affordable housing for people at or below 30% area median income; 5) increase incomes and assets of homeless and at-risk households; and 6) make supportive services available and accessible.

**3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)**

Springfield uses the CoC as its planning entity for making decisions about use of ESG funds, including deciding the percentages of funds to spend on the various allowable uses, setting standards for who is eligible to receive funds, and sitting on the annual funding allocation committee. In FY12 and FY13, the CoC held meetings to collect input on ESG funding priorities. CoC and ESG providers were invited, and the agenda was published in advance. The CoC Performance and Outcomes Committee collects and analyzes data about performance by ESG grantees on a quarterly basis, and reports this information to the CoC Board of Directors.

Agencies operating in the CoC also receive CoC funding from the state of Massachusetts' ESG allocation. The state seeks inputs from CoCs in creating funding priorities for CoC, and consults with the CoC in each funding round to determine the highest priority of the CoC for funding category. State ESG recipients' data is collected in HMIS which syncs with the CoC's HMIS, so the CoC is able to monitor performance by state CoC recipients.

**3C-3 Describe the extent in which ESG funds are used to provide rapid rehousing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)**

In FY13, the City of Springfield allocated 39% of its ESG grant to rapid rehousing and 38% to prevention. IN FY12, 26% was spent on to rapid rehousing and 55% was spent on prevention.

In FY13, the state of Massachusetts also granted ESG to providers within the CoC; of this amount 35% was allocated to rapid rehousing and 22% was allocated to prevention.

Both the City and the state provided the minimal amount needed for emergency shelter and dedicated the remainder of funds to rapid rehousing and prevention. HPRP had enabled Hampden County providers to create an effective rapid rehousing and prevention system, and the City and state used ESG funds to the greatest degree possible to preserve that system.

**3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)**

The CoC coordinates with its Consolidated Plan jurisdictions and the state of Massachusetts to provide homelessness prevention programming, which are funded with CDBG, ESG, and state general revenue (as well as private funding). Key programs include Catholic Charities Homecoming Project (housing court intervention and rental arrears), HAP Housing's Rental Assistance for Families in Transition (RAFT) program, New North Citizens' Council Homeless Prevention Program, the Mental Health Association's Tenancy Preservation Project (which provides links to supportive services for tenants with mental illness facing eviction for behaviors associated with their illness).

Barriers to fair housing within the CoC include dense concentrations of subsidized and public housing in distressed urban areas and a lack of affordable housing in areas richer in opportunity, as well as language barriers which limit housing choice and opportunity for the area's large concentration of mono-lingual Spanish speakers.

**3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)**

The Springfield Office of Housing operates the CoC, the ESG program, and the HOPWA program as one integrated grant unit, and the CoC is the membership and coordination entity for all three programs. As a result, providers regularly work together on Committees and the CoC Board, and program goals for the programs are aligned. Springfield's Office of Housing, which coordinates the CoC and these grant programs, also operates the City's HOME program, which has assisted in obtaining HOME funds to support Housing First and Rapid Rehousing initiatives. Due to a strong commitment to ending homelessness, the City also provides annual general revenue to support a Housing First program operated in collaboration with the Springfield Housing Authority. In 2007, Springfield created a 10-year plan to end chronic homelessness, with a board charged with oversight of the plan; in 2013, that Board transitioned into the Board of Directors of the CoC. It contains a number of business and foundation leaders who have strong engagement in this issue. As a result, the local philanthropy community is a knowledgeable and ready partner for the CoC for many projects.

**3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)**

The area's largest housing authority, the Springfield Housing Authority, is actively engaged in CoC efforts to prevent and end homelessness. SHA has partnered with the City of Springfield to provide a Housing First program for persons who are chronically homeless--SHA committed 100 project-based vouchers to the program, and the City employs case managers who provide support to the tenants. SHA has also set aside public housing units to be used as permanent supportive housing for families who have experienced lengthy shelter stays and have multiple barriers to exiting shelter; SHA partners with the state Dept of Housing and Community Development and multiple Springfield agencies to provide supportive services to these families.

