

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MA-504 - Springfield/Hampden County CoC

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

1A-3. CoC Designation: UFA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	No	No
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	No	No
Agencies that serve survivors of human trafficking	Yes	No	No
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Foundations	Yes	Yes	No
State Government staff	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 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.

Organizations from the list above are active in many ways in CoC planning and priority-setting. In particular, the Board of Directors, the CoC Application Committee, and population-specific committees include broad community representation, including many entities that are not CoC-funded providers.

For example, the Hampden County Sheriff's Department actively participates in the Performance and Outcomes Committee, the CoC Application Committee, and the Individual Services Committee. The Sheriff's Department participated in planning our coordinated entry system.

The non-CoC funded youth homeless provider, the Center for Human Development (CHD), has a staff person on the CoC's Board of Directors, and is very active in our Unaccompanied Youth Committee and in planning and carrying out the homeless youth point-in-time count.

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 between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Center for Human Development - Safety Zone	Yes	Yes	Yes
Gandara - Shine Program	No	Yes	No
Domus, Inc.	No	Yes	Yes
YWCA	No	Yes	Yes
Springfield Public Schools	No	Yes	Yes
Holyoke, Chicopee Public Schools	No	Yes	No
Rep from MA Commission on Unaccompanied Youth	No	Yes	No
MA Dept of Children & Families	No	Yes	No

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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
YWCA	Yes	Yes
Womanshelter Companeras	No	No
HAP Safe Step	Yes	Yes

1B-2. 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 new projects in 2016. (limit 1000 characters)

The CoC conducts an open competition for both new and renewal projects each year. For the FY16 competition, the CoC created a Request for Proposals (RFP) that was published on the websites of the City of Springfield and the Western MA Network to End Homelessness on July 18, 2016. The CoC published notice that the RFP was available in the newspaper.

The CoC scores and ranks all projects--both renewals and new. Scoring for new projects is based on the population served, geographic location, commitment to Housing First, project description, agency experience, experience with federal funds, strength of organization & management, participation in the CoC or in the Network to End Homelessness, the program budget, agency audit, schedule for start-up, HMIS experience, and existence of policies and procedures indicating ability to comply with federal requirements. Following the ranking, the CoC Application Committee selects the highest-ranked projects that meet the CoC's priorities.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with 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
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's 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 the CoC to 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)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the 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
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided 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 and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The Collaborative Applicant and the HMIS Lead is the City of Springfield, which is the largest municipal consolidated planning jurisdiction in the CoC's geographic area. The same departments work on Consolidated Planning and CoC activities. The CoC provides data and strategic information to the City. The CoC and the City interact at least 2 hours a week through phone calls and planning meetings.

Other municipal Consolidated Plan jurisdictions in the CoC are Holyoke, Chicopee and Westfield. Each of these cities have a representative on the CoC Board of Directors. The CoC provides PIT, HIC, and other data and information to each of these jurisdictions. The CoC interacts with each City for 2-4 hours per quarter, through phone calls, emails, and planning meetings.

The state of MA seeks input from the CoC for its Consolidated Plan, and the CoC provides data to the state. The state and the CoC interact 2-6 hours quarterly, through phone calls, emails, and planning meetings.

1C-2b. Based on the response 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 City of Springfield is the only municipal ESG recipient in the CoC. Springfield consults with the CoC regarding strategies and coordination, and the CoC provides PIT and HMIS data to the City. The City includes the CoC in its selection process for ESG projects.

The CoC recommended ESG standards to the City which have been adopted.

The standards are used in the annual RFP review process, where the City provides information regarding ESG recipients' performance outcomes which is used to evaluate programs for consideration of future funding. The City provides each ESG recipient with a report card at the end of the fiscal year, comparing the program's performance with the CoC goals. The City also provides information regarding ESG program outcomes to the CoC.

Massachusetts seeks input annually from the CoC on priorities, and the CoC provides PIT and other data to the state. The state monitors its ESG recipients annually and provides the results of that monitoring to the CoC.

1C-3. Describe 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)

Homeless families in the CoC seek services from a centralized system operated by the state Dept. of Housing and Community Development (DHCD). When a family household applying for homeless assistance at DHCD identifies as having experienced domestic violence, DHCD notifies the state's Domestic Violence Unit, which conducts a safety assessment. The DV Unit uses that assessment to work with the family to identify the best placement, which may include a DV shelter, an emergency shelter (at a safe location), or rapid rehousing. The DV Unit exchanges information via secure email.

Families experiencing domestic violence may access services directly from a victim service provider. The YWCA DV program partners directly with CoC-funded entities to access rapid rehousing assistance for these households. Information is exchanged by telephone.

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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Springfield Housing Authority	11.00%	Yes-HCV
Holyoke Housing Authority		No
Chicopee Housing Authority		Yes-Public Housing
Westfield Housing Authority	33.90%	No
West Springfield Housing Authority		No

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)

The City of Springfield uses HOME Tenant-Based Rental Assistance (TBRA), in partnership with social service organizations, to provide 28 units of permanent

supportive housing. Friends of the Homeless uses the Massachusetts Rental Voucher Program to provide 57 units of permanent supportive housing.

There are two nonprofit organizations that provide low-rent permanent housing targeted to homeless individuals. Providence Ministries provides 24 units, and Better Homes provides 40 units. The Bi-Lingual Veterans Outreach Center has developed 20 affordable units of housing for homeless veterans which opened in April 2016.

The non-profit organization New Lease was created by affordable housing providers throughout Massachusetts to provide a preference for homeless families in 10-15% of their units.

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.

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"/>
Other:(limit 1000 characters)	
Created a Police-Provider workgroup that meets monthly	<input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) 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 system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure 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) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**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)**

Homeless individuals access coordinated entry at shelter, or by being identified by outreach staff, Health Care for the Homeless, hospital high-utilizer programs, police, crisis center, and other agencies. The CoC advertises the process to all agencies that encounter homeless individuals. Screening is available in Spanish. The CoC maintains a by name list; individuals are screened by VISPDAT to prioritize.

In Mass., the family shelter is operated by the state, which provides shelter to all qualified families. State offices operate as a coordinated entry system, providing diversion and shelter. Local DHCD offices are well-known to homeless providers and other agencies, courts, schools, hospitals, police and others, and homeless families are referred to this system. In the CoC's geographic area, the CoC coordinates with the state to maintain a by-name list of chronically homeless families; VISPDAT screening is used to prioritize families.

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 there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<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"/>	<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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 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 2016 CoC Program Competition?	23
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	9
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 2016 CoC Program Competition?	14
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Need for specialized population services:	

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"/>
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)

The CoC has created objective scoring criteria that it uses to evaluate renewal and new projects, and the scoring process is intended to reflect CoC priorities.

The CoC priorities are: providing PSH and RRH to chronically homeless, DV victims, families with children, youth (as well as TH for youth), and veterans; and using Housing First and low-barriers models.

In the local CoC competition, projects receive points for Program Type (PSH,RRH, TH-Youth); Population Served (PSH-100% Chronic; RRH-100% Literally Homeless; TH-Youth Under 25); and Use of Housing First/Low Demand model.

All MA-504 CoC PSH units serve 100% chronically homeless. While the CoC prioritizes the hard-to-serve, vulnerable and street population, these factors were not included in the competition because the CoC follows the HUD prioritization rules, using length of stay and VI-SPDAT screen scores to identify the priority chronically homeless. All CoC PSH units are used for this population.

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. Evidence of the public posting must be attached. (limit 750 characters)

The CoC review, ranking and selection process and criteria were posted on the CoC's website and the website of the Western Massachusetts Network to End Homelessness as part of the Request for Proposals for the CoC competition on July 18, 2016. The process and criteria had been approved by CoC Board of Directors at its July 15, 2016 meeting, after being publicly posted for comment

prior to the meeting.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 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). 09/07/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 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 that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/29/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Annual program compliance monitoring is completed by the Collaborative Applicant (City of Springfield) according to written grant management policies and procedures, which include on-site visits using monitoring checklists for program requirements, HMIS, and fiscal policies and procedures. Monitoring includes review of client files and back-up financial documentation. The City informs the recipient of any findings and requires corrective action, and providing technical assistance as needed.

The CoC conducts an annual performance monitoring of all projects, which includes review of APR, timely submission of invoices and APR, percent of grant expended, bed utilization, housing stability, length of time spent homeless (for TH), and increases in participant income and access to mainstream benefits. The results of this monitoring are communicated to programs, shared with the public, and used in ranking of projects for the CoC competition.

1G-2. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, 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 attached MOU/MOA. GC 3-4 and 12; ALT 22-4

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 Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software Efforts to Outcomes

used by the CoC (e.g., ABC Software)?

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

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	\$61,992
ESG	\$0
CDBG	\$15,498
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$77,490

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
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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	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$77,490
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	2,098	67	1,991	98.03%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	201	82	41	34.45%
Rapid Re-Housing (RRH) beds	1,035	0	1,035	100.00%
Permanent Supportive Housing (PSH) beds	806	0	486	60.30%
Other Permanent Housing (OPH) beds	186	0	28	15.05%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

TH: The CoC will ask local funders of TH programs to consider requiring the programs to use HMIS, which the CoC will make available at no cost.

