

## Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.

- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

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

### **Instructions:**

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

**1A-1. CoC Name and Number:** MA-507 - Pittsfield/Berkshire, Franklin, Hampshire Counties CoC

**1A-2. Collaborative Applicant Name:** Hilltown Community Development Corporation

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

**1A-4. HMIS Lead:** Hilltown Community Development Corporation

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

### Instructions:

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

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	No	No	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	No	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.  
(limit 1000 characters)**

Our CoC covers 3 semi-rural counties. We work closely with a W.MA Regional Network to End Homelessness that provides community engagement & brings our CoC & neighboring Springfield CoC together to develop & implement systematic strategies end homelessness in W. MA. The 2 CoC's & the Regional Network, has established a regional communication plan that informs the public through a blog & website about our efforts to address homelessness. Diverse public/private community sectors are represented at the Network Leadership Council which meets quarterly. Soldier On, a local veteran services provider leads of the veteran's sub-committee providing a triage tool & list of vets to review and target bi-weekly. Dial Self, an RHY provider chairs the homeless youth sub-committee. Both agencies are an integral part of our system. Cross-regional family, individuals, and sex offender regional subcommittees further address sub-population needs.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Dial Self Youth & Community Services	Yes	Yes	Yes
Community Action (CAP agency)	No	Yes	Yes

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Elizabeth Freeman Center	Yes	No
Safe Passage	No	No
Nelcwit	No	No

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

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

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

The CoC has an organized and formal Board of Directors that represents the region and conducts business based on a formal Governance Charter approved by the CoC membership. This sets forth the policies, procedures, committee structure and strategies to end homelessness in addition to a local version of the federal Opening Doors Plan. While the Board provides the overall vision and direction, the sub-committees work more closely with providers in the community to implement specific strategies to end homelessness among the four priority populations. Organization stakeholders lead roles in some areas such as the annual PIT, specific focus on veterans and a targeted approach to youth, individual, families, and sex offenders. Our CoC Board and committees set goals for each sub-population this coming year, use HMIS data to inform our prioritization and resource allocation and provide TA to service providers to implement our local version of the Opening Doors plan.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

The 3-County CoC publicly publishes written standards for applying for CoC funds each year. This includes entities that do not currently receive CoC funding & those seeking renewal funding. As a result, this year our CoC saw 3 new applicants competing for funding, 2 of the 3 were included in the overall application and target new sub-regions. One existing project's funds (no longer needed) were reallocated to fund a new CE project. Extensive outreach was done to engage the entire Coc geography to ensure organizations were aware of their ability to apply for funds once the formal application process was announced. Application guidance was sent directly to agencies and posted on the internet. Technical assistance was provided to all potential applicants to ensure applicants could submit their applications in a timely and effective manner. All renewal and new proposals are reviewed by the CoC Board and included in a final and formal ranking prior to submission to HUD.

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

Quarterly

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

### Instructions:

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

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	3	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	3	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).  
(limit 1000 characters)**

The 3 County CoC participates with 3 Con Plan jurisdictions. They include Pittsfield, Northampton and the MA Dept. of Housing and Community Development (DHCD) which covers all the smaller towns and rural areas outside the two cities mentioned above. The Community Development managers from Pittsfield and Northampton are on the CoC Board of Directors. The CoC communicates monthly with these offices and consults throughout the year regarding Con Plan development and submission to HUD. City/town level data is provided from HMIS and PIT counts as well as unit inventory type and location.

MA DHCD acts as the jurisdiction for all the other towns in the CoC geography. The CoC and Collaborative Applicant work closely with DHCD regarding One Year and Five Year Plan development. The Collaborative Applicant also manages annual CDBG funding allocated by DHCD and has used HOME funds for number of affordable housing development in the region.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.  
(limit 1000 characters)**

The CoC works closely with the ESG recipient in our geographic region. No cities receive ESG directly from HUD in our CoC. ESG funds are awarded competitively by MA Department of Housing and Community Development (DHCD). Community Action! receives ESG funds in our CoC region and sub-contracts with one other agency, Berkshire County Regional Housing Authority. The two agencies cover the entire geography (3 counties) of our CoC with ESG services. DHCD consults with the CoC regarding evaluation and outcomes of the regional ESG resource and the two agencies administering ESG funds.

Regarding the plan to allocate ESG funds, the CoC works closely with DHCD to look at HMIS and PIT level data to inform the allocation process. DHCD and the CoC review sub-recipient data and performance to establish the best possible use of funds. Based on our region, ESG funds have been prioritized for prevention and rapid rehousing services.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

There are three primary providers of domestic violence services in our CoC region, the Elizabeth Freeman Center in Pittsfield and Safe Passage in Northampton and Nelcwit in Greenfield. There is also a Domestic Violence Task Force known as Safety at Home in the rural areas of the region. DV providers attend the CoC coordinated individual and family services committee meetings and participate in processes that identify services barriers/gaps and strategies to re-mediate them. Each of the DV providers have an emergency hotline that responds immediately to households in safety crises, and have service agreements with local providers, police and DA offices, to maximize the safety and security of participants and client choice regarding referrals/interventions. Client confidentiality is preserved by only limited data sharing such as general PIT counts and annual service numbers are provide to the CoC and City CDBG reports and plans.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Berkshire County Regional Housing Authority	100.00%	Yes-HCV
Berkshire Housing Inc.	20.00%	No
Franklin County Redevelopment Authority		
Pittsfield Housing Authority		
Northampton Housing Authority		

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

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

Affordable housing developers in our region have set aside units within affordable housing development for the homeless. Our state housing agency has developed a round of funding specifically for developers to set aside units for the homeless and obtain project based section 8 for their units. Current examples of this in our region include but is not limited to the following agencies; Hilltown CDC, Construct Inc, Valley CDC, HAP, Berkshire County Regional Housing Authority, Franklin County Redevelopment Authority and Soldier On to name a few. There is a strong network of developers doing this work to ensure supply can meet demand. This is a successful partnership with our state department of Housing and Community Development.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

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

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

N/A

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

### Instructions:

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

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

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)**

Soldier On (SO) will implement Coordinated Entry (CE) for individuals, & TAY youth, using an 800#, 2 case mgrs, & van transportation to housing or temporary shelter. TAC will provide TA (1/16-6/16) to refine CE policies, procedures, training, outreach, education, staff training, modify assessment tools (VI/TAY-SPDAT), testing, & evaluation w/ grantees & dedicated homeless providers suitable for a semi/rural area. Practices will comply with HUD CPD-14-012. Priority will be given to CH & those w/ the highest service needs. PSH programs are low barrier, include high need individuals, house individuals without preconditions, & maximize client housing choice. Programs in remote areas will be trained in CE processes, & data merged w/the SO CE project to ensure hurdle-free access. The state provides CE for families & DV hotlines provide CE for DV households. The CoC will develop data sharing agreements in accordance with HUD CE/HMIS to fully capture the level & quantity of need in the region.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

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

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### Instructions

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

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	14
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	13
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

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

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

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.  
(limit 1000 characters)**

HMIS & New Projects from the previous year are ranked in top positions. Otherwise, all of the CoC's funding is dedicated to programs that provide PSH to CH and high service needs to individuals/families. Highest performing programs are given project application priority. 3 TH projects are ranked higher than some lower performing PSH programs, in order to meet the "vulnerability of participants" in remote rural regions (Berkshire Cty), which has no other immediate homeless housing options. Renewal projects were scored in 4 domains: (Systems: contributed to positive CoC outcomes; Project: performed better or worse than other projects; Process: targeted &/or served priority populations; & Qualitative: narrative response regarding project implementation & outcomes. All qualified new project applicants were approved, including: Coordinated Entry, an adult PSH & TAY PSH program in 2 under-served regions of the CoC. A 4th PSH project was unqualified but offered TA for future applications.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)  
(limit 750 characters)**

The CoC made the local competition review publicly available through the internet/website and direct e-mails to organizations as well as in CoC committees and general membership meetings. The detailed posting set forth the written standards for applying for Coc funding as well as the evaluation and ranking criteria that will be used by the CoC Board members to complete the ranking and evaluation process. Posting of this process was made available on 11/6/2015 on the W.MA Network to End Homeless website, which is the most publicly viewed website, in addition to emails all stakeholders, including the CoC membership and applicant organizations.

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

11/06/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)**

Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)**

11/02/2015

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

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

### Instructions

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

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

The CoC conducts annual on-site monitoring of each sub-grant in the CoC system. This includes a thorough recordkeeping review and tour of program sites. The Coc staff uses a monitoring tool designed to capture HEARTH Act related regulations and follows a uniform format for each monitoring review. Evidence of increased housing stability, participant eligibility, length of homelessness, increased income, destination at exit and connecting to mainstream benefits are all part of the monitoring review process. Written monitoring reports are completed and shared with grantees. TA is provided when areas of low performance are identified.

Quarterly reviews of HMIS data is conducted by the HMIS/outcomes committee on each grantee and data is reviewed for completeness, compliance with CoC standards and status of program performance outcomes.

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

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

## **2A. Homeless Management Information System (HMIS) Implementation**

### **Intructions:**

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

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** pp 2-3 in attached HMIS Governance Charter

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?** Efforts To Outcomes ASIST  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

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

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

### Instructions

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

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

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

#### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$80,079
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$80,079

#### 2B-2.2 Funding Type: Other Federal

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

### 2B-2.3 Funding Type: State and Local

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

### 2B-2.4 Funding Type: Private

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

### 2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$20,900
Other - Total Amount	\$20,900

2B-2.6 Total Budget for Operating Year	\$100,979
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

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

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/13/2015

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	474	34	440	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	348	0	334	95.98%
Rapid Re-Housing (RRH) beds	11	0	0	0.00%
Permanent Supportive Housing (PSH) beds	236	0	209	88.56%
Other Permanent Housing (OPH) beds	59	0	41	69.49%

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

Bed coverage for "Other PH" is only 70%. All OPH beds are funded by sources other than the CoC or HUD. These programs have small admin budgets and few or none support staff; thus we may not be able to gain their participation in our HMIS. If we cannot gain their participation in our HMIS during FFY 2016, we may need to require that they discontinue set-asides for homeless persons and then exclude them from our HIC. At that point our OPH coverage will be 100%.