**3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)**

The majority of CoC providers operate using a Housing First low demand model, which does not include barriers that limit access to the hardest to serve. Among PSH providers only Open Pantry/SMOC has not operated in a Housing First model (requiring sobriety), but this providers is shifting to Housing First and elimination of strict sobriety requirements in 2014.

The CoC's TH providers have been more restrictive. Through this year's planning process, two of the five TH providers have made commitments to transition to a Housing First PSH model, and will be eliminating barriers. The CoC is working with the remaining three TH providers to assist them in making the same transition. The CoC is providing training and support, and also budget cuts that are designed to make clear to providers that not embracing a low demand model will hurt budgets and eventually lead to no further CoC funding.

**3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)**

The CoC consciously moved to a Housing First approach starting in 2007, at the time of the community creating a 10-year plan to end chronic homelessness. At this time, most CoC-funded providers of permanent housing, and many other PSH providers, already use a Housing First approach. The emphasis in this year's CoC Competition on Housing First has led to the few CoC programs that have not used this approach to reconsider and decide to shift to a Housing First approach, and 100% of CoC-funded providers are now using a Housing First approach. Experienced Housing First providers are assisting providers in making this shift by providing information about their strategies that have been successful.

**3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)**

Massachusetts provides emergency shelter to any qualified family in need, and has a network of offices to serve families experiencing a housing crisis, including 3 offices within the CoC's jurisdiction. The state's programs are well-publicized, so service providers, police, schools, health providers and many others know that this is the appropriate first contact for families. The state's system completes assessment, and then directs families toward rapid rehousing, emergency shelter, or TH or PSH.

The CoC is in the process of creating its coordinated assessment system for adult individuals and youth. Providers have reviewed model assessment forms and referral protocols, but have not yet reached consensus on the assessment tool and protocols to be used. The CoC expects to begin operation of coordinated assessment in 2014.

**3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)**

In 2013, the CoC undertook demographic analysis of its programs. The analysis identified that Latinos are least likely to access the CoC's transitional and permanent supportive housing. This conclusion is based on the much higher percentage of Latinos in the emergency shelter population versus the percentage of Latinos in TH and PSH.

The CoC sponsored a fair housing training for CoC and ESG providers. Data, fair housing laws/principles, and recommendations were presented, and providers brainstormed additional strategies to market TH and PSH programs to homeless Latinos.

CoC and ESG programs are using the following strategies to market programs to Latinos, many of whom are Spanish-speaking only: bilingual/bicultural staff; materials available in Spanish; targeted outreach to organizations which serve high numbers of Latinos; and prominent placement of fair housing materials and posters, including in Spanish. Agencies have committed to regular review of their clients' demographic data and comparison of this data against AHAR and PIT data showing the demographics of the unsheltered and sheltered homeless population.

**3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)**

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

**3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)**

The CoC has a Family Services Committee and an Unaccompanied Youth Committee, both of which meet monthly to coordinate services to these respective populations, and both committees include active participation by the McKinney-Vento liaisons. The liaisons have produced posters and handouts with information about the educational rights of homeless children, which they give to CoC- and ESG-funded providers who serve families and unaccompanied youth. The providers distribute the materials directly to families. Liaisons and provider staff communicate regularly by phone and email about particular families, ensuring that children are enrolled and receiving transportation and any other needed services. The state of Massachusetts has a right to shelter for families, so the state operates as a 'front door' for homeless families. The state provides regular notice to liaisons of children within their school district who have entered the shelter system.

**3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)**

The CoC has a written policy which prohibits CoC- and ESG-funded providers from denying admission to families (or any member of a family) with children under the age of 18. Within our CoC, it has long been the practice for providers to accommodate whole families, and not deny admission or separate families due to the presence of a teenage boy in the household. In Massachusetts, family shelter is funded by the state, and the state requires family shelter providers to keep a family in need of emergency shelter intact, including 18 year old male family members.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)**

The CoC's rapid rehousing provider maintains contact with households served and provides follow-up referrals and assistance for households that again become at-risk for homelessness. CoC housing providers provide casemanagement that is focused on housing stability, both during programs and following exit. In TH, this is plans to leave to permanent stable housing. For PSH, providers continue to provide intense casemanagement to residents who must leave the program due to lease violations, with a focus on identifying a next stable housing placement and avoiding return to homelessness. All providers remain as an ongoing resource to clients who have left programs, offering referrals and other available assistance. The CoC does not yet have the capacity to use HMIS for regular tracking of returns to homelessness. The HMIS Lead is working with the CoC's HMIS provider to create this reporting capacity.



