

1A. Continuum of Care (CoC) Identification

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/>.

1A-1 CoC Name and Number: MA-504 -
Springfield/Holyoke/Chicopee/Westfield/Hampden County CoC

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

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

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1B-1 How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Outreach, Advisor, Community Advocate
Select all that apply.

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	No
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

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1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Performance and Outcomes	Sets and monitors performance targets for the CoC as a whole and for CoC and ESG providers; makes recommendations to the Board regarding poor performance; oversees gaps analysis; and makes recommendations to the Board regarding overall funding priorities.	Monthly	City representatives, public health researcher/consultant, formerly homeless, homeless providers
1C-1.2	Data and HMIS	Works with the HMIS Lead to keep privacy, security and data quality plans current and makes recommendations to the Board for amendments; monitors the performance of the HMIS Lead and the performance of providers in complying with all HMIS requirements; and oversees the HIC, the sheltered PIT, and AHAR.	Monthly	HMIS Lead, homeless providers, city represent
1C-1.3	CoC Application	Determines the process for selection of projects to include in the annual CoC application; serves as the review committee for new and renewal applications; and provides a grievance process for applicants not chosen to be included in the CoC application.	Bi-Monthly	City representatives, law enforcement, veterans services, formerly homeless, faith community, concerned resident
1C-1.4	Point-in-Time Count	Provides oversight to and coordination of the annual point-in-time count, particularly regarding the unsheltered count and counts by providers that are not HMIS contributors.	Quarterly	Homeless service providers, city staff, McKinney Vento school liaison, LGBT group, RHY provider, veteran group, Western MA Network to End Homelessness
1C-1.5	Individual Services	While the ongoing role of this group is coordination of services, in 2013 it has been working consistently on creation of coordinated intake and assessment tools.	Monthly	Homeless service providers, public health researcher/consultant, city representatives, formerly homeless, law enforcement

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.

(limit 750 characters)

Overall, the CoC has a broad and diverse membership, and this membership is reflected on the Board of Directors, which specifically seeks to include many different perspectives on homelessness, as well as geographic representation of the whole CoC. While committee work is often done in smaller groups, committees post minutes of all meetings on a public blog and report to the Board on a quarterly basis. Committees make efforts to recruit members with various perspectives. An example is the CoC Application Committee, which includes representatives from two municipal governments, a Sheriff's Department representative, a formerly homeless person, an engaged community member, a Veteran's provider representative, and someone from the faith community.

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

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/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The CoC Application Committee organizes and implements the selection and ranking process. The Committee defines and publishes the competition's objective scoring criteria, and initiates a request for proposals (RFP), which seeks applications from new and renewal applicants. For FY13, the process was posted on the CoC's website on 12/11/13 and the RFP was posted 12/12/13. The Committee scores the applications received, using interviews to assist in the scoring process. The process allows the Committee to make adjustments to final scoring to address geographic or population gaps, but any deviations from the scored ranking are required to be explained in writing, publicly. The CoC's FY13 funding and ranking decisions were published on the website 1/17/2014. There is an appeal process for unsuccessful applicants.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The CoC uses data from APRs and HMIS to evaluate program performance. For the FY13 competition the CoC used data for program years that ended between 7/1/12 and 6/30/13, except for two new projects, which each was evaluated based on initial program year, even when that ended after 6/30/13. Data elements reviewed: housing stability (PH 80% or more maintain or leave to PH, TH 65% or more exit to PH); access to employment income (20%), access to non-employment income (54%) and access to mainstream benefits (56%). These 4 factors demonstrate the project's ability to assist participants to return to and maintain permanent housing, through both housing stability and resources necessary to maintain stability. The CoC also considers utilization (90%) and data quality (no more than 10% missing/null values). The CoC uses a point-scoring system which awards extra points for factors that indicate that the project serves a hard-to-serve population; these include % chronic served; percent literally homeless upon entry; and percent with 2 or more disabilities.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

The annual local CoC competition is open to all applicants, and each year new applications are sought to compete against existing grantees. The CoC holds a widely-publicized request for proposals (RFP) process, which seeks proposals from any eligible entities. The RFP is publicized in the regional newspaper, the website of the Western Massachusetts Network to End Homelessness, and the City of Springfield website. Notice of the RFP is sent to the CoC's extensive email contact list, which includes over 130 individuals. Competitions in 2012, 2011, and 2010 each selected new projects from grantees that had never before received CoC funding. In the RFP competition, new and renewal applications compete equally against each other based on objective scoring criteria published prior to initiation of the competition.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.

01/17/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?

No

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)**

The GIW approved by HUD included 10% Administrative Costs for the project RVCC HIV/AIDS Residential Support, grant number MA0102L1T041205, applicant City of Springfield. In the GIW submitted with this application, the Administrative Costs have been reduced to 7% and the difference in amount (\$5426) was restored to the supportive services line.

The CoC sent a letter to its HUD representative on Nov. 27, 2013 requesting this change, but the change was not made by HUD.

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

1E. Continuum of Care (CoC) Housing Inventory

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/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC has in place an HMIS Governance Charter with the HMIS Lead which defines the HMIS Lead's responsibilities and duties. These include entering into an HMIS Participation Agreement with each CHO, monitoring and enforcing HUD requirements, and contracting with an HMIS vendor who will provide an HMIS that meets HUD standards. The selected HMIS (ETO) meets all requirements of the HUD 2010 Technical Standards, and is required by contract to provide updates as technical standards and reporting requirements are updated. The HMIS and Data Committee monitors compliance with all HMIS requirements on an ongoing basis.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

Privacy Plan and Security Plan - Prior to 2013, the CoC followed privacy and security recommendations in the 2004 HMIS Data Standards. During the period August through December 2013, the Data and HMIS Committee worked with the HMIS Lead to fully develop privacy and security practices and procedures and document them in written plans. The Committee recommended that the Board of Directors adopt these plans, and it did so at the Jan. 24, 2014 meeting. The CoC will provide training on these plans to all HMIS users in 2014.

Data Quality Plan - The CoC worked with a technical assistance consultant in 2008 and 2009 to create initial written data quality standards, and the HMIS Lead has been utilizing the procedures from that documents on an ongoing basis. This Plan was updated in 2011, and the Data and HMIS Committee again reviewed and amended this Plan in 2013. The CoC Board of Directors reviewed and approved the amendments to this plan at its Jan. 24, 2014 meeting.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Efforts to Outcomes
Applicant will enter the HMIS software name (e.g., ABC Software).

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

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

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

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) MA-504 - Springfield/Holyoke/Chicopee/Westfield/Hampden County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$29,732
ESG	\$0
CDBG	\$36,988
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$66,720

2B-3.2 Funding Type: Other Federal

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

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-3.4 Funding Type: Private

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

2B-3.5 Funding Type: Other

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

2B-3.6 Total Budget for Operating Year	\$66,720
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2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

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

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/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	65-75%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	76-85%

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

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)**

The bed coverage rate for TH beds was below 64% in the FY2012 application. A key reason for improvement of TH coverage is that the CoC requested a TH program that had been been submitting data into an alternate system to begin uploading the data into the CoC's HMIS on a regular basis. In addition, the CoC began funding a specialized youth TH program, which is required to contribute HMIS data due to the funding source. The TH coverage rate was also impacted by conversion of a number of TH beds to PSH and loss of funding for another TH program.

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

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/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	165
Transitional Housing	11
Safe Haven	27
Permanent Supportive Housing	37
Rapid Re-housing	14

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	1%
Race	0%
Gender	0%
Veteran status	4%
Disabling condition	3%
Residence prior to program entry	11%
Zip Code of last permanent address	0%
Housing status	3%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS is used to generate data for all APRs and for ESG reporting in the CAPER for the City of Springfield.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

The HMIS Lead produces monthly data quality reports which are provided to HMIS Contributing Organizations and the CoC HMIS and Data Committee. The HMIS Lead provides technical assistance and training to organizations with data errors. The assistance may be on-site or over the phone, and may consist of instructing the organization about how to correct errors, the HMIS Lead correcting errors, and the HMIS Lead assisting the organization staff the reason for the errors, so that errors will be avoided in the future.

The CoC's Performance and Outcomes Committee includes review of HMIS data quality as part of its ongoing performance monitoring. The CoC Application Committee considers HMIS data quality performance in its funding and ranking decision-making process.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and 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/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Quarterly
* Using data for program management	Quarterly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

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/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Page 11.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

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/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/23/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	30%	70%
Transitional Housing	0%	0%	33%	78%
Safe Havens	0%	0%	0%	100%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

There was a decrease of 337 people in the sheltered point-in-time count between 2012 and 2013, from 2409 to 2072. The most significant reduction was in the number of persons in families, which decreased from 2062 to 1722 due to the state's focus in reducing family homelessness and particularly the state's funding for rapid rehousing for families. The youth population decreased by 8, which is related to the closing of an RHY transitional housing program. The population of adult individuals increased by 11. The CoC does not know the reason for this increase, but it is so small that it is not likely to be significant in indicating any trend.

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

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/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

Reconciliation: Comparison of survey and HMIS data for discrepancies, and identifying the reason for any discrepancy and resolving it.

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

1. Survey providers: All emergency shelter and transitional housing providers participated in the count. Prior to the count, reporting forms and instructions were given to providers. Providers returned the forms within the following two days and were called if forms were not received on the first day after the count.
2. HMIS: The HMIS Lead ran HMIS point-in-time reports for the night of the count for each provider that participates in HMIS.
3. Other-Reconciliation: HMIS and survey responses were compared, and, if any discrepancies were identified, providers were asked to explain and reconcile.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

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/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

Reconciliation: Comparison of survey and HMIS data for discrepancies, and identifying the reason for any discrepancy and resolving it.

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

1. Non-HMIS client-level information: All providers completed reporting forms on subpopulations; providers were instructed to use client files for this purpose.

2. HMIS: For all HMIS providers, the HMIS Lead completes HMIS point-in-time counts on subpopulations.

3. Other: Information on survey forms and HMIS are cross-checked, and providers are asked to resolve any discrepancies.

4. HMIS plus extrapolation: In January 2013, the state of MA was placing homeless families in motels, and did not collect subpopulation data on these families. For this population, HMIS data on families in shelter was used to extrapolate to estimate numbers of subpopulations within the homeless motel families, using the method described in HUD's Guide to Counting Sheltered Homeless People.

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

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/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

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

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

1. Training: The CoC provided detailed instructions, phone explanations, and survey forms to all providers. CoC staff were available for technical assistance throughout the count.

2. Follow-up: The CoC sent email reminders to providers prior to the count and on the day of the count. The CoC required providers to submit completed survey forms the day after the count. Starting the next day, CoC staff started calling providers to remind them to submit forms and determine if they needed assistance in completing forms.

3. HMIS: The CoC cross-checked survey responses against HMIS for accuracy.

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

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/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/23/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

There was an increase of 10 people in the unsheltered point-in-time count between 2012 and 2013, from 35 to 45. The increase may be due to the fact that a seasonal shelter which would ordinarily be open at the time of the point-in-time count was not open in winter 2012-2013. In addition, after several years of providers working aggressively to house the street population with a Housing First approach, the pace of placements has slowed over the last 1-2 years due to a limited number of new units becoming available for this population.

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

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/>.

* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description.
(limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

1. Public places count with interviews on the night of the count: Outreach workers, homeless service providers and volunteers perform a count of the downtown urban areas (including a complete count in downtown Springfield) and in known locations throughout the CoC's urban and semi-urban areas. Interviews include identifying information.

2. Service-based count: For several days after the count, outreach workers interview people at service locations to determine where they stayed on the night of the count. This method is used throughout more rural and suburban areas of the CoC. Interviews include identifying information.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

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2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

**2M-2 If other, provide a detailed description.
(limit 750 characters)**

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

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/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

Reconciliation: Identifying information for each person counted is compared against shelter/HMIS data to ensure that no person counted as unsheltered was also counted in shelter for the night of the count.

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

1. Training: All people involved in the point-in-time street count must attend an in-person training event conducted by the point-in-time coordinators, who are experienced street outreach workers.
2. "Blitz" count: the urban area street count is conducted as a "blitz" count in which teams are assigned to different areas and count during the same time period.
3. Unique identifier: The individuals who conduct the count record identifying information for each person counted.
4. Comparison against shelter rosters: All persons identified in the street count are compared against shelter rosters to ensure that they were not also counted in shelter on the night of the count.

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.		86	100	100
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	305	478	499	573
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.		85%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		21	39	10

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

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. The Board of Directors will enforce the commitment of the providers.
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 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.

In order to maintain the CoC's high housing stability performance, the CoC will use the best performers to mentor lower performers and will provide information and training on best practices.

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 reviews HMIS reports on a regular basis and monitors 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. The Performance and Outcomes Committee provides regular reports on housing stability to the Board of Directors.

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: 315

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?	23%	23%	23%
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?	70%	70%	70%

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	71	22.54	%
Unemployment Insurance	5	1.59	%
SSI	131	41.59	%

SSDI	67	21.27	%
Veteran's disability	0		%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	18	5.71	%
General Assistance	19	6.03	%
Retirement (Social Security)	24	7.62	%
Veteran's pension	0		%
Pension from former job	3	0.95	%
Child support	3	0.95	%
Alimony (Spousal support)	0		%
Other Source	7	2.22	%
No sources	42	13.33	%

**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 and 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 a very 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 that will address 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 is responsible for ensuring that the CoC maintains its performance rates for accessing employment and non-employment income. The Committee monitors performance on these measures on a quarterly basis, and provides regular reports to the Board of Directors.

The City of Springfield Director of Housing, Geraldine McCafferty, is responsible for implementing training on accessing SSI/SSDI and on employment-related programs and benefits.

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. 315

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	48.25 %
MEDICAID health insurance	168	53.33 %
MEDICARE health insurance	52	16.51 %
State children's health insurance	0	%
WIC	2	0.63 %

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	0.63	%
Section 8, public housing, rental assistance	12	3.81	%
Other Source	3	0.95	%
No sources	46	14.60	%

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 uses HMIS data to regularly review program achievements regarding participant access to mainstream benefits. In 2014, 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. The Performance and Outcomes Committee will monitor rates of access to Medicaid/Medicare. The CoC will offer technical assistance and training on access to health benefits if necessary.

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 is responsible for ensuring that the CoC maintains its high level of participant access to mainstream benefits. The Committee reports quarterly 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	8	16
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	766	766

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 FY14 and FY15.

[Note: The number of households provided with RRH with non-CoC funds was very high in early 2013 due to a short-term state initiative to move homeless families out of motels. The state is not continuing this level of RRH funding on an ongoing basis.]

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. The CoC Application Committee.
2. Shannon Porter, Vice President, Rehousing and Stabilization Services, HAP Housing, Inc. The CoC Application Committee.
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 and will apply to CoC RRH 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.

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 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)

The CoC's RRH assistance provider, 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 Residential Assistance for Families in Transition (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 State Mandated Policy mandated by the State, the CoC, or other?

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

**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)**

CoC members regularly ask youth about recent foster care experience and, where there is recent involvement, advocates with the Dept. of Children and Families for continuing support.

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 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.

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 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.

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)

The CoC's Individual Services Committee monitors implementation of the Health Care Discharge policy. The Critical Response Team is responsible for ensuring that the health care system does not routinely discharge persons from health care settings into homelessness.

Local stakeholders/collaborating agencies include: Mercy Medical, Baystate Medical Center, Wing Hospital, Noble Hospital, Providence behavioral Health Hospital, VA Medical Center, MA Dept of Public Health, Health Care for the Homeless, Mass Behavioral Partnership, Eliot 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)

The MA Dept of Mental Health is responsible for ensuring that people are not discharged from mental health placements into homelessness. DMH policy states that in no instance shall a person be discharged from an in-patient facility with directions to seek housing or emergency shelter.

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 Dept of Public Health, Health Care for the Homeless, Mass Behavioral Partnership, Eliot 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 a regional discharge policy in 2011, through a collaborative effort of representatives from multiple institutions, including jails and the county sheriff, as well as shelter providers. The Individual Services Committee monitors 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 responsible for ensuring that individuals are not routinely discharged from corrections into homelessness. AISS has 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's Consolidated 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; and 3) create supportive housing for vulnerable populations.

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 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. This information is also used by the review committee in making annual ESG funding decisions.

Agencies operating in the CoC also receive funding from the state of Massachusetts' ESG allocation. The state seeks inputs from CoCs in creating funding priorities for ESG, 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.

Springfield 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 has 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 other funds. Key programs include Catholic Charities Homecoming Project (housing court intervention and rental arrears), HAP Housing's Rental Assistance for Families in Transition (RAFT) program (prevention funds), 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). All of these programs operate throughout the CoC.

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

All ESG providers in the jurisdiction are active CoC members, and coordinate strategic planning with the CoC-funded providers.

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. The City provides annual general revenue to support a Housing First program.

The CoC jurisdiction includes an RHY provider that actively participates in the CoC, and CoC family providers coordinate with Head Start programs to enroll children in early childhood education programs. The CoC does not directly access TANF funds.

The CoC Board of Directors includes members from local philanthropies and businesses, and these entities provide financial and other support for CoC strategies.

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 PSH 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, 2 of the 4 TH providers have made commitments to transition to a Housing First PSH model, and will be eliminating barriers. The CoC is working with one of the remaining 2 TH providers to assist in making the same transition. The CoC is providing training and peer support. The remaining TH program serves youth and has only been in operation one year; the CoC and the provider are working together to assess the need for policies which restrict program entry.

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 as a whole moved to a Housing First approach starting in 2007, when the community created 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 shift, and 100% of CoC-funded PSH 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)

FAMILY SYSTEM: 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, each of which is readily accessible by public transportation. The state's system completes assessment, and then directs families toward rapid rehousing, emergency shelter, or TH or PSH, depending on household need. 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.

INDIVIDUAL/YOUTH SYSTEM: 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 CoC's McKinney-Vento liaisons. The liaisons have produced posters and handouts with information about the educational rights of homeless children, which they give to 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 entering the shelter system within their school district, and the liaisons use this information to cross-check and ensure that children are enrolled.

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 that serve families from denying admission to families (or any member of a family) due to age and gender of a member of the family. 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 has engaged a data analyst to use the CoC's HMIS data to determine rates of returns to homelessness. The Data Analyst is completing initial analysis of two years' worth of data in the first quarter of 2014. Following the initial analysis, the Data Analyst will compile and provide quarterly updates.