PSH: The CoC will seek technical assistance to support getting VASH units into HMIS.

OPH: The CoC will meet with providers to explain the benefits of HMIS and will make HMIS available to them at no cost.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	
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	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	3%
3.3 Date of birth	1%	0%
3.4 Race	0%	1%
3.5 Ethnicity	1%	1%
3.6 Gender	1%	0%
3.7 Veteran status	6%	0%
3.8 Disabling condition	20%	0%
3.9 Residence prior to project entry	20%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	24%	0%
3.16 Client Location	18%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	19%	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 checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

8

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.

Both Project and CoC

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 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)

PATH: Jan. 1, 2017

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context 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. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/27/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, 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) 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 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"/>
	<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)

The CoC uses HMIS for the sheltered PIT count for all shelters that use HMIS. For few shelter and TH programs which are unwilling to participate in HMIS, CoC staff and volunteers interview each person in the shelter on the night of the

count.

The CoC uses HMIS where possible because it provides a reliable unduplicated count. The CoC uses interviews where HMIS is not used because the CoC has found that this produces more reliable data than using shelter operator reports.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, 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 or change in partners participating in the PIT count). (limit 1000 characters)

There was no change in methodology between 2015 and 2016.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Training:	<input type="checkbox"/>
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 2015 to 2016 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 methods). (limit 1000 characters)

There were no changes in the way the CoC implemented its sheltered PIT from 2015 to 2016.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days 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): 01/27/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, 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): 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input 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 checked="" type="checkbox"/>
HMIS:	<input 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 this unsheltered PIT count methodology. (limit 1000 characters)

Outreach workers, homeless service providers and volunteers (including previously homeless individuals) perform a count of downtown urban areas (including a complete count in downtown Springfield) and in known locations throughout the CoC's urban and semi-urban areas. Police departments for all non-urban towns in the county are asked to provide count and identifying information for any unsheltered persons in their community on the night of the count.

In addition, for several days after the count, in the more rural and suburban areas of the CoC, outreach workers interview people at service locations to determine where they stayed on the night of the count. Interviews include identifying information, which is compared to HMIS and records from the night of the count to deduplicate.

The CoC selected these methods to get the broadest coverage possible with

the staff and volunteers available for the count, which also using deduplication methods to get a reliable unduplicated count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, 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 or change in partners participating in the count). (limit 1000 characters)

There were no changes in methodology between 2015 and 2016 in the unsheltered count.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<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 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 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 in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

There were no changes to the way the CoC implemented the unsheltered PIT count from 2015 to 2016.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange 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 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3,002	2,385	-617
Emergency Shelter Total	2,798	2,162	-636
Safe Haven Total	6	0	-6
Transitional Housing Total	188	188	0
Total Sheltered Count	2,992	2,350	-642
Total Unsheltered Count	10	35	25

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	6,345
Emergency Shelter Total	6,208
Safe Haven Total	7
Transitional Housing Total	139

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 of becoming homeless.

(limit 1000 characters)

The CoC has identified risk factors for homelessness through coordination with providers of prevention assistance. Risk factors include being evicted for a reason associated with a behavioral health issue and being evicted and having very low income. Additional factors are displacement due to housing condemnation and displacement from being doubled up.

The CoC coordinates closely with prevention providers to have staff in eviction court who screen for high-risk factors and provide assistance. The CoC also has diversion programs which intervene with people coming in to shelter to assist in determining if there is a way to avoid shelter. The diversion programs are well-coordinated with prevention and rapid rehousing assistance providers to be able to provide necessary resources to prevent shelter entry.

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)

The CoC uses the Simtech tool AgencyDash to run reports that rank all currently homeless people in HMIS by length of shelter stay. The CoC uses these reports to focus case conferencing and provision of housing/services to those with the longest stays. The CoC has weekly multi-agency case conferencing meetings to create strategies for the longest stayers (based on the AgencyDash report) and most vulnerable (based on VISPDAT score).

The state of Massachusetts has very long stays in its family shelter system, resulting in high numbers of families that meet the definition of chronically homeless. The CoC is collaborating with the state to ensure that very long stayers are housed in the CoC's family PSH units.

*** 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:

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

		Between October 1, 2014 and September 30, 2015
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Universe: Persons in SSO, TH and PH-RRH who exited	26
Of the persons in the Universe above, how many of those exited to permanent destinations?	24
% Successful Exits	92.31%

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, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	363
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?	334
% Successful Retentions/Exits	92.01%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe 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)

The CoC's overall rate of persons who return to homelessness is 17%, but the majority of those who return are people who exited from the emergency shelter system, where the rate is 27%. Less than 1% of returns within 2 years are from people who have exited PSH or TH. The CoC initiated a by-name list in 2015, which is updated twice a month, and movement is tracked as people have left the list and later returned. The CoC has identified that persons who have a presence in HMIS over many years and leave to live with friends and family or private rental no subsidy are likely to return to homelessness. By use of a by-name list and screening using the VISPDAT, the CoC expects to more quickly identify these individuals as appropriate for PSH and assist them to move to PSH housing with supports needed to prevent returns to homelessness.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

The CoC has provided information to CoC-funded providers about trainings and technical assistance to improve assistance for participants to increase employment income. Two CoC-funded providers have created job developer

positions on staff. One CoC-funded provider uses a clubhouse model to provide employment support to mentally ill people who have been chronically homeless, and also offers supported employment.

Over the past year, the CoC has encouraged CoC providers to increase the number of casemanagement staff with SOAR training. At least 10 casemanagers have newly received training as a result of this encouragement.

APRs for CoC-funded programs indicate that 10% of participants increased employment income for the period July 1, 2015 to June 30, 2016, and 38% increased non-employment income.

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)

The CoC works with the Regional Employment Board of Hampden County (REB) to assist homeless individuals and adult family members to access or increase employment. The REB has a designated homeless assistance staff person. CoC agencies and the REB collaboratively operate a Secure Jobs Program, which assists homeless households to access housing and jobs at the same time. Through coordinated casemanagement, shelter/housing agency staff work to assist households to obtain housing while the households work with REB staff to obtain employment. 35% of CoC-funded housing programs regularly connect participants with employment services.

3A-7. 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)

The CoC's outreach providers and others familiar with the unsheltered population meet prior to the point-in-time count to identify locations where people may be found, identify service providers who serve the unsheltered population (especially meal sites), and create a coverage strategy. The planning team obtains lists of abandoned properties, and asks for information from the police department about locations of unsheltered encampments.

The CoC adds all identified unsheltered individuals to the community's by-name list in order to track these individuals, create documentation that may support status as chronic, and prioritize for housing.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g.

No

disasters)?

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

No

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/15/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

The CoC was able to submit System Performance Measures data by the deadline. However, the report was not able to include every program, because some programs report data to a statewide HMIS (instead of the CoC's HMIS), and data errors prevented this data from being uploaded in time to include it in reports. Responses to questions of this page represent a full data set, and are therefore not the same as those submitted to HDX.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	287	170	-117
Sheltered Count of chronically homeless persons	283	154	-129
Unsheltered Count of chronically homeless persons	4	16	12

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, 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 2016 compared to 2015.
 (limit 1000 characters)**

The total number of chronically homeless decreased for several reasons.

1. The CoC has had a long-standing focus on housing chronically homeless individuals, which resulted in the reduction of this population from 69 to 60 individuals.
2. Over the past year, CoC providers have focused efforts on housing families in the state shelter system, which has had very long stays for a number of years. In addition, the CoC created 18 new units of PSH for chronically homeless families, which reduced this population in the shelter system. These efforts decreased the number of chronically homeless families at the PIT from 62 to 32.

The CoC believes that the increase in the number of unsheltered chronically homeless individuals is weather-related. January 2015 was unusually snowy and bitter cold, which led to more chronically homeless individuals who are usually outdoors to come into shelter. The January 2016 winter was not as harsh.

3B-1.2. 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 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	321	492	171

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The HIC numbers reported above are not completely accurate, due to some instance of combining dedicated and prioritized beds. The correct number of dedicated chronic beds are 378 for 2015 and 422 for 2016, with a net gain of 44 units between 2015 and 2016.

The CoC created 63 new dedicated PSH beds in 2015, using CoC reallocation and bonus funds. Also in 2015, there was a decrease of 13 units in the Springfield Housing Authority's Project-based voucher program for chronically homeless. This program is expected to add these units back again in 2016. There was also a decrease of 5 units in the Leahy House program, which was discontinued after losing state funding.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Yes

Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. Pages 12-13

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The CoC is participating in the Zero 2016 campaign. The CoC has established a monthly target for the number of chronically homeless to house, and tracks progress. Regular multi-agency case conferencing meetings coordinate outreach, services, and housing. The CoC has created a by-name list in order to ensure that there is focus on every chronically homeless person.