Please note: We excluded VASH units from the PH counts above, since our VASH program was prohibited from using our HMIS until September 2015 even while we have been required by HUD to include VASH units in our HIC. We will be working with our VASH providers during FY 2016 to gain their participation in HMIS, either through direct participation or through csv file transfers.

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

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Semi-Annually

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

### Instructions:

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

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	6%	1%
3.3 Date of birth	1%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	9%	0%
3.9 Residence prior to project entry	6%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	13%	0%
3.15 Relationship to Head of Household	10%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	9%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

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

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 12

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

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Project

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.  
(limit 750 characters)**

Our SSVF provider is implementing projects in multiple CoCs throughout the Northeast and is using an alternate HMIS platform (Caseworthy). Our current HMIS platform will be able to upload Caseworthy HMIS csv files by December 2015. At that time, our SSVF provider will start providing us with data extracts for upload into our HMIS.

-Our PATH program is scheduled to begin entering data into our HMIS during July 2016.

-Not included in the list above is VASH programs. Our VASH programs were prohibited from using our HMIS until the ban was lifted in late summer. We are currently working with them to develop a strategy for gathering their HMIS data, either through direct data entry to our HMIS; or through data transfers.

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

### Instructions:

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

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

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

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

**2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):** 05/07/2015

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

### Instructions:

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

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

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

### 2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Online provider surveys (for non-HMIS participants)	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.  
(limit 1000 characters)**

We used a complete census count strategy for the 2015 sheltered count, relying upon HMIS data along with provider surveys for non-HMIS participants such as DV shelters. We chose this strategy because monthly data quality monitoring assured us that our data would be valid and reliable; and because nearly all shelter providers use our HMIS; and because online provider surveys have been reliably used by nonHMIS participants for the past several years.

We trained providers in HUD definitions, provided clear instructions, and conducted outreach/edu through email and through our regional blog. We established data quality processes, expectations and deadlines. We communicated directly with program staff to resolve issues or inconsistencies. For non-HMIS participants, we provided them with a link to a web-based survey for them to report aggregate data on the day of the count. Their survey data was then integrated with HMIS data using SPSS to produce final counts.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

No changes to our methodology were deemed necessary.

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

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

NA

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

### Instructions:

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

### 2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

### 2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

We conducted a regional training for providers in advance of the 2014 PIT Count given the additional data that needed to be collected along with our desire to achieve ever better levels of validity and reliability in the data. In 2015 we relied upon web postings of technical assistance documents and guidance, email memos and individual interactions. This decision was efficient and reasonable given that monthly data quality reporting processes create ongoing, effective interactions with providers while assuring us that the data needed for PIT Count report generation was accurate, complete and reliable. Indeed, we did not observe any noticeable changes in data quality from 2014 to 2015.

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

### Instructions:

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

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

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

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

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/07/2015

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

### Instructions:

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

### 2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

### 2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

We used a public places count of known locations with the understanding that this strategy would yield a complete count of unsheltered persons. Our region is largely rural and there are far fewer than 100 persons ever living outside; folks who are living outside, even if in the woods or along the river, are known to our outreach workers, service providers, and/or local law enforcement.

#### Locations

were canvassed in waves, by county and community, with logistics coordinated by our regional PATH team. Interviews were conducted with every person encountered. They were conducted by experienced outreach staff using a standardized interview form designed to match HMIS data elements. Personally identifying information was used to create a unique personal ID for the purposes of de-duplication. Lastly, the interviewers used a snowball technique to make sure that no known homeless person was missed.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

No changes in methodology were deemed necessary.

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

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

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

### Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

No changes were implemented to the processes and practices used to conduct the unsheltered PIT Count. However, we believe we improved upon our data quality by working with our statewide HMIS Lead to create an "Unsheltered Count" program in our HMIS, which we then used to report upon the universal data elements collected by outreach workers during interviews conducted for the count. (Personally identifying information such as name, DOB and SSN was not input to the HMIS; coded IDs were used in place of names.) As a result, we were able to integrate the unsheltered count data into our overall data quality effort, creating more efficient processes related to cleaning up the data and ultimately yielding even better data.

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

### Instructions

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

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		753	781	28
Emergency Shelter Total		386	495	109
Safe Haven Total		0	0	0
Transitional Housing Total		338	267	-71
Total Sheltered Count		724	762	38
Total Unsheltered Count		29	19	-10

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

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

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		3,377
Emergency Shelter Total		2,596
Safe Haven Total		0
Transitional Housing Total		781

### 3A-2. Performance Measure: First Time Homeless.

**Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.**

**(limit 1000 characters)**

housing subsidies  
support services with PH  
court mediation  
cash asst for rent or mort arrearages  
rapid exit from shelter

data capacity to integrate prevention/diversion and shelter entry data?  
inroads in two areas; Vets and youth/ya. - key is committee work  
all EsG funds go to prevention diversion  
integraton of temporary financial asst  
family shelters focus on rapid exits.

### 3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**

**(limit 1000 characters)**

-Something here!  
-People with the longest lengths of time are identified by using HMIS data to generate cumulative lengths of stay at the CoC level, i.e., across CoC programs. Long lengths of time homeless in emergency shelter is prioritized over long lengths of time in transitional housing settings.  
- By Name List of folks  
- SSVF  
- Home Base/EA - up to \$8k for a combination to RRH directly to housing from shelter

### \* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

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

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		97
Of the persons in the Universe above, how many of those exited to permanent destinations?		74
% Successful Exits		76.29%

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		200
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		167
% Successful Retentions/Exits		83.50%

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

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.  
(limit 1000 characters)

1) Tracking/targeting practices to identify who is returning to homelessness, incld: HMIS data to produce baseline return rates by program type (1/1/2015) & created an analytic database (SPSS) to calculate return rates using HUD's methodology (7/2014; a by-name lists of all participants within the previous 2 yrs. who returned to any setting, & updated monthly so providers can prioritize people for housing or other interventions. When HEARTH metrics are available as canned reports w/in our HMIS (1/2016), we will report quarterly on rates of return. 2) Provide a minimum of 6-mos. follow-up support to ensure participants access & use community supports to maintain stability. This builds trust and increases the likelihood that participants will seek support, as they encounter new barriers to stability. 3) Quarterly QI practices among providers & the HMIS/Evaluation Committee to review characteristics/patterns among returnees, & modify discharge and support strategies, accordingly.

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

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

CoC providers participated in a pilot collaborative (providers & One Stop Ctrs) employment program SECURE JOBS CONNECT, through the W.MA Network to End Homelessness, whereby participant barriers are assessed & employment focused case management is provided to a cohort. The CoC exceeded its employment target of X% w/ with an average 32% of participants exiting with employment. Pilot staff (Construct & Berkshire Career Center) will work with other programs in the CoC to adapt current case management practices to this employment-centered approach.

CoC providers have well established practices to methodically assess all participants for eligibility, & enroll them in all non-employment income sources for which they are eligible using a state-developed common application tool through the Virtual Gateway. The CoC performance average this year for exits with increased non-employment resources was 65%. (individual programs; Patient Navigators at CHC's, & HMIS/Evaluation Committee).

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)**

In addition to Secure Jobs Connect pilot (see 3A-6), the CoC has partnerships with all 4 One Stop Career Centers in W.MA. Staff from each of the One Stops participate in the W MA Network to End Homelessness, & actively collaborate with housing programs to prioritize employment for homeless individuals/families. Soldier On's (SO) TH, PSH, & SSVF staff work with the One Stop Veterans' specialists who place veterans w/ employers who prioritize veterans. The SSVF programs have Employment Specialists who link both RRH & homeless veterans with employment. SO also has a DOL Employment grants to support homeless veteran employment at re-entry.

Programs working with homeless youth/young adults work with the WIA, the Summer Employment programs, & youth-friendly employers willing to help youth gain work skills/experience. Participants with disabilities are referred to & staff work closely with MASS Rehab, Goodwill Industries, the Salvation Army, and Stavros, a local disabilities program.

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

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?**

**(limit 1000 characters)**

Eliot CHS provides a 4-person outreach team of MA level PATH Clinicians, a LICSW supervisor, & worker with lived homelessness experience. They provide outreach services in all 3 Counties, including the streets, shelters, & meal programs & clinical outreach services to homeless adults w/ mental illness &/or co-occurring disorders (MI/SA) to promote improved quality of life by facilitating access to shelter/housing, treatment, & other resources/services. Outreach staff conducts assessment & referrals to indicated systems of care (i.e. MRC-SHIP, Public Health-SA services), & prioritization & advocacy to facilitate access to housing, resources & services for homeless individuals.

Other providers provide street outreach to sub-populations: our RHY partner, DIAL/SELF operates Street Outreach services in 2 counties; veterans' outreach staff through Soldier On's 2 SSVF and prison/shelter outreach programs in all counties. All help with planning & executing the annual PIT count.

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

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?**  
**(limit 1000 characters)**

Our CoC consists of 2300+ square miles and includes the most rural communities in the state. Out of necessity we use a "known locations" strategy for the unsheltered count which, by definition, excludes geographic areas that are too wooded, too remote, or too elevated to be habitable while also excluding small hilltowns where no homeless camps are known, observed, or reported. We rely upon community relations to make sure the strategy works: 1) Our outreach workers meet quarterly with local law enforcement to discuss situations related to homelessness, homeless encampments, etc.; 2) Our outreach workers regularly work with shelters, drop-in centers, soup kitchens etc. to make sure that any persons known to be 'sleeping rough' can be located and helped; and 3) Our CoC lead is the only social services organization throughout the hilltowns and their officials and residents contact us when any type of homeless situation arises.

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

### Objective 1: Ending Chronic Homelessness

#### Instructions:

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

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

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	153	107	-46
Sheltered Count of chronically homeless persons	136	95	-41
Unsheltered Count of chronically homeless persons	17	12	-5

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.  
(limit 1000 characters)**

The overall total decrease is related to two factors:

1. Our CoC has added new Housing First beds for chronically homeless individuals and also participated in region-wide efforts to decrease chronic homelessness through housing opportunities facilitated by the regional REACH team (Regional Engagement and Assessment for the Chronically Homeless). Thus CH persons are now in housing.
2. HUD-required changes in HMIS data collection re: chronic homeless criteria, and our HMIS vendor's interpretation of these criteria, has resulted in fewer persons being defined as chronically homeless.\*

The decrease in the unsheltered count is due to:

1. Housing First opportunities as described above;
2. New winter overflow beds that assured that no person was left outside; and
3. SSVF-driven interventions that assured that all chronic homeless veterans were able to enter safe long-term permanent housing.