To reduce returns to homelessness, all providers remain as an ongoing resource to clients who have left programs, offering referrals and other available assistance.

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.

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)**

The CoC has a strategic plan to end homelessness which is aligned with Opening Doors.

CHRONIC: The CoC is on track to meet goal numbers of PSH-CH units. The CoC has been effective in housing long-term chronically homeless individuals, and is now housing episodically homeless individuals.

VETERANS: The CoC is effectively using VASH and SSVF to reduce this population, and is on track to end veteran homelessness by 2015. The 2013 PIT identified 33 homeless veterans.

FAMILIES, YOUTH AND CHILDREN: The CoC has shifted its family homeless system to one that emphasizes rapid rehousing for families. Due to a mismatch between what families can afford and what housing costs, the CoC has been pioneering supportive employment to assist homeless families to improve incomes. The CoC will expand this program in coming years. In order to better understand youth homelessness, the CoC conducted extensive outreach and mobilized many new partners to participate in a January 2014 youth count and survey.

ENDING ALL TYPES OF HOMELESSNESS: The CoC is continuing to retool its system to emphasize prevention and rapid rehousing for all households, and PSH for those with higher levels of need.

**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, it is rare for there to be any unsheltered families; any that came to the attention of CoC, would be connected with DTA services. Schools, community agencies, police departments, and the housing court regularly refer families in crisis to DTA. DTA is the "front door" for families seeking homeless shelter, and all housing and services for families experiencing a housing crisis are coordinated through the state system. Families that begin at DTA are assessed and then referred into various programs, including ESG- and CoC-funded 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 and coordinates with the regional RRH provider to ensure access to RRH resources. The smaller DV provider Womanshelter/Companeras also works collaboratively with CoC providers and participates in the CoC. DV facilities are funded by the state and with ESG funds.

CoC providers train their staff regarding the need for privacy and security protections for DV participants in their programs or being referred by DV providers. They are also trained to not disclose the location of the area's undisclosed safe house.

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. Outreach workers also engage unsheltered individuals at soup kitchens and other service locations throughout the entire CoC jurisdiction. These locations are particularly important in more rural or suburban parts of the CoC. The CoC includes a regular REACH meeting, where outreach, shelter, and PSH providers seek to match long-term homeless people to housing opportunities.

**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 343 PSH-CH housing opportunities since 2007. Existing plans will add another 50 CoC-funded units in the next 2 years, and the CoC expects to add another 25 units funded through the MA Social Impact Bond program. The CoC has almost eliminated its street population, and is making progress toward reduction of chronically homeless individuals. 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 higher rate of family homelessness (including lengthy shelter stays) than it does individual homelessness. The CoC has determined that this situation warrants 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:
(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 (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 lower-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 lower-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 lower-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

4A. Continuum of Care (CoC) Project Performance

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/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The Performance and Outcomes Committee monitors program performance on a quarterly basis. This monitoring is based on data reports produced by the HMIS Lead.

The Performance and Outcomes Committee provides summary reports on performance to the CoC Board of Directors.

The City of Springfield also performs annual program monitoring, which includes both an on-site visit and review of program policies and participant files.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CoC provides recipients with quarterly performance reports so that recipients can understand and work to improve their own performance. Where recipients are not meeting performance expectations, the CoC provides technical assistance, training, and peer support from agencies that serve a similar population.

The CoC has recognized that it is weak overall in increasing employment and non-employment income. The CoC will hold a series of training events throughout 2014 that will provide information and best practices to recipients.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The City of Springfield operates as grant manager for the CoC and enters into a subrecipient agreement with each provider. The City incorporates these grant management tasks into a division that provides grant management for multiple federal grants, including ESG, HOPWA, CDBG and HOME. Through this grant management office, the City monitors capacity on behalf of the CoC.

The City's capacity monitoring consists of annual review of relevant policies and procedures, monthly oversight of fiscal reports and draws, and annual on-site monitoring that encompasses review of program, fiscal, and HMIS policies. Where monitoring identifies areas where an agency is underperforming, City staff identify problem areas and provide steps that the agency must take to improve performance. The City provides technical assistance to the agency while it takes the required steps. In at least two instances in recent years, the City has also requested that HUD provide technical assistance to assist agencies in increasing capacity and overall performance, which HUD has done.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

The CoC uses HMIS to monitor length of stay for all emergency shelter and transitional housing programs that contribute HMIS data.

In 2013, average LOS for ES was 165 days, down from 210 days in 2012. For TH, the 2013 LOS was 11 months, down from 19 months in 2012.

Beginning in 2014, LOS stay information will be produced quarterly for individual programs and for the system as a whole and reported to the CoC Board of Directors. The quarterly reports will identify which providers and practices are effective at reducing LOS, and the CoC will use peer coaching to spread those practices to other providers.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

The CoC currently uses HMIS to identify rates at which individuals and families exit existing programs directly into repeat homelessness, and has worked to implement specific strategies to reduce this occurrence. Strategies depend upon program type and have included conversion of TH to PSH, transition to a Housing First model (which reduces program failure), and flexible use of RRH assistance.

The CoC has engaged a data analyst to analyze two years' worth of CoC data during the first quarter of 2014 and identify rates of return to homelessness, as well as patterns or characteristics of the people who experience returns. The CoC expects to use this data to identify further interventions that will prevent repeat homelessness.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

The CoC has two separate systems, one for families with children, and the other system for all others.

For families with children, the state's serves as the front door for all homeless assistance, and within the CoC's jurisdiction, the state has 3 intake locations for this system. The system is well-publicized, has an online presence, and is well-known to all types of referral agencies, including police, schools, community agencies, hospitals and housing court. Intake and services are available on site in Spanish, and translation service is available for all other languages. The state's offices are physically accessible to persons with disabilities and make accommodations to ensure that people with disabilities can access services.

For individuals, the CoC engages in street outreach throughout the CoC's geographic jurisdiction, and services are available in Spanish. Providers make accommodation to be able to serve individuals with disabilities.

The jurisdiction has a 211 line with an online presence. The 211 line provides assistance in any language and TTY, and provides accommodations to ensure that it is accessible to persons with disabilities.

4B. Section 3 Employment Policy

Instructions

*** TBD ***

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

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/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	0%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? No

4C-3.1 If yes, indicate the most recent training date:

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

The state of Massachusetts has had expanded health insurance coverage since 2006. The impact of the ACA in this state will be to expand that coverage even further, but, in addition, residents who were covered under the existing Massachusetts law will need to re-enroll under the ACA. The CoC's Health Care for the Homeless provider, Mercy Hospital, is working with homeless service providers throughout the entire CoC to raise awareness of the need for re-enrollment. Mercy is providing information to all providers, and is also holding events for program participants. Within our community, there are lower-than-expected enrollment rates due to limited English proficiency and low literacy rates, Mercy's outreach events are designed specifically to address these barriers.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

The CoC is focusing specifically on expanding Medicaid/Medicare coverage for program participants in 2014. Even though Massachusetts has had expanded medical insurance coverage since 2009, implementation of the Affordable Care Act provides further expansion. As part of this effort, the CoC is working to provide information to recipients about the ways that expanded health coverage can pay for supportive services, especially supportive services necessary for housing stability.

The CoC has pioneered a program that pairs HOME tenant-based rental assistance (TBRA) with housing stability services paid for through medical insurance coverage. As the availability of housing stability services as a health-care benefit becomes more prevalent, the CoC is providing information and referral contacts to providers to assist in connecting housing participants with these services.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	MA 505 Con Plan C...	01/31/2014
CoC Governance Agreement	No	Hampden County Co...	12/12/2013
CoC-HMIS Governance Agreement	No	Hampden County Co...	12/12/2013
CoC Rating and Review Document	No	Hampden CoC Selec...	12/12/2013
CoCs Process for Making Cuts	No	CoC Rationale for...	01/28/2014
FY2013 Chronic Homeless Project Prioritization List	No	List of Projects ...	01/30/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	FY2013 MA 504 Fin...	02/03/2014
FY2013 Rank (from Project Listing)	No	MA 504 Ranking To...	01/31/2014
Other	No	CoC HMIS Policies...	01/20/2014
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	CoC Competition P...	01/17/2014

Attachment Details

Document Description: MA 505 Con Plan Certifications

Attachment Details

Document Description: Hampden County CoC Governance Charter

Attachment Details

Document Description: Hampden County CoC HMIS Governance Charter

Attachment Details

Document Description: Hampden CoC Selection and Ranking Process 2013

Attachment Details

Document Description: CoC Rationale for Funding Decisions and Posting of Full CoC Application

Attachment Details

Document Description: List of Projects Prioritizing Chronically Homeless

Attachment Details

Document Description: FY2013 MA 504 Final GIW

Attachment Details

Document Description: MA 504 Ranking Tool FY2013

Attachment Details

Document Description: CoC HMIS Policies and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Competition Public Announcements

Submission Summary

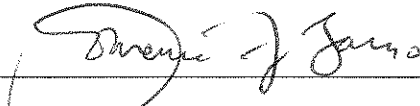
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1D. Project Review	01/31/2014
1E. Housing Inventory	01/23/2014
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2B. HMIS Funding Sources	01/23/2014
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2J. Sheltered Data - Quality	01/31/2014
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3F. Grant(s) Eliminated	01/23/2014
3G. Grant(s) Reduced	01/31/2014
3H. New Project(s)	01/23/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/31/2014
4B. Employment Policy	01/23/2014
4C. Resources	01/31/2014
Attachments	02/03/2014
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of SpringfieldProject Name: See attached.Location of the Project: See attached

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care ProgramName of
Certifying Jurisdiction: SpringfieldCertifying Official
of the Jurisdiction
Name: Domenic J. SarnoTitle: MayorSignature: Date: 1/31/14

Attachment to Springfield Certification of Consistency with Consolidated Plan

SPRINGFIELD/CHICOPEE/HOLYOKE/WESTFIELD/HAMPDEN CONTINUUM OF CARE

Projects located in Springfield:

<u>Project Name</u>	<u>Project Location</u>
FOH Worthington House Campus	755 Worthington St., Springfield, MA 01105
MHA Safe Havens	30 High St., Springfield, MA 01105
HRU Next Step	Scattered sites Office: 120 Maple St., Springfield, MA 01103
MHA Annie's House	20-26 Wilbraham Ave., Springfield, MA 01109
RVCC HIV/AIDS Residential Support	Scattered sites Office: 319 Beech St., Holyoke, MA 01040
MLKFS Project Permanence	Scattered Sites Office: 106 Wilbraham Rd., Springfield, MA 01109
SMOC Bowdoin St.	175 Bowdoin St., Springfield, MA 01109
MHA S+C SRA 48	Scattered site Office: 995 Worthington St., Springfield, MA 01105
Open Pantry Tranquility House	25 Rittenhouse Terrace, Springfield, MA 01108
Gandara SHINE	367 Main St., Indian Orchard, MA 01151
HMIS	1600 E. Columbus Ave., Springfield, MA 01103

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of Springfield

Project Name: See attached.

Location of the Project: See attached.

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care Program

Name of
Certifying Jurisdiction: Holyoke

Certifying Official
of the Jurisdiction
Name: Alex B. Morse

Title: Mayor

Signature: 

Date: 01-31-14

Attachment to Holyoke Certification of Consistency with Consolidated Plan

SPRINGFIELD/CHICOPEE/HOLYOKE/WESTFIELD/HAMPDEN CO
CONTINUUM OF CARE

Projects located in Holyoke:

<u>Project Name</u>	<u>Project Location</u>
HAP Turning Point	1053 Dwight St., Holyoke, MA 01040
MHA S+C 48	Scattered sites Office: 995 Worthington St., Springfield, MA
Providence Ministries Loreto House	51 Hamilton St., Holyoke, MA 01040
RVCC HIV/AIDS Residential Support	Scattered sites Office: 303 Beech St., Holyoke, MA 01040

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of SpringfieldProject Name: HRU Next Step, MHA Leahy House, Samaritan Inn Transition ProgramLocation of the Project: HRU Next Step - 10 scattered site apartments in Westfield
MHA Leahy House - 86 Broad St., Westfield, MA
Samaritan Inn - 7 Free St., Westfield, MAName of the Federal
Program to which the
applicant is applying: HUD Continuum of Care ProgramName of
Certifying Jurisdiction: WestfieldCertifying Official
of the Jurisdiction
Name: Daniel M. KnapikTitle: MayorSignature: Date: 4/30/14

HAMPDEN COUNTY CONTINUUM OF CARE

GOVERNANCE CHARTER

Adopted by the CoC General
Membership September 13, 2013

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1. Organization

The name of this unincorporated organization is the Hampden County Continuum of Care (hereinafter referred to as the “Hampden County CoC”). HUD refers to this CoC as the Springfield/Chicopee/Holyoke/Westfield/Hampden CoC.

2. Geographic Area

The Hampden County CoC carries out its activities throughout all of Hampden County, Massachusetts, including the entitlement cities of Springfield, Chicopee, Holyoke, and Westfield.

3. Purpose

The purpose of the Hampden County CoC is to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
- Optimize self-sufficiency among individuals and families experiencing homelessness.

4. Responsibilities

The Hampden County CoC is responsible for fulfilling four major duties, as follows:

4.1. Operation of the Hampden County CoC

- Hold meetings of the full membership, with published agendas, at least semi-annually;
- Issue a public invitation annually for new members to join within the geographic area;
- Adopt and follow a written process to select a CoC board and review, update, and approve the process at least once every 5 years;
- Appoint additional committees, subcommittees, or workgroups;
- Adopt, follow, and update annually a governance charter in consultation with the collaborative applicant and the HMIS lead;
- For CoC and ESG grants, establish performance targets appropriate for population and program type in consultation with recipients and subrecipients, then monitor recipient and subrecipient performance, evaluate outcomes, take actions against poor performers, and report to HUD;
- Establish and operate a centralized or coordinated assessment system in consultation with recipients of ESG Funds; and
- Establish and follow written standards for providing CoC assistance in consultation with recipients of ESG Funds. At a minimum, these written standards must include:

- a. Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- b. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- c. Policies and procedures for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance;
- d. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance; and
- e. Policies and procedures for determining which eligible individuals and families will receive permanent supportive housing assistance.

4.2. Designation and operation of a Homeless Management Information System (HMIS)

- Designate a single HMIS for its geographic area and designate an eligible applicant to manage its HMIS;
- Review, revise, and approve privacy, security, and data quality plans;
- Ensure consistent participation of recipients/subrecipients in HMIS; and
- Ensure that the HMIS is administered in compliance with HUD requirements.

4.3. Continuum of Care Planning

- Coordinate implementation of a housing and service system;
- Conduct, at least biennially, a Point-in-Time count of homeless persons that meets HUD requirements;
- Conduct an annual gaps analysis of homelessness needs and services;
- Provide information required to complete the Consolidated Plan(s);
- Consult with State and local ESG recipients in the geographic area on the plan for allocating ESG funds and reporting/evaluating performance of ESG programs.

4.4. Preparation of a CoC Application for Funds

- Design, operate, and follow a collaborative process for the development of applications and approve submission of applications in response to a CoC Program Notice of Funding Availability (NOFA);
- Establish priorities for funding projects;
- Designate the collaborative applicant to submit the application;
- The collaborative applicant must collect and combine the required application information from all projects within the geographic area and will apply for funding for CoC planning activities.

5. CoC Membership

5.1. Open Membership and New Members

Membership in the Hampden County CoC is open to all stakeholders in Hampden County, including nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

Annually, the Hampden County CoC shall issue a public invitation for any interested person within Hampden County to become a member of the CoC. The invitation will be sent to relevant organizations in Hampden County and published in a daily newspaper with wide circulation in Hampden County.

New members may enroll at any time during the year by providing to the CoC their names, contact information, and any relevant affiliations.

5.2. Responsibilities of Members

Most of the responsibilities of the Hampden County CoC will be carried out by its Board (with input from Members), with the following exceptions:

- Members will vote directly to approve the governance framework set forth in this Governance Charter and any subsequent changes or additions to the Governance Charter;
- Every five years following initial approval of this Governance Charter, members will review, update, and approve changes to the Governance Charter;
- Unless the Board selection process is changed by a subsequent amendment to the Governance Charter, members will vote annually to elect directors to available board positions.

5.3. Membership Meetings

The full membership of the Hampden County CoC shall meet at least semi-annually. The semi-annual meetings shall include a report on the CoC's activities, funding, and progress toward meeting goals. All Hampden County CoC members shall be notified of the date and location of membership meetings.

The final meeting of the year will be the Annual Meeting. The agenda for the Annual Meeting will include:

- The election of directors to serve on the Board;
- A review of any proposed changes to the Hampden County CoC Governance Charter followed by a vote on those changes; and
- Any other business the Board chooses to put before its members.

5.4. Notice of Meeting

Notice of the place, date and time of each Membership Meeting, including the Annual Meeting, shall be sent to members by email or other reasonable means of communication at least five business days before the meeting date, along with the agenda for the meeting.

5.5. Quorum and Voting

The members present at any properly announced meeting of Hampden County CoC members shall constitute a quorum. Issues presented to Hampden County CoC members for a vote will be decided by simple majority of the votes cast.

6. Board

The Hampden County CoC shall be governed by a Board, which will provide oversight and accountability for all Hampden County CoC responsibilities.

6.1. Responsibilities of the Board

Except for those responsibilities assigned to the Hampden County CoC members (in paragraph 5.2 above), the Board will act on behalf of the Hampden County CoC to fulfill the regulatory duties of a continuum of care set forth in 24 CFR § 578. The Board shall be responsible for approval and implementation of all CoC policies and procedures.

6.2. Board Membership

6.2.1. Composition

The Board will consist of an odd number of Hampden County CoC members totaling no less than 29 and no more than 37. The Board must be representative of the stakeholder organizations identified in paragraph 5.1 and must include a representative of the CoC Collaborative Applicant and the HMIS Lead, as well as representatives of each of the following four groups: 1) Government; 2) Nonprofit Homeless Service Providers; 3) Consumers and Advocates; and 4) Community Stakeholders. The Board must, at all times, include at least one homeless or formerly homeless individual. Examples of each of the four categories are provided below.