CoC providers have prioritized 100% of PSH units for chronically homeless, and all programs operate in a low-demand Housing First model.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input type="checkbox"/>
Number of previous homeless episodes:	<input type="checkbox"/>
Unsheltered homelessness:	<input 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 type="checkbox"/>
Chronic homelessness	<input checked="" type="checkbox"/>
Family VI-SPDAT score	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

All eligible homeless families in Massachusetts are provided \$8000 in state funded rapid rehousing assistance, plus housing location services and ongoing supportive services. The CoC is using a coordinated entry process to identify families in need of permanent supportive housing. Families with long stays are assessed with the Family VISPDAT, and the most vulnerable families are offered PSH. Once the CoC houses all chronically homeless families it will move the VISPDAT screen to earlier in a family's stay to quickly identify families in need of PSH.

The CoC uses both ESG and CoC Rapid Rehousing funds to provide rapid rehousing assistance to families not eligible for the state's rapid rehousing program. The number of CoC-funded RRH units increased from 36 to 85 from 2015 to 2016. The reason that the CoC had fewer RRH units in 2016 than 2015 is because the state had reduced the number of families in shelter during this time, making fewer families in need of RRH.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	1,954	1,023	-931

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, gender or disability 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"/>
The state, which funds family emergency shelter, prohibits involuntary separation	<input checked="" 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	2,628	2,006	-622
Sheltered Count of homeless households with children:	2,628	2,006	-622
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The state of Massachusetts provides emergency shelter to all eligible families, expanding when necessary through the use of motel placements. While there is a priority for local placements, the state operates the system on a centralized basis and places families wherever there is availability in the state. From the 2014 PIT to the 2015 PIT, the state increased the number of family emergency shelter beds in Hampden County from 874 to 1626 beds.

The level of family homelessness has been rising statewide in Massachusetts for several years. Some factors that drive this are very high housing costs in the eastern part of the state, a state policy emphasis on shelter rather than prevention and diversion, and a state system that is designed for very long shelter stays.

There were no unsheltered families in 2014 or 2015. The state's comprehensive shelter benefit makes the existence of unsheltered families very uncommon.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth 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 type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input 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="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

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

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	34	38	4

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 2015 is lower than FY 2014 explain why. (limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$732,489.00	\$831,259.00	\$98,770.00
CoC Program funding for youth homelessness dedicated projects:	\$259,804.00	\$358,574.00	\$98,770.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$472,685.00	\$472,685.00	\$0.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	5
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	14

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

The CoC has both Family and Youth Committees, each of which meets monthly and include active participation by the CoC's McKinney-Vento liaisons. The liaisons have produced posters and handouts with information about the educational rights of homeless children, which they give to homeless service providers who distribute the materials directly to families. Liaisons and provider staff communicate regularly by phone and email about particular families, ensuring that children are enrolled and receiving transportation and any other needed services. The state of Massachusetts has a right to shelter for families, so the state operates as a 'front door' for homeless families. The state provides regular notice to liaisons of children entering the shelter system within their

school district, and the liaisons use this information to cross-check and ensure that children are enrolled. Homeless service providers assist school staff in identifying resources for at-risk families.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless 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. (limit 2000 characters)

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

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others? (limit 1000 characters)

Yes. HAP Turning Point PSH has a written agreement with an early childhood education provider, Square One.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	38	16	-22
Sheltered count of homeless veterans:	38	16	-22
Unsheltered count of homeless veterans:	0	0	0

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The CoC has decreased the number of homeless veterans by 22, by working to coordinate its response to veteran homelessness, which has resulted in improvements in identifying homeless veterans and quickly referring them to veteran-specific services. The CoC has found that many of the veterans now encountered are not VA-eligible. In addition to connecting these veterans with SSVF where possible, the CoC has also prioritized these veterans for CoC-funded programs.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veteran's Affairs services and housing to

**appropriate resources such as HUD-VASH and SSVF.
 (limit 1000 characters)**

The CoC regularly performs a search of HMIS and a database of VISPDAT screenings to find people who indicate a history of military service, and also uses the VA Repository SQUARES site to screen all unsheltered individuals for possible military history. The CoC contacts the local VA office any time a homeless veteran is identified.

The VA is often able to provide information on VA eligibility. If the person is VA-eligible, the VA will provide peer outreach to the individual. If the person is not VA-eligible, or eligibility is not determined, the SSVF agencies will conduct outreach to determine status and provide assistance.

The CoC has created a by-name list of homeless veterans. Emergency shelter providers, outreach workers, and SSVF and VASH staff meet and communicate regularly to exchange information, create strategies, and make and track referrals for the people on the list.

3B-3.3. 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 2016 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)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	9	16	77.78%
Unsheltered Count of homeless veterans:	0	0	0.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

**3B-3.4a. 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 2016?
 (limit 1000 characters)**

The CoC is participating in the Zero 2016 campaign. This participation has helped the CoC to develop a by-name list of homeless veterans and focus outreach and engagement strategies on these individuals. The CoC veterans committee has brought CoC, ESG, VA, and SSVF providers together to understand the population, coordinate strategies to engage and house

veterans, and communicate about particular veterans. The challenge for our CoC has been the difficulty in finding and engaging some hard-to-serve veterans in the community, as well as in finding solutions for veterans not eligible for VA/SSVF and not needing permanent supportive housing, but with very low or no income.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This 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 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	23
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 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	23
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

The CoC works with Mercy Hospital's Health Care for the Homeless program to increase enrollment in health insurance. For the period July 1, 2015 through June 30, 2016, Health Care for the Homeless assisted 332 homeless households to enroll in health insurance.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
On-site health clinic at community's homeless resource center (which provides PSH, a day center, and emergency shelter)	<input checked="" type="checkbox"/>
Language assistance	<input checked="" type="checkbox"/>
Assistance with co-pays	<input checked="" type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 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?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	23
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 2016 competition:	23
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	23
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	22
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	96%

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:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
--------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Implemented coordinated entry with multiple intake partners, including jail, emergency room, detox, and crisis center	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	1,954	1,035	-919

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", to 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 the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 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 since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

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 type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input 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. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Notice to Rejecte...	09/03/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	FY16 RFP for New ...	07/25/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Evidence of Publi...	09/03/2016
05. CoCs Process for Reallocating	Yes	MA 504 Reallocati...	09/03/2016
06. CoC's Governance Charter	Yes	CoC Governance Ch...	07/25/2016
07. HMIS Policy and Procedures Manual	Yes	CoC HMIS Manual	07/25/2016
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		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	MA-504 System Per...	08/17/2016
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Notice to Rejected pplicants

Attachment Details

Document Description:

Attachment Details

Document Description: FY16 RFP for New and Renewal CoC Projects

Attachment Details

Document Description: Evidence of Public Posting

Attachment Details

Document Description: MA 504 Reallocation for FY2013-2015

Attachment Details

Document Description: CoC Governance Charter

Attachment Details

Document Description: CoC HMIS Manual

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: MA-504 System Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/15/2016
1B. CoC Engagement	08/27/2016
1C. Coordination	09/02/2016
FY2016 CoC Application	Page 60
	09/06/2016

1D. CoC Discharge Planning	08/15/2016
1E. Coordinated Assessment	08/27/2016
1F. Project Review	08/29/2016
1G. Addressing Project Capacity	08/15/2016
2A. HMIS Implementation	08/15/2016
2B. HMIS Funding Sources	09/03/2016
2C. HMIS Beds	08/29/2016
2D. HMIS Data Quality	09/03/2016
2E. Sheltered PIT	08/15/2016
2F. Sheltered Data - Methods	08/15/2016
2G. Sheltered Data - Quality	08/15/2016
2H. Unsheltered PIT	08/15/2016
2I. Unsheltered Data - Methods	08/15/2016
2J. Unsheltered Data - Quality	08/15/2016
3A. System Performance	09/03/2016
3B. Objective 1	09/06/2016
3B. Objective 2	09/06/2016
3B. Objective 3	08/29/2016
4A. Benefits	08/30/2016
4B. Additional Policies	08/27/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required

Office of Housing
1600 East Columbus Avenue
Springfield, MA 01103
Phone (413) 787-6500
Fax (413) 787-6515



THE CITY OF SPRINGFIELD, MASSACHUSETTS

August 28, 2016

Via email

Jeff McGeary
Gandara Mental Health Center, Inc.
147 Norman St.
West Springfield, MA 01089

Dear Jeff,

The Springfield-Hampden County Continuum of Care (CoC) Scoring and Ranking Committee has completed its review of all new and renewal projects that have applied to be included in the CoC's FY2016 application to HUD.

Unfortunately, the proposed new Gandara Rapid Rehousing 2 Project did not score highly enough to be selected for inclusion in the CoC's application.

The proposed project lost points in the scoring in the following areas: geographic diversity, project description, agency experience, leveraging experience, organization & management, budget, audit and schedule. For a number of these items, the project lost points because it did not address all items asked for in the application question. The fact that the agency had audit findings in the last year led to the agency being awarded 0 points out of a possible 10 for the audit category.