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

Our CoC is aligned with the Opening Doors Strategic Plan to end CH by 2015, and has achieved collaboration & civic engagement through the Western MA Network when addressing CH. Annual strategies include: YEAR 1. - All PSH providers have adopted a Housing First model and converting all PSH units to CH over a 2-year period. Numeric achievements include: REALLOCATION: Barton's Crossing-TH-13 units; F/H TH - 9 units; Silver St. Inn-TH-17. Soldier On - TH converted to 5 PSH-CH units with CoC funds in a new 44 unit PH project under construction. NEW DEVELOPMENT: Village Center Apartment (12 beds in 5 units for 3 family and 2 individual veterans). YEAR 2: Two single small purpose agencies (Construct & Family Life Supports) serve two underserved rural communities in north & south Berkshire County. Because the community relies on their singular service, these agencies need to undergo a community process rather than unilaterally re-allocating these TH programs to PSH-CH. By implementing conversion in the up-coming year, our CoC has exceeded the 75% goal of all PSH programs targeting CH. The CoC will continue to advocate for more VASH units to the region.

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

Our CoC has accomplished the goals stated in the FY 2013/2014 application as follows. All PSH providers have adopted a Housing First model as evidence in this year's application. PSH providers continue to convert PSH units to CH upon turnover. In year one, Barton's Crossing TH, Franklin/Hampshire TH, Silver Street TH and Yvonne's House were all converted to PSH creating a total of 45 new PSH beds in the CoC. Soldier On converted 5 TH beds to PSH as part of a larger 44 unit PH project. Village Center Apartments was brought on line which is the first new distinctly rural PSH program in the region providing 5 units and 12 beds to serve 3 homeless families and 2 homeless veterans with project based subsidies acquired through state resources. We continue to work closely with the two single purpose agencies located in rural areas who have engaged their local communities and have decided to maintain a TH presence along with their CoC funded PSH units.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	150	160	10

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.  
(limit 1000 characters)**

Multiple CoC programs converted from TH to PSH with an effective date of July 1, 2014; the majority of these new PSH beds were designated as CH beds. But we still increased our CH beds even further during FY 2015, since our one new PSH program, added to the HIC in 2015, has designated 100% of its beds to CH persons and families. This program has 2 beds for chronically homeless veteran individuals, and 3 units for chronically homeless families.

It should be noted that our 2015 HIC submission had a clerical error that inaccurately recorded. The HIC states 78 and the actual number is 160

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?**

Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** 1

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

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	24
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	23
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	23
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

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

This question will not be scored.

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

Low threshold housing  
other strategies

HMIS change in how chronic homelessness is derived, our HMIS provider only deems as CH is night before stayed in shelter, outdoors, or Safe Haven. Changed fields in Oct, 2015, definition includes 4 episodes, will only record if have 1 yr. or more of continuous homelessness. tracking capacity in HMIS forms is compromising validity of data.

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

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

#### Instructions:

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

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

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

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.  
(limit 1000 characters)**

Our CoC is able to provide homeless prevention services with support from ESG funds and rapid re-housing services with leveraged resources from the State. Our system works to provide homelessness services with ESG filling a funding gap to support critically important prevention services that would otherwise not be available. The Commonwealth, through the Emergency Assistance program, supports a well-resourced rapid re-housing program. ESG resources are helping our CoC to ensure homeless families will be rehoused within 30 days of becoming homeless because our ESG program is reducing the number families needing rapid re-housing services in our area. From 7/1/14 - 6/30/15 we prevented 52 families from becoming homeless. The CoC will expand its use of ESG funds in response to the State's procurement. The Commonwealth has a right to shelter for homeless families. The state operates the family shelters system and is working on a number of fronts to reduce the length of stay in shelter.

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

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	11	11

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	84	122	38
Sheltered Count of homeless households with children:	84	122	38
Unsheltered Count of homeless households with children:	0	0	0

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

The number of homeless families increased in our CoC even while all other subpopulation counts decreased. This is due to the right to shelter law that exists in Massachusetts. Massachusetts is the only state in the country that has a year-round right to shelter law for families with children. There are 2 consequences: 1) Family homelessness in MA has increased over the last few years as other states dedicate resources to veterans and chronic homeless individuals; and 2) To implement the right to shelter law, the state of MA runs the family shelter system as a statewide program funded by, overseen by, and coordinated by the MA Department of Housing and Community Development. Our CoC collaborates with MA DHCD in multiple ways but we have little control over the number of homeless families in our region since DHCD sends homeless families to shelter units based on availability rather than on community ties.

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

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="checked" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="checked" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="checked" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="checked" type="checkbox"/>
Length of time homeless:	<input checked="checked" type="checkbox"/>
Unsheltered homelessness:	<input checked="checked" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	19	16	-3

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.  
(limit 1000 characters)**

A new 10-bed Housing First program for LGBT youth 18-24 yrs old began operating in FY 2013, rolling out beds and units throughout the year, becoming fully operational during FY2014. The program operates throughout Franklin and Hampshire Counties (2 of the 3 counties in our CoC). The program works with outreach workers and shelter providers to help identify and prioritize youth for the PSH program. This led to the decrease (from FY 2013 to FY 2014) in the number of youth living outdoors/unsheltered prior to entering adult emergency shelters.

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

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$0.00	\$0.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:			\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):			\$0.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	10
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	8
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	15

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

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs.  
(limit 2000 characters)**

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

### Objective 3: Ending Veterans Homelessness

#### Instructions:

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

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

#### 3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	256	220	-36
Sheltered count of homeless veterans:	256	220	-36
Unsheltered count of homeless veterans:	0	0	0

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

The reduction in the veteran count is due to the addition of SSVF units in the region along with increased VASH units. The SSVF program is decreasing the number of veterans becoming homeless while the VASH vouchers are allowing veterans to exit Soldier On TH for a permanent housing opportunity. (It should be noted that the majority of homeless veterans in our region are in Soldier On GPD beds rather than emergency shelter beds.)

We have not had any unsheltered veterans since the 2012 Point in Time Count. This achievement is due to the robust presence of Soldier On in the region, who collaborate with outreach workers throughout the CoC region to immediately house any veterans identified as living outdoors or entering one of our winter cot shelter.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)**

Soldier On, VA, VSO, veterans sub-committee (local and statewide)

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

DHCDs new program specifically prioritizes these folks

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	176	220	25.00%
Unsheltered count of homeless veterans:	0	0	0.00%

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

This question will not be scored.

**3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

Current strategies include the mayor of Northampton, where the local VA is located, joining the Mayor's challenge. We also have been approved for vets@home TA assistance and have been working with our TA provider to enhance our functional zero plan which is under the leadership of Soldier On, our CoC's primary SSVF provides who also administers CoC funds. We are looking closely at how we prioritize resources that include SSVF, VASH, MA rental vouchers, HUD section 8 and GPD beds. We are reaching out to every unsheltered veteran within 24 hours and generating a by-name list of veterans to be reviewed bi-weekly. We are using our HMIS system to track our progress, identify and prioritize veterans and review length of stay of veterans. By the end of 2014, 147 homeless veterans will have been housed through SSVF rapid re-housing. Our 2016 PIT count will show no unsheltered veterans on the street.

## 4A. Accessing Mainstream Benefits

### Instructions:

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

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	15
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	15
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

Massachusetts had universal health care prior to the Affordable Care Act as part of the Health Care reform law passed in 2006. The ACA has strengthened our state health insurance system. The Massachusetts Health Connector is a Marketplace designed to provide affordable health insurance. Massachusetts continues to have the highest rate of health insurance coverage in the nation. Navigators or Certified Application Counselors (CAC) are located across the state to help enroll people in health and dental insurance. Mass Health (Medicaid) and Connector Care are the programs most of our homeless clients qualify for which can be applied for at any time during the year. Our CoC collaborates with a number of health care organizations that help our clients access insurance. Nine Community Health Centers are located across our CoC region. One positive outcome is that advocacy for Access, located in Pittsfield, is always available to enroll clients on day one when they enter a shelter.

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

<b>Educational materials:</b>	<input checked="checked" type="checkbox"/>
<b>In-Person Trainings:</b>	<input type="checkbox"/>
<b>Transportation to medical appointments:</b>	<input checked="checked" type="checkbox"/>
Health Care for the Homeless	<input checked="checked" type="checkbox"/>
Hilltown Community Health Centers	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
<b>Not Applicable or None:</b>	<input type="checkbox"/>

## 4B. Additional Policies

### Instructions:

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

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	13
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	13
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

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

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	13
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	13
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="checked" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="checked" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	11	11

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?  
(limit 1000 characters)**

N/A

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?**

No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

N/A

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

No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

N/A

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.**

Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

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

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

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS	06/01/2015	3
Homeless sub-populations: veterans	11/13/2015	3
Systems evaluation (NAEH)	06/09/2015	3

## 4C. Attachments

### Instructions:

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

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

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Rejected Projects...	11/02/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	Ranking and Evalu...	10/30/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC public postin...	11/09/2015
05. CoCs Process for Reallocating	Yes	application reall...	11/02/2015
06. CoC's Governance Charter	Yes	CoC Governance Ch...	10/30/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Governance C...	10/30/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA SRO homeless ...	11/13/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	prioritization plan	11/09/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:** Rejected Projects 2015

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Ranking and Evaluation

## **Attachment Details**

**Document Description:** CoC public posting ranking 2015

## **Attachment Details**

**Document Description:** application reallocation 2015

## **Attachment Details**

**Document Description:** CoC Governance Charter

## **Attachment Details**

**Document Description:** HMIS Governance Charter

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** PHA SRO homeless plan

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** prioritization plan

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/16/2015
1C. Coordination	11/16/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/16/2015
1F. Project Review	11/16/2015
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/16/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/16/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/16/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/17/2015
3B. Objective 1	11/13/2015
3B. Objective 2	Please Complete
3B. Objective 3	11/13/2015
4A. Benefits	11/17/2015
4B. Additional Policies	11/13/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required



H I L L T O W N

Community Development Corporation

387 MAIN ROAD • P.O. Box 17 • CHESTERFIELD, MA 01012  
413-296-4536 • FAX: 413-296-4020 • WWW.HILLTOWNCDC.ORG

November 2, 2015

Hwei-Ling Greeney  
Executive Director  
Amherst Community Connections, Inc.