- Government Representatives
 - City of Springfield
 - City of Chicopee
 - City of Holyoke
 - City of Westfield
 - Massachusetts Department of Housing and Community Development
 - McKinney Vento Liaison Committee
 - Hampden County Sheriff's Department

- Nonprofit Homeless Assistance Providers
 - Joint CoC-Network to End Homelessness Family Committee
 - Joint CoC-Network to End Homelessness Individual Committee
 - Joint CoC-Network to End Homelessness Youth Committee
 - Emergency Solutions Grant (ESG) provider
 - Housing Opportunities for Persons with AIDS (HOPWA) provider
 - Veterans Services provider
 - Domestic Violence Services provider
- Consumers and Advocates
 - Homeless/formerly homeless person
 - Health Care for the Homeless Consumer Board
 - Lighthouse Community
 - HIV/AIDS Consumer Board
 - Community advocacy agency
 - Valley Opportunity Council
 - Springfield Partners for Community Action
- Community Stakeholders
 - Western Massachusetts Network to End Homelessness
 - Regional funders (United Way of Pioneer Valley, Community Foundation, or Davis Foundation)
 - Regional Employment Board
 - Council of Churches of Western Massachusetts
 - Affiliated Chambers of Commerce of Greater Springfield
 - Springfield Business Improvement District
 - Regional hospital

6.2.2. Term of Office

Directors will serve staggered terms of three years so that approximately one-third of directors will stand for election each year. In the first year, newly-elected directors will draw lots to determine the length of their term—one, two, or three years. There is no limit to the number of terms a director may serve.

6.2.3. Nomination and Voting

Each year the existing Board will solicit recommendations from CoC members and develop for Membership approval a slate of candidates for election to the Board. The Membership will vote for open Board positions at the Annual Meeting.

6.2.4. Resignation and Removal

Unless otherwise provided by written agreement, any representative may resign at any time by giving written notice to the Chair. In addition, directors may be removed from the Board by a majority vote of

remaining Board members for repeated absence, misconduct, failure to participate, or violation of conflict of interest policies.

6.2.5. Vacancies

When a director resigns or is removed from the Board or cannot serve his/her full term for any reason, the Board may appoint another Hampden County CoC member to fill the unexpired term.

6.3. Officers

6.3.1. Officers

The officers of the Hampden County CoC shall be a Chair, a Vice Chair, and a Secretary.

6.3.2. Election and Term

The officers shall be elected by the Hampden County CoC Members annually, at the Annual Meeting. Each officer shall hold office for a term of one year or until their successors have been elected and qualified. No person may hold more than one office.

6.3.3. Chair and Vice Chair

The Chair is responsible for scheduling meetings of the Hampden County CoC, ensuring that the Hampden County CoC meets regularly or as needed, and for setting the agenda for meetings in collaboration with the Steering Committee. In the absence of the Chair, the Vice Chair assumes the duties of the Chair.

6.3.4. Secretary

The Secretary shall keep accurate records of the acts and proceedings of all meetings of the CoC Board, or designate another person to do so at each meeting, including documenting all actions taken without a meeting. Such records will include the names of those in attendance. The Secretary shall give all notices required by law and by these Regulations. The Secretary shall perform such other duties as the Hampden County CoC may designate, and shall chair Hampden County CoC meetings in the case of the absence of the Chair and Vice Chair.

6.3.5. Resignation of Officers

Unless otherwise provided by written agreement, any officer may resign at any time by giving written notice to the Chair or the Secretary. Any such resignations shall take effect at the time specified within the written notice or if the time be not specified therein upon its acceptance by the Hampden County CoC.

6.3.6. Officer Vacancies

Vacancies among the officers may be filled for the remainder of the term by a vote of the majority of the Hampden County CoC directors at any meeting at which a quorum is present.

7. Rules of Governance for the Board

7.1. Quorum and Voting

A number equal to a majority of the Board shall constitute a quorum for the transaction of business at any meeting.

At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes shall be by voice or ballot at the will of the majority of those in attendance at a meeting with a quorum represented. Each representative seat shall have one vote. No member may vote on any item which presents a real or perceived conflict of interest.

7.2. Proxies

Board members may have non-voting proxies attend meetings in their place.

7.3. Action Without a Meeting

Any action that may be taken at any meeting of the Hampden County CoC Board may be taken without a meeting if that action is approved, in writing (e.g. letter, email) by a majority of all Hampden County CoC Board members who would be entitled to vote if a meeting was held for such purpose.

8. Committees and Working Groups

The Hampden County CoC will carry out its responsibilities through the work of a number of Committees and Working Groups. All CoC Members may participate on Committees and Working Groups, with the exception of the Steering Committee, which must be made up of members of the Board of Directors. Policies and policy decisions made by Committees and Working Groups must be approved by the Board before taking effect.

8.1. Standing Committees

The Hampden County CoC shall have four standing committees, as follows:

8.1.1. Steering Committee

The Steering Committee shall set agendas for Board meetings and shall carry out the work of the Hampden County CoC between quarterly Board meetings. The Committee shall be made up of: the representative of the Collaborative Applicant, the Board Chair, the Board Vice Chair, the Board Secretary, and up to three additional members of Board.

8.1.2. Performance and Outcomes Committee

The Performance and Outcomes Committee will collaborate with the CoC Administrator, CoC-funded entities, and CoC Membership to:

- Review PIT and HIC data, conduct a gaps analysis, and make recommendations for Board approval the priorities to be used in ranking requests for CoC funding;
- Establish performance targets appropriate for population and program type in consultation with recipients and subrecipients, then monitor recipient and subrecipient performance, evaluate outcomes, and recommend to the Board actions to be taken against poor performers;
- Develop performance measures to evaluate Hampden County's overall success in eliminating homelessness, using guidance available from HUD and making changes over time as necessary to incorporate new regulations or guidance available from state or local authorities;
- Establish written standards and performance measures for ESG assistance and providers;
- Evaluate outcomes of projects funded under the ESG and CoC Program, and provide outcome data to the Collaborative Applicant to report to HUD; and
- Consult with state and local government agencies, homeless service providers, private funders, and other relevant entities and organizations to evaluate available resources and reach agreement about how those resources can be allocated most effectively to implement plans to eliminate homelessness.

8.1.3. CoC Application Committee

The CoC Application Committee will:

- Work with the Collaborative Applicant to design and implement a collaborative process for developing a consolidated application for Hampden County programs and projects seeking CoC funding;
- Review findings of the Performance and Outcomes Committee, the program priorities established by the Board, and the applications for new programs or projects, and make recommendations to the Board about which programs/projects to include in the annual CoC application, and rank projects for the application; and
- Develop and oversee operation of a grievance process for agencies whose applications for funding have not been selected by the CoC.

8.1.4. HMIS/Data Committee

The HMIS Committee will work with the HMIS Lead to:

- Develop, annually review, and, as necessary, revise for Board approval a privacy plan, security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD.
- Develop for Board approval and implement a plan for monitoring the HMIS to ensure that:
 - Recipients and subrecipients consistently participate in HMIS;
 - HMIS is satisfying the requirements of all regulations and notices issued by HUD;
 - The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the CoC, including the obligation to enter into written participation agreements with each contributing HMIS organization.

- Oversee and monitor HMIS data collection and production of the following reports:
 - Sheltered point-in-time count;
 - Housing Inventory Chart;
 - Annual Homeless Assessment Report (AHAR); and
 - Annual Performance Reports (APRs).

8.2. Joint Committees: CoC-Western Massachusetts Network to End Homelessness-Western Mass Interagency Council

The CoC collaborates with the Hampshire-Franklin-Berkshire CoC, the Western Massachusetts Network to End Homelessness (Network), and the Western Massachusetts Interagency Council (WMIC) to coordinate services, improve intake and assessment, share best practices, create innovative responses, and create and monitor local discharge plans through three population-specific committees. These collaborative committees shall be considered to be standing committees of the Hampden County CoC. However, no decision of a Joint Committee shall bind the CoC unless the decision is approved by the CoC Board.

8.2.1. Individual Services/REACH Committee

The Individual Services/REACH Committee works on and strategizes about efforts to prevent and end homelessness for individuals. Sub-regional REACH meetings bring together outreach, housing, shelter and service providers from multiple agencies to perform group triage and coordinated placement. The Individual Services Committee is also responsible for overseeing discharge planning for Corrections, Mental Health, and Health facilities.

8.2.2. Family Services Committee

The Family Services Committee works to coordinate and strategize about efforts to prevent and end family homelessness.

8.2.3. Unaccompanied Youth Committee

The Unaccompanied Youth Committee works to coordinate and strategize about efforts to prevent and end homelessness for youth under 18 who are not living with parents or other adults. This Committee is also responsible for planning for counting of youth in the annual Point-in-Time count, and for overseeing discharge planning from foster care.

8.2.4. Veterans Services Committee

The Veterans Services Committee works to coordinate and strategize about efforts to prevent and end veteran homelessness.

8.3. Other Committees and Working Groups

The CoC may establish committees or working groups as it deems necessary.

9. Appointment of Agents and Designation of HMIS

9.1. Collaborative Applicant

The City of Springfield serves as the Hampden County CoC's Collaborative Applicant. The City is authorized to apply for designation as a Unified Funding Agency.

9.2. HMIS Lead

The City of Springfield serves as the Hampden County CoC's HMIS Lead.

9.3. HMIS Designation

The Hampden County CoC designates the City of Springfield's Efforts to Outcomes (ETO) system as the single Homeless Management Information System for its geographic area.

9.4. HMIS Governance Charter

The duties and responsibilities of the Hampden County CoC, the HMIS Lead, the HMIS/Data Committee and Contributing HMIS Organizations are set forth in further detail in the HMIS Governance Charter, approved simultaneously with this Hampden County CoC Governance Charter.

10. Code of Conduct and Conflicts of Interest

10.1. Conduct and Attendance

Directors, committee members, and other Hampden County CoC agents and employees must exercise care, diligence and prudence when acting on behalf of the Hampden County CoC. These individuals must timely complete work they have agreed to undertake on behalf of the Hampden County CoC. In addition, they must attend Board and committee meetings and be prepared to discuss matters presented for their deliberation. Absence without notice or explanation for three meetings within a calendar year or repeated failure to complete work assignments will be grounds for removal from the Board and/or committee assignments.

10.2. Conflict of Interest

10.2.1. Rules Regarding Conflict

Directors, committee members, and other Hampden County CoC agents and employees must abide by the following rules in order to avoid conflicts of interest and promote public confidence in the integrity of the CoC and its processes. Failure to honor these rules will be grounds for removal from the Board and any of its committees.

- Directors, committee members, and other Hampden County CoC agents and employees may not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefit to:
 - Any organization that they or a member of their immediate family represents; or

- Any organization from which they or a member of their immediate family derives income or anything of value.
- Whenever Hampden County CoC directors, committee members, agents, employees, or any of their immediate family members have a financial interest or any other personal interest in a matter coming before the Board or one of its committees, they must:
 - Fully disclose the nature of the interest; and
 - Withdraw from discussing, lobbying or voting on the matter.

10.2.2. Disclosure

At the beginning of every meeting of the Board or committee, Board and committee members must disclose if they have any conflicts of interest or potential conflicts of interest regarding any business included in the meeting's agenda.

10.2.3. Abstention from Decision-Making

Any matter in which directors or Hampden County CoC committee members have an actual or potential conflict of interest will be decided only by a vote of disinterested individuals. In addition, the minutes of any meeting at which such a vote is conducted must reflect the disclosure of interested directors' and committee members' actual or potential conflicts of interest and their abstention.

10.2.4. Annual Conflict of Interest Acknowledgement Form

Hampden County CoC directors and Hampden County CoC committee members must sign a conflict of interest form annually, affirming that they have reviewed the conflict of interest policy and disclosing any conflicts of interest that they face or are likely to face in fulfillment of their duties as directors.

10.2.5. Conflict Of Interest for CoC Application Committee

No person with a conflict of interest may serve on the CoC Application Committee. For the purpose of this section only, a conflict of interest exists if:

- You are now, or within the last year have been, or have a current agreement to serve in the future as, a Board member, staff member or paid consultant of an organization making a proposal for funding; or
- Your employer or an organization on whose Board of Directors you sit, now has, or within the last year has had, a contractual relationship with an organization making a proposal for funding. However, under this second definition of "conflict of interest," no conflict exists if your employer, or the organization on whose Board of Directors you sit, is a funding entity or organization whose mission includes providing services and/or funding to other service providers; or
- Any other circumstance exists which impedes your ability to objectively, fairly and impartially review and rank the proposals for funding.

11. Approval of Governance Charter and Subsequent Amendments

This Governance Charter and every subsequent amendment to it must be approved by a majority of Hampden County CoC members. In consultation with the Collaborative Applicant and the HMIS Lead, the Board will review the Governance Charter annually and recommend to the Members changes to improve the functioning of the Hampden County CoC and maintain compliance with federal and state regulations. In addition, every five years, the Board will invite interested CoC Members to participate in a review and discussion of the Governance Charter. Based on consensus achieved in that discussion, the Board will ask Hampden County CoC Members to ratify the existing Governance Charter or approve proposed changes to the Governance Charter at their next Annual Meeting.

HAMPDEN COUNTY CONTINUUM OF CARE

HOMELESS
MANAGEMENT
INFORMATION SYSTEM
(HMIS) GOVERNANCE
CHARTER

Adopted by the General
Membership September 13, 2013

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1. Purpose

The Hampden County Continuum of Care (CoC) operates a Homeless Management Information System (HMIS) to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services and for persons who receive assistance for persons at risk of homelessness.

HMIS is used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs. Data produced is used for planning and education.

2. Hampden County CoC Responsibilities

The Hampden County CoC is responsible for:

- Designating a single information system as the official HMIS software for the geographic area.
- Designating an HMIS Lead to operate the HMIS.
- Providing for governance of the HMIS Lead, including:
 - The requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Contributing HMIS Organization (CHO) requiring the CHO to comply with federal regulations regarding HMIS and imposing sanctions for failure to comply; and
 - The participation fee, if any, charged by the HMIS;
- Maintaining documentation evidencing compliance with this part and with the governance charter; and
- Reviewing, revising and approving the policies and plans required by federal regulation.

3. Designations

3.1. HMIS System

The CoC designates the Social Solutions Efforts to Outcomes (ETO) System operated by the City of Springfield as the official HMIS for the Hampden County CoC's geographic area.

3.2. HMIS Lead

The Hampden County CoC designates the City of Springfield as the HMIS Lead to operate the Hampden County CoC's HMIS.

4. Responsibilities of the HMIS Lead

The HMIS Lead is responsible for:

- Ensuring the operation of and consistent participation by recipients of CoC and Emergency Solutions Grants (ESG) Program funds, including oversight of the HMIS and any necessary corrective action to ensure that the HMIS compliance federal requirements;
- Developing written HMIS policies and procedures in accordance with § 580.31 for all CHOs;
- Executing a written HMIS Participation Agreement with each CHO, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan and privacy policy with which the CHO must abide, sanctions for violating the HMIS Participation Agreement, and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement;
- Serving as the applicant to the US Department of Housing and Urban Development (HUD) for CoC grant funds to be used for HMIS activities for the CoC's geographic area, as directed by the Hampden County CoC, and entering into grant agreements with HUD to carry out the HUD-approved HMIS activities;
- Monitoring and enforcing compliance by all CHOs with HUD requirements and reporting on compliance to the CoC and HUD;
- Monitoring data quality and taking necessary actions to maintain input of high-quality data from all CHOs;
- The HMIS Lead must submit a security plan, an updated data quality plan, and a privacy policy to the CoC for approval within 6 months after the effective date of the HUD final rule establishing the requirements of these plans, and within 6 months after the date that any change is made to the local HMIS. The HMIS Lead must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the CoC and CHO. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the Hampden County CoC.

5. Duties of the HMIS Lead

5.1. Hampden County CoC HMIS Policies and Procedures

The HMIS Lead must adopt written policies and procedures for the operation of the HMIS that apply to the HMIS Lead, its CHOs, and the Continuum of Care. These policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. The HMIS Lead may not establish local standards for any CHO that contradicts, undermines, or interferes with the implementation of the HMIS standards as prescribed in this part.

5.2. Unduplicated Count

The HMIS Lead must, at least once annually, or upon request from HUD, submit to the Hampden County CoC an unduplicated count of clients served and an analysis of unduplicated counts, when requested by HUD.

5.3. Reporting

The HMIS Lead shall submit reports to HUD as required.

5.4. Privacy

The HMIS Lead must develop a privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice. Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance.

5.5. HMIS Standards

The HMIS Lead, in contracting an HMIS vendor, must require the HMIS vendor and the software to comply with HMIS standards issued by HUD as part of its contract.

5.6. Participation Fee

The HMIS Lead shall not charge a participation fee for CHOs. Each CHO will be provided one ETO license at no cost to the CHO, and the ETO license will include five users from the CHO. Where the HMIS Lead determines it is appropriate, it will authorize and pay for additional users for any CHO that needs to have more than five users.

6. Responsibilities of the CoC HMIS/Data Committee

The HMIS Committee will work with the HMIS Lead to:

- Develop, annually review, and, as necessary, revise for Board approval a privacy plan, security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD.
- Develop for Board approval and implement a plan for monitoring the HMIS to ensure that:
 - Recipients and subrecipients consistently participate in HMIS;
 - HMIS is satisfying the requirements of all regulations and notices issued by HUD;

- The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the Hampden County CoC, including the obligation to enter into written participation agreements with each contributing HMIS organization.
- Oversee and monitor HMIS data collection and production of the following reports:
 - Sheltered point-in-time count;
 - Housing Inventory Chart;
 - Annual Homeless Assessment Report (AHAR); and
 - Annual Performance Reports (APRs).

7. Responsibilities of the CHO

A CHO must comply with federal regulations regarding HMIS.

A CHO must comply with Federal, state, and local laws that require additional privacy or confidentiality protections. When a privacy or security standard conflicts with other Federal, state, and local laws to which the CHO must adhere, the CHO must contact the HMIS Lead and collaboratively update the applicable policies for the CHO to accurately reflect the additional protections.

8. Joint HMIS Lead-CHO Responsibility for Privacy

The HMIS Lead and the CHO using the HMIS are jointly responsible for ensuring that HMIS processing capabilities remain consistent with the privacy obligations of the CHO.