If you believe that Gandara was denied the opportunity to participate in the local CoC planning process in a reasonable manner, you may submit a Solo Application in *esnaps* directly to HUD prior to the application deadline of 7:59:59 p.m. eastern time on September 14, 2016. This letter notifying you of the CoC's rejection must be attached to the Solo Application. The Springfield Office of Housing will provide technical assistance if needed for you to submit a Solo Application in *esnaps*.

Sincerely,

A handwritten signature in black ink, appearing to read 'Geraldine McCafferty'. The signature is fluid and cursive, written over a light background.

Geraldine McCafferty
Director

Office of Housing
1600 East Columbus Avenue
Springfield, MA 01103
Phone (413) 787-6500
Fax (413) 787-6515



THE CITY OF SPRINGFIELD, MASSACHUSETTS

August 28, 2016

Via email

Christine Palmieri
Mental Health Association
995 Worthington St.
Springfield, MA 01109

Dear Christine:

The Springfield-Hampden County Continuum of Care (CoC) Scoring and Ranking Committee has completed its review of all new and renewal projects that have applied to be included in the CoC's FY2016 application to HUD. All of the Mental Health Association's projects will be included in the CoC's application to HUD, and all four projects will be included in Tier 1, which maximizes the likelihood that HUD will fund the projects.

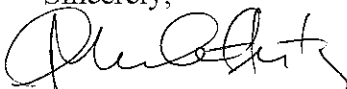
I am writing to confirm that two of MHA's applications did not request the full amount of funding that HUD had approved for the applications in its Grant Inventory Worksheet (GIW).

Grant Name	HUD-Allowed Renewal Amount	Submitted Renewal Amount
S+C Recovery	\$194,878	\$178,918
S+C SRA 13	\$144,347	\$136,451

The Scoring and Ranking Committee has included the grants at the lower amounts, and has reallocated the saved funds to a new project which will provide permanent supportive housing to chronically homeless individuals.

If the reduction was submitted in error, MHA has the right to appeal by submitting a Solo Application for the full HUD-allowed renewal amount in *esnaps* directly to HUD prior to the application deadline of 7:59:59 p.m. eastern time on September 14, 2016. This letter must be attached to the Solo Application. The Springfield Office of Housing will provide technical assistance if needed for you to submit a Solo Application in *esnaps*.

Sincerely,


Geraldine McCafferty
Director

HAMPDEN COUNTY CONTINUUM OF CARE

2016 Continuum of Care Competition

REQUEST FOR PROPOSALS

For Hampden County CoC Renewal Projects
and New Projects that will provide:

- **Permanent Supportive Housing; or**
 - **Rapid Rehousing**

Total Possible Available Funding: \$3,505,054

RFP Available: Monday, July 18, 2016

Bidder's Conference: Wednesday, July 27, 2016, 10 a.m.
REQUIRED for new applicants; optional for renewal applicants
Office of Housing, 1600 E. Columbus Ave., Springfield

Applications Due: Friday, August 12, 2016, 4 p.m.
Office of Housing, 1600 E. Columbus Ave., Springfield

INTRODUCTION

The U.S Department of Housing and Urban Development (HUD) released the 2016 Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program on June 28, 2016. The NOFA is available at <https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf>. Continuum of Care (CoC) collaborative applications must be submitted to HUD no later than September 14, 2016, 7:59:59 p.m. eastern time.

The HUD NOFA sets up the procedure by which a CoC, through its designee, submits a single collaborative application to fund the CoC and eligible projects that advance the CoC goals. The designee, or “Unified Funding Agency,” for the Springfield/Hampden County CoC (also called the Springfield/Chicopee/Holyoke/Westfield/ Hampden CoC) is the City of Springfield, which administers the CoC and all grants awarded to the CoC.

The consolidated application that will be submitted by the City of Springfield for the FY2016 CoC Program Competition will include eligible new projects and renewal projects from prior competitions. The CoC is seeking proposals from Hampden County providers of services and housing for new permanent supportive housing projects, new rapid rehousing projects and renewal projects. The highest need is for new permanent supportive housing.

Applications must be submitted in HUD’s electronic grant application system *esnaps*. The City of Springfield will provide applicants access to *esnaps* and technical assistance regarding use of the system. An explanation of the process that will be used for selection of projects, including the scoring criteria, is attached as Appendix A.

FUNDING AVAILABILITY

The Hampden County Continuum of Care expects to be awarded a minimum of \$3,090,062 in this funding round, and may receive up to \$3,505,054. Annual grant amounts for existing programs range from approximately \$22,000 to \$380,000; the average grant size is just under \$150,000.

ELIGIBLE PROJECTS

The following types of projects are eligible for funding in this competition:

1. Renewal Projects

Projects currently funded under the CoC Program, Supportive Housing Program (SHP), and Shelter Plus Care (S+C) are eligible for renewal for FY 2016 funds if they have a grant agreement that expires in Calendar Year 2017.

2. NEW Permanent Supportive Housing for Chronically Homeless Individuals or Families

New permanent supportive housing projects that will serve 100% chronically homeless individuals or families are eligible to apply in this competition.

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 leasing, rental assistance, operating costs, and supportive services; definitions and guidance for each of these items is at 24 CFR 578.43-578.63.

“Chronically homeless” is defined as:

- (1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of 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) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

3. NEW Rapid Rehousing for Homeless Individuals, Households with Children, or Youth, and for Persons Fleeing/Attempting to Flee Domestic Violence

New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations or other persons meeting the criteria of paragraph (4) of the definition of homelessness.

CoC funds may provide supportive services, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as necessary to help participants move as quickly as possible into permanent housing and achieve stability in that housing.

“Homeless” is defined as: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (1) 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;
- (2) 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
- (3) 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.

These projects:

- Must follow the written policies and procedures established by the CoC for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance, as well as the amount or percentage of rent that each program participant must pay.
- May set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or subrecipient may also require program participants to share in the costs of rent.
- Must limit rental assistance to no more than 24 months to a household.
- May provide supportive services for no longer than 6 months after rental assistance stops.
- Must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or subrecipient may require each program participant receiving assistance to notify the recipient or subrecipient of changes in the program participant’s income or other circumstances (e.g., changes in household composition) that affect the program participant’s need for assistance. When notified of a relevant change, the recipient or subrecipient must reevaluate the program

participant's eligibility and the amount and types of assistance that the program participant needs.

- Must require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 *et seq.*) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 *et seq.*) prohibits the recipient carrying out the project from making its housing conditional on the participant's acceptance of services.

ELIGIBLE APPLICANTS

Eligible applicants include non-profits, local and state government, and housing authorities.

ELIGIBLE COSTS

The following guidance indicates the costs that may be included in program budgets, to be paid for by the CoC grant or by matching funds.

Rental Assistance

Rental assistance for homeless individuals and families, including tenant-based rental assistance. Grant funds may be used for security deposits in an amount not to exceed two months of rent, as well as last month's rent.

Leasing

The costs of leasing scattered site units to provide housing to homeless persons.

Leasing: Limits on rent costs. Rents paid must be reasonable in relation to comparable space or units, and may not be more than the owner charges others for comparable units. Rents for residential units cannot exceed the HUD Fair Market Rent (FMR).

Utilities. Utilities are not a leasing line item. If utilities are not provided by the landlord, utility costs are an operating cost.

Security deposits and first and last month's rent. Grant funds may be used to pay security deposits, in an amount not to exceed two months of actual rent, as well as last month's rent.

Supportive Services

The eligible costs of supportive services that address the special needs of the program participants.

Supportive Services in PSH and RRH Programs Must Relate to Housing Stability

Supportive services must be necessary to assist program participants obtain and maintain housing, and agencies must conduct an annual assessment of the service needs of the program participants and adjust services accordingly.

Eligible supportive services costs:

- Reasonable one-time moving costs
- Case management
- Food—meals or groceries for program participants
- Housing search and counseling services
- Life skills training
- Outreach services
- Transportation
- Utility deposits (one-time fee, paid to utility companies)
- Direct provision of services: 1) costs of labor, supplies, and materials; and 2) salary and benefit packages of service delivery staff.

Ineligible costs: Any cost that is not described as an eligible cost is not an eligible cost.

Operating Costs

Grant funds may be used to pay the costs of the day-to-day operation of permanent supportive housing in a single structure or individual housing units.

Eligible operating costs:

- Maintenance and repair of housing
- Property taxes and insurance
- Building security for a structure where more than 50 percent of the units or area is paid for with grant funds
- Electricity, gas, and water
- Furniture
- Equipment.

Ineligible costs Program funds may not be used for rental assistance and operating costs in the same project. Program funds may not be used for the maintenance and repair of housing where the costs of maintaining and repairing the housing are included in the lease.

Project Administration

The Project Sponsor may use up to 50% of the HUD-allowed administrative funds associated with the project; the remaining 50% of the administrative funds are retained by the City of

Springfield. Administrative costs for renewal programs are set by HUD. The HUD-allowed administrative costs for new grants are 7% of the full grant.

MATCHING FUNDS

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. Cash match must be used for the costs of activities that are eligible CoC Program costs. Appendix B provides the information required to document match.