RE: 3 County CoC Bonus Funding

Dear Hwei-Ling,

Thank you for submitting a new project proposal to the 3 County Continuum of Care for this year's bonus round of funding. The CoC Board met on Wednesday, October 28 to review renewal and new project applications. The CoC Board received 4 new project applications to consider for the competition as well as a reallocated proposal from a current grantee to establish a Coordinated Assessment program.

The total amount requested by the four applicants exceeded the amount available for bonus funding. The Board of Directors met without CoC staff in the room to determine the final ranking and inclusion of proposals in this year's competition.

Unfortunately, your proposal was not chosen to be submitted to HUD this year as part of the request for funding. The rationale for not including your application this year primarily has to do with your current overall organizational capacity, especially relative to a complex implementation process for grantees. Other concerns included your limited operating budget, no experience managing federal funds, a volunteer executive director and limited internal controls with no audit review.

The Board did decide to include two of the four proposals submitted. The board would like to offer your organization technical assistance in 2016 related to your proposal and the work that you do to address homelessness in the region.

You have the right to appeal this decision in writing. If you choose to appeal this decision please send a letter to Dave Christopolis, Hilltown CDC, P. O. Box 17, Chesterfield, MA 01012 stating your reason for appeal by November 5, 2015.

Thank you,

Dave Christopolis  
Executive Director  
Hilltown CDC/3 County CoC



November 2, 2015

Lindsay Errichetto  
Executive Director  
Family Life Support Center

RE: 3 County CoC Bonus Funding

Dear Lindsay,

Thank you for submitting a new project proposal to the 3 County Continuum of Care for this year's bonus round of funding. The CoC Board met on Wednesday, October 28 to review renewal and new project applications. The CoC Board received 4 new project applications to consider for the competition as well as a reallocated proposal from a current grantee to establish a Coordinated Assessment program.

The total amount requested by the four applicants exceeded the amount available for bonus funding. The Board of Directors met without CoC staff in the room to determine the final ranking and inclusion of proposals in this year's competition.

Unfortunately, your proposal was not chosen to be submitted to HUD this year as part of the request for funding. The rationale for not including your application this year primarily has to do with the Boards' desire to fund projects in underserved areas of our region which in this case includes North Quabbin and Amherst.

The Board did decide to include two of the four proposals submitted.

You have the right to appeal this decision in writing. If you choose to appeal this decision please send a letter to Dave Christopolis, Hilltown CDC, P. O. Box 17, Chesterfield, MA 01012 stating your reason for appeal by November 5, 2015.

Thank you,

A handwritten signature in dark ink, appearing to read 'Dave Christopolis', with a long, sweeping horizontal line extending to the right.

Dave Christopolis  
Executive Director  
Hilltown CDC/3 County CoC

## Renewal Project Ranking Criteria • 2015 NOFA

**Note: New projects for PSH, RRH or Coordinated Intake will be scored based on separate criteria to be distributed by 10-5-2015.**

Renewal projects will be ranked according to three criteria: 1) the degree to which the project contributes to CoC systems outcomes; 2) project performance as compared to all other funded projects; and 3) commitment to priority populations.

A total of 100 points is available: Up to 60 points for contributing to systems outcomes; up to 36 points for outperforming other CoC projects; and up to 4 points for targeting and/or serving priority populations.

In addition, up to 12 bonus points are available. Bonus points will be awarded based on brief narrative responses to 3 questions designed to provide a window into project operations and outcomes. Completion of the bonus questions is optional.

---

### 1. Systems Measures

Projects will receive up to 10 points for their contribution toward each of the CoC Systems Measures: Utilization, cost-effectiveness, successful housing outcomes, improved employment outcomes, increased income, and access to mainstream benefits.

Points: **10 points** if the project exceeds the CoC Performance Goal by 10% or more  
**5 points** if the project meets the CoC Performance Goal  
**0 points** if the project does not meet the CoC Performance Goal and falls below it by 10% or more

### 2. Project Performance Measures

Projects will gain or lose up to 6 points for the degree to which they fall above or below the "average" CoC outcome for each systems measure.

Points: **1 - 6 points** for the degree to which the project exceeds the average project outcome  
**(-1) to (-6) points** for the degree to which the project falls below the average project outcome

### 3. Process Measures

Projects will receive up to 1 point for each of the priority populations they target and/or served, for a maximum of 4 points.

Points: **.5 points** for each priority population that the project is dedicated to: veterans; chronically homeless; youth; families with children  
**.5 points** for each priority population that the project served during the fiscal year, regardless of target population

## CoC Performance Measure Thresholds

Effectiveness	<b>1. Housing Stability</b> At least 89% of CoC program participants exit to a PH destination or maintain their current PSH tenancy during the reporting year. [HUD threshold: 80%]
	<b>2. Job and Income Growth</b> a. 32% or more of CoC project participants are employed at exit. [HUD threshold: 20%] b. 65% or more of CoC project participants have income from sources other than employment. [HUD threshold: 54%]
	<b>3. Mainstream Benefits</b> At least 95% of CoC project participants have at least 1 source of mainstream benefits. [HUD threshold: 56%]
Efficiency	<b>4. Utilization</b> a. PSH project must have an average occupancy rate of at least 90% over the course of the reporting year. b. TH project must have an average occupancy rate of at least 80% over the course of the reporting year.
	<b>5. Cost per Successful Housing Outcome</b> a. PSH projects must spend less than 60% of CoC PSH project funds on producing a positive outcome, where a positive outcome is achieved when project participants maintain their housing or exit to another PH destination. b. TH projects must spend less than 75% of CoC TH project funds on producing a positive outcome, where a positive outcome is achieved when project participants exit to PH.

### Example: System Measures

Points awarded for meeting CoC performance goals related to project efficiency and effectiveness, since meeting these goals contributes directly to the CoCs capacity to reduce and end homelessness.

<b>Points: Up to 60 points available</b>	10 Points: Exceeded CoC System Performance Goal by 10% or more
	5 Points: Met CoC System Performance Goal
	0 Points: Did Not Meet CoC System Performance Goal

October 1 to September 30		Efficiency		Effectiveness			
Program Type	Program	Average Utilization	Cost per (+) Outcome	% Successful Outcome	% Employed	% w. Nonempl. Income	% w. Noncash Benefits
<b>PSH</b>	<b>Performance Goal</b>	<b>90%</b>	<b>\$7K</b>	<b>89%</b>	<b>32%</b>	<b>65%</b>	<b>95%</b>
PSH	Project 1	100% = 10 pts	\$5K = 10 pts	100% = 10 pts	28% = 5 pts	100% = 10 pts	90% = 5 pts
PSH	Project 4	80%=0 pts	\$13K = 0 pts	85% = 5 pts	14% = 0 pts	90% = 10 pts	35% = 0 pts
PSH	Project 5	95%=5 pts	\$6.5K = 5 pts	68% = 0 pts	55% = 10 pts	60% = 5 pts	100% = 5 pts

### Example: Project Performance

Points awarded for producing project outcomes that are better than 50% of CoC projects; points detracted for producing outcomes that are worse than 50% of CoC projects. Projects are compared to other projects of their type (PSH or TH).

<b>Points: Up to 36 points available</b>	Above average: 1 - 6 points based on distance from CoC median (6 programs will be above the median, 6 will be below)
	Below average: -1 to -6 points based on distance from CoC median

Oct 1, 2014 - Sept 30, 2015		Efficiency		Effectiveness			
Program Type	Program	Average Utilization	Cost per (+) Outcome	% Successful Outcome	% Employed	% Nonempl. Income	% Noncash Benefits
<b>PSH</b>	<b>Project average</b>	<b>90%</b>	<b>\$7K</b>	<b>70%</b>	<b>25%</b>	<b>90%</b>	<b>85%</b>
PSH	Project 1	100% = 6 pts	\$5K = 3 pts	100% = 6 pts	Etc.	Etc.	Etc.
PSH	Project 2	93% = 1 pt	\$11K = -4 pts	86% = 4 pts			
PSH	Project 3	83% = -3 pts	1.8K = 6 pts	71% = 1 pt			

### Example: Process Measure Points

Points awarded for the project's commitment to processes that target HUD priority populations - veterans, chronic homeless persons, unaccompanied youth and young adults, and families with children - as measured by 1) dedication of the service model to a particular priority population; and 2) actual services provided to persons in priority populations, based on the number of persons served from each priority population during the reporting year.

#### Points: Up to 4 points available

.5 points: Service Model is dedicated to the Priority Population

.5 points: Project served the Priority Population during the reporting year (even if model is not dedicated to the priority population)

0 points: Service model does not target the Priority Population \*and\* no persons from the Priority Population were served during the reporting year

Program Type	Program	Veterans	Chronic Homeless Persons	Youth & Young Adults	Families with Children	Total for Program Model	
Service Model*							
PSH	Project 1	0	0	0	0.5	0.5	
PSH	Project 2	0.5	0.5	0	0	1	
TH	Project 3	0	0	0	0.5	0.5	

\* The project's service model is dedicated to one or more priority populations, e.g. Youth/Young Adults; or Chronically Homeless Veterans

Program Type	Program	Veterans	Chronic Homeless Persons	Youth & Young Adults	Families with Children	Total for Priority Persons Served	Total for Priority Populations
Program Services**							
PSH	Project 1	0	0.5	1	0.5	1.5	2
PSH	Project 2	0.5	0.5	0	0	1	2
TH	Project 3	0	0	0	0.5	0.5	1

\*\* The project served persons from the priority population during the reporting year (based on HMIS data)

### Example: Overall Project Ranking

A project ranking score is derived by tallying all awarded points, for a maximum score of 100 points plus up to 12 bonus points.