HAMPDEN COUNTY CONTINUUM OF CARE

CoC Application Selection and Ranking Process 2013

The Hampden County Continuum of Care will submit a collaborative application for HUD Continuum of Care Homeless Assistance Program funds on February 3, 2014. The amount needed to renew all existing CoC programs (Annual Renewal Demand) is \$2,245,706. This year's grant framework provides that the CoC will receive a minimum of \$2,133,420 for programs (5% less than the Annual Renewal Demand); any funds above this amount will only be available if the CoC achieves a minimum threshold score in the CoC competition, *and* if there are sufficient HUD funds available.

BACKGROUND

The US Department of Housing and Urban Development (HUD) released the Continuum of Care (COC) Notice of Funding Availability (NOFA) on November 22, 2013 for FY13 and FY14; the NOFA is available at <https://www.onecpd.info/resources/documents/FY2013-2014CoCProgramNOFA.pdf>.

The Hampden County CoC will decide which projects to submit to HUD for funding. The CoC will use a competitive process to select among newly-proposed projects and existing projects seeking renewal funds. The only types of projects that will be considered for new funding are 1) permanent supportive housing (PSH) for the chronically homeless; and 2) rapid rehousing (RRH) assistance for households with children ("families") experiencing homelessness.

SCORING, SELECTION AND RANKING

The Hampden County CoC will issue a Request for Proposals, seeking applications for new and renewal projects, and all complete and eligible applications will be scored by the CoC Application Committee, using a scoring rubric developed by the Committee and attached to this guidance. Scores will determine each projects' rank in the CoC's application to HUD, and rank will determine placement into Tier 1 (which will be fully funded by HUD) and Tier 2 (which will only be funded if the CoC as a whole scores competitively and if there are sufficient resources).

The scoring rubric promotes certain best practices or practices that will improve our local response to homelessness, align our response with national policies and best practices, and make our CoC application to HUD more competitive. These include:

- Targeting permanent supportive housing to chronically homeless and rapid rehousing to homeless families;
- Using a Housing First model and evidence-based practices;
- Meeting or exceed HUD performance standards;
- Voluntary reduction of renewal project budgets;
- Leveraging other resources at a rate that exceeds 175%; and
- Projects that promote geographic diversity of programs throughout our CoC.

The process for considering projects will include the following:

- A threshold requirement that submissions required in this guidance are complete and timely (failure to meet this requirement will result in project not being scored);
- Project scoring, to be applied to both renewal and new projects;
- Applicant interviews, that will be no longer than ½ hour and will be used for clarifying items that are part of the scoring.

Once the committee completes the scoring, the committee may consider whether the initial scoring is likely to result in any critical service gaps and may make adjustments, but the rationale for any adjustments must be recorded and made public with the published ratings and rankings.

Project selections, rankings and tier allocations will be published on the following websites no later than 5:00 pm on January 17, 2014:

- City of Springfield Office of Housing, <http://www3.springfield-ma.gov/housing>
- Western Mass Network to End Homelessness, <http://westernmasshousingfirst.org/coc/hampden-coc>

Applicants (new and renewal) will have the opportunity to appeal the CoC Application Committee's Project Selections, Rankings and Tier Allocations by submitting a written letter of appeal by 5 pm on January 24, 2013 to Geraldine McCafferty, gmccafferty@springfieldcityhall.com, 1600 E. Columbus Ave., Springfield, MA 01103.

COC APPLICATION COMMITTEE

The CoC Application Committee is made up of persons who are knowledgeable about homelessness and housing in the area and who are representative of the relevant sectors, subpopulations, and geographic areas. No individual associated with an applicant agency may serve on the CoC Application Committee.

TIMELINE

Dec. 12, 2013	Hampden County CoC Request for Proposals released
Jan. 3, 2014, noon	Deadline for Submittal of Complete Application for Rating and Ranking <u>Renewal applicants</u> must submit complete PDF of <i>esnaps</i> renewal application <u>New applicants</u> must submit 5 copies of complete Project Application

ALL APPLICANTS must submit one of each of the following documents:

- Agency Articles of Incorporation;
- Minutes of Board of Directors meeting authorizing application for new or renewal funding;
- Current List of Board of Directors with identification of Officers and terms;
- Certified Organization Audit/Financial Statements of most recent year :

- a. Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended); or
- b. Financial statements audited by a CPA (if not bound by the requirements of OMB A-133); or
- c. Profit and Loss statement (only first time applicants or those who do not meet above criteria may submit);
- IRS 501(c)(3) Designation Letter (if applicable);
- Agency Financial Management Policies and Procedures;
- Agency Procurement Policies and Procedures;
- The following completed forms: Notarized Tax Certification Affidavit; Conflict of Interest Statement; Debarment Certificate; Internal Control Questionnaire; and CoC Program Project Sponsor Certifications.
- The following agency policies: Code of Conduct and Conflict of Interest; Drug-Free Workplace; Affirmatively Furthering Fair Housing; Reasonable Accommodation and Accessibility for Persons with Disabilities; Nondiscrimination and Equal Employment; and Confidentiality.

Submit one copy of each of these materials to the following address:

City of Springfield Office of Housing
1600 E. Columbus Ave.
Springfield, MA 01103

Jan. 10, 2014, 4 pm

Deadline for Submittal of Leverage Letters

To be considered, letters must be submitted on time, must be dated on or after December 3, 2013, and must contain all information described in the attached Guidance on Match and Leverage.

Submit the letters to the following address: City of Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA 01103; Attention Gerry McCafferty.

Jan. 14 & 15, 2014

Rating & Ranking Interviews

Jan. 17, 2014:

Notification of Funding Recommendations

All applicants will be notified in writing of the results of the Rating and Ranking Process, and selections and rankings will be posted on the websites of the City of Springfield Office of Housing and the Western Massachusetts Network to End Homelessness.

Jan. 24, 2014, 4 pm

Deadline to appeal Rating and Ranking/Funding Recommendation Result

Jan. 28, 2014

Decisions on Appeal Announced

Jan. 31, 2014

CoC Application Submitted to HUD in *esnaps*

SCORING FOR RENEWAL APPLICATIONS FOR FY2013 COC PROGRAM COMPETITION

Total points available: 100 (plus 2 bonus points)

PROGRAM 36 points <i>Source:</i> Project Application, Supplemental Survey	Program Type, Model, and Target (up to 16 points)	PSH, Housing First & 100% chronic – 16 points RRH for families – 16 points PSH, Housing First OR 100% chronic – 12 points PSH, Not Housing First, 50% to 99% chronic – 6 points TH, targets Youth or Substance Abuse – 8 points
	Contributes to geographic diversity of services (up to 5 points)	Largely underserved location –5 points Moderately underserved location – 3 points
	Serves harder-to-serve population (up to 8 points)	Commits to serve only literally homeless at entry – 4 points Last APR shows 50% or more participants had 2 or more disabilities at entry –4 points
	Use of evidence-based practices (5 points)	Program uses or commits to use of one or more evidence-based practices –5 points
	Type of site/building –(2 points)	Scattered site program <u>OR</u> program operates in a building subject to CoC deed restriction – 2 points
Program bonus	PSH: increase beds for chronic (bonus 2 points)	PSH projects that are 100% chronic or which commit to using non-chronic beds for chronic will get 2 bonus points.
PERFORMANCE OUTCOMES 24 points <i>Source:</i> APR for program year that ended in period 7/1/2012 – 6/30/2013 Programs with initial grant year ending 7/1/2013 – 11/30/2013 will be evaluated based on initial year APR.	Housing Stability (up to 6 points): PH: 84% or more remained in PH or exited to permanent housing TH: 65% or more of exits are to permanent housing	Scoring for each standard: 6 pts. – Exceeded benchmark 5 pts. - Met benchmark 3 pts. – Missed benchmark but provided a plan for improvement of 10% or more over next year 0 pts. – Missed benchmark and no plan for improvement
	Employment Income (up to 6 points): 20% or more of exiting adults maintained or increased employment income	
	Non-employment Income (up to 6 points): 54% or more of exiting adults maintained or increased non-employment income	
	Mainstream Benefits (up to 6 points): 56% or more of exiting adults maintained or increased mainstream benefits	
FINANCIAL 20 points <i>Source:</i> Budget submittal, leverage letters, program audit	Voluntary budget reduction (up to 8 points)	Reduction of more than 5% or more- 8 points; Reduction of 4% - 6 points; Reduction of 2-3% - 4 points
	Leverage (up to 8 points)	Documented leverage of 175% or more – 8 points Documented leverage of 150-174% - 6 points Documented leverage of 100-149% - 3 points
	Audit (up to 4 points)	No findings – 4 points; Findings – 0 points
	Budget submission (no points awarded, but may result in point deduction)	5 points deducted for a budget which is inaccurate or not compliant with CoC Interim Rule requirements
PROGRAM MANAGEMENT 20 points <i>Source:</i> APR, agency policies and procedures	HMIS data quality (up to 7 points)	5% or less null/missing data – 7 points 6-10% null/missing data – 4 points
	Program utilization (up to 7 points)	Utilization 90% or above – 7 points Utilization 85-90% - 4 points
	Complete and fully compliant policies & procedures (up to 6 points)	All policies & procedures submitted timely – 2 points Policies & procedures compliant with HUD rules – 4 points

SCORING FOR NEW APPLICATIONS FOR FY2013 COC PROGRAM COMPETITION

Total points available: 100

PROGRAM 36 points <i>Source:</i> Project Application	Program Type, Model, and Target (up to 16 points)	PSH, Housing First & 100% chronic – 16 points RRH for families – 16 points PSH, 100% chronic but not Housing First – 8 points
	Contributes to geographic diversity of services (up to 5 points)	Largely underserved geographic location – 5 points Moderately underserved geographic location – 3 points
	Serves harder-to-serve population (up to 6 points)	Will serve only literally homeless at entry – 3 points Plan to serve 50% of participants who have 2 or more health-related housing barriers at program entry – 3 points
	Use of evidence-based practices (up to 5 points)	Program uses or commits to use of one or more evidence-based practices – 5 points
	Housing emphasis (1 point)	70% or more of CoC funding budget is for housing costs (leasing, rental assistance and building operations) – 1 point
	Site Type: scattered (3 points)	Program uses a scattered site model – 3 points
AGENCY EXPERIENCE and HISTORY OF PARTICIPATION & COLLABORATION 24 points <i>Source:</i> Application	Agency experience in performing the proposed activities and in utilizing federal funds (up to 6 points)	Extensive experience serving population or performing the proposed activities – 6 points Some experience serving population or performing the proposed activities – 3 points
	Applicant's organization and management structure demonstrates internal coordination and an adequate financial accounting system (up to 6 points)	Description shows strong coordination & financial accounting – 6 points Description shows adequate coordination & financial accounting – 3 points
	Participation in CoC or Network (up to 6 points)	Regular attendance at CoC/Network meetings – 6 points Occasional attendance at CoC/Network meetings – 5 points Infrequent attendance – 3 points
	Evidence of external coordination – i.e., examples of collaboration with other entities serving the same population (up to 6 points)	Provides 2 examples of inter-agency collaboration – 6 points Provides 1 example of interagency collaboration – 3 points
FINANCIAL 20 points <i>Source:</i> Budget submittal, leverage letters, program audit	Budget submission (up to 5 points)	Budget is accurate & complies with CoC Interim Rule – 5 points
	Reasonable cost per bed/unit (up to 5 points)	Cost per bed is comparable to existing programs with similar design and target population – 5 points
	Leverage (up to 5 points)	Documented leverage of 175% or more – 5 points Documented leverage of 150-174% - 4 points Documented leverage of 100-149% - 2 points
	Audit (up to 5 points)	No findings – 5 points; Findings – 0 points
PROGRAM MANAGEMENT 20 points <i>Source:</i> Application, agency policies and procedures	HMIS experience (up to 7 points)	Agency provides HMIS data on existing program(s) to City of Springfield HMIS or MA ASIST – 7 points
	Schedule & management plan (7 points)	Full points where there is a plan for timely start up and strong management
	Complete and compliant policies & procedures (up to 6 points)	Full points where all required policies and procedures are submitted and comply with HUD requirements.

DEFINITIONS

Chronically Homeless (1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (iii) Can be diagnosed with one or more of the following conditions: substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; or (2) an individual who has been residing in an institutional care facility, including a jail, mental health or substance abuse facility, hospital or other similar facility for fewer than 90 days and has met all the criteria in paragraph (1) of this definition before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

CoC Deed-Restricted means a site-based program in a building purchased, constructed or rehabilitated with Continuum of Care funds, where the building is subject to a deed restriction related to its CoC funding requiring that it be used for transitional housing or permanent supportive housing for a period of 10 years after the date of initial occupancy, and the building is within the 10-year restricted period.

Evidence-Based Practices means activities that evaluation research has shown to be effective. Several evidence-based practices that are common in housing programs for persons who are homeless are: Critical Time Intervention, Motivational Interviewing, and Harm Reduction. For this competition, an activity will receive points as an evidence-based practice if it is listed on SAMHSA's National Registry of Evidence-Based Programs and Practices: <http://www.nrepp.samhsa.gov>

Housing First is a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. The only real expectations of Housing First, which the individual agrees to prior to starting with the program, is to agree to have support workers visit at home, to pay their rent on time and in full (or agree to third party payment of rent), and to avoid disrupting the reasonable enjoyment of other tenants in the same building that would cause their eviction.

Literally Homeless An individual or family who lacks a fixed regular and adequate nighttime residence, meaning (i) An individual or family with a primary nighttime residence that is a public or private place that is not designed for ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground, (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelter, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals), or (iii) an individual who is exiting an institution where he or she resided 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Mainstream Benefits Publicly-funded programs that provide services, housing and income supports to low-income persons whether they are homeless or not. They include programs providing welfare, health care, mental health care, substance abuse treatment, and veterans' assistance.

Permanent Supportive Housing (PSH) means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. Permanent housing is community-based housing without a designated length of stay. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

Rapid Rehousing (RRH) means short-term (up to 3 month) or medium-term (3 to 24 months) financial assistance to obtain or maintain permanent housing, along with case management during the period of rental assistance.

Scattered Site means a housing model in which the housing units are not located in a single building.

TH, Substance Abuse target means transitional housing focused on serving persons with substance abuse disorders.

Transitional Housing (TH) means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

TH, Youth target means transitional housing focused on serving youth aged up to 24.

Underserved geographic area is an area with limited or no Continuum of Care programs. The following chart identifies geographic areas within the Hampden County CoC, and CoC resources available in each area. Following the chart, there are indications of the areas considered "largely underserved" and "moderately underserved".

Geographic Distribution of Existing PSH, TH, SH and RRH Resources in Hampden County As reported in January 28, 2013 Housing Inventory Report					
	PSH beds/units for Individuals	TH/SH beds for Individuals	PSH beds for Families	TH beds for Families	Rapid Rehousing
Chicopee	15	0	8	0	Single provider serves the region
Holyoke	33	21	4	21	
Springfield	380	85	229	95	
Westfield	43	10	4	10	
Remainder of Hampden Co.	17	9	5	0	

Largely underserved: Hampden County outside cities of Springfield, Chicopee, Holyoke, Westfield

Moderately underserved: Chicopee, Holyoke, Westfield

Western Massachusetts

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homelessness



Housing First for Hampden,
Hampshire, Franklin and
Berkshire Counties

Hampden County CoC Funding Decisions

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The Hampden County CoC Application Committee has completed review of renewal and new projects submitted in response to its [Request for Proposals](#), released and [announced](#) on December 12, 2013. The selected projects will be included in the CoC Application which will be submitted to HUD on February 3, 2014. All applicants have already been informed of the Committee's decisions.

The CoC Application Review Committee met on January 14, 2014 to review rankings, interview applicants, and make funding decisions. The Committee consisted of Kathryn Buckley Brawner (Catholic Charities), Karen Dean (Hampden County Sheriff's Department), Alicia Zoeller (City of Holyoke), Jesus Arce (City of Springfield), Marsha Crutchfield (Community

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Advocate), and Gerry McCafferty (City of Springfield).

Thank you to the Committee for their hard work, and thank you to all applicants for working so diligently through the process.

The following projects are selected to be included in the CoC application:

Tier 1

- HMIS, \$29,732
- MHA Shelter + Care 48, \$457,982
- Turning Point Permanent Supportive Housing (NEW), \$56,550
- MHA Leahy House, \$97,545
- HAP Rapid Rehousing (NEW), \$32,268
- Samaritan Inn Transition Program, \$99,414
- HRU Next Step, \$279,144
- FOH Worthington House Campus, \$22,679
- MHA Safe Havens, \$98,536
- RVCC HIV/AIDS Residential Support, \$171,756
- Open Pantry Tranquility House, \$38,316
- SMOC Bowdoin St., \$21,594
- Providence Ministries Loreto House, \$73,693
- MHA Annie's House, \$179,369
- Gandara SHINE, \$189,235
- MLK Jr. Family Services Project Permanence, \$140,422

Point-in-Time Count

January 29

Family Services Committee

February 11 @ 9:30 am - 11:00 am

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- MLK Jr. Family Services Project Permanence, \$140,422

Tier 2

- HAP Rapid Rehousing 2 (NEW), \$104,644
- Planning grant (NEW), \$40,770

Selection Process

The Committee followed a multi-step process to make funding decisions:

1. The Committee used objective scoring **criteria** to score and rank all projects. The criteria were established prior to opening the funding competition, and were provided as an attachment to the CoC Request for Proposals. Each reviewer read and scored each proposals individually.
2. Committee member's scores were averaged and an initial ranking was completed.
3. The Committee interviewed applicants, although the very-highest scoring applicants were given the option to opt out of the interview. The purpose of the interview was to clarify information that scores were based upon, and to provide any extenuating circumstances that led to poor performance or outcomes.
4. The Committee made final ranking decisions and funding decisions based upon the ranking and information provided in interviews.

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Rationale for Funding and Ranking Decisions

After reviewing the results of the objective scoring, the Committee decided not to simply cut out the lowest-scoring project. A key reason for this decision is that the lowest-scoring project provides permanent supportive housing to chronically homeless families, a program that the committee believes is among the highest-priority for our community.

The Committee believed that lower scores for this program reflected turnover among program management, and noted that the program is in the midst of merger with a larger, more stable organization. Further, the Committee was reluctant to make a decision that would result in cutting housing assistance and support to the existing very vulnerable families in the program.