HOMELESS MANAGEMENT INFORMATION SYSTEM

All successful project applicants, with the exception of entities that are victim service providers, must participate in the CoC's Homeless Management Information System (HMIS).

CENTRALIZED OR COORDINATED ASSESSMENT

All successful applicants must participate in the CoC's coordinated entry system.

GRANT TERM

Renewal projects may only apply for one year grant terms.

New projects may request funds for an initial grant term of 1 year, 2 years, 3 years, 4 years, 5 years, or 15 years. The funding request submitted at this time must cover the entire period of the initial grant term (with the exception of projects with a 15-year grant term, as explained below). This means that if a project's annual budget is \$100,000, the project must request \$200,000 if applying for a 2-year term, \$300,000 if applying for a 3-year term, and 500,000 for a 5-year term.

Grant terms for new projects are subject to the following requirements:

- Any new project application that includes leasing—either leasing alone or leasing costs plus other costs (e.g. supportive services, HMIS, etc.)—may only request up to a 3-year grant term.
- Any of the following new projects may request 1-year, 2-year, 3-year, 4-year, or 5-year grant terms with funding for the same number of years: tenant-based rental assistance, operating costs, supportive services only, HMIS, and project administration.
- Any new project applications that requests new construction, acquisition, or rehabilitation must request a minimum of a 3-year grant term and may request up to a 5-year grant term.
- Any new projects requesting project-based rental assistance or sponsor-based rental assistance, or operating costs may request up to a 15-year grant term; however, the project applicants may only request up to 5 years of funds. Funding for the remainder of the term is subject to availability and applicants must apply for additional funds at such time and in such manner as HUD may require.

- If an applicant requests funds for new construction, acquisition, or rehabilitation in addition to requesting funds for operating, supportive services, or HMIS, the funding will be for the 3 years requested, and the grant term will be 3 years plus the time necessary to acquire the property, complete construction, and begin operating the project. HUD will require recordation of a HUD-approved use and repayment covenant (a form may be obtained from the local HUD CPD field office) for all grants of funds for new constructions, acquisition, and rehabilitation. (24 CFR 578.81)

HUD REQUIREMENTS

This document summarizes key components of the CoC Program. More information is available from the NOFA, available at <https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf>, and from the Continuum of Care Program regulations, available at www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf. If there are any conflicts between guidance in this document and HUD guidance, the HUD guidance takes priority and is what should be relied upon.

THRESHOLD REQUIREMENTS AND COMPETITIVE REVIEW

Threshold Requirements

To become eligible for consideration by the CoC Scoring and Ranking Committee, all projects must first successfully pass a review of threshold requirements. The City of Springfield CoC Administrator will perform a threshold review of all submitted projects. ***Each project must meet the following minimum standards:***

1. The project must meet HUD eligibility requirements.
2. Persons served by the project must meet the HUD definition of homeless.
3. The application must be complete and submitted in the correct format.
4. The application must be submitted on time.

Competitive Review

All applications that meet the threshold requirements will be forwarded to the CoC Scoring and Ranking Committee for evaluation, selection and ranking. Appendix A explains the process that will be used for the competitive review.

APPLICATION PROCESS

The deadline for submittal of Project Applications is August 12, 2016 at 4:00 pm.

There are **two required parts of submittal**, both of which must be completed by the deadline.

1. Submittal of the electronic **application in esnaps**. The electronic application must include the following required attachments:
 - a. Documentation of **501(c)(3) status**.
 - b. Documentation of **Match**.
2. Submittal of **CoC Application Required Documents** to the Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA. The list of **CoC Application Required Documents** is attached to this RFP as Appendix C.

INSTRUCTIONS FOR SUBMISSION OF APPLICATION IN ESNAPS

1. Applicant access to *esnaps*.
 - The applicant must designate a staff person to access *esnaps*.
 - The designated individual must visit the *esnaps* site, www.esnaps.hud.gov, click the “Create Profile” button, and provide the required information. Following this step, the individual must send an email to Deborah Merkman, dmerkman@springfieldcityhall.com, and request that the individual be linked to the Hampden County CoC account. Ms. Merkman will send a response email conforming that the individual has been added.
 - Renewal applications have already been created.
 - For new projects: Send notice to Gerry McCafferty, gmccafferty@springfieldcityhall.com of the intent to apply for a new project, and whether the new project is: 1) permanent supportive housing; 2) rapid rehousing or 3) centralized or coordinated assessment. Within 24 hours, Ms. McCafferty will create a new project application for the proposed project, which shall be the name of the applicant agency – name of the proposed project.
2. Accessing program application in *esnaps*.
 - The applicant’s *esnaps* user should log-in to *esnaps* and click the “Submissions” button in the left-hand column. At the top middle of the page that opens is a section named “Submissions Filters” and the top line is “Applicant Project Name.” Use the drop-down menu to find your project. Once your agency and program name are in the box from the drop-down menu, click the “Filter” button.

- Once the system filters to only your program, look in the second column for “Renewal Project Application FY2016” or “New Project Application FY2016.” To open the application, click on the orange and grey icon to the left of the program name.
3. Completing the *esnaps* application.
- Note that Part 1 of the application has been completed by the City of Springfield. Because HUD grants are actually awarded to the City, the City is considered the applicant. Each program grantee is a subrecipient. Subrecipient information begins in Part 2.
4. *Esnaps* attachments.
- All new applications must contain two attachments which must be uploaded.
 - Each application must have documentation of the agency’s 501(c)(3) status attached.
 - Each application must also upload current 2016 documentation of Match (funds or in-kind). Match documentation must be dated June 28, 2016 or later. The documentation must be scanned and uploaded.
5. Submittal of the *esnaps* application.
- Once the application is complete, the “Submit” button on the final screen will no longer be greyed out. Click the Submit button.

INSTRUCTIONS FOR SUBMISSION OF COC APPLICATION REQUIRED DOCUMENTS

1. Appendix C provides the checklist of CoC Application Required Documents. Provide one copy of each of the required documents.
2. If any document is not available by the required deadline, the applicant must provide a written explanation of the reason the document is not available and a firm date, no later than September 12, 2016, by which the document will be made available. The CoC Scoring and Ranking Committee reserves the right to revoke approval of any application which does not have all required documents on file by the September 12, 2016 deadline.
3. The CoC Application Required Documents must be delivered to the Springfield Office of Housing by the RFP application deadline (August 12, 2016, 4:00 pm). Please place in one or more envelopes marked with the name of the proposed subrecipient and the project.

HAMPDEN COUNTY CONTINUUM OF CARE

CoC Application Ranking, Selection and Reallocation Process 2016

The US Department of Housing and Urban Development (HUD) released the Continuum of Care (CoC) FY2016 Notice of Funding Availability (NOFA) on June 28, 2016. The NOFA is available at <https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf>.

The Hampden County CoC will submit a **collaborative application** to HUD for competition funds by **September 14, 2016**. The application may include up to three types of individual project applications:

1. Grantees with current projects (FY15) seeking **renewal** of those same projects
2. **New** applicants seeking funds for:
 - a. **permanent supportive housing** for chronically homeless individuals or families, or
 - b. **rapid rehousing** programs that will serve homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, and persons who meet the criteria of paragraph (4) of the definition of homeless (fleeing or attempting to flee domestic violence)

New applications will be considered for reallocation (replacing all or part of existing project (s) which will no longer be funded) or as part of a Permanent Supportive Housing Bonus.

APPLICATION DEADLINE

Project applications for **NEW** and **RENEWAL** projects must be submitted to the CoC in the electronic *esnaps* system no later than **4:00 p.m. on Friday, August 12, 2016**.

Scoring of applications will be completed by the CoC Scoring and Ranking Committee, which will be made up of CoC members who are not employed by or associated with any of the project sponsors applying for funds. The sole exception to this rule is the City of Springfield, which is a recipient of the HMIS grant, but is permitted to serve on the CoC Ranking and Scoring Committee because HMIS grants are automatically prioritized by the CoC in order to meet HUD HMIS requirements.

The CoC Scoring and Ranking Committee will score submitted proposals according to objective criteria provided as part of the application process, and will rank proposals in order according to scores. The committee will then consider overall CoC priorities and strategy to determine a final list of projects to be submitted to HUD, and the amounts of funding to be requested for each project. **Proposers will be notified in writing no later than August 29, 2016** of whether they will be included in the application to HUD and the amount to be allocated for each project. The list and rationale for selection shall be posted on the website of the Western Massachusetts Network to End Homelessness on that date. Applicants not selected may appeal directly to HUD.

Funding Amounts are as follows:

Tier 1: 93% of Renewal Amount	\$3,090,062
Tier 2:	
7% of Renewal Amount	\$232,585
Permanent Housing Bonus Amount	\$182,406
Total for which the CoC may apply	\$3,505,053

Projects submitted to HUD in Tier 1 are expected to be funded, provided that the project meets HUD eligibility and threshold requirements. Tier 2 projects will be awarded funds by HUD based on a comparative score computed using: the CoC 's FY2016 application competitive score (up to 50 points), the rank the CoC gives to the project (up to 35 points), the project type, with maximum points for permanent supportive housing, rapid rehousing, and transitional housing exclusively serving youth (up to 5 points), and commitment to Housing First/low-barrier entry (up to 10 points).