#### Points: Up to 100 points available plus up to 10 bonus points

0 to 60 points: Contributed to CoC Performance

(-36) to (+36) points: Exceeded or Fell Below Average CoC Project Performance

0 to 4 points: Targeted CoC Priority Populations

Top tier

Middle tier

Bottom tier

Program Type	Program	System Contribution Score	Project Outcomes Score	Priority Population Score	Total Ranking Score	Bonus Points	2015 Ranking Points
PSH	Project 1	55	13	2	70	0	70
TH	Project 2	30	18	2	50	5	55
PSH	Project 6	60	30	3	93	5	98
PSH	Project 8	10	24	0	34	10	44

**Bonus points will be awarded based on narrative responses to the 3 questions below. Up to 12 points are available.**

1. If your project's effectiveness fell below the CoC threshold on any system performance measure (successful outcome to housing, improved employment outcome, increased income, or access to mainstream benefits): Explain the circumstances or barriers faced by your project participants that interfered with optimal project outcomes. Specifically, describe the severity of needs and vulnerabilities experienced by participants, which may include low or no income, current or past substance abuse, or criminal records. Please provide anecdotal or empirical evidence to illustrate your point(s). **Points: 1 point will be awarded for each outcome that is addressed.**
2. Describe how your project implemented project eligibility and prioritization requirements such as requirements related to chronic homeless or disability status, and/or high service needs. **Points: 4 points will be awarded for a response that describes the process.**
3. Describe how CoC funds impact the lives of your project participants. Please provide an example of a project participant who was assisted by your project. **Points: 4 points will be awarded for a response that describes impact.**

# 3 County CoC Rankings Screen Shot

The screenshot shows a web browser window displaying the website for the Western Massachusetts network to end homelessness. The browser's address bar shows the URL: <http://westernmasshousingfirst.org/2015/11/23-3-county-coc-rankings>. The website has a dark header with the logo and the text "Housing First for Hampden, Hampshire, Franklin and Berkshire Counties". Below the header, the main content area is titled "3 County CoC Project Rankings". The text explains that the 3 County CoC has vetted and ranked projects for HUD funding as part of its CoC Program Application due on November 20th, 2015. It mentions that rankings for renewal projects were determined according to the CoCs Renewal Ranking and Evaluation Criteria, and new projects were assessed according to several criteria including: capacity and potential sustainability; demonstrated experience including HMIS participation; dedication to meeting the needs of priority populations; and filling geographical needs. All projects were approved for funding by the CoC Board on October 28th, 2015.

**3 County CoC Project Rankings**

The 3 County CoC has vetted and ranked the projects it will put forward for HUD funding as part of its CoC Program Application due on November 20th, 2015. Rankings for renewal projects were determined according to the CoCs Renewal Ranking and Evaluation Criteria. New projects were assessed according to several criteria including: capacity and potential sustainability; demonstrated experience including HMIS participation; dedication to meeting the needs of priority populations; and filling geographical needs. All projects were approved for funding by the CoC Board on October 28th, 2015.

**Tier 1**

1. 3 County CoC HMIS Project HMIS
2. HCDC Village Center PH
3. Constant, Inc. Project Rankin DLE

**RECENT BLOG POSTS**

- 3 County CoC Project Rankings
- PCS CoC Competition: Springfield/Hampden County Selection and Project Ranking
- Secure Jobs Advisory Committee Meeting Minutes - 10/22/15
- Veterans Meeting Minutes - 10/23/15

**SEARCH**

**SECURE JOBS PROGRAM**

Secure Jobs

(<http://westernmasshousingfirst.org/>) ← WEB ADDRESS

## 3 County CoC Project Rankings

The 3 County CoC has vetted and ranked the projects it will put forward for HUD funding as part of its CoC Program Application due on November 20th, 2015. Rankings for renewal projects were determined according to the CoCs Renewal Ranking and Evaluation Criteria (<https://3countycoc.wikispaces.com/file/view/3%20County%20CoC%20Ranking%20Criteria%20for%202015%20NOFA%20-%20updated%2010-1-2015.pdf/563942425/3%20County%20CoC%20Ranking%20Criteria%20for%202015%20NOFA%20-%20updated%2010-1-2015.pdf>). New projects were assessed according to several criteria including: capacity and potential sustainability; demonstrated experience including HMIS participation; dedication to meeting the needs of priority populations; and filling geographical needs. All projects were approved for funding by the CoC Board on October 28th, 2015.

Tier 1 —————

1. 3 County CoC HMIS Project HMIS
2. HCDC Village Center PH
3. Construct, Inc. Project Reach PH
4. Cooley Dickenson A Positive Place PH
5. Construct, Inc. Adult Independent Living Program TH
6. ServiceNet Shelter Plus Care North
7. ServiceNet Our Friend's House TH
8. HAP Paradise Pond Apartments PH
9. Family Life Support Center Louison House TH
10. Family Life Support Center PSH
11. ServiceNet Summer Street PH
12. ServiceNet Three County PSH (77% of funding)

← web address

Tier 2 -----

13. ServiceNet Three County PSH (23% of funding)

14. Soldier On 3 County CoC Coordinated Intake

Bonus projects

15. Dial/Self North Quabbin Young Adult PH

16. Craig's Doors Sherman's Way PH

Soldier On reallocated its PSH funds to a **Coordinated Intake** project. Our CoC looks forward to partnering with Soldier On to implement an effective Coordinated Intake process!

Additional details regarding final rankings and funding are available here (<https://3countycoc.wikispaces.com/file/view/2015%20CoC%20final%20ranking-%20posting.pdf/565507617/2015%20CoC%20final%20ranking-%20posting.pdf>).

This entry was posted in 3 County CoC

(<http://westernmasshousingfirst.org/category/continuum-of-care/3-county-coc/>), Continuum of Care (<http://westernmasshousingfirst.org/category/continuum-of-care/>) on November 6, 2015 [<http://westernmasshousingfirst.org/2015/11/3-county-coc-project-rankings/>] by ACMiller (<http://westernmasshousingfirst.org/author/amillerrotondi/>).

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## **3 County Continuum of Care 2015 Competition Guidance**

The US Department of Housing and Urban Development has released the Continuum of Care (CoC) FY 2015 Notice of Funding Announcement (NOFA) on September 18, 2015. The NOFA is available at <https://www.hudexchange.info/resource/4688/fy-2015-coc-program-nofa/>

Acting as the Collaborative Applicant for the 3 County Continuum of Care (MA-507), Hilltown CDC will coordinate the submission of the 3 County Continuum of Care application to HUD due **November 20, 2015 by 7:59:59pm eastern time**. Applications will include four types of individual project applications:

1. Grantees with current projects (FY 14) expiring in calendar year 2015 seeking **renewal** funding
2. Grantees with current projects (FY 14) expiring in calendar year 2015 seeking **reallocation** funds for a new eligible project
3. A single applicant proposal for a **new Permanent Supportive Housing or Rapid Rehousing Bonus** project
4. A new project specifically for a **centralized or coordinated assessment system**. The CoC may only apply for funds in this category by using reallocation.

### **Application Deadline**

Applications for renewal, reallocation, and permanent supportive housing bonus are due to the Collaborative Applicant, Hilltown CDC via the e-snaps web based system by **Tuesday , October 20, 2015 by 4:00 pm eastern time**.

For the 2015 3 County CoC competition, applicants may choose to reallocate current project funds to propose a new project. The only new projects that are eligible for funding are projects that provide 1) permanent supportive housing for the chronically homeless; or 2) rapid rehousing for homeless families with children. Applicants proposing these types of projects can apply for funding for a new project.

Existing 3 County CoC funded projects are eligible to apply for renewal funding.

The 3 County Continuum of Care expects to be awarded a minimum of **\$1,362,506 (Tier 1)** in this funding round. It may receive up to **\$1,602,948** if it scores well in this competition. Tier 1 includes a proposed **15% cut from HUD (\$240,442) as Tier 2**. Programs ranked lowest will appear in the Tier 2 category.

### **Scoring, Ranking and Selection of Applications:**

The 3 County Rural CoC will score and rank all applications for renewal, reallocated and permanent supportive housing bonus projects, and all complete and eligible applications will be scored by the CoC Board of Directors, using a scoring rubric developed by the Board. Scores will determine each project's rank in the CoC's application to HUD, and rank will determine placement into Tier 1 and Tier 2.

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:

Project applications will be ranked according to three criteria: 1) the degree to which the project contributes to CoC systems outcomes; 2) project performance as compared to all other funded projects; and 3) commitment to priority populations.

A total of 100 points is available: Up to 60 points for contributing to systems outcomes; up to 36 points for outperforming other CoC projects; and up to 4 points for targeting and/or serving priority populations.

In addition, up to 12 bonus points are available. Bonus points will be awarded based on brief narrative responses to 3 questions designed to provide a window into project operations and outcomes. Completion of the bonus questions is optional.

**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 may be requested, 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.

Because HMIS is required for the CoC and must be funded, the HMIS grant will receive the maximum score. In addition, some projects which are eligible for renewal are new projects which have not completed an initial year of operation. Due to this, these projects will be placed at the top of Tier 1 because they reflect HUD priorities and have not yet been able to demonstrate performance.

Proposers will be notified in writing on **October 27, 2014** of whether or not their application will be included and the amount allocated to their project. The list of ranking and rationale will be posted on the Hilltown CDC website on that date no later than **8pm**. [www.Hilltowncdc.org](http://www.Hilltowncdc.org)

**APPEAL**

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 October 30, 2015** to Dave Christopolis, [davec@hilltowncdc.org](mailto:davec@hilltowncdc.org). or PO Box 17, Chesterfield, MA 01012.

**Permanent Supportive Housing Bonus Project: \$240,442 or 15% is available for the 3 County CoC PSH Bonus project.** HUD has made bonus funding available for a Permanent Supportive Housing Bonus (PSH Bonus) to create new dedicated permanent supportive housing to serve the chronically homeless, a or a rapid re-housing project to serve families.

**Submitting an Application:**

Existing sub-recipient projects that are intending on applying for renewal or **reallocated** funds through this year's competition must log into their e-snaps account to complete their applications. The Collaborative Applicant, Hilltown CDC, will make these applications available in e-snaps on **Friday 10/2/2015**.

Applicants who are submitting a Permanent Supportive Housing Bonus Project must also submit an application in e-snaps. The e-snaps web based application can be accessed at [www.hud.gov/esnaps](http://www.hud.gov/esnaps). New applicants who are not currently funded by the CoC must create an account in e-snaps in order to apply. Hilltown CDC can provide technical assistance with this process. Contact Dave Christopolis, Executive Director at 413-296-4536 ext. 118 or [davec@hilltowncdc.org](mailto:davec@hilltowncdc.org) for assistance. Applications will be set up in e-snaps within 48 hours of contacting the Collaborative Applicant.