The Committee noted that the next 3 lowest-ranked projects were each transitional housing. Each of these have qualities which argued against completely cutting the program. Ultimately, the Committee elected to spread cuts across these programs, with an end result that all three TH programs have a budget that is 10% less than the current year's budget. The Committee notes that the only other TH project remaining in the ranking had applied for a grant 5% less than the existing grant, so every TH program is experiencing some level of cut. The only PSH project funded at less than the current year's budget is one that applied for a smaller grant.

Going forward, one of these TH programs has already committed to conversion to PSH.

The Committee is urging the other TH programs that do not serve a specialized population to identify a strategy for conversion, because they are at funding risk in future competitions.

One new project submitted an application to provide rapid rehousing assistance to homeless families. Given our CoC's very high number of homeless families, the Committee has included this project in two parts—one in Tier 1 and one in Tier 2. Full funding for this project in Tier 1 would have required elimination of a full program. For the reasons provided above, the Committee decided not to make this type of full program cut.

Appeals

Agencies that wish to challenge the funding level or ranking of their project may appeal by submitting a written letter which states the reason for the appeal to Gerry McCafferty, Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA 01103. Letters must be received no later than January 24, 2014, 4 pm.

This entry was posted in [Meeting Minutes](#) on [January 16, 2014](#) by [Gerry McCafferty](#). [Edit](#)

[← Family Services Committee Meeting Minutes – 1/14/14](#)

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Hampden County CoC Application – DRAFT for public review

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The Hampden County CoC has completed an initial draft of its FY2013 submission to HUD, which is available for public review and comment. The draft document is divided into sections below—each is a separate PDF document:

- [Part 1: CoC Structure](#)
- [Part 2: CoC Data Collection and Quality](#)
- [Part 3 : CoC Strategic Planning](#)
- [Part 4: CoC Performance](#)
- [CoC Project Ranking](#)

Comments may be submitted to Gerry McCafferty, City of Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA 01103; gmccafferty@springfieldcityhall.com. Comments must be received by 4:30 pm on January 27, 2014 to be considered for the final submission. The final application will be submitted to HUD by February 3, 2014.

This entry was posted in [Hampden County CoC](#) on [January 18, 2014](#) by [Gerry McCafferty](#). [Edit](#)

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MA-504 Chronic Homeless Beds

Organization Name	Program Name	HIC Year-Round Beds	Dedicated CH Beds (2013 HIC)	2013 non-CH beds	Non-CH beds that prioritize CH in 2013	Dedicated CH beds (2014 HIC) [reflects corrections to HIC]	2014 non-CH beds	Non-CH beds that will prioritize CH in 2014	2015 non-CH beds	Non-CH beds that will prioritize CH in 2015
Domus Inc.	Meadows Apartments	8	5	3	3	8	0	0	0	0
Domus Inc.	Reed House	8	5	3	3	8	0	0	0	0
Domus Inc.	Reed House Annex	8	8	0	0	8	0	0	0	0
Domus Inc.	Sanford Apartments	3	3	0	0	3	0	0	0	0
Friends of the Homeless	Worthington Campus	32	32	0	0	32	0	0	0	0
Gandara	NIA - 888 State St.	34	15	19	19	0	34	34	34	34
Human Resources Unlimited	Next Step - Springfield	12	8	4	4	8	4	4	4	4
Human Resources Unlimited	Next Step - Westfield	10	5	5	5	5	5	5	5	5
Martin Luther King Jr. Family Services	Project Permanence	25	25	0	0	25	0	0	0	0
Mental Health Association	Leahy House- PSH	5	5	0	0	5	0	0	0	0
Mental Health Association	S+C 3	3	3	0	0	3	0	0	0	0
Mental Health Association	S+C 5	5	5	0	0	5	0	0	0	0
Mental Health Association	S+C Chicopee/Holyoke	10	7	3	0	7	3	3	3	3
Mental Health Association	S+C PRA 12	11	11	0	0	11	0	0	0	0
Mental Health Association	S+C SRA 10	10	7	3	0	7	3	3	3	3
Mental Health Association	S+C SRA 12	12	8	4	0	8	4	4	4	4
Mental Health Association	S+C SRA 16	16	13	3	0	13	3	3	3	3
Open Pantry	Tranquility House	8	4	4	4	4	4	4	4	4
River Valley Counseling Center	HIV/AIDS Residential Support - Holyoke - Families	4	0	4	4	0	4	4	4	4
River Valley Counseling Center	HIV/AIDS Residential Support - Holyoke - Individuals	2	0	2	2	0	2	2	2	2
River Valley Counseling Center	HIV/AIDS Residential Support Spgfd - Families	11	0	11	11	0	11	11	11	11
River Valley Counseling Center	HIV/AIDS Residential Support Spgfd - Individuals	6	2	4	4	2	6	6	6	6
River Valley Counseling Center	HIV/AIDS S+C 5	5	5	0	0	0	5	5	5	5
River Valley Counseling Center	HIV/AIDS S+C 7	7	2	5	5	0	7	7	7	7
South Middlesex Opportunity Council	Bowdoin St.	13	4	9	9	8	5	5	5	5
TOTAL		268	182	86	73	170	100	100	100	100
PERCENT					85%			100%		100%

HAMPDEN COUNTY CONTINUUM OF CARE

HMIS POLICIES AND PROCEDURES MANUAL

City of Springfield Office of Housing
January 2014

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SECTION 1: HMIS OVERVIEW

Definition of Homeless Management Information System (HMIS)

A Homeless Management Information System (HMIS) is a locally administered electronic data collection tool used to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services or homelessness prevention services.

HMIS is essential to efforts to coordinate client services and inform community planning and public policy. Through HMIS, homeless individuals benefit from improved coordination within and among agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in Hampden County, including required HUD reporting.

HUD HMIS Requirement

Since 2004, HUD has required recipients of Continuum of Care (CoC) Program funds to collect electronic data on their homeless clients in HMIS. HUD published HMIS Data and Technical Standards in the Federal Register in 2004. The HMIS Technical Standards were amended by HUD in 2010. In 2011, HUD published a proposed rule establishing HMIS requirements (76 FR 76917). The proposed rule requires that every CoC have an HMIS that is operated in compliance with the requirements of 24 CFR part 580.

Hampden County HMIS: HMIS Lead and System

The Hampden County CoC has designated the City of Springfield as the CoC's HMIS Lead HMIS entity. The City employs a full-time Hampden County HMIS Administrator/Security Officer to both assure the quality of data entered in the database and to support general usage by all programs using the system. This individual is also responsible for structural changes to the database to capture information, for developing necessary reports, and for overseeing privacy and security policies. The HMIS Administrator/Security Officer reports to the Director of the Office of Housing for the City of Springfield who is responsible for approving all policy decisions made by the HMIS Lead.

The CoC has selected Social Solutions' Efforts to Outcomes (ETO) to serve as the CoC's HMIS. Each Contributing HMIS Organization (CHO) has its own site on the software. ETO serves as a web-based direct data entry portal for organizations that use ETO as their data management system. ETO also serves as a Data Warehouse for the Hampden County CoC, enabling participating agencies to upload data to the Data Warehouse from project-level client management systems, so long as those systems meet all applicable HUD and CoC HMIS requirements as outlined in these policies and procedures. ETO is able to sync data with the Commonwealth's HMIS ASIST program, enabling real-time data-syncing between the Hampden County HMIS and the Massachusetts ASIST HMIS.

ETO meets all Health Insurance Portability and Accountability Act (HIPAA) standards for security, privacy and confidentiality.

Contributing HMIS Organizations (CHOs)

All Hampden County recipients of grants from programs authorized by Title IV of the McKinney-Vento Act are required to contribute data to the CoC's HMIS, with the exception of victim service providers and providers of legal services.¹ In addition, all other Hampden County agencies that provide shelter, housing and services to homeless and at risk populations are encouraged to use the Hampden County HMIS database.

An agency that participates in HMIS, referred to as a CHO, must execute a Participation Agreement with the HMIS Lead and must agree to abide by the policies and procedures outlined in this document. CHOs oversee and are responsible for their client level data, are responsible for the integrity and security of their agency's client level data, and assume the liability for any misuse of the system by agency staff. Participating agencies are responsible for ensuring that their agency users comply with the policies and procedures outlined in this manual.

Governance

The Hampden County CoC adopted an HMIS Governance Agreement in September 2013, which defines the roles and responsibilities of the CoC, the HMIS Lead, CHOs, and the CoC HMIS and Data Committee. These HMIS Policies and Procedures incorporate the terms of the HMIS Governance Agreement.

Definitions of Key Terms

The section below defines key terms used throughout this document and HUD guidance regarding HMIS.

Comparable Database	A database that is not the CoC's official HMIS, but an alternative system that victim service providers and legal services providers may use to collect client-level data over time and to generate unduplicated aggregate reports based on the data, and that complies with the requirements of this part. Information entered into a comparable database must not be entered directly into or provided to an HMIS.
Continuum of Care (CoC)	The group composed of representatives from organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless persons organized to carry out the responsibilities of a Continuum of Care established under 24 CFR part 578.

¹ Victim services providers are prohibited from entering client data into HMIS and must instead enter required data into a comparable database. Legal services providers are not prohibited from entering client-level data into HMIS, but may elect to use a comparable database instead of the HMIS, if the data is protected by attorney-client privilege.

Contributory HMIS Organization (CHO)	An organization that operates a project that contributes data to an HMIS.
Data Recipient	A person who obtains personally identifying information from an HMIS Lead or from a CHO for research or other purposes not directly related to the operation of the HMIS, Continuum of Care, HMIS Lead, or CHO.
Homeless Management Information System (HMIS)	The information system designated by Continuums of Care to comply with the requirements of 24 CFR part 580 and used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness.
HMIS Lead	The entity designated by the Continuum of Care in accordance with 24 CFR part 580 to operate the Continuum's HMIS on its behalf. The HMIS Lead for the Hampden County CoC is the City of Springfield.
HMIS Vendor	A contractor who provides materials or services for the operation of an HMIS. An HMIS vendor includes an HMIS software provider, web server host, data warehouse provider, as well as a provider of other information technology or support.
Protected Identifying Information (PII)	Information about a program participant that can be used to distinguish or trace a program participant's identity, either alone or when combined with other personal or identifying information, using methods reasonably likely to be used, which is linkable to the program participant.
Unduplicated Accounting of Homelessness	An unduplicated accounting of homelessness includes measuring the extent and nature of homelessness (including an unduplicated count of homeless persons), utilization of homelessness programs over time, and the effectiveness of homelessness programs.
User	An individual who uses or enters data in an HMIS or another administrative database from which data is periodically provided to an HMIS.
Victim Service Provider	A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Policy Review and Amendment

The Hampden County HMIS policies and procedures must comply with HUD regulations and/or technological changes. The HMIS Lead will review the policies and procedures annually and at the time of any change to the system management process, the data warehouse software, the methods of data exchange, or any HMIS data or technical requirements issued by HUD.

In the event that changes are required to the HMIS policies and procedures, the HMIS Lead will develop recommendations to the HMIS and Data Committee for review, modification, and approval. The HMIS and Data Committee will present the Board of Directors with recommended changes to the policies and procedures, and the new policies and procedures will be reviewed, modified, and voted on by the Board of Directors. The HMIS Lead will modify practices, documentation, and training material to be consistent with the revised policies and procedures within six months of approval.

Privacy, Security and Data Quality Plans

The HMIS Lead, in consultation with CHOs and the CoC, is responsible for creation and updating of Privacy, Security, and Data Quality Plans which conform with HUD requirements. These Plans are incorporated into these policies and procedures, and must be complied with by the HMIS Lead and all CHOs.

SECTION 2: PARTICIPATION IN HMIS

Contribution of Data

Data may be contributed to HMIS in one of three ways:

1. Contribute directly to the Hampden County HMIS. Agencies that contribute directly are provided web-based log-in information with which to access the system.
2. Contribute data to the Commonwealth of Massachusetts ASIST program and sign a data-syncing agreement enabling the Hampden County HMIS and ASIST to share data.
3. Contribute data to a client management information system operated by a CHO that allows the CHO to collect the minimum required data elements and to meet other established minimum participation thresholds established by HUD, and regularly upload data from the CHO's system to the Hampden County HMIS.

All three types of contributors are subject to all relevant Hampden County HMIS policies and procedures.

Participation Agreement

All CHOs that participate in the Hampden County HMIS must sign and agree to abide by the terms of the Participation Agreement, the contract between the CHO and the HMIS Lead. The Participation Agreement is attached to the policies and procedures as Appendix 1.

CHO HMIS Site Manager

Each CHO must designate a single agency representative to act as the CHO's HMIS Site Manager. CHO HMIS Site Managers are responsible for the following:

- Communicate personnel/security changes for HMIS users to the Hampden County HMIS Administrator;
- Act as the first tier of support for agency HMIS users;
- Act as the liaison or contact between the agency and Hampden County HMIS Administrator;
- Ensure that the agency adheres to client privacy, confidentiality, and security policies;
- Maintain compliance with technical requirements for participation;
- Store and enforce end user agreements;
- Ensure that the Privacy Notice is being used;
- Enforce data collection, entry, and quality standards; and
- Attend monthly HMIS/Data Committee meetings.

Technological Requirements for Participation

All computers accessing the Hampden County HMIS on behalf of the agency must meet the minimum system requirements as outlined in the HMIS Security Plan.

Agency Profiles in HMIS

Each agency must be set up in HMIS, with profiles that define the programs and services the agency offers, prior to HMIS use and data entry. Agencies should contact the Hampden County HMIS Administrator for agency set up. Agency Profiles will be reviewed and updated on an annual basis.

Authorization of HMIS Users; Access to HMIS

Only authorized individuals who certify that they have completed the necessary on-line privacy and security training and have signed and submitted the HMIS User Agreement will be provided a User name and password and allowed to access HMIS on behalf of their agency. The on-line training is available at <http://westernmasshousingfirst.org/coc/hampden-coc>. The HMIS User Agreement is attached to this manual as Appendix 2.

To add a new agency HMIS User, a CHO must submit a completed copy of the HMIS User Account Request/Termination Form (attached to this Manual as Appendix 3) to the Hampden County HMIS Administrator. Each CHO HMIS Site Manager should keep an updated list of approved agency users; this document should be submitted to the Hampden County HMIS Administrator on a quarterly basis. The Authorized User List form is attached to this manual as Appendix 4.

The HMIS Administrator will provide each new HMIS User with a unique user name and password. The HMIS User must change the password the first time he/she logs into the system.

Training

The City of Springfield uses an on-line training module to provide initial training to new HMIS users regarding privacy and security measures, and all users are required to complete the training module before being issued a password.

The City of Springfield offers regular training in system use for CHO HMIS Site Managers and expects these sessions to operate in a “train-the-trainer” model, in which CHO HMIS Site Managers will be responsible for training their agency’s HMIS users to use the system for data input. Each CHO HMIS Site Manager must attend Hampden County HMIS Administrator training.

User Agreements

A Hampden County HMIS User Agreement (Appendix 2) must be signed and kept for all agency personnel or volunteers that will collect or use HMIS data on behalf of the agency. Agencies must store signed Hampden County HMIS User Agreements for five (5) years. Agencies should never dispose of a signed Hampden County HMIS User Agreement upon revoking an individual's authorization or in terminating an individual's employment.

Removing Authorized Personnel

The Hampden County HMIS Administrator must be notified by phone or email within one business day when an individual is no longer authorized to access HMIS on the agency’s behalf. CHOs must follow up

by sending a completed HMIS User Account Request/Termination Form (Appendix 2) via email to dmerkman@springfieldcityhall.com or fax to 413-787-6515. When a CHO provides an HMIS User Account Request/Termination Form to the Hampden County HMIS Administrator, it must also provide an updated Authorized User List (Appendix 4). Upon receipt of the request, the Hampden County HMIS System Administrator will immediately deactivate the individuals' HMIS user account.

DRAFT

SECTION 3: DATA COLLECTION AND DATA QUALITY

Collection of Data on Participants and Non-Participants

Agencies should collect data from families and individuals who are homeless or at risk of becoming homeless and are accessing services from their agency. Agencies may also choose to collect data for HMIS on individuals or families that make contact with the agency, but are not able to receive services from the agency. Information must be collected separately for each family member, and all family member data must be entered into the database.

HMIS Data Collection Standards and Assessments

Timeliness and Program Entry and Exit Dates

Agencies may choose to enter data directly into the HMIS or to collect client level data on paper prior to entering into HMIS. If agencies use paper data collection forms, all hard copy forms and services must be entered into the database within 48 hours or within 24 hours for emergency shelter providers. Whether direct data entry or paper forms are used the data collected and entered must be consistent with the data provided by the client and the hard copy data collection form the CoC provides.

IMPORTANT: Data entry and exit dates entered into HMIS must reflect actual dates that the participant entered and exited the program, not the date of data entry or update.

Intake, Assessment and Exit Forms

There are four HMIS forms used by the CoC for data collection: the Universal, Intake Assessment, Mid-Term Assessment and Exit Assessment. These forms are included in this Manual at Appendix 5. If information is being collected on a family, information must be collected on each member of the family.

All programs must use the Universal form. Agencies receiving funds from federal homeless assistance grants are required to use the Intake Assessment, Mid-Term Assessment and Exit Assessment. Agencies not receiving these types of funds may choose to use only the Universal forms.

Agencies that are not required to complete the Intake, Mid-Term and Exit Assessment data fields are strongly recommended to collect these pieces of information, depending upon the type of programs and services the agency offers. The additional data points on the client will prove extremely helpful for the agency when reporting on client outcome measurement/progress, internal accounting for service delivered, and external reporting to funders.

Agencies that would like to collect additional data points should contact the Hampden County HMIS Administrator for assistance in adding additional fields to assessments.

Required Data Elements

The HUD March 2010 Data Standards outline three categories of required data elements. Two of these categories are at the client level and the third, Program Descriptor, is at the program level.

HUD Universal Data Elements:

Universal Data Elements are to be collected from all clients served by all homeless assistance programs reporting to the HMIS. The Universal data elements are: Name, Social Security Number, Date of Birth, Ethnicity, Race, Gender, Veteran Status, Disabling Condition, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Program Entry Date, and Program Exit Date. ETO automatically generates the unique person identification number, the program identification number and household identification number data elements.