**3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)**

**3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?** No

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

### **3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals**

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).**

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)**

To end chronic homelessness by 2015, the CoC is making more PSH-CH units available through conversion, use of new resources, and commitment of turnover units to make more units available for these populations.

To end veteran homelessness by 2015, the CoC is using VASH and new development of PSH units to end veteran homelessness. At the 2013 PIT, the CoC had 33 homeless veterans.

To end family homelessness by 2020, the CoC is expanding rapid rehousing assistance for homeless families with children. The state and CoC have seen expansion of the family homeless population over the last year, and will need to recommit efforts to end family homelessness by 2020. Toward the goal of ending youth homelessness, the CoC is partnering with the state in 2014 to undertake an expanded count of homeless youth coupled with a survey of youth who are unstably housed.

Toward the goal of setting a path to end all types of homelessness, the CoC is continuing to retool its system to emphasize prevention and rapid rehousing for all households experiencing a housing crisis.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)**

The state of Massachusetts provides emergency shelter to all eligible families, and this is a well-known benefit that is accessed through MA Department of Transitional Assistance offices. As a result of this benefit, the CoC does not find the existence of unsheltered families. Schools, community agencies, police departments, and the housing court regularly refer families in crisis to DTA. While not all families may be eligible for state-funded shelter, DTA is the "front door" for families seeking homeless shelter. All housing and services for families experiencing a housing crisis are coordinated through the state system. Families that begin at DTA are referred into various programs, including CoC programs, for prevention, rapid rehousing, shelter and permanent supportive housing.

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)**

Within the CoC's jurisdiction, two providers operating in three locations provide services and safe housing for victims of domestic violence. The largest DV provider, the YWCA, operates programs, DV shelter, and transitional housing programs in an innovative model which has highly enhanced security but is in a publicly-known location. The YWCA is an active member of the CoC. As providers have created rapid rehousing programs, the YWCA has been very consciously included as a partner in order to make sure that YWCA DV clients are able to readily and easily access these resources. The smaller DV provider Womanshelter Companeras, also works collaboratively with CoC providers and participates in the CoC.  
 ADD MORE: (ask DV providers what we should be doing) what policies the CoC has in place to ensure the safety and privacy of domestic violence survivors that are served in any ESG or CoC Program-funded project

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)**

The CoC includes a Runaway and Homeless Youth provider (the Center for Human Development) which uses a host home arrangement to provide emergency shelter for homeless youth aged 14 to 17. In 2012, the agency Gandara initiated a transitional housing program for youth aged 18-24, using CoC funds. Gandara's long-term plan is to add permanent supportive housing for youth in need of this support. In Springfield, the private sector provides ongoing funding for the Millbrook Scholars' program, which provides congregate housing, mentors and scholarships for homeless youth age 18 and up who are in high school or enrolled in community college.

OutNow provides youth outreach and drop-in services, and Roca conducts outreach to high-risk youth who have been involved with the criminal justice system, many of whom are marginally housed (often couch-surfing) or homeless.

In January 2014, the CoC collaborated with the state to conduct a statewide count and survey of homeless and marginally housed youth up to age 25.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.**

**(limit 750 characters)**

The CoC includes a PATH provider, Eliot Community Human Services, and a Health Care for the Homeless provider, Mercy Hospital, both of which work together to provide street outreach throughout the CoC's jurisdiction. Street outreach workers from these agencies regularly visit places where homeless people are known to stay and make efforts to engage people who remain unsheltered. The CoC includes a regular REACH meeting, where outreach, shelter, and PSH providers seek to match long-term homeless people to housing opportunities. These meetings enable outreach workers to identify Housing First opportunities and coordinate strategies to engage individual homeless individuals around a particular available housing unit.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.**