#### **FY 2015 Project Application(s) required for each project application completed in e-snaps:**

**NOTE: sub-recipients must provide the items in bold below by 4pm, October 20, 2015 as part of their submission in e-snaps.** Other attachments will be submitted by the Collaborative Applicant.

**a. Project application charts, narratives, and attachments (sub-recipient)**

b. SF-424 Application for Federal Assistance (Collaborative Applicant)

c. The SF-424 Supplement, Survey on Ensuring Equal Opportunities for Application is for private nonprofit applicants only and completion/submission of this survey is voluntary (Collaborative Applicant)

**d. Documentation of Applicant and Sub-recipient Eligibility—all project applicants must attach documentation of eligibility—sub-recipient eligibility must also be attached to the project application (sub-recipient) – see j. and k. below.**

e. Applicant Certifications

f. Form HUD-2880, Applicant/Recipient Disclosure/Update Report must be attached for each project. Form HUD-2880 must include the correct amount of HUD assistance requested and must be dated no earlier than June 1, 2014 (Collaborative Applicant)

g. SF-LLL, Disclosure of Lobbying of Activities (if applicable) (Collaborative Applicant)

h. Applicant Code of Conduct. The Code must be attached in e-snaps or on file with HUD [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/administration/grants/conduct](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/conduct) (Collaborative Applicant)

i. Form HUD-50070, Certification for a Drug-Free Workplace dated no earlier than June 1, 2014. (Collaborative Applicant)

**j. Match and Leverage letters (sub-recipient)**

**k. New project applications must include an approved fiscal year agency budget and most recent audit**

## **HUD Priority Programs**

### **Permanent Supportive Housing for Chronically Homeless Individuals or Families**

Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services; definitions and guidance for each of these items are at 24 CFR 578.43-578.63.

In this competition, new PSH projects can only provide assistance to chronically homeless individuals or families headed by a chronically homeless person. Supportive services designed to meet the needs of the program participants must be made available to the program participants.

Any of the following types of housing can be used to provide permanent supportive housing: shared housing, SRO units, clustered apartments, scattered site apartments, or single family homes/townhouses/duplexes. The provider agency may own or lease the units, or may provide rental assistance which enables a program participant to rent the unit.

### **Rapid Rehousing for Individuals and Households with Children (RRH)**

Continuum of Care funds may provide supportive services, as set forth in § 578.53, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as set forth in § 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing. When providing short-term and/or medium-term rental assistance to program participants, the rental assistance is subject to § 578.51(a)(1), but not § 578.51(a)(1)(i) and (ii); (a)(2); (c) and (f) through (i); and (l)(1).

**“Chronically homeless” is defined as** (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.

### **CONVERTING TRANSITIONAL HOUSING**

Projects that currently operate as Transitional Housing may seek to convert in this competition to one of the models which evidence shows are most effective in ending homelessness: permanent supportive housing for the chronically homeless, or rapid rehousing for households with children.

The process for conversion is submittal of an application for a NEW project that will replace the existing project that will be phased out. An existing program choosing this option should not submit a renewal application for the current project, but should instead only submit the NEW application.

While there is always a risk that a new application will not be approved, an application for a program meeting national priorities would be expected to score higher than an application that does not respond to these priorities; therefore, the new application is likely to be more competitive than a renewal application for Transitional Housing projects. These projects are most likely to be funded if they use this competition as an opportunity for conversion.

### **MATCHING FUNDS AND LEVERAGE**

**Match:** The grantee must match all grant funds, except for leasing funds, with no less than 25% of funds or in-kind contributions from other sources. Guidance regarding cash and in-kind match is at 24 CFR 578.73. Grantees must also leverage other services or funds for program participants. **MATCH LETTERS MUST BE INCLUDED IN EACH SUB-RECIPIENT'S APPLICATION SUBMISSION.**

**Leverage:** includes all funds, resources, and/or services that your agency can secure on behalf of clients served in your CoC-funded project. Leverage can be cash or in-kind contributions, and is all services made available to program participants, whether or not the services would be eligible to be funded under the CoC program. Sample leverage letter at the end of this document. **LEVERAGE LETTERS MUST BE INCLUDED IN EACH SUBRECIPIENTS APPLICATION SUBMISSION.**

HUD provides important context for the leverage requirement here:

<https://www.onecpd.info/news/snaps-weekly-focus-leveraging-mainstream-services-funding>.

### **What Counts as Leverage?**

Leverage is the value of all the community resources that support people in your program, including your own program's volunteer and cash contributions, but also every other service in the community.

### **What CANNOT be Counted as Leverage?**

Rent or occupancy fees paid by program participants cannot be counted as leverage. Leverage for the Continuum of Care Program does not include other CoC-funded programs, and it does not include programs that provide services to CoC program participants before their entry into, or after their exit from, your CoC-funded housing program.

### **How Much Leverage Does My Program Need?**

Each CoC program must leverage resources, and the entire CoC must leverage resources equal to 150% of our CoC grant. To meet this CoC requirement, all programs are asked to provide 150% leverage.

### **How Is Leverage Documented?**

Leverage commitments must be documented in a letter from the entity that will provide the cash or in-kind commitment. A template is attached to this document to assist in making sure you provide all necessary information in leverage letters from your program partners.

### **What's the Value of In-kind Contributions?**

Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the recipient or sub-recipient's organization. If the recipient or sub-recipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

## **ELIGIBLE PERSONS TO BE SERVED: HUD DEFINITION OF HOMELESS**

All projects submitted for funding must serve persons who meet the HUD definition of Homeless.

For the CoC Program, homeless means:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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

The only persons who may be served by any **permanent supportive housing** projects are those who come from the streets, emergency shelters, safe havens, institutions or transitional housing. Additional guidance regarding this requirement follows:

Persons coming from transitional housing must have originally come from the streets or emergency shelters. Disabled individuals and families who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, and are living in transitional housing are eligible for permanent supportive housing even if they did not live on the streets, emergency shelters or safe havens prior to entry into the transitional housing.

Persons exiting institutions where they reside for 90 days or less and came from the streets, emergency shelter, or safe havens immediately prior to entering the institution are also eligible for permanent supportive housing.

#### **Other Definitions:**

**Evidence-Based Practices:** activities that evaluation research has shown to be effective.

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 or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground, (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):** 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):** 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:** a housing model in which the housing units are not located in a single building.

**Transitional Housing (TH):** 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.

**Contact:**

**Dave Christopolis**

**Collaborative Applicant/3 County CoC**

**413-296-4436 ext. 118**

**[davec@hilltowncdc.org](mailto:davec@hilltowncdc.org)**

## Sample Leveraging Documentation Letter

[This must be on the letterhead of the entity providing the resource]

### DOCUMENTATION OF LEVERAGED RESOURCED OR CASH MATCH

Information regarding the leveraged resource or cash match to be provided by this agency is in the chart below.

**Name of organization providing contribution:** ABC, inc.

**Type of contribution:** Cash or in-kind

**Numbers of clients to be served with the contribution:**

**Value of the contribution per client:** \$XX,XXX

**Total value of the contribution:** \$XX,XXX

**Name of project:** Your program

**Name of project sponsor:** Your organization

**Date the contribution will be available:** xx/xx/2014 through xx/xx/2015

**Name of person authorized to commit these resources:** person providing leverage letter

**Title of person authorized to commit these resources:** person providing leverage letter

**Signature of person authorized to commit these resources:**

**Date:**

# THREE COUNTY RURAL CONTINUUM OF CARE

## SERVING BERKSHIRE, FRANKLIN, AND HAMPSHIRE COUNTIES



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### PROPOSED GOVERNANCE CHARTER

APPROVED OCTOBER 2015

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## THREE COUNTY RURAL CONTINUUM OF CARE

### GOVERNANCE CHARTER

#### **Organization**

Name: The name of the committee is the Three County Rural CoC Board (hereinafter referred to as the "Board").

#### **Purpose**

The Board serves as the HUD-designated primary decision making group of the Three County Rural Continuum of Care (MA-507) (hereinafter referred to as the "CoC"). The board is elected by the general membership and given decision making and delegation authority.

Membership in the CoC is open to all stakeholders in Hampshire, Franklin and Berkshire Counties, including political subdivisions and other government organizations, businesses, homeless service providers, victim service providers, faith communities, social service providers, organizations that serve veterans, funding entities, homeless and formerly homeless individuals, advocacy groups, hospitals/medical providers, behavioral health providers, and agencies such as public housing authorities, school systems and universities, law enforcement and the corrections system, and the local Workforce Investment Act board.

The membership of the CoC is defined as those persons and organizations attending committee meetings or workgroups and/or is a member of the Western Massachusetts Network to End Homelessness.

New members may enroll at any time during the year by providing to the CoC Administrator their names, contact information, and any relevant affiliations. The CoC Administrator is Dave Christopolis, [davec@hilltowncdc.org](mailto:davec@hilltowncdc.org) 413-296-4536 ext. 118.

### **Continuum of Care**

As the Board of the CoC and its members:

1. Ensure that the Collaborative Applicant and its sub-recipients are meeting all of the responsibilities assigned to it by HUD regulations
2. Represent the relevant organizations and projects serving homeless subpopulations;
3. Support homeless persons in their movement from homelessness to economic stability and affordable permanent housing within a supportive community;
4. Ensure that the CoC is inclusive of all needs of Berkshire, Hampshire and Franklin Counties, MA homeless population, including the special service and housing needs of homeless sub-populations; and
5. Facilitate responses to issues and concerns that affect the agencies funded by the CoC that are beyond those addressed in the annual CoC application process.