HUD Program Specific Data Elements:

Program Specific Data Elements, as defined in the final Notice, are data elements that are required for programs receiving certain types of funding, but are optional for other programs. Program specific data elements are necessary to complete Annual Progress Reports (APRs) required by programs that receive funding under the McKinney-Vento Homeless Assistance Act. The program specific data elements that are required for HUD's APR reporting are: Income and Sources, Non-Cash Benefits, Physical Disability, Developmental Disability, Chronic Health condition, HIV/AIDS, Mental Health, Substance Abuse, Domestic Violence, Destination, Date of Contact, Date of Engagement, Financial Services Provided, Housing Relocation & Stabilization Services Provided. Program specific data elements that are optional for some programs include Employment, Education, General Health Status, Pregnancy Status, Veteran's Information, Children's Education, Reason for Leaving, and Services Provided. Some of these optional elements may be required for certain programs and funding streams.

Program Descriptor Data Elements

The Program Descriptor Data Elements are required of all programs in a Continuum of Care and provide descriptive information about an agency and their programs. The HMIS Lead collects Program Descriptor Data Elements and updates these elements on all programs annually.

Client Intake and Initial Assessment

Client Intake is the process of collecting and then entering new client data or updating existing information for a client that is already in HMIS. Every agency should enter and/or update the Universal Data Elements for all household members upon intake. Agencies which collect Assessment data must also collect this on each household member at program entry/intake. Where a client already has a record in HMIS, Client Intake requires updating all client information as of the intake date.

Client Discharge

All providers, including emergency shelter providers, must discharge all participants as of the actual date of exiting the program. Intermittent participants must be entered and exited from programs for each intermittent stay.

Mid-Term Assessments

Ongoing assessments and updating of participant information enables the program and the CoC to assess progress toward housing stability, increased income, and increased access to mainstream benefits. Continuum of Care programs must complete mid-term assessments for all participants at least once per year.

Program Exit Assessment

The Exit Assessment provides information on the participant's status as exit, as well as the participant's housing destination. Continuum of Care programs must complete exit assessments for all exiting participants.

Data Quality

The value of HMIS depends on the quality of the data entered into the program. All programs must strive to provide the most accurate and consistent data as is possible.

Reducing Duplicates

Users should ensure that duplicate records are not created within ETO by conducting a thorough client search at intake. If duplicates are created, the CHO must work with the HMIS Lead to merge the duplicate records.

Improving Data Quality

All CHOs must comply with standards set forth in the CoC's Data Quality Plan, which is incorporated into these policies and procedures.

SECTION 4: COMPLIANCE, TECHNICAL ASSISTANCE, & SANCTIONS

The goal of the CoC and the HMIS Lead is to ensure that all CHOs are in compliance with all requirements and are using HMIS to improve services to participants.

Compliance and Technical Assistance

CHOs are required to comply with these policies and procedures, and with CoC's HMIS Privacy, Security, and Data Quality Plans. Where CHOs have difficulty achieving compliance, the HMIS Lead will provide technical assistance. The CHO may request technical assistance, or the HMIS Lead may offer it.

CHOs are subject to annual HMIS monitoring. Where compliance issues are identified through monitoring or become apparent between monitorings, the HMIS will request that the CHO provide a plan for coming into compliance, and the HMIS Lead will monitor progress toward meeting requirements of the plan.

Availability of Sanctions

In the event of violations of privacy or confidentiality standards, or ongoing failure to meet data quality standards, sanctions may be warranted.

Potential sanctions include the following:

- Suspending funds disbursement;
- Suspending or terminating access to HMIS;
- Reducing or terminating the remaining grant;
- Imposing conditions on future grants; and
- Imposing other legally available remedies.

CHOs subject to sanctions may not apply for new CoC Program or Emergency Solutions Grant (ESG) Program funds. CHOs who have lost access to the Hampden County HMIS due to sanctions may not apply for CoC Program or ESG renewal funds.

Sanctions Procedure

Sanctions may only be imposed by the CoC Board of Directors. An initial recommendation that sanctions be imposed is generated by the HMIS Lead, and is presented to the HMIS and Data Committee. The HMIS and Data Committee will make a recommendation to the Board of Directors regarding specific sanctions to be imposed. The Board may impose the recommended sanction, or a different sanction that it believes is appropriate.

Sanctions Separate from Project Review for Renewal

Each CHO's record of compliance with the policies and procedures set forth in this Manual and the level of data quality achieved will be reported to the CoC Application Committee, which may take these factors into consideration in determining which projects will be submitted for renewal, and which agencies may be permitted to apply for new project funding. Decisions of the CoC Application Committee are separate and distinct from decisions concerning imposition of sanctions.

Appendix 1: Participation Agreement

DRAFT

Hampden County HMIS

PARTICIPATION AGREEMENT

This agreement is entered into on _____(date) between the City of Springfield, hereafter known as "City", and _____ (agency name), hereafter known as the "Contributing HMIS Organization" or "CHO," regarding access and use of the Hampden County Continuum of Care Homeless Management Information System, hereafter known as "Hampden County HMIS."

I. Introduction

The Hampden County HMIS, a shared human services database, allows authorized personnel at homeless and human service provider agencies throughout Hampden County to enter, track, and report on information concerning their own clients and to share information, subject to appropriate inter-agency agreements, on common clients.

The HMIS goals are to:

- Improve coordinated care for and services to homeless persons in Hampden County;
- Provide a user-friendly and high quality automated records system that expedites client intake procedures, improves referral accuracy, and supports the collection of quality information that can be used for program improvement and service-planning; and
- Meet the reporting requirements of the U.S. Department of Housing and Urban Development (HUD) and other funders as needed.

In compliance with all state and federal requirements regarding client/consumer confidentiality and data security, the Hampden County HMIS is designed to collect and deliver timely, credible, quality data about services and homeless persons or persons at risk for being homeless. The Hampden County Continuum of Care has selected Social Solutions Efforts to Outcomes (ETO) as its HMIS application, and the HMIS is administered by the City as the HMIS Lead.

II. HMIS Lead Responsibilities

1. The City will provide the CHO 24-hour access to the HMIS data-gathering system, via internet connection.
2. The City will provide model Data Collection notices, Privacy Notices, Client Release forms and other templates for agreements that may be adopted or adapted in the CHO's implementation of HMIS functions.
3. The City will provide both initial training and periodic updates to that training for core CHO staff regarding the use of the HMIS, with the expectation that the CHO will take responsibility for conveying this information to all CHO staff using the system.

4. The City will provide basic user support and technical assistance (i.e., general trouble-shooting and assistance with standard report generation). Access to this basic technical assistance will normally be available from 8:15 AM to 4:30 PM on Monday through Friday (with the exclusion of holidays).
5. The City will not publish reports on data concerning or provided by applicants for and recipients of benefits and services that identify specific persons. Public reports, including but not limited to the HUD Annual Homeless Assessment Report (AHAR) as required by Congress, will be limited to presentation of aggregated data within the Hampden County HMIS database.
6. The publication practices of the City will be governed by policies established by relevant CoC committees and will include qualifiers such as coverage levels or other issues necessary to clarify the meaning of published findings.

III. CHO Responsibilities

1. The CHO Executive Director or authorized signatory will designate a CHO HMIS Site Manager who will assume responsibility for providing ongoing user support to all users within the CHO, including but not limited to the training of any staff person prior to issuance of a user account.
2. The CHO will enter all minimum required data elements as defined for all persons who are participating in services funded by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program, Emergency Shelter Grant (ESG) Program or Housing Opportunities for Persons with AIDs (HOPWA). The CHO will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry.
3. The CHO will routinely review records it has entered in the HMIS for completeness and data accuracy. The review and data correction process will be made according to Hampden HMIS' published Policies and Procedures.
4. The CHO will not knowingly enter inaccurate information into HMIS.
5. The CHO will review and assess data entered into the Hampden County HMIS, and will enter data revisions as necessary, to reflect a change in the status of an applicant for or a recipient of benefits or services, enter updates, or edit incorrect information.
6. The CHO will utilize the HMIS for business purposes only.
7. The CHO will keep updated virus protection software on agency computers that access the HMIS.
8. Transmission of material in violation of any United States Federal or State regulations is prohibited.
9. The CHO will not use the HMIS with intent to defraud the Federal, State, or local government, or an individual entity, or to conduct any illegal activity.
10. The CHO agrees to designate one specific staff member to regularly attend HMIS and Data Committee meetings and other local or regional User Meetings to discuss procedures, updates, policy and practice guidelines, data analysis, and software/ hardware upgrades.
11. Notwithstanding any other provision of this Participation Agreement, the CHO agrees to abide by all policies and procedures relevant to the use of HMIS that the City or the Hampden County CoC publishes from time to time.

IV. Privacy and Confidentiality

A. Protection of Client Privacy

1. The CHO will comply with all applicable federal, state and local laws regarding protection of client privacy.
2. The CHO will comply specifically with Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records.
3. The CHO will comply specifically with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R., Parts 160 & 164, and corresponding regulations established by the U.S. Department of Health and Human Services.
4. The CHO will comply with 201 CMR 17:00 Standards for the Protection of Personal Information of Residents of the Commonwealth, and will comply with Massachusetts Executive Order 504.
5. The CHO will comply with all policies and procedures established by the City of Springfield/Hampden County HMIS pertaining to protection of client privacy.

B. Client Confidentiality

1. The CHO agrees to post a data collection sign that meets the requirements of the Hampden County HMIS Policies and Procedures at all intake locations. The CHO will also make available the Hampden HMIS Privacy Notice (or an acceptable agency-specific alternative) to each consumer, and post the Privacy Notice on the CHO's website. The CHO will provide a verbal explanation of the HMIS and arrange for a qualified interpreter/translator in the event that an individual is not literate in English or has difficulty understanding the Data Collection notice, the Privacy Notice or associated Consent Form.
2. The CHO will not solicit or enter information from clients into the HMIS database unless it is essential to provide services, report to CHO funders, or conduct evaluation or research.
3. The CHO will not divulge any confidential information received from the HMIS to any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
4. The CHO will ensure that all persons who are issued a User Identification and Password to the HMIS abide by this Participation Agreement, including all associated confidentiality provisions. The CHO will be responsible for oversight of its own related confidentiality requirements.
5. The CHO agrees that it will not request a User ID and Password for any person until the individual completes the CoC's online Privacy and Security training module.
6. The CHO acknowledges that ensuring the confidentiality, security and privacy of any information downloaded from the system by the CHO is strictly the responsibility of the CHO.
7. The CHO agrees that it will establish a procedure for accepting and considering questions or complaints about its privacy and security policies and procedures.

C. Inter-Agency Sharing of Information

1. The CHO acknowledges that all forms provided by Hampden County HMIS regarding client privacy and confidentiality are shared with the CHO as generally applicable models that may require specific modification in accord with CHO-specific rules. The CHO will review and revise (as necessary) all forms provided by HMIS to assure that they are in compliance with the laws, rules and regulations that govern its organization but in no case shall the agency relax any confidential rules established by this Participation Agreement or any other Hampden County HMIS policy or procedure.
2. The CHO agrees to develop a plan for all routine sharing practices with partnering CHOs and document that plan through a fully executed Interagency Data Network Sharing Agreement (IDNSA).
3. The CHO acknowledges that informed client consent is required before client information is shared with other CHOs in the system. The CHO will document client consent on the HMIS Client Consent - Release of Information for Data Sharing.
4. If the client has given approval through a completed HMIS Client Consent - Release of Information for Data Sharing, the Agency may share information according to IDNSA that the CHO has negotiated with other partnering agencies in HMIS.
5. The CHO will incorporate an HMIS release clause into its IDNSA(s) if the CHO intends to share restricted client data within the HMIS. Restricted information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV/AIDS, and domestic violence concerns shall not be shared with other participating Agencies without the client's written, informed consent as documented on the CHO-modified Client Consent - Release of Information for Data Sharing. Sharing of restricted information must also be planned and documented through a fully executed IDNSA.
6. CHOs with whom information is shared are each responsible for obtaining appropriate consent(s) before allowing further sharing of client records.
7. The CHO acknowledges that the CHO, itself, bears primary responsibility for oversight for all sharing of data it has collected via the HMIS. The CHO agrees to place all Client Consent - Release of Information for Data Sharing forms related to the HMIS in a file to be located at the CHO's business address and that such forms will be made available to the City for periodic audits. The CHO will retain these HMIS-related Client Consent - Release of Information for Data Sharing forms for a period of five (5) years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
8. The CHO acknowledges that clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.

D. Custody of Data

1. The CHO acknowledges, and the City agrees, that the CHO retains ownership over all information it enters into the HMIS.
2. In the event that the Hampden County HMIS ceases to exist, member CHOs will be notified and provided reasonable time to access and save client data on those served by the agency, as well

as statistical and frequency data from the entire system. Thereafter, the information collected by the centralized server will be purged or appropriately stored.

3. In the event that the Hampden County CoC ceases to exist, or the City ceases its service as the CoC's HMIS Lead, the custodianship of the data within HMIS will be transferred by the City to another organization for continuing administration, and all CHOs will be informed in a timely manner.

V. Publication of Reports

1. The CHO agrees that it may only release aggregated information generated by the HMIS that is specific to its own services.
2. The CHO acknowledges that the release of aggregated information will be governed through policies established by relevant committees operating at the Continuum of Care level. Such information will include qualifiers such as coverage levels or other issues necessary to fully explain the published findings.

VI. Database Integrity and Sanctions

1. The CHO will comply with the security standards set forth in the HUD HMIS standards, the Hampden County HMIS Policies and Procedures Manual, and the City of Springfield HMIS Security Plan, including establishment of mechanisms to protect hardcopy data. The CHO will not share assigned User ID's and Passwords to access the HMIS with any other organization, governmental entity, business, or individual.
2. The CHO will not intentionally cause corruption of the HMIS in any manner. Any unauthorized access or unauthorized modification to computer system information, or interference with normal system operations, will result in immediate suspension of services, and, where appropriate, legal action against the offending entities.
3. The City will investigate all potential violations of any security protocols. Any user or CHO found to be in violation of security protocols will be sanctioned. Sanctions may include, but are not limited to:
 - a. Suspending or terminating access to HMIS;
 - b. Suspending funds disbursement;
 - c. Reducing or terminating the remaining grant;
 - d. Imposing conditions on future grants; and
 - e. Imposing other legally available remedies.
4. The Agency's access may be suspended or revoked if serious or repeated violation(s) of HMIS Policies and Procedures occur by Agency users. Agencies that lose the ability to contribute HMIS may not receive CoC Program or ESG funding.

VII. Hold Harmless

1. The City makes no warranties, expressed or implied. The CHO, at all times, will indemnify and hold the City harmless from any damages, liabilities, claims, and expenses that may be claimed against

the CHO; or for injuries or damages to the CHO or another party arising from participation in the HMIS; or arising from any acts, omissions, neglect, or fault of the CHO or its agents, employees, licensees, or clients; or arising from the CHO's failure to comply with laws, statutes, ordinances, or regulations applicable to it or the conduct of its business. The CHO will also hold the City harmless for loss or damage resulting in the loss of data due to delays, non-deliveries, mis-deliveries, or service interruption caused by Social Solutions, by the CHO's or other CHO's negligence or errors or omissions, as well as natural disasters, technological difficulties, and/ or acts of God. The City shall not be liable to the CHO for damages, losses, or injuries to the CHO or another party other than if such is the result of gross negligence or willful misconduct of the City.

2. The CHO agrees to keep in force a comprehensive general liability insurance policy with combined single limit coverage of not less than five hundred thousand dollars (\$500,000). Said insurance policy shall include coverage for the CHO's indemnification obligations under this agreement.
3. Provisions of Section VII shall survive any termination of the Participation Agreement.

VIII. Terms and Conditions

1. The parties hereto agree that this Participation Agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this agreement.
2. The CHO shall not transfer or assign any rights or obligations under the Participation Agreement without the written consent of the City.
3. This agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice. The exception to this term is if allegations or actual incidences arise regarding possible or actual breeches of this agreement. Should such situations arise, the HMIS may immediately suspend access to the HMIS until the allegations are resolved in order to protect the integrity of the system.
4. This agreement may be modified or amended by written agreement executed by both parties with 30 days advance written notice.
5. The parties agree that Hampden County CoC is a third-party beneficiary of this contract and may enforce the terms and provisions of this contract as applicable. Further, the terms, conditions and agreements contained in this Participation Agreement may not be changed without the express written consent of the Hampden County CoC.
6. The Participation Agreement contains the entire agreement between the parties and supersedes all agreements, representations, warranties, statements, promises and understandings, whether oral or written, with respect to the subject matter hereof, and no party hereto shall be bound by or changed with any oral or written agreements, representations, warranties, statements, promises or understandings not specifically set forth in this Participation Agreement. Any change, modification, or waiver must be in writing and signed by both parties.
7. Neither party shall assign or transfer its rights, responsibilities or obligations under this Participation Agreement.

8. In the event that any provision of this Participation Agreement shall be held invalid or unenforceable, the same shall not affect in any respect whatsoever the validity or enforceability of the remainder of this Participation Agreement.
9. This Participation Agreement shall be executed in any number of counterparts, each of which, when executed and delivered, shall be an original, but all of which shall together constitute one in the same instrument.
10. This Participation Agreement shall be governed by, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts. All parties hereby agree to the jurisdiction of the courts of the Commonwealth of Massachusetts with respect to any legal proceedings arising out of this Agreement, and further agree to Springfield, Massachusetts as the place of venue for any such action.

IN WITNESS WHEREOF, the parties have entered into this Participation Agreement:

CHO: _____

Address: _____

Name & Title of Authorized Signature: _____

Signature Date

HMIS LEAD: City of Springfield Office of Housing

1600 E. Columbus Ave., Springfield, MA 01103

Name & Title of Authorized Signature: _____

Signature Date

Appendix 2: Hampden County HMIS User Agreement

DRAFT

Hampden County HMIS

USER AGREEMENT

Date: _____

User: _____

Employee Work Phone Number _____ Ext: _____

Employee E-Mail Address: _____

Agency Name: _____

Program Name: _____

I understand that I will be allowed access to confidential information and/or records in order that I may perform my specific job duties. I further understand and agree that I am not to disclose confidential information and/or Client records without the prior written consent of my employer, unless such disclosure is required by law.

User Responsibilities

Your User ID and Password give you access to data in the Hampden County HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of this access. Failure to uphold the confidentiality standards set forth below is grounds for suspension of HMIS user privileges until such time as the issue is resolved.