**(limit 1000 characters)**

CoC membership includes HUD-VASH and SSVF staff, and these staff regularly attend meetings and provide information to other providers about the services they provide. As a result, all providers throughout the CoC know the importance of identifying veteran status, and providers regularly make referrals to the veteran-specific services. The SHARP program accelerates the housing process and offers veteran-to-veteran peer support, mental health services, psychiatric evaluation and linkages to emergency shelter to chronically homeless veterans. Veterans in Massachusetts are eligible for state-funded cash benefits and receive priority status for state public housing units. In 2013, the state of Massachusetts released its Integrated Plan to Prevent and End Homelessness among Veterans, and the CoC and veteran providers have been working together to jointly advance the work of the plan on our local level. The CoC includes two non-profit providers that provide housing and services to people who have served in the military but are not eligible for VA programs: Soldier On and the Western Massachusetts Bilingual Veterans Outreach Center.

### 3E. Reallocation

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?** Yes

**3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?** Yes

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons. (limit 1000 characters)**

The CoC has had a long commitment to and aggressive strategy for addressing chronic homelessness, which has used multiple sources other than CoC funds to create PSH-CH, including HOME, general government revenue, public housing project-based vouchers, and health insurance coverage. As a result, the CoC has created \_\_\_ PSH-CH housing opportunities since 2007. Existing plans will add another \_\_\_ units in the next 2 years. The CoC has almost eliminated its street population, and is making progress toward reduction of chronically homeless individuals (not well-reflected in last year's point-in-time count, in which a method of extrapolation led to identification of a large number of chronically homeless families).

Within the last several years, the CoC's population of homeless families has been expanding at a very rapid pace, and the CoC has a much larger problem of family homelessness than it does individual homelessness. The CoC has determined that this situation warrants continued investment in best practices in the family homelessness system, while continuing to take aggressive steps toward eliminating chronic homelessness.

**3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?** Yes

### 3F. Reallocation - Grant(s) Eliminated

**CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.**

| Amount Available for New Project:<br>(Sum of All Eliminated Projects) |                         |                |                       |                      |
|---|-------------------------|----------------|-----------------------|----------------------|
| \$56,550  |                         |                |                       |                      |
| Eliminated Project Name   | Grant Number Eliminated | Component Type | Annual Renewal Amount | Type of Reallocation |
| HAP Turning Point   | MA0065L1T041205         | TH             | \$56,550              | Regular              |

### **3F. Reallocation - Grant(s) Eliminated Details**

**3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** HAP Turning Point

**Grant Number of Eliminated Project:** MA0065L1T041205

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** \$56,550

**3F-2 Describe how the CoC determined that this project should be eliminated.  
(limit 750 characters)**

The CoC encouraged all transitional housing projects to consider conversion to permanent supportive housing. Prior to seeking renewal applications from existing grantees, the CoC created a set of objective point-based scoring criteria that would be applied to all projects seeking renewal. This project scored very low. The provider decided to convert the project from transitional housing to permanent supportive housing. The TH project is eliminated, and the provider has applied for a new PSH grant.



### 3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

| Amount Available for New Project<br>(Sum of All Reduced Projects) |                      |                       |                 |                                  |                   |
|---|----------------------|-----------------------|-----------------|----------------------------------|-------------------|
| \$136,912   |                      |                       |                 |                                  |                   |
| Reduced Project Name  | Reduced Grant Number | Annual Renewal Amount | Amount Retained | Amount available for new project | Reallocation Type |
| Providence Minist...  | MA0070L1T041205      | \$81,881              | \$73,693        | \$8,188                          | Regular           |
| Gandara SHINE   | MA0368B1T041000      | \$224,980             | \$189,235       | \$35,745                         | Regular           |
| MHA Annie's House   | MA0100L1T041205      | \$199,299             | \$179,369       | \$19,930                         | Regular           |
| Samaritan Inn Tra...  | MA0073L1T041205      | \$104,991             | \$99,414        | \$5,577                          | Regular           |
| HRU Next Step   | MA0105L1T041205      | \$346,616             | \$279,144       | \$67,472                         | Regular           |

### 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Providence Ministries Loreto House  
**Grant Number of Reduced Project:** MA0070L1T041205  
**Reduced Project Current Annual Renewal Amount:** \$81,881  
**Amount Retained for Project:** \$73,693  
**Amount available for New Project(s):** \$8,188  
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

This TH project applied for full funding as a renewal project. The CoC Application Committee scored all projects using an objective point-based scoring system, and ranked projects. After completion of the scoring and interviews of program staff, the Committee made the decision to apply 10% cuts to three low-performing TH projects, including this project.