#### **Responsibilities**

As the elected board of the CoC membership, the Board works with the CoC Collaborative Applicant (Hilltown CDC) to fulfill three major duties:

##### **1. Operate the CoC, which must:**

- i. Hold meetings of the full membership, with published agendas, at least semi-annually;

- ii. Make an invitation for new members to join publicly available within the geographic area at least annually;
- iii. Adopt and follow a written process to select Board members to act on behalf of the CoC members. The process must be reviewed, updated, and approved by the larger CoC membership at least once every 5 years;
- iv. Appoint committees, subcommittees, or workgroups;
- v. In consultation with the CoC Collaborative Applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with CoC requirements as prescribed by HUD; and a code of conduct and recusal process for the Board, its chair(s), and any person acting on behalf of the Board;
- vi. Consult with recipients and sub-recipients of CoC funding to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
- vii. Evaluate outcomes of projects funded under the Emergency Solutions Grants program in the three counties (hereinafter referred to as "ESG") and the CoC program, and report to HUD;
- viii. In consultation with recipients of ESG funds, establish and operate a centralized and coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

## **2. Designating and operating a Homeless Management Information System (HMIS):**

- i. Designate a single HMIS for the geographic area;
- ii. Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
- iii. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
- iv. Ensure consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS;
- v. Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

## **3. Continuum of Care planning:**

The CoC must develop a plan that includes:

- i. Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:
  - 1) Outreach, engagement, and assessment;
  - 2) Shelter, housing, and supportive services;
  - 3) Prevention strategies.
- ii. Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:
  - 1) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.
  - 2) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
  - 3) Other requirements established by HUD by Notice.
- iii. Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
- iv. Provide information required to complete the Consolidated Plan(s) within the CoC's geographic area; Consulting with state and local government ESG program recipients for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and sub-recipients.

## **CoC Membership**

### **Responsibilities of Members**

Most of the responsibilities of the 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.

### **Membership Meetings**

The full membership of the 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 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 CoC Governance Charter followed by a vote on those changes; and
- Any other business the Board chooses to put before its members.

### **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.

### **Quorum and Voting**

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

## **CoC Community Board**

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

### **Responsibilities of the Board**

Except for those responsibilities assigned to the CoC members, the Board will act on behalf of the 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.

### **Board Membership**

Each year, at the annual CoC event, the structure of the CoC, workgroups, and committees will be outlined; the nomination process for the Board is also explained. A slate of potential Board members (developed as described in the Nomination and Terms section below) are presented to and voted on by the CoC membership. No one organization shall have more than two votes.

The Board membership consists of the following, with each designated role having one seat on the committee, except as otherwise indicated:

#### **Nomination and Terms**

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. While all seats are subject to staffing changes at represented agencies, the following designates the seats filled by Board members in staggered two year terms:

#### **Permanent Seats**

Berkshire County Representative  
Hampshire County Representative  
Franklin County Representative  
Collaborative Applicant and HMIS lead  
Homeless Advocate  
Homeless Veteran's Advocate  
Formerly Homeless Individual  
McKinney Vento Education Liaison  
CoC Workgroup Representatives  
Western MA Regional Network to End Homelessness Representative  
ESG Representative(s)

#### **Additional Conditions**

No organization may have more than one representatives on the CoC Board.

#### **Vacancies**

Outgoing representatives who vacate a seat during their term will be responsible for replacing their seat with an appropriate board member.

#### **Quorum**

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

#### **Manner of Acting**

The act of the majority of those serving on the Board shall be the act of the Board.

#### **Voting**

At all Board 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 the members serving on the Board. Each representative seat shall have one vote. No member may vote on any item which presents a real or perceived conflict-of-interest. All Board members must sign off on a conflict of interest policy.

#### **Action Without a Meeting**

Any action that may be taken at any meeting of the Board may be taken without a meeting if that action is approved, in writing (e.g. letter, email) by a majority of the Board membership.

### **Removal**

The seat of any representative who is absent without cause for three (3) consecutive meetings of the Board may be declared vacant by the remaining members of the Board. Such seats will then be filled by a majority vote of exiting board members with an emphasis placed on categorical replacements.

### **Work Groups and Committees**

The Board may establish committees as it deems necessary.

### **Conflicts of Interest**

A representative having a conflict of interest or a conflict of responsibility on any matter shall refrain from voting on such matter. Members of the Board will sign a Conflict of Interest policy annually.

### **Resignation**

Unless otherwise provided by written agreement, any representative may resign at any time by giving written notice to the Chairperson. 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 Board.

### **Officers**

The officers of the Board shall be two (2) Co-Chairs, and a Secretary. Officers shall not be compensated for their services as such officers.

### **Election and Term**

The officers shall be elected by the CoC membership annually, at the first regular meeting of a new calendar year. Each officer shall hold office for a term of one (1) year or until their successors have been elected and qualified. Officers may serve up to two (2) consecutive terms. No person may hold more than one (1) office.

### **Officer Vacancies**

Vacancies among the officers may be filled by a vote of the majority of the Board representatives at any meeting at which a quorum is present.

### **Co-Chairs**

Co-chairs or their designee are responsible for scheduling meetings of the Board, ensuring that the Board meets regularly (4 times/year) or as needed, and for setting the agenda for meetings.

**Secretary** The Secretary or their designee shall keep accurate records of the acts and proceedings of all meetings of the Board, or designate another person to do so at each meeting, including documenting all actions taken without a meeting, as described above. 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 have general charge of Board records and shall keep or cause to be kept all such records at the CoC Collaborative Applicant's office. The Secretary shall sign such instruments as may require the Secretary's signature, shall perform such other duties as the Board may designate, and shall chair Board meetings in the case of the absence of both co-chairs.

### **Resignation of Officers**

Unless otherwise provided by written agreement, any officer may resign at any time by giving written notice to a Co-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 Board.

## **Committees and Working Groups**

The 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. Policies and policy decisions made by the Committees and Working Groups must be approved by the Board before taking effect. CoC Committees are charged to make recommendations to the board that will improve the overall CoC system and assist in the compliance with HEARTH Act regulations.

### **Standing Committees**

The CoC shall have three standing committees, as follows:

#### **1. 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 sub-recipients, then monitor recipient and sub-recipient performance, evaluate outcomes, and recommend to the Board actions to be taken against poor performers;
- Develop performance measures to evaluate Three County CoC'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; 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.

#### **2. 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 3 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.

### **3. 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:
  - o Recipients and sub-recipients consistently participate in HMIS;
  - o HMIS is satisfying the requirements of all regulations and notices issued by HUD;
  - o 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:
  - o Sheltered point-in-time count;
  - o Housing Inventory Chart;
  - o Annual Homeless Assessment Report (AHAR); and
  - o Annual Performance Reports (APRs)

### **Joint Committees: CoC-Western Mass Network to End Homelessness-Western Mass Interagency Council**

The CoC collaborates with the Springfield 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.

#### **Individual Services/REACH Committee**

The Individual Services/REACH Committee focuses on the needs of individuals without children living with them. 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 responsible for overseeing discharge planning for Corrections, Mental Health, and Health facilities.

#### **Family Services Committee**

The Family Services Committee focuses on the needs of families with children.

#### **Unaccompanied Youth Committee**

The Unaccompanied Youth Committee focuses on the needs of youth or youth experiencing homelessness up to age 24 who are unaccompanied by a parent, guardian, or spouse. Youth up to age 24 who are with their own

children are considered to be unaccompanied. This Committee is responsible for planning for counting of youth in the annual Point-in-Time count, and for overseeing discharge planning from foster care.

#### **Veteran's Committee**

The veteran's committee will focus on the needs of homeless veterans, assisting in the annual Point-in-Time count with veterans and the service delivery system designed to identify housing and support services needed to assist homeless veterans in stabilizing their housing and overall needs. This committee will also interact with the state Interagency Council on Housing and Homelessness (ICHH) Veterans Partnership Workgroup.

#### **Other Committees and Working Groups**

The CoC may establish committees or working groups as it deems necessary. Two existing groups assist the CoC in meeting its regulatory obligations.

#### **Centralized/Coordinated Intake and Assessment Work Group**

This Work Group is planning for establishment and operation of a centralized or coordinated assessment system.

#### **Street Count Committee**

The Street Count Committee comes together during January each year to plan for and undertake the annual point-in-time street count.

### **Appointment of Agents and Designation of HMIS**

#### **Collaborative Applicant**

Hilltown CDC serves as the CoC's Collaborative Applicant. Hilltown CDC may apply for Designation as a Unified Funding Agency.

#### **HMIS Lead**

Hilltown CDC will serve as the CoC's HMIS Lead.

#### **HMIS Designation**

The CoC designates Efforts to Outcomes (ETO) system as the single Homeless Management Information System for its geographic area.

### **Code of Conduct and Conflicts of Interest**

#### **Conduct and Attendance**

Directors, committee members, and other CoC agents and employees must exercise care, diligence and prudence when acting on behalf of the CoC. These individuals must timely complete work they have agreed to undertake on behalf of the 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.

## **Conflict of Interest**

### **Rules Regarding Conflict**

Directors, committee members, and other 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 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:
  - o Any organization that they or a member of their immediate family represents; or
  - o Any organization from which they or a member of their immediate family derives income or anything of value.
- Whenever 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:
  - o Fully disclose the nature of the interest; and
  - o Withdraw from discussing, lobbying or voting on the matter.

### **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.

### **Abstention from Decision-Making**

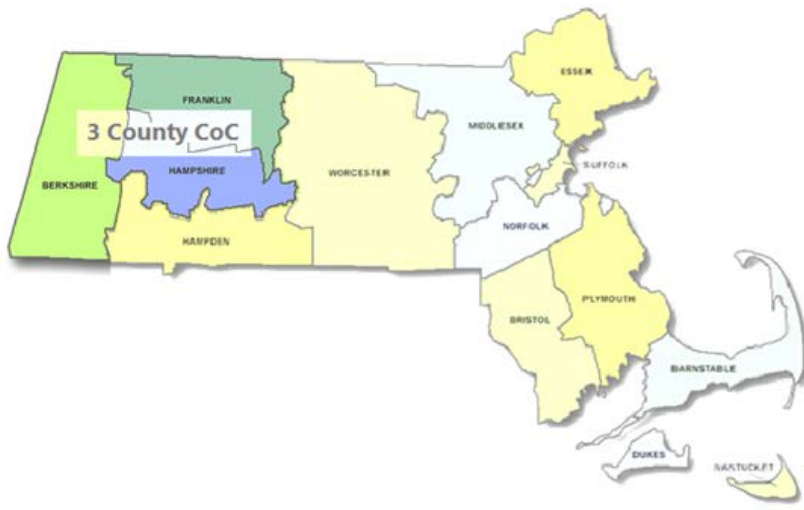
Any matter in which directors or CoC committee members have an actual or potential conflict of interest will be decided only by a vote of disinterested individuals. In addition, the minutes of any meeting at which such a vote is conducted must reflect the disclosure of interested directors' and committee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

### **Annual Conflict of Interest Acknowledgement Form**

CoC directors and 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.