_____ My User ID and Password are for my use only and must not be shared with anyone.

_____ I must take all responsible means to keep my User ID and Password physically secure.

_____ I understand that the only persons who may view Client files in the HMIS are authorized users and the Client to whom the information pertains.

_____ I may only view, obtain, disclose, or use the database information that is necessary to perform my job and none other.

_____ I will not leave a workstation where I am logged into HMIS unattended.

_____ I will log off of HMIS before leaving the workstation, even for a short time.

_____ I will assure that any printouts/hard copies of HMIS information are properly secured.

_____ I will notify my supervisor if I notice or suspect a breach in privacy or security.

Ethical Data Usage

Once you have completed Security/Privacy training and signed your User Agreement, you are entitled to access to the HMIS. In addition to the responsibilities listed above, you must also adhere to the following principles of ethical data usage.

- Authorized Users will only ask Clients for information necessary to providing services, comply with contractual agreements, and to improve or better coordinate services.
- Authorized Users will ensure that Clients understand that their data is being collected and managed in the HMIS.
- Authorized Users will obtain a signed Release of Information (ROI) form before sharing client data with an outside program or agency on the HMIS.
- Authorized Users will maintain a copy of the ROI Form.
- Authorized Users will not knowingly enter false and/or misleading information into the HMIS.
- Authorized Users will only use data in accordance with the Privacy Policy.

By affixing my signature to this document, I acknowledge that I have been provided a copy of my organization's Privacy Notice and agree to comply with its terms.

User Signature

Date

Program or Dept. Manager Signature

Date

Appendix 3: HMIS User Account Request/Termination Form

DRAFT

Hampden County HMIS

HMIS USER ACCOUNT REQUEST FORM

☐ New User

☐ Delete User

Today's Date: _____

☐ Change User Information

☐ Other

Effective Date: _____

Agency Information

Agency Name: _____ Telephone Number: _____

Agency Address: _____
(Street) (City) (State) (Zip Code)

Employee (HMIS-User) Information

Employee Name: _____ Telephone Number: _____

Employee Title: _____ Email: _____

Program: _____

Appendix 4: Authorized User List Form

DRAFT

Hampden County HMIS

AUTHORIZED USER LIST

CHO Agency:

Date:

Person

Submitting Form:

User Name:

User Name:

User Name:

User Name:

User Name:

User Name:

User Name:

User Name:

User Name:

User Name:

This form must be completed and submitted every quarter to Deborah Merkman, Hampden HMIS Administrator. Please email the form to dmerkman@springfieldcityhall.com or fax it to (413) 787-6515. Make copies of the form if you need additional pages.

Quarterly due dates are: January 15, April 15, July 15, October 15

Agency HMIS Users not listed will have HMIS access removed by the HMIS Administrator.

Appendix 5: Data Collection Forms

Minimum Data Collection for All Contributing HMIS Organizations:

- Universal Intake Form (For all programs)

Forms Required for HUD Programs and Encouraged for all Others:

- Universal Intake Form
- Intake & Initial Assessment Form
- Annual Assessment
- Exit

DRAFT

Hampden County HMIS: Universal Intake Form

Complete this form for each household member

Client Information

Entry Date / / mm/dd/yyyy

Exit Date / / mm/dd/yyyy

First Name

Last Name

Social Security No. - -

SSN Data Code ___ Full ___ Partial ___ Don't know ___ Refused

Date of Birth / / mm/dd/yyyy

DOB Data Code ___ Full ___ Approximate or Partial

Race (P= Primary; S= Secondary) ___ American Indian/Alaska Native ___ Asian ___ Black/African American
 ___ Native Hawaiian / Pacific Islander ___ White ___ Don't know ___ Refused

Ethnicity ___ Hispanic/Latino ___ Other (Non-Hispanic /Latino) ___ Don't know ___ Refused

Gender ___ F ___ M ___ Trans MTF ___ Trans FTM ___ Don't know ___ Refused

Household Type ___ Head of Household ___ Child in family ___ Single adult
 ___ Other adult in family ___ Unaccompanied youth

U.S. Military Veteran? ___ Yes ___ No ___ DK ___ Refused

Disabling Condition? ___ Yes ___ No ___ DK ___ Refused

Chronic Homelessness? ___ Yes ___ No ___ DK ___ Refused

Housing Information

Questions in this box are only required of adults (18 and over) and unaccompanied youth (17 and under)

Where did you stay last night (prior living situation on night before program entry)?

___ Emergency shelter	___ Rental by Client no subsidy	___ Safe Haven
___ Transitional housing for homeless	___ Owned by Client no subsidy	___ Rental by client w VASH
___ Permanent housing for homeless	___ Staying / living w family	___ Rental by client w other subsidy
___ Psychiatric Hospital / facilities	___ Staying / living w friend	___ Owned by client w subsidy
___ Substance Abuse facility	___ Hotel / Motel no ES subsidy	___ Other
___ Hospital (non-psychiatric)	___ Foster care home / group home	___ Don't know
___ Jail, Prison or detention facility	___ Place not for habitation	___ Refused

Length of stay at location selected above

___ 1 week or less
___ More than 1 week but less than 1 month
___ 1 to 3 months
___ More than 3 months but less than 1 year
___ 1 year or longer

Zip Code of last permanent address: ___ ___ ___ ___ ___ Data Code: ___ Full or Partial ___ DK ___ Refused

Housing Status at Entry

___ Literally Homeless ___ Imminently losing housing ___ Unstably housed, at-risk of losing housing ___ DK ___ Refused

Hampden County HMIS: Intake & Initial Assessment Form

Client Information

Entry Date ____ / ____ / ____ mm/dd/yyyy

Exit Date ____ / ____ / ____ mm/dd/yyyy

First Name _____

Last Name _____

Social Security No. ____ - ____ - ____

SSN Data Code ____ Full ____ Partial ____ Don't know ____ Refused

Date of Birth ____ / ____ / ____ mm/dd/yyyy

DOB Data Code ____ Full ____ Approximate or Partial

Race (P= Primary; S= Secondary) ____ American Indian/Alaska Native ____ Asian ____ Black/African American
____ Native Hawaiian / Pacific Islander ____ White ____ Don't know ____ Refused

Ethnicity ____ Hispanic/Latino ____ Other (Non-Hispanic /Latino) ____ Don't know ____ Refused

Gender ____ F ____ M ____ Trans MTF ____ Trans FTM ____ Don't know ____ Refused

Household Type ____ Head of Household ____ Child in family ____ Single adult
____ Other adult in family ____ Unaccompanied youth

U.S. Military Veteran? ____ Yes ____ No ____ DK ____ Refused

Disabling Condition? ____ Yes ____ No ____ DK ____ Refused

Chronic Homelessness? ____ Yes ____ No ____ DK ____ Refused

Housing Information

Questions in this box are only required of adults (18 and over) and unaccompanied youth (17 and under)

Where did you stay last night (prior living situation on night before program entry)?

____ Emergency shelter	____ Rental by Client no subsidy	____ Safe Haven
____ Transitional housing for homeless	____ Owned by Client no subsidy	____ Rental by client w VASH
____ Permanent housing for homeless	____ Staying / living w family	____ Rental by client w other subsidy
____ Psychiatric Hospital / facilities	____ Staying / living w friend	____ Owned by client w subsidy
____ Substance Abuse facility	____ Hotel / Motel no ES subsidy	____ Other
____ Hospital (non-psychiatric)	____ Foster care home / group home	____ Don't know
____ Jail, Prison or detention facility	____ Place not for habitation	____ Refused

Length of stay at location selected above

____ 1 week or less
____ More than 1 week but less than 1 month
____ 1 to 3 months
____ More than 3 months but less than 1 year
____ 1 year or longer

Zip Code of last permanent address: ____ Data Code: ____ Full or Partial ____ DK ____ Refused

Housing Status at Entry

____ Literally Homeless ____ Imminently losing housing ____ Unstably housed, at-risk of losing housing ____ DK ____ Refused

Health and Wellness

Does the client have a **mental health** condition? ☐ Yes ☐ No ☐ DK ☐ Refused

Is it of long duration while impairing their ability to live independently? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for the MH condition? ☐ Yes ☐ No ☐ DK ☐ Refused

Does the client have a **substance abuse** problem? ☐ Yes ☐ No ☐ DK ☐ Refused

Is it of long duration while impairing their ability to live independently? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for the substance abuse? ☐ Yes ☐ No ☐ DK ☐ Refused

Does the client have a **developmental disability**? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for the dev. disability? ☐ Yes ☐ No ☐ DK ☐ Refused

Does the client have a **physical disability**? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for physical disability? ☐ Yes ☐ No ☐ DK ☐ Refused

Does the client have a **chronic health condition**? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for chronic condition? ☐ Yes ☐ No ☐ DK ☐ Refused

*Is the client **pregnant**? ☐ NA ☐ Yes ☐ No ☐ DK ☐ Refused

Due Date: _____

Does the client have **HIV/AIDS**? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for the HIV/AIDS? ☐ Yes ☐ No ☐ DK ☐ Refused

*Compared to other people their age, how does the client rate her or his health? *(Self report only)* ☐ Yes ☐ No ☐ DK ☐ Refused

Education

*Is the client in school or working on any degree or certificate? ☐ Yes ☐ No

*Has the client received vocational training or apprenticeship certificates? ☐ Yes ☐ No

*What is the highest level of school completed by the client?

<input type="checkbox"/> No schooling completed	<input type="checkbox"/> Nursery school to 4th grade	<input type="checkbox"/> 5th grade or 6th grade
<input type="checkbox"/> 7th grade or 8th grade	<input type="checkbox"/> 9th grade	<input type="checkbox"/> 10th grade
<input type="checkbox"/> 11th grade	<input type="checkbox"/> 12th grade, no diploma	<input type="checkbox"/> High school diploma
<input type="checkbox"/> GED	<input type="checkbox"/> Post-secondary school	

*If the client has been enrolled in post-secondary education, what degree(s) did he/she earn?

<input type="checkbox"/> None	<input type="checkbox"/> Associates degree	<input type="checkbox"/> Bachelors degree
<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Certificate of advanced training

Work and Income

*Is the client currently employed? ☐ Yes ☐ No

If the client is unemployed: Are they looking for work? ☐ Yes ☐ No

If the client is employed, please complete the following.

Hours employed per week: hr/wk

Tenure of employment ☐ Permanent ☐ Temporary ☐ Seasonal

Is the client looking for additional employment or increased hours at his/her current job? ☐ Yes ☐ No

Did the client receive income from any source in the past 30 days? ☐ Yes ☐ No

Select all income sources that apply and list the monthly amount

Income Source	Amount \$	Income Source	Amount \$
<input type="checkbox"/> Earned income		<input type="checkbox"/> Unemployment insurance	
<input type="checkbox"/> SSI		<input type="checkbox"/> SSDI	
<input type="checkbox"/> TANF		<input type="checkbox"/> General Assistance/EA	
<input type="checkbox"/> Veterans disability insurance		<input type="checkbox"/> Private disability insurance	
<input type="checkbox"/> Workers Compensation		<input type="checkbox"/> Social Security Retirement	
<input type="checkbox"/> Veterans pension		<input type="checkbox"/> Private pension	
<input type="checkbox"/> Alimony		<input type="checkbox"/> Child support	
<input type="checkbox"/> Other (describe):			

Did the client receive Non-cash benefits from any source in past 30 days? (i.e. Food Stamps, Health Coverage, Public Housing, etc.) ☐ Yes ☐ No

Select all non-cash benefits that apply...

<input type="checkbox"/> SNAP (formerly Food Stamps)†	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid/ MassHealth
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> Childrens Health Insurance Program	<input type="checkbox"/> VA Medical services
<input type="checkbox"/> TANF transportation services	<input type="checkbox"/> TANF child care services	<input type="checkbox"/> Other TANF services
<input type="checkbox"/> Section 8, Public Housing, other rental assistance	<input type="checkbox"/> Temporary rental assistance	<input type="checkbox"/> Other :

†SNAP Amount \$ per month

*optional question

You've reached the end of the intake. Thank you very much for your time!

Definitions

U.S. Military Veteran

Must have served on **active** duty in the armed forces. This does not include inactive military reserves or the National Guard unless the individual was called up to active duty.

Disabling Condition

Must have a health/mental health condition that:

- a) Is expected to be of long duration; and
- b) Interferes with the individual's capacity to function in daily life.

Disabling conditions include but are not limited to: physical impairments; serious chronic health issues; ongoing substance abuse; serious mental illness; developmental disorders; HIV/AIDS.

Chronic Homelessness

Must have a disabling condition **and** have experienced one of the following:

- a) One year or more of continuous homelessness; or
- b) At least 4 episodes of homelessness in the past 3 years.

A family is considered chronically homeless if one or more of the parents meets the above criteria.

Housing Status

Literally Homeless:

Unsheltered; living in Emergency Shelter; in hospital but in ES or unsheltered prior to hospital stay; Leaving TH without housing; or DV victims.

Imminently losing housing:

Being evicted from private unit; discharge from institution; or in condemned housing.

Unstably housed and at risk of losing housing:

In housing, or doubled up, and at risk due to housing cost, conflict or other condition.

Hampden County HMIS: Annual Assessment Form

Client Information

Entry Date / / mm/dd/yyyy

Exit Date / / mm/dd/yyyy

First Name

Last Name

Social Security No. - -

SSN Data Code ___ Full ___ Partial ___ Don't know ___ Refused

Date of Birth / / mm/dd/yyyy

DOB Data Code ___ Full ___ Approximate or Partial

Race (P= Primary; S= Secondary) ___ American Indian/Alaska Native ___ Asian ___ Black/African American
 ___ Native Hawaiian / Pacific Islander ___ White ___ Don't know ___ Refused

Ethnicity ___ Hispanic/Latino ___ Other (Non-Hispanic /Latino) ___ Don't know ___ Refused

Gender ___ F ___ M ___ Trans MTF ___ Trans FTM ___ Don't know ___ Refused

Household Type ___ Head of Household ___ Child in family ___ Single adult
 ___ Other adult in family ___ Unaccompanied youth

U.S. Military Veteran? ___ Yes ___ No ___ DK ___ Refused

Disabling Condition? ___ Yes ___ No ___ DK ___ Refused

Chronic Homelessness? ___ Yes ___ No ___ DK ___ Refused

Housing Information

Questions in this box are only required of adults (18 and over) and unaccompanied youth (17 and under)

Where did you stay last night (prior living situation on night before program entry)?

___ Emergency shelter	___ Rental by Client no subsidy	___ Safe Haven
___ Transitional housing for homeless	___ Owned by Client no subsidy	___ Rental by client w VASH
___ Permanent housing for homeless	___ Staying / living w family	___ Rental by client w other subsidy
___ Psychiatric Hospital / facilities	___ Staying / living w friend	___ Owned by client w subsidy
___ Substance Abuse facility	___ Hotel / Motel no ES subsidy	___ Other
___ Hospital (non-psychiatric)	___ Foster care home / group home	___ Don't know
___ Jail, Prison or detention facility	___ Place not for habitation	___ Refused

Length of stay at location selected above

___ 1 week or less
___ More than 1 week but less than 1 month
___ 1 to 3 months
___ More than 3 months but less than 1 year
___ 1 year or longer

Zip Code of last permanent address: ___ ___ ___ ___ ___ Data Code: ___ Full or Partial ___ DK ___ Refused

Housing Status at Entry

___ Literally Homeless ___ Imminently losing housing ___ Unstably housed, at-risk of losing housing ___ DK ___ Refused

Health and Wellness

Does the client have a **mental health** condition? ☐ Yes ☐ No ☐ DK ☐ Refused

Is it of long duration while impairing their ability to live independently? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for the MH condition? ☐ Yes ☐ No ☐ DK ☐ Refused

Does the client have a **substance abuse** problem? ☐ Yes ☐ No ☐ DK ☐ Refused

Is it of long duration while impairing their ability to live independently? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for the substance abuse? ☐ Yes ☐ No ☐ DK ☐ Refused

Does the client have a **developmental disability**? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for the dev. disability? ☐ Yes ☐ No ☐ DK ☐ Refused

Does the client have a **physical disability**? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for physical disability? ☐ Yes ☐ No ☐ DK ☐ Refused

Does the client have a **chronic health condition**? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for chronic condition? ☐ Yes ☐ No ☐ DK ☐ Refused

*Is the client **pregnant**? ☐ NA ☐ Yes ☐ No ☐ DK ☐ Refused

Due Date: _____

Does the client have **HIV/AIDS**? ☐ Yes ☐ No ☐ DK ☐ Refused

Are they receiving services or treatment for the HIV/AIDS? ☐ Yes ☐ No ☐ DK ☐ Refused

*Compared to other people their age, how does the client rate her or his health? *(Self report only)* ☐ Yes ☐ No ☐ DK ☐ Refused

Education

*Is the client in school or working on any degree or certificate? ☐ Yes ☐ No

*Has the client received vocational training or apprenticeship certificates? ☐ Yes ☐ No

*What is the highest level of school completed by the client?

<input type="checkbox"/> No schooling completed	<input type="checkbox"/> Nursery school to 4th grade	<input type="checkbox"/> 5th grade or 6th grade
<input type="checkbox"/> 7th grade or 8th grade	<input type="checkbox"/> 9th grade	<input type="checkbox"/> 10th grade
<input type="checkbox"/> 11th grade	<input type="checkbox"/> 12th grade, no diploma	<input type="checkbox"/> High school diploma
<input type="checkbox"/> GED	<input type="checkbox"/> Post-secondary school	

*If the client has been enrolled in post-secondary education, what degree(s) did he/she earn?

<input type="checkbox"/> None	<input type="checkbox"/> Associates degree	<input type="checkbox"/> Bachelors degree
<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Certificate of advanced training

Work and Income

*Is the client currently employed? ☐ Yes ☐ No

If the client is unemployed: Are they looking for work? ☐ Yes ☐ No

If the client is employed, please complete the following.