### 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Gandara SHINE  
**Grant Number of Reduced Project:** MA0368B1T041000  
**Reduced Project Current Annual Renewal Amount:** \$224,980  
**Amount Retained for Project:** \$189,235  
**Amount available for New Project(s):** \$35,745  
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

This TH project applied for less than full funding as a renewal project--the project submitted a budget 7% less than the prior year's budget. The CoC Application Committee scored all projects using an objective point-based scoring system, and ranked projects. After completion of the scoring and interviews of program staff, the Committee made the decision to apply 10% cuts to three low-performing TH projects. Because this committee had already cut its budget by 7%, the CoC's cut to this program's budget was the additional 3%

### 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** MHA Annie's House

**Grant Number of Reduced Project:** MA0100L1T041205

**Reduced Project Current Annual Renewal Amount:** \$199,299

**Amount Retained for Project:** \$179,369

**Amount available for New Project(s):** \$19,930  
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

This TH project applied for full funding as a renewal project. The CoC Application Committee scored all projects using an objective point-based scoring system, and ranked projects. After completion of the scoring and interviews of program staff, the Committee made the decision to apply 10% cuts to three low-performing TH projects, including this project.

### 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Samaritan Inn Transition Program  
**Grant Number of Reduced Project:** MA0073L1T041205  
**Reduced Project Current Annual Renewal Amount:** \$104,991  
**Amount Retained for Project:** \$99,414  
**Amount available for New Project(s):** \$5,577  
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

The CoC established objective, score-based criteria for evaluation of all renewal applications. The applications assigned scores for many criteria, including performance. The scoring criteria sought to encourage providers of TH to convert to PSH or voluntarily reduce their budgets. For examples, for program type, PSH for CH scored 16 points, and TH scored 0 points. A voluntary grant reduction of 5% was worth 8 points. In response to this scoring system, this TH provider applied for a renewal budget that was 5% lower than the prior year's budget.

### **3G. Reallocation - Grant(s) Reduced Details**

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** HRU Next Step  
**Grant Number of Reduced Project:** MA0105L1T041205  
**Reduced Project Current Annual Renewal Amount:** \$346,616  
**Amount Retained for Project:** \$279,144  
**Amount available for New Project(s):** \$67,472  
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

The provider sought a renewal grant for a reduced amount because the rental assistance portion of the grant is greater than the program's actual annual rental assistance costs.

### 3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests  
(Must be less than or equal to total amount(s) eliminated and/or reduced)

| \$193,462          |                  |                |                    |                   |
|--------------------|------------------|----------------|--------------------|-------------------|
| Current Priority # | New Project Name | Component Type | Transferred Amount | Reallocation Type |
| 3                  | HAP Turning ...  | PH             | \$56,550           | Regular           |
| 5                  | HAP Rapid Re...  | PH             | \$32,268           | Regular           |
| 17                 | HAP Rapid Re...  | PH             | \$104,644          | Regular           |

### **3H. Reallocation - New Project(s) Details**

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 3  
**Proposed New Project Name:** HAP Turning Point PSH  
**Component Type:** PH  
**Amount Requested for New Project:** \$56,550

### **3H. Reallocation - New Project(s) Details**

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 5  
**Proposed New Project Name:** HAP Rapid Rehousing  
**Component Type:** PH  
**Amount Requested for New Project:** \$32,268

### **3H. Reallocation - New Project(s) Details**

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 17  
**Proposed New Project Name:** HAP Rapid Rehousing 2  
**Component Type:** PH  
**Amount Requested for New Project:** \$104,644



### 3I. Reallocation: Balance Summary

**3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, “Remaining Reallocation Balance” should equal “0.” If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.**

#### Reallocation Chart: Reallocation Balance Summary

|   |           |
|---|-----------|
| Reallocated funds available for new project(s): | \$193,462 |
| Amount requested for new project(s):            | \$193,462 |
| Remaining Reallocation Balance:                 | \$0       |