### **Approval of Governance Charter and Subsequent Amendments**

This Governance Charter and every subsequent amendment to it must be approved by a majority of 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 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 CoC Members to ratify the existing Governance Charter or approve proposed changes to the Governance Charter at their next Annual Meeting.



## **3 COUNTY CONTINUUM OF CARE**

# HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) GOVERNANCE CHARTER

# 1. Purpose

The 3 County 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.

## 1.1 Roles

- The HMIS Lead is the State of Massachusetts Department of Housing and Community Development (MA DHCD)
- The Local HMIS Lead is Hilltown Community Development Corporation

# 2. CoC Responsibilities

The 3 County CoC is responsible for:

- a. Designating a single information system as the official HMIS software for the geographic area.
- b. Providing for stipulations of the HMIS Lead, including:
  - i. 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 and state regulations regarding HMIS and imposing sanctions for failure to comply
  - ii. The requirement that, since the HMIS Lead is MA DHCD, copies of HMIS Participation Agreements be provided to the CoC Lead
- c. Providing for governance of the HMIS Local Lead
- d. Maintaining documentation evidencing compliance with this part and with the governance charter.
- e. Reviewing, revising and approving the policies and plans required by federal regulation.

## 3. Designations

### 3.1 HMIS System

The CoC designates Social Solutions Efforts to Outcomes (ETO) ASIST as the official HMIS for the 3 County CoC. ETO ASIST is provided and administered by MA DHCD. Organization and user fees are waived by MA DHCD.

### 3.2 HMIS State Lead and HMIS Local Lead

The 3 County CoC designates the **MA Department of Housing and Community Development** as the HMIS Lead with specific responsibilities for: 1) ETO systems administration and support; 2) vendor contract responsibilities (including covering the cost of organization and user fees); and 3) assuring that the vendor complies with HMIS data and technical standards, including security standards.

The 3 County CoC designates **Hilltown Community Development Corporation** as the HMIS Local Lead, with specific responsibilities for CoC and local HMIS policies and procedures, CoC reporting obligations, CoC data quality monitoring, and HMIS provider training and technical assistance.

## 4. HMIS Lead Responsibilities

### 4.1 Responsibilities of the HMIS State Lead

The MA DHCD as the HMIS State Lead is responsible for:

- a. 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 Personal Information consistent with the agreement.

### 4.2 Responsibilities of the HMIS Local Lead

The Hilltown CDC as the HMIS Local Lead is responsible for:

- a. 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 HMIS CHOs comply with federal requirements;
- b. Developing written CoC HMIS policies and procedures in accordance with

- § 580.31 for all CHOs;
- c. Integrating the CoC policies and procedures with statewide policies and procedures, if and when MA DHCD creates a statewide template for data quality, privacy, and security policies;
  - d. Developing annual measurable goals and objectives regarding HMIS activities; and
  - e. Issuing an annual Request for Proposal for Professional HMIS Services and overseeing the ongoing administration of the subcontract.

## **5. Duties of the HMIS Leads**

The HMIS State Lead must require that the HMIS vendor and its software comply with HMIS standards issued by HUD as part of its contract. The HMIS State Lead must review and assure compliance by HMIS vendor at least annually. The HMIS State Lead must communicate with CoC Local Leads with regards to systems and technical administration issues and provide support when necessary. The HMIS Local Lead must collaborate and coordinate efforts with the State Lead. The HMIS Local Lead must oversee regular ongoing activities of the HMIS as described in 5.1 – 5.5.

### **5.1 HMIS Policies and Procedures**

The HMIS Local 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 be implemented within 6 months after the publication of the HMIS Final Rule and must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. The HMIS Local 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 Local Lead must, at least once annually or upon request from HUD, submit to the 3 County CoC an unduplicated count of clients served and an analysis of unduplicated counts. The unduplicated count must be premised on accurate program entry and exit dates; the CoCs methodology in assuring accurate program entry and exit dates is outlined in the CoCs Data Quality Policy.

### **5.3 Reporting**

The HMIS Local Lead shall submit reports to HUD as required, including HMIS APRs, AHAR category reports, PIT summaries and the Housing Inventory Chart. Hilltown CDC, as the Local Lead, may designate the HMIS subcontractor as the responsible party for submitting reports and meeting report deadlines.

### **5.4 Privacy**

The HMIS Local 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 applicable notices. 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 Coordinated Assessment**

Successful development and implementation of the CoCs Coordinated Assessment will rely upon efficient and effective use of the HMIS, including 1) integration of screening and assessment processes into HMIS processes; 2) effective use of HMIS data elements and report functionality to augment screening and assessment processes (e.g. using customized queries at regular intervals to identify candidates for housing based upon eligibility criteria); and 3) cross-agency and cross-program referrals using ETOs referral functionality. Towards this end, the HMIS Local Lead (or its HMIS subcontractor) must participate in local and regional planning processes related to Coordinated Assessment and provide technical assistance if and when necessary.

## **6. Responsibilities of the CoC Board of Directors**

The CoC Board of Directors will review HMIS quarterly progress reports and the HMIS annual project outcomes report. The Board will serve as the review committee for the annual Request for Proposals for Professional HMIS Services, drafted and distributed by the Hilltown CDC. The Board must approve the awarding of the subcontract for Professional HMIS Services and must approve terminations of the subcontract, if applicable.

## **7. Responsibilities of the CoC Data, Performance, and HMIS Committee**

The Committee will work with the HMIS Local Lead to:

- a. 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.
- b. Develop for Board approval and implement a plan for monitoring the HMIS to ensure that:
  - i. CHOs consistently participate in HMIS;
  - ii. CHOs adhere to federal and state laws governing the collection and use of Protected Personal Information;
  - iii. CHOs submit accurate and timely CoC and HUD reports as required; and
  - iv. HMIS is satisfying the requirements of all regulations and notices issued by HUD;
- c. Oversee and monitor HMIS data collection and production of the following reports:
  - i. Sheltered Point In Time Count;
  - ii. Housing Inventory Chart;
  - iii. Annual Homeless Assessment Report (AHAR);
  - iv. HMIS Annual Performance Reports (APRs); and
  - v. Quarterly Systems Outcomes Reports

The HMIS Local Lead may designate the HMIS subcontractor as the party responsible for meeting the above obligations. Such designation will be specified in the annual Request for Proposal for Professional HMIS Services and subject to Board approval.

## **8. 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 State Lead and the HMIS Local Lead and collaboratively update the applicable policies for the CHO to accurately reflect the additional protections.



***Berkshire County Regional Housing Authority***  
*Housing Counseling ~ Mediation ~ Consumer ~ Education Center*  
1 Fenn Street, 4<sup>th</sup> Flr.  
PITTSFIELD, MASSACHUSETTS, 01201  
413-443-7138 Fax: 413-443-8137  
Website: [www.bcrha.com](http://www.bcrha.com)

Below please find excerpted language set forth in BCRHA's contract with HUD for its Mod Rehab SRO Program:

ACC Part I Number: B-1735

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
SECTION 8 HOUSING  
  
SPECIAL ACC PROVISIONS  
FOR SECTION 8 MODERATE REHABILITATION PROGRAM  
FOR SINGLE ROOM OCCUPANCY DWELLINGS  
FOR HOMELESS INDIVIDUALS

This Annual Contributions Contract ("ACC") is entered into between the Public Housing Agency ("PHA") which has executed the ACC, and the U.S. Department of Housing and Urban Development ("HUD").

1.1. Program

A. The PHA and HUD have entered into the ACC pursuant to the Section 8 Moderate Rehabilitation Program for Single Room Occupancy ("SRO") Dwellings for homeless individuals ("Program"). The purpose of the Program is to provide Section 8 rental assistance for homeless individuals in rehabilitated SRO housing.

E. Under the Program, an Owner agrees to rehabilitate dwelling units for occupancy by homeless individuals in accordance with HUD requirements for the Program. When the rehabilitation is completed by the Owner in accordance with an Agreement between the Owner and the PHA ("Agreement to Enter Housing Assistance Payments Contract"), the Owner and the PHA enter into a Housing Assistance Payments Contract ("Contract").

SRO for Homeless

*Providing dispute resolution programming; comprehensive housing counseling, including legal and educational counseling services, loss mitigation/anti-foreclosure counseling, homelessness prevention/tenancy preservation services and homelessness resolution and housing search assistance; and anti-poverty resources TO ALL BERKSHIRE COUNTY RESIDENTS.*

# 3 County CoC Prioritization Rules for Permanent Housing

Re: HUDs Notice CPD-14-012 regarding Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing Issued July 28th, 2014

## Prioritization Rules for Permanent Housing

Prioritization rules apply to individuals and family **Head of Households**

### Chronic Homeless Definition

An individual or family is considered chronically homeless if the individual or the family HoH: 1) has a disabling condition; and 2) is homeless for one year or more ("**Subtype I**" below) or has been homeless at least 4 times in the previous 3 years ("**Subtype II**" below).

## Prioritization Rules

### Prioritization for Permanent Supportive Housing: Must Be Chronically Homeless

Priority I. 1. CH Subtype I or CH Subtype II if LOS > 1 year  
2. **With** severe service needs\*

Priority II. 1. CH Subtype I or CH Subtype II if LOS > 1 year  
2. **Without** severe service needs

Priority III. 1. CH Subtype II if LOS < 1 year  
2. **With** severe service needs\*

Priority IV. 1. CH Subtype II if LOS < 1 year  
2. **Without** severe service needs

### Prioritization for Other Permanent Housing when Not Chronically Homeless

Priority I. 1. Presence of a disabling condition  
2. Currently living in ES, SH, or outdoors‡  
3. **With** severe service needs

Priority II. 1. Presence of a disabling condition  
2. Currently living in ES, SH, or outdoors‡  
3. Cumulative LOS is >=6 months either continuously or through at least 3 episodes in the last 3 yrs

Priority III. 1. Presence of a disabling condition  
2. Currently living in ES, SH, or outdoors‡

Priority IV. 1. Presence of a disabling condition  
2. Currently living in TH  
3. Prior to TH: Living in ES, SH, or outdoors; or fleeing domestic violence, sexual assault, or stalking

\*Or was living in one of these places prior to a stay in an institution of 90 days or less.

‡Severe Service Needs are defined by the CoC based upon patterns of service utilization, housing/health history, and daily functioning as determined by an agreed upon screening and assessment tool.