APPLICATION PROCESS FOR RENEWALS AND NEW PROJECTS

The FY2016 CoC competition is open to renewal and eligible new projects, which will be scored competitively. The highest scoring projects will be included in the CoC application submitted to HUD.

Applicants will need to log in to *esnaps* to complete a renewal or new application.

Renewal. The City of Springfield will create renewal application files in *esnaps* for each existing project. Renewal applicants must open the renewal application, fill in missing information, update existing information, and upload any required supporting documents. Once complete, applicants must submit the renewal application in *esnaps*.

New Projects. New project applicants must provide notice to Gerry McCafferty, gmccafferty@springfieldcityhall.com, of the intent to submit a new application and whether the new project being created is 1) permanent supportive housing, or 2) rapid rehousing. Within 24 hours of notification, the new project application will be set up in *esnaps* and ready for entry of application information. New and reallocation project sponsors must open the new project application, fill in application information, and upload required supporting documents. Once complete, applicants must submit the new or reallocation application in *esnaps*.

A Request for Proposals (RFP) for renewal and new projects will be posted to the website of the Western Massachusetts Network to End Homelessness on July 18, 2016. This RFP will provide additional details regarding the application process.

ESNAPS GUIDANCE AND TECHNICAL ASSISTANCE

Esnaps is available at www.esnaps.hud.gov. Any applicant that does not already have the ability to log in to the CoCs *esnaps* account must request access from Deborah Merkman, dmerkman@springfieldcityhall.com or 413-787-7746. Deborah Merkman can also provide technical assistance regarding *esnaps* use throughout the application process.

SCORING, RANKING, REALLOCATION AND SELECTION

All complete, timely, and eligible applications will be scored by the CoC Scoring and Ranking Committee, using the scoring rubrics attached to this guidance. Scores will determine each project's rank in the CoC's application to HUD, and rank will be the primary determinant of placement into Tier 1 and Tier 2. Scores may also be used to reject applications or to reduce budgets for low-scoring projects or over-funded projects.

Scoring and Ranking. The scoring rubric evaluates past performance (of renewal applicants) and promotes best practices or practices that will improve our local response to homelessness and align our response with national policies and best practices. These include:

- Commitment to a Housing First low-demand service model; and
- Projects that promote geographic diversity of programs throughout our CoC.

The process for considering projects will include the following:

- A threshold requirement that submissions required in this guidance are complete and timely (failure to meet this requirement will result in project not being scored);
- Project scoring; and
- Responses to any requests for explanations or requests for more information from the Scoring and Ranking Committee.

Reallocation. Reallocation is the process of removing funding (in whole or in part) from a renewal project to fund a new project. There are several types of reallocation that may happen:

- Renewal projects that are ranked below all other renewal and new projects and fall below the cut-off for Tier 2 will not be included in the application.
- Low-scoring applications placed in Tier 2 may be reduced by the CoC Scoring and Ranking Committee in order to enable the CoC to fall within the Tier 2 limit.
- Projects which consistently do not draw down 90% or more of funds may have budgets reduced by the CoC Scoring and Ranking Committee to conform to actual spending. In the FY2016 competition, projects in this category that request full funding will be asked to provide a supplementary statement with their project application stating the plan to fully spend grant funds in the next program year.

Selection. Once the committee completes the scoring and ranking, the committee may consider the CoC's priorities, whether the initial scoring is likely to result in any critical service gaps, and strategy related to Tier cut offs and HUD's selection process, and may make adjustments to budgets and produce the final ranking of projects to be included in the CoC application. The Committee's rationale for any adjustments must be recorded and made public with the published rankings.

Because HMIS is required for the CoC and must be funded, HMIS grants will receive the maximum score. In addition, several projects which are eligible for renewal are new projects which have not yet started

or have not yet completed an initial year of operation. For this competition only, these projects will be placed at the top of Tier 1, because they reflect updated priorities for CoC prioritizes funding, but have not yet been able to demonstrate performance.

Project selections, rankings and tier allocations will be provided to proposers by written notice and published on the following website no later than 4:00 pm on August 29, 2016:

Western Massachusetts Network to End Homelessness,
<http://westernmasshousingfirst.org/coc/hampden-coc>

Applicants not selected by the CoC to be included in the CoC submission to HUD may appeal by submitting their *esnaps* Solo Application directly to HUD no later than September 14, 2016, 7:59:59 p.m. eastern time.

TIMELINE

July 18, 2016	Hampden County CoC FY2016 Competition Opens
July 27, 2016 10:00 a.m.	Bidders Conference (optional) City of Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA
Aug. 12, 2016 4:00 pm	Deadline for Submittal of Complete Application for Rating and Ranking Complete applications include: <ol style="list-style-type: none">Esnaps submittal with following attachments uploaded:<ul style="list-style-type: none">Documentation of agency 501(c)(3) statusMatch commitment lettersDelivery of CoC Required Documents to the Springfield Office of Housing, 1600 E. Columbus Ave. Springfield. <u>Renewal Applicants must submit:</u> <ul style="list-style-type: none">Minutes of Board of Directors meeting authorizing application for renewal fundingCurrent List of Board of Directors with identification of Officers and termsThe following completed forms: Notarized Tax Certification Affidavit; Conflict of Interest Statement; Debarment Certificate; and Internal Control Questionnaire <u>New Applicants must submit:</u> <ul style="list-style-type: none">Agency Articles of IncorporationMinutes of Board of Directors meeting authorizing application for new fundingCurrent List of Board of Directors with identification of Officers and terms

- The following completed forms: Notarized Tax Certification Affidavit; Conflict of Interest Statement; Debarment Certificate; and Internal Control Questionnaire
- Certified Organization Audit/Financial Statements of most recent year: 1) Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended); or 2) Financial statements audited by a CPA (if not bound by the requirements of OMB A-133)
- Agency Financial Management Policies and Procedures
- Agency Procurement Policies and Procedures
- The following agency policies: Code of Conduct and Conflict of Interest; Drug-Free Workplace; Affirmatively Furthering Fair Housing; Reasonable Accommodation and Accessibility for Persons with Disabilities; Nondiscrimination and Equal Employment; and Confidentiality.

**Aug. 29, 2016
4:00 pm**

Ranking and Selection Results posted on Network website and sent to applicants in writing

Sept. 14, 2016

**CoC Application Submitted to HUD in *esnaps*
Any rejected applicants may submit *esnaps* Solo Application directly to HUD no later than 7:59:59 p.m. eastern time on Sept. 14, 2016.**

SCORING FOR RENEWAL APPLICATIONS FOR FY2016 COC PROGRAM COMPETITION

PROGRAM DESIGN 35 points <i>Source:</i> Project Application	Program Type (up to 10 points)	Permanent Supportive Housing, Rapid Rehousing, or Transitional Housing for Youth – 10 points		
	Population Served (up to 10 points)	PSH serving 100% Chronically Homeless, RRH serving 100% Literally Homeless, or TH serving literally homeless Youth 18-24—8 points		
		All programs: Add 2 points if serves priority population: Chronically homeless, DV victims, Families with Children, Youth, Veterans		
	Geographic diversity of services (up to 5 points)	Will operate in largely underserved location –5 points Will operate in moderately underserved location – 3 points		
	Housing First/low-barrier + rapid placement in PH (up to 5 points)	PSH uses Housing First model; TH/RRH is low-barrier + prioritizes rapid placement in PH—5 points		
	Type of site/building –(up to 5 points)	Scattered site program <u>OR</u> program operates in a building subject to current CoC deed restriction – 5 points		
PERFORMANCE 30 points <i>Source:</i> HMIS APR for period 7/1/2015 – 6/30/2016; HMIS data	Program utilization (up to 6 points)	Utilization 90% or above – 6 points Utilization 85-90% - 3 points		
	Participant eligibility/targeting (up to 6 points)	100% of participants admitted 10/1/2014 or later were literally homeless at entry – 6 points 90% or more of participants admitted 10/1/2014 or later were literally homeless at entry – 3 points		
	Housing Stability (up to 6 points)	PH	85% or more remained in PH or exited to permanent housing – 6 points	
		TH	80% or more of exits are to permanent housing - 4 points	
			65% or more exits are to permanent housing – 1 point	
	Income (up to 6 points)	20% of adults Increased employment income – 3 points 5% of adults increased employment income – 1 point		
		54% of adults Increased non-employment income – 3 points 10% of adults increased non-employment income – 1 point		
Mainstream Benefits (up to 6 points)	90% + adults maintained or obtained health insurance – 6 points 80% + adults maintained or obtained health insurance – 3 points			
FINANCIAL 20 points <i>Source:</i> Program audit, program invoices	Audit (up to 10 points)	No unresolved findings & low-risk auditee – 10 points; Unresolved findings or identified as high-risk auditee – 0 points		
	Drawdown rates (up to 5 points)	Invoices monthly - 5 points Invoices at least quarterly - 1 point		
	Spend Down (up to 5 points)	Programs based on FMRs spend at least 90% of grant – 5 points All other programs spend at least 95% of grant – 5 points		
DATA/ HMIS 15 points <i>Source:</i> APR	HMIS data quality (up to 10 points)	5% or less null/missing data – 10 points 6-10% null/missing data – 5 points		
	Contributes to broad HMIS coverage (up to 5 points)	All (non DV) ES, TH, RRH and PSH operated by the provider contributes data to HMIS – 5 points		