Hours employed per week: hr/wk

Tenure of employment ☐ Permanent ☐ Temporary ☐ Seasonal

Is the client looking for additional employment or increased hours at his/her current job? ☐ Yes ☐ No

Did the client receive income from any source in the past 30 days? ☐ Yes ☐ No

Select all income sources that apply and list the monthly amount

Income Source	Amount \$	Income Source	Amount \$
<input type="checkbox"/> Earned income		<input type="checkbox"/> Unemployment insurance	
<input type="checkbox"/> SSI		<input type="checkbox"/> SSDI	
<input type="checkbox"/> TANF		<input type="checkbox"/> General Assistance/EA	
<input type="checkbox"/> Veterans disability insurance		<input type="checkbox"/> Private disability insurance	
<input type="checkbox"/> Workers Compensation		<input type="checkbox"/> Social Security Retirement	
<input type="checkbox"/> Veterans pension		<input type="checkbox"/> Private pension	
<input type="checkbox"/> Alimony		<input type="checkbox"/> Child support	
<input type="checkbox"/> Other (describe):			

Did the client receive Non-cash benefits from any source in past 30 days? (i.e. Food Stamps, Health Coverage, Public Housing, etc.) ☐ Yes ☐ No

Select all non-cash benefits that apply...

<input type="checkbox"/> SNAP (formerly Food Stamps)†	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid/ MassHealth
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> Childrens Health Insurance Program	<input type="checkbox"/> VA Medical services
<input type="checkbox"/> TANF transportation services	<input type="checkbox"/> TANF child care services	<input type="checkbox"/> Other TANF services
<input type="checkbox"/> Section 8, Public Housing, other rental assistance	<input type="checkbox"/> Temporary rental assistance	<input type="checkbox"/> Other :

†SNAP Amount \$ per month

*optional question

You've reached the end of the intake. Thank you very much for your time!

Definitions

U.S. Military Veteran

Must have served on **active** duty in the armed forces. This does not include inactive military reserves or the National Guard unless the individual was called up to active duty.

Disabling Condition

Must have a health/mental health condition that:

- c) Is expected to be of long duration; and
- d) Interferes with the individual's capacity to function in daily life.

Disabling conditions include but are not limited to: physical impairments; serious chronic health issues; ongoing substance abuse; serious mental illness; developmental disorders; HIV/AIDS.

Chronic Homelessness

Must have a disabling condition **and** have experienced one of the following:

- c) One year or more of continuous homelessness; or
- d) At least 4 episodes of homelessness in the past 3 years.

A family is considered chronically homeless if one or more of the parents meets the above criteria.

Housing Status

Literally Homeless:

Unsheltered; living in Emergency Shelter; in hospital but in ES or unsheltered prior to hospital stay; Leaving TH without housing; or DV victims.

Imminently losing housing:

Being evicted from private unit; discharge from institution; or in condemned housing.

Unstably housed and at risk of losing housing:

In housing, or doubled up, and at risk due to housing cost, conflict or other condition.

Hampden County HMIS Exit Form

Program: _____

Client Information

Entry Date ____ / ____ / ____ mm/dd/yyyy

Exit Date ____ / ____ / ____ mm/dd/yyyy

First Name _____

Last Name _____

Exit Information

Where did the client go upon exit?

____ Emergency shelter, including hotel/motel paid for with an emergency shelter voucher

____ Permanent supportive housing for formerly homeless persons

____ Substance abuse treatment program or detox

____ Jail, prison, juvenile detention facility

____ Rental by client, **no** ongoing housing subsidy

____ Staying or living with friends, **permanent** tenure

____ Staying or living with family, **permanent** tenure

____ Rental by client with VASH subsidy

____ Place not meant for human habitation (outside/streets etc.)

____ Other: _____

____ Client doesn't know

____ Transitional housing for homeless persons

____ Psychiatric hospital or other psychiatric facility

____ Hospital (non-psychiatric)

____ Foster care or group home

____ Owned by client, **no** ongoing subsidy

____ Staying with friends, **temporary** tenure

____ Staying with family, **temporary** tenure

____ Rental by client with other subsidy

____ Safe Haven

____ Deceased

____ Client refused to say

Western Massachusetts

network to end
homelessness



Housing First for Hampden,
Hampshire, Franklin and
Berkshire Counties

Hampden County CoC 2013 Competition opens for New and Renewal Projects

The Hampden County Continuum of Care has posted its Request for Proposals for new and renewal applicants. Applications are due January 3, 2014 to the Office of Housing, 1600 E. Columbus Ave., Springfield.

To access the application, you must register. Registration provides contact information so that you can be contacted if there are any additions or changes to the RFP. Please visit the [CoC Application Registration Page](#) to register and download the RFP. When you register, you will also be sent a Word version of the application forms so that you can complete them electronically.

The Hampden County CoC is seeking the best programs that are effective in ending homelessness. Therefore, renewal and new projects will compete against each other equally. Applicants are encouraged to submit proposals for new projects that provide permanent supportive housing for chronically homeless individuals or families, or rapid rehousing for families.

This entry was posted in [Funding Opportunity](#), [Hampden County CoC](#) on [December 12, 2013](#) by [Gerry McCafferty](#). [Edit](#)

[← 3 County CoC: HUD Pre-application Process and Information](#)

[Hartford Launches Universal Housing Application →](#)

RECENT BLOG POSTS

[Hampden County CoC Funding Decisions](#)
[Family Services Committee Meeting Minutes – 1/14/14](#)
[Secure Jobs Connect Advisory Committee – 1/14/14](#)
[Secure Jobs Connect Celebrated Its Success!](#)

SEARCH

UPCOMING EVENTS

TRAINING for the Point-in-Time Count
January 23 @ 10:00 am - 11:00 am

Hampden County CoC Board of Directors
January 24 @ 9:00 am - 10:30 am

[View All Events](#)

COMMITTEE WORK

[Meeting Minutes](#)
[Community Engagement](#)
[Family Services Committee](#)
[Individual Services Committee](#)
[Leadership Council](#)
[SAMHSA Mission West Community Consortium](#)
[Unaccompanied Homeless Youth](#)

WORKFORCE DEVELOPMENT INITIATIVES

[Secure Jobs Connect](#)

SUBSCRIBE TO THE BLOG:

FIND DOCUMENTS

[Request Network Letter of Support](#)
[Equal Access/Grievance Process](#)

META

[Site Admin](#)
[Log out](#)

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The Republican.
413-788-1234
classified@repub.com

Legal Notices

Legal ads can
be e-mailed to
**classified-legals
@repub.com**
For more information
call 413-788-1297

Legal Notices

Legal Notice
The personal representa-
tive of the Estate of Roland
Tracy is searching for the
surviving children of Rose-
lyn Daley Jones. Contact E
J at the Law Firm of Louis
Silverman Tempe Arizona
at 480-491-3216.
(December 6, 13, 20)

Worthington, Hill Towns

Request for Proposals
Housing Rehabilitation
Specialist Services
Hilltown Community De-
velopment Corporation is
soliciting proposals for
Housing Rehabilitation

Holyoke

MASSACHUSETTS
Hampden County
Juvenile Court
121 Elm Street
Holyoke, MA 01040
(413) 533-1482

TO: Denise I. Laliberte, AKA
Denise Heard, Alvin Louis
Heard
A petition has been pre-
sented to this court by De-
partment of Children &
Families Tiona Heard that
said child(ren) be found in
need of care and protec-
tion and committed to the
Department of Children
and Families. The court
may dispense the rights of
the person(s) named
herein to receive notice of
or to consent to any legal
proceeding affecting the
adoption, custody, or
guardianship or any other
disposition of the
child(ren) named herein, if
it finds that the child(ren)
is/are in need of care and
protection and that the
best interests of the
child(ren) would be served
by said disposition.

You are hereby ORDERED
to appear in this court, at
the court address set forth
above, on the following
date and time: 1/17/2014
09:00 AM Other Hearing.
You may bring an attorney
with you. If you have a
right to an attorney and if
the court determines that
you are indigent, the court
will appoint an attorney to
represent you.

If you fail to appear, the
court may proceed on
that date and any date
thereafter with a trial on
the merits of the petition
and an adjudication of
this matter.

For further information,
call the Office of the Clerk
Magistrate at (413) 533-
1482.
WITNESS:
Hon. Daniel J. Swords
FIRST JUSTICE
DATE ISSUED: 11/27/2013
Donald P. Whitney
CLERK-MAGISTRATE
(December 13, 16, 23)

Longmeadow

THE COMMONWEALTH OF
MASSACHUSETTS
LAND COURT
DEPARTMENT OF THE
TRIAL COURT

(SEAL) 2013 MISC.490746
ORDER OF NOTICE

To: The Heirs Devises and
Legal Representatives of
The Estate of Clifford L.
Lagassie; Winita Lagassie
and to all persons entitled
to the benefit of the
Servicemembers Civil Re-
lief Act, 50 U.S.C. App. 5
Set et seq.; Wells Fargo Bank,
NA successor by merger to
Wells Fargo Home Mort-
gage, Inc. claiming to have
an interest in a Mortgage
covering real property in
Longmeadow, numbered
40 Sunset Lane, given by
Clifford L. Lagassie to
Wells Fargo Home Mort-
gage, Inc., dated April 5,
2004, and recorded with
the Hampden County Reg-
istry of Deeds at Book
14083, Page 75 has/have
filed with this court a com-
plaint for determination of
Defendant's/Defendants'
Servicemembers status. If
you now are, or recently
have been, in the active
military service of the United
States of America, then
you may be entitled to the
benefits of the
Servicemembers Civil Re-
lief Act. If you object to a
foreclosure of the above-
mentioned property on
that basis, then you or
your attorney must file a
written appearance and
answer in this court at
Three Pemberton Square,
Boston, MA 02108 on or be-
fore January 20, 2014 or
you will be forever barred
from claiming that you are
entitled to the benefits of
said Act.

Witness, KARYN F. SCHEIER
Chief Justice of this Court
(December 6, 13, 20)

Ludlow

The successful high bidder
will be responsible for
paying the Massachusetts
State Documentary Tax
Stamps, all closing costs
and all recording fees.

Terms of Sale: The high-
est bidder in the sale shall
be required to deposit
cash, bank treasurer's
check or certified check in
the amount of FIVE THOU-
SAND AND NO/100 (\$
5,000.00) DOLLARS at the
time and place of the sale
of the premises to be held
by the Mortgagee, and the
balance of the purchase
price shall be paid in cash,
certified or bank treasur-
er's check at the closing
which shall occur within
thirty (30) days after the
date of the foreclosure
agrees otherwise, **TIME IS
OF THE ESSENCE.** The suc-
cessful bidder at the sale
shall be required to sign a
Memorandum of Terms of
Sale containing the above
terms at the auction sale.

If the successful bidder
fails to perform his obli-
gations, the deposit shall
be retained and become the
property of the Mortgagee
and shall not be applied to
the mortgage debt. In the
event of such default, the
Mortgagee reserves the
right to sell the property to
the next highest bidder
without notice or resale.

The description of the
premises contained in said
mortgage shall control in
the event of a typographi-
cal error in this publica-
tion. Other terms, if any,
to be announced at the fore-
closure sale.

**LUSO FEDERAL CREDIT
UNION**
Present Holder of said
Mortgage
Paulo G. Marta, Esquire
MARTA LAW OFFICES
30 Chestnut Street
Ludlow, MA 01056
(December 6, 13, 20)

South Hadley, Granby

**TOWN OF GRANBY
Notice of Correction**

The day of the Tax Classifi-
cation hearing for the
Town of Granby was in-
correctly listed as Monday
12, 2013, and should be
Thursday December 19,
2013.
(December 13)

Springfield

Commonwealth of
Massachusetts
The Trial Court
Probate and Family Court
Docket No. HD10P0180PM
CITATION GIVING NOTICE
OF CONSERVATOR'S
ACCOUNT

In the Matter of: Johnny A.
Chambers of Springfield,
MA

Protected Person/Disabled
Person/Respondent
To the named Respondent
and all other interested
persons, you are hereby
notified pursuant to Rule
72 of the Supplemental
Rules of the Probate &
Family Court, that the
ninth account(s) of Hyman
Darling of Springfield, MA
as Conservator of the
property of said Respond-
ent has or have been pre-
sented to the Court for al-
lowance.

You have the right to ob-
ject to the account(s), if
you wish to do so, you or
your attorney must file a
written appearance and
objection to this court on
before 10:00 A.M. on the
turn date of 01/02/2014.
This day is NOT a hearing
date, but a deadline date
by which you have to ob-
ject to the account(s). If
you fail to file the written
appearance and objection
by the return date, action
may be taken in this mat-
ter without further notice
to you, including the allow-
ance of the account(s).
Additionally, within thirty
days after said return day
for within such other

Springfield

Commonwealth of
Massachusetts
The Trial Court
Probate and Family Court
Hampden Division

Docket Number
HD11W0478VD
**SUMMONS BY PUBLICA-
TION AND MAILING**
Christina Rusinque,
Plaintiff(s)

Fernando Javier Febus,
Defendant(s)

To the above named
Defendant:
A Complaint has been pre-
sented to this court by
CHRISTINA RUSINQUE,
plaintiff, seeking Modifica-
tion.

You are required to serve
upon - Christina Rusinque,
plaintiff - whose address is
114 Hampden Street, Indi-
an Orchard, MA 01151,
your answer on or before
March 12, 2014. If you fail
to do so, the court will pro-
ceed to the hearing and
adjudication of this action.
You are also required to
file a copy of your answer
in the office of the Register
of this Court at Springfield.
Witness: Anne Geoffrion,
Esquire, First Justice of
said court at Springfield,
this 15th day of December,
2013.
Suzanne T. Seguin
Register of Probate
(December 13)

HAMPDEN COUNTY CONTINUUM OF CARE NOTICE OF REQUEST FOR PROPOSALS

The Hampden County Con-
tinuum of Care is soliciting
proposals for housing pro-
grams for homeless indi-
viduals and families eligi-
ble under the federal Con-
tinuum of Care Homeless
Assistance Programs, for
the program year 2014.
RFPs for new projects will
be available for distribu-
tion starting December 12,
2012, and a bidder's con-
ference will be held Thurs-
day, Dec. 19, 2013 at 9 a.m.
at the Office of Housing,
1600 E. Columbus Ave.,
Springfield, MA. The
deadline for proposal sub-
mission is January 3, 2014
at noon. The RFP is posted
on the Office of Housing
website at [www3.springfield-
id-ma.gov/housing](http://www3.springfield-ma.gov/housing).

EL CONTINUO DE CUIDADO DEL CONDADO DE HAMPDEN

**AVISO DE LA SOLICITUD DE
PROPUESTAS**

El Continuo de Cuidado del
Condado de Hampden esta
solicitando propuestas para
programas de vivienda para
personas sin hogar y familias elegibles
bajo los Programas de
Asistencia para personas
sin hogar del Continuo
Federal de Cuidado, para
el Año de Programa 2014.
Solicitudes de Propuestas
para proyectos nuevos
estarán disponibles para
distribuir a partir del 12 de
diciembre 2013 a las 9 a.m.
en la Oficina de Vivienda,
1600 E. de la E. Colum-
bus Avenue. La fecha de
límite para submisión de
propuestas es el 3 de
Enero del 2014 a mediodía.
La propuesta será
publicada en la página de
Internet de la Oficina de
Vivienda, [www3.springfield-
d-ma.gov/housing](http://www3.springfield-
d-ma.gov/housing)
(December 13)

MORTGAGEE'S NOTICE OF SALE OF REAL ESTATE

By virtue and in execution
of the Power of Sale con-
tained in a certain Mort-
gage given by Xiomara
LaCarse to Geneva Mort-
gage corp., dated October

Springfield

Mortgagee's attorney. The
description of the prem-
ises contained in said
mortgage shall control in
the event of an error in this
publication. **TIME WILL BE
OF THE ESSENCE.**

Other terms if any, to be
announced at the sale.

James B. Nutter & Compa-
ny
Present Holder of said
Mortgage.
By Its Attorneys,
ORLANDO MORAN PLLC
P.O. Box 540540
Waltham, MA 02454
Phone: 781-790-7800
(December 13, 20, 27)

MORTGAGEE'S SALE OF REAL ESTATE

By virtue and in execution
of the Power of Sale con-
tained in a certain mort-
gage given by ANGELO M.
MARTINEZ to FREEDOM
CREDIT UNION, dated De-
cember 29, 2005, recorded
at Hampden County Reg-
istry of Deeds in Book 15614,
Page 548, of which mort-
gage the undersigned is
the present holder, for
breach of the conditions of
said mortgage and for the
purpose of foreclosing, the
same will be sold at Public
Auction at 2:00 p.m., on
Wednesday, January 9th,
2014, on the premises below
described all and singular the prem-
ises described in said
mortgage, said premises
being therein described
substantially as follows, to-
wit:

**197-199 MASSACHUSETTS
AVENUE, SPRINGFIELD, MA
01109**

Certain real estate situate
in Springfield, Hampden
County, Massachusetts, on
the easterly side of Massa-
chusetts Avenue, being
known and designated as
Lot #38 (thirty-eight)
shown on a plan of lots
known as Regent Park,
which plan is recorded in
Hampden County Registry
of Deeds, Book of Plans 3,
Page 86, said lot being
more particularly bounded
and described as follows:
WESTERLY by Massachu-
setts Avenue, fifty (50)
feet;

NORTHERLY by Lot #39
(thirty-nine) as shown on
said plan, one hundred
eight (108) feet;

EASTERLY by Lot #53
(fifty-three) as shown on
said plan, fifty (50) feet;
and

SOUTHERLY by Lot #37
(thirty-seven) as shown on
said plan, one hundred
eight (108) feet.

Angelo M. Martinez and
Nicole A. Martinez
Rodriguez both hereby re-
lease unto said Freedom
Credit Union all rights of
Homestead declared by
Angelo M. Martinez under
Instrument dated Decem-
ber 30, 2003 and recorded
in said Registry of Deeds in
Book 13873, Page 539, but
reserving all rights
thereunder except as to
said Freedom Credit Union.
BEING the same premises
conveyed to the mortga-
gor herein by deed dated
December 9, 2003 and re-
corded as aforesaid in
Book 13873, Page 519.

Including all rents, issues
and profits thereof (pro-
vided, however, that the
Mortgagor shall be entitled
to collect and retain the
said rents, issues and pro-
fits until default hereun-
der), and all fixtures now
or hereafter attached to or
used in connection with
the premises herein de-
scribed.

The above premises will
be sold subject to and with-
out the benefit of all restric-
tions, easements, improve-
ments, outstanding tax ti-
tles, municipal or other
public taxes, assessments,

12/13/13 6:00

3 WFSB News
4 WBZ News