SCORING FOR NEW PSH and RRH FOR FY2016 COC PROGRAM COMPETITION

PROGRAM DESIGN 30 points <i>Source:</i> Project Application	Population Served (up to 5 points)	Serves priority population: Chronically homeless, DV victims, Families with Children, Youth, Veterans – 5 points
	Geographic diversity of services (up to 10 points)	Will operate in largely underserved location –10 points Will operate in moderately underserved location – 5 points
	Housing First/low-barrier + rapid placement in PH (up to 5 points)	PH uses Housing First model; TH/RRH is low-barrier + prioritizes rapid placement in PH—5 points
	Site Type: scattered (up to 5 points)	Program uses a scattered site model – 5 points
	Project description/scope (up to 5 points)	Adequately describes project and is consistent with population served and expected performance outcomes – up to 5 points
AGENCY EXPERIENCE and HISTORY OF PARTICIPATION 30 points <i>Source:</i> Application; Minutes of CoC and Network meetings	Agency experience (up to 10 points)	7 or more years serving population or performing the proposed activities – 10 points 3 or more years serving population or performing the proposed activities – 6 points
	Experience with federal funds (up to 5 points)	Prior use of federal funds to operate 1 or more program(s) – 5 points
	Leveraging experience (up to 3 points)	Describes experience leveraging Federal, State, local, and/or private sector funds : Yes – 3 points
	Organization and management structure (up to 10 points)	Description demonstrates strong internal coordination & financial accounting – 10 points Description shows adequate internal coordination & financial accounting – 5 points
	Participation in CoC or Network (up to 2 points)	Has attended CoC/Network meetings in the last year – 2 points
FINANCIAL 20 points <i>Source:</i> Budget submittal, program audit	Budget submission (up to 10 points)	Budget is accurate& complies with CoC Interim Rule –10 points
	Audit (up to 10 points)	No unresolved findings & low-risk auditee – 10 points
PROGRAM & DATA MANAGEMENT 20 points <i>Source:</i> Application, agency policies and procedures	HMIS experience (up to 5 points)	Agency provides HMIS data on existing program(s) to City of Springfield HMIS or MA ASIST – 5 points
	Schedule & management plan (10 points)	Full points where there is a plan for timely and rapid start up (no later than 7/1/2017) and strong management
	Complete and compliant policies & procedures (up to 5 points)	Full points where all required policies and procedures are submitted and comply with HUD requirements

DEFINITIONS

Chronically Homeless (1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years, adding up to a total of 12 months; and (iii) Can be diagnosed with one or more of the following conditions: substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; or (2) an individual who has been residing in an institutional care facility, including a jail, mental health or substance abuse facility, hospital or other similar facility for fewer than 90 days and has met all the criteria in paragraph (1) of this definition before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

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

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.

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

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

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

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

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

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

Geographic Distribution of Existing PSH, TH, SH and RRH Resources in Hampden County As reported in 2016 Housing Inventory Report					
	PSH beds/units for Individuals	TH beds for Individuals	PSH beds for Families	TH beds for Families	Rapid Rehousing
Chicopee	25	0	18	0	Two providers serve the region
Holyoke	6	23	88	46	
Springfield	396	81	146	40	
Westfield	43	10	5	0	
Remainder of Hampden Co.	38	7	41	0	

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

Moderately underserved: Chicopee, Holyoke, Westfield

HAMPDEN COUNTY CONTINUUM OF CARE
Match for the Continuum of Care Program

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

DOCUMENTATION OF CASH MATCH

Please provide the following information regarding cash match:

- Name of organization providing the contribution
- Type of contribution – specify if cash or in-kind; if the match is in-kind, please identify the services or other contribution to be provided
- Number of clients to be served with the contribution
- Value of the contribution
- Date the match will be available – for renewals, this must coincide with your 2016-2017 operating year
- Name of the person authorized to commit the resources
- Title of person authorized to commit these resources
- Signature of person authorized to commit these resources
- Date

CoC Application Required Documents

NEW APPLICANTS must submit each of the following:

_____ Agency Articles of Incorporation;

_____ Current List of Board of Directors with identification of Officers and terms;

_____ Minutes of Board of Directors meeting authorizing application for renewal funding
(Note: if the agency's Board of Directors will not meet before September 12, 2016 **and** does not vote electronically, please submit a letter with the date of the next Board of Directors meeting and a commitment to schedule a vote on this application at that meeting, and then submit minutes following the meeting);

_____ Certified Organization Audit/Financial Statements of most recent year:

- Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended); or
- Financial statements audited by a CPA (if not bound by the requirements of OMB A-133); or
- Profit and Loss statement (only those who do not meet above criteria may submit);

_____ Agency Financial Management Policies and Procedures; and

_____ Agency Procurement Policies and Procedures.

The following completed forms (which are attached):

_____ Notarized Tax Certification Affidavit;

_____ Conflict of Interest Statement;

_____ Debarment Certificate;

_____ Internal Control Questionnaire; and

_____ CoC Program Project Sponsor Certifications.

The following agency policies:

- _____ Code of Conduct and Conflict of Interest;
- _____ Drug-Free Workplace;
- _____ Affirmatively Furthering Fair Housing;
- _____ Reasonable Accommodation and Accessibility for Persons with Disabilities;
- _____ Nondiscrimination and Equal Employment; and
- _____ Confidentiality.

RENEWAL APPLICANTS must submit each of the following:

- _____ Current List of Board of Directors with identification of Officers and terms;
- _____ Minutes of Board of Directors meeting authorizing application for renewal funding
(Note: if the agency's Board of Directors will not meet before September 12, 2016 **and** does not vote electronically, please submit a letter with the date of the next Board of Directors meeting and a commitment to schedule a vote on this application at that meeting, and then submit minutes following the meeting);

The following completed forms (which are attached):

- _____ Notarized Tax Certification Affidavit;
- _____ Conflict of Interest Statement;
- _____ Debarment Certificate;
- _____ Internal Control Questionnaire; and
- _____ CoC Program Project Sponsor Certifications.

Notarized Tax Certification Form

Individual Social Security Number

State Identification Number

Federal Identification Number

Company: _____

P.O.Box (if any): _____ Street Address Only: _____

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

List address(es) of all other property owned by company in Springfield: _____

Please identify if the bidder/proposer is a:

Corporation _____

Individual _____ Name of Individual: _____

Partnership _____ Names of all Partners: _____

Limited Liability Company _____ Names of all Managers: _____

Limited Liability Partnership _____ Names of Partners: _____

Limited Partnership _____ Names of General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I _____ certify under the pains and penalties of perjury that _____,
to the best of my knowledge and belief, has/have complied with all United States Federal taxes required by law.

Bidder/Proposer

Authorized Person's Signature

Date

CITY OF SPRINGFIELD TAX CERTIFICATION (IF APPLICABLE)

I _____ certify under the pains and penalties of perjury that _____,
to the best of my knowledge and belief, has/have complied with all City of Springfield taxes required by law (has/have entered into a Payment Agreement with the City).

Bidder/Proposer

Authorized Person's Signature

Date

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C '49A, I _____ certify under the pains and penalties of perjury that _____, to the best of my knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.

Bidder/Proposer

Authorized Person's Signature

Date

Notary Public

COMMONWEALTH OF MASSACHUSETTS

_____, SS

_____, 20__

Then personally appeared before me [name]_____, [title]_____ of [company name]_____, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name]_____.

Notary Public

My commission expires: _____

CONFLICT OF INTEREST STATEMENT

No staff or Board of Director of the _____ will financially benefit from performing their prescribed duties other than receiving their normal compensation per salary of contract. Additionally no staff member of Board of Director can use or take possession of any of the _____ resources without express approval of its Board of Director's Chairperson. All transactions conducted by staff and the Board of Directors must be arms' length transactions, whose sole intent is to enhance the role and the mission of _____.

Dated: _____

(signature of authorized agent)

(printed name of agent)

(title of agent)

IF YOU DO NOT ALREADY HAVE A CONFLICT OF INTEREST STATEMENT, YOU MAY USE THE INFORMATION PROVIDED HERE. HOWEVER, THE CERTIFICATE MUST BE PRINTED ON YOUR ORGANIZATION'S LETTERHEAD AND SIGNED BY AN AUTHORIZED AGENT.

DEBARMENT CERTIFICATE

In accordance with 24 CFR 24.100 through 24.714, _____ hereby certifies that neither the agency nor any of its principal employees has been disbarred, suspended or voluntarily excluded by any Governmental agency from receiving Federal financial assistance and non-financial assistance and benefits.

By signing this Certificate, the organization expressly understands and acknowledges that any person or entity that has been debarred or suspended is not eligible to receive Federal financial and non-financial assistance and benefits under Federal programs and activities.

Dated: _____

(signature of authorized agent)

(printed name of agent)

(title of agent)

This Certificate must be printed on agency letterhead.

Internal Control Questionnaire

DATE _____

NAME OF OPERATING AGENCY _____

ADDRESS OF OPERATING AGENCY _____

TAX ID OF OPERATING AGENCY _____

TEL # _____ FAX # _____ CONTACT PERSON _____

TITLE OF PROJECT _____

PROJECT LOCATION _____

AMOUNT OF FUNDING _____

SOURCE OF FUNDING: Continuum of Care Program

1. Name and Title of individual(s) signing Schedule of Reimbursable expenses request and checks:

A. REIMBURSABLE EXPENSE REQUEST _____

B. CHECK SIGNATURE _____

2. Name of person responsible for maintaining records for this contract (list title also).

3. Name of person who is responsible for:

A. Maintaining payrolls _____

B. Maintaining Time Sheets _____

C. Reconciling Bank Statements _____

D. Preparing Statement of Project Costs _____

E. Preparing Checks _____

F. Purchasing _____

4. Name of person who will maintain the following books of record (at least)

1. Cash receipts and Disbursements Ledger _____

2. Voucher Register_____

3. Project Cost Ledger_____

5. Name of Employees Bonded:

6. Does the agency maintain a purchase requisition system, and who authorizes purchases?

7. Who signs all vouchers ready for payment?

8. What is included or needed for authorization to disburse checks (e.g., voucher, purchase order, receiving slip)?

9. Who is responsible for hiring personnel?

10. Who is responsible for submitting time sheets of employees?

11. What controls are in place for equipment purchases?

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT.

Signature of Authorized Representative for Agency

Date

CoC Program Project Sponsor Certifications

In accordance with the applicable statutes and the regulations governing the Continuum of Care Program regulations, the Agency _____ certifies that:

Confidentiality Regarding Domestic Violence

- It will maintain the confidentiality of records pertaining to any individual or family that was provided family violence prevention or treatment services through the project;
- It will maintain confidentiality of the addresses or locations of family violence projects, except with written authorization of the person responsible for such project;

Access to Education and Related Services

- The Agency will establish policies and practices that are consistent with, and do not restrict, the exercise of these rights provided by subtitle B of title VII of the Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness;
- If the Agency provides housing or services to families, the Agency will designate a staff person to be responsible for ensuring that children served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the Act;

No Debarment

- The Agency, its officers, and employees are not debarred or suspended from doing business with the federal government; and

Provision of Information to HUD

- The Agency agrees to provide information, such as data and reports, as required by HUD.

Dated: _____

(signature of authorized agent)

(printed name of agent)

(title of agent)

MA-504 SPRINGFIELD/CHICOPEE/HOLYOKE/WESTFIELD/HAMPDEN COUNTY CONTINUUM OF CARE

Evidence of Public Posting of CoC's Ranking and Review Procedure

<http://westernmasshousingfirst.org/2016/07/request-for-proposals-for-fy16-coc-competition-seeking-new-and-renewal-projects/>

[HOME](#) [BLOG](#) [CALENDAR](#) [COC CORNER](#) [NEED HELP?](#) [ABOUT](#)

Western Massachusetts

network to end
homelessness



Housing First for Hampden,
Hampshire, Franklin and
Berkshire Counties

Springfield-Hampden CoC Request for Proposals for FY16 Competition: Seeking New and Renewal Projects

The Springfield-Hampden Continuum of Care has released the [FY16 Request for Proposals for New and Renewal CoC Projects](#).

The CoC will hold a bidders conference on Wednesday, July 27, 2016 at 10 am at the City of Springfield Office of Housing, 1600 E. Columbus Ave., Springfield. Completed applications are due by August 12, 2016 at 4:00 p.m. Please see the RFP for complete instructions.

[Note: this announcement is also posted at the [Springfield-Hampden County CoC website](#). It's being double-posted here in case not everyone has moved to that site and subscribed.]

This entry was posted in [Funding Opportunity](#), [Hampden County CoC](#) on July 18, 2016 by [Gerry McCafferty](#), [Edit](#)

RECENT BLOG POSTS

[Springfield-Hampden County CoC Annual Meeting & Board of Directors Meeting](#)
[Greenfield featured in the news for success in ending family homelessness in motels](#)
[Springfield-Hampden County CoC FY16 Competition: Scoring and Ranking Results](#)
[Amherst Homelessness Services Directory Available](#)

SEARCH

UPCOMING EVENTS

[Secure Jobs Advisory Committee](#)
September 6 @ 11:00 am - 12:30 pm

[Unaccompanied Homeless Youth Meeting](#)
September 14 @ 9:30 am - 11:00 am

MA-504 SPRINGFIELD/CHICOPEE/HOLYOKE/WESTFIELD/HAMPDEN COUNTY CONTINUUM OF CARE

Reallocation, FY2013, FY2014, FY2015

Year	ARD	Reallocated Amount	Percent Reallocated
FY2013	\$2,245,706	\$0	0.00%
FY2014	\$2,504,506	\$480,391	19.18%
FY2015	\$2,557,002	\$296,492	11.60%
TOTAL			30.78%

Excerpts from FY2014 Competition:

CoC Registration and Application FY2014

Applicant Name: Springfield/Chicopee/Holyoke/Westfield/Hampden CoC

Applicant Number: MA-504

Project Name: MA-504 CoC Registration FY2014

Project Number: COC_REG_2014_104598

CoC Final Agree/Disagree

1. Registration Summary

View Applicant Profile

Export to PDF

Get PDF Viewer

Back to Submissions List

View Step	Score / Approval
CoC Review	N/A

THE COC FINAL REVIEW STEP MUST BE SUBMITTED, IN ORDER TO BE EIGIBLE TO APPLY FOR FUNDS IN THE FY 2014 FUNDING PROCESS. IF THERE ARE STILL ISSUES WITH THE HUD-APPROVED COC TYPE, AND/OR FUNDING NEED AMOUNTS PLEASE CONTACT YOUR LOCAL CPD FIELD OFFICE TO RECONCILE ANY OF THESE OUTSTANDING ISSUES OUTSIDE OF E-SNAPS.

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

2. Legal Name of Organization: City of Springfield MA

3. Approved CoC Designated:

CoC Submission	DO Review	DD Review	DD Final Review
UFA	CA	CA	CA

4. HUD has approved the geographic area(s):

Available Items:	Selected Items:
251236 Leominster	252340 Springfield
250804 Framingham	251074 Holyoke
250372 Brookline	259013 Hampden County
259019 Nantucket County	250486 Chicopee
251938 Pittsfield	252700 Westfield
252028 Revere City	

Maximum Funding Need Amounts:

	CoC Request	HUD Approved	CoC Approval	HUD Final Approval
otal Preliminary Pro Rata Need (PPRN):	\$3,534,595	\$3,534,595		\$3,534,595
otal Annual Renewal Demand Amount:	\$2,450,467	\$2,504,506	\$2,504,506	\$2,504,506
otal CoC Merged Need Amount:	\$0	\$0	\$0	\$0

gmccafferty

CoC Registration and Application FY2014

Rectangular Ship

Applicant Name: Springfield/Chicopee/Holyoke/Westfield/Hampden CoC

Applicant Number: MA-504

Project Name: MA-504 CoC Registration FY2014

Project Number: COC_REG_2014_104598

Project Priority List FY2014

6. Reallocation: Balance Summary

6-1 Below is the summary of the information entered on the reallocated forms. The last field "Remaining Reallocation Balance" should equal '0'. If there is a positive balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$480,391
Amount requested for new project(s):	\$480,391
Remaining Reallocation Balance:	\$0

Back Next

This project cannot be modified because the funding opportunity is not active.

Excerpts from FY2015 Competition:

gmccafferty

CoC Registration and Application FY2015

Applicant Name: Springfield/Chicopee/Holyoke/Westfield/Hampden CoC

Applicant Number: MA-504

Project Name: MA-504 CoC Registration FY2015

Project Number: COC_REG_2015_121507

CoC Agree/Disagree

CoC Type

Geo Area(s)

Max Funding

Attachments

Submission Summary

View Applicant Profile

3. CoC Maximum Funding Need Amounts

Instructions [Show Instructions](#)

Funding Need Amounts	CoC Request	HUD Approval	Updated CoC Request
1. Total Preliminary Pro Rata Need (PPRN):		\$3,465,226	
* 2. Does the CoC agree with the total ARD? If 'No', click the 'Save' button to update page.			Yes ▾
* 2b. Total Annual Renewal Demand Amount:	\$2,557,002	\$2,557,002	\$2,557,002
* 3. Does the CoC agree with the total CoC merged need amount? If 'No', click the 'Save' button to update page.			Yes ▾
3b. Total CoC Merged Need Amount:	\$0	\$0	\$0
4. Total FPRN Amount:		\$3,465,226	
5. Total CoC's Proposed Reallocation Amount:			
6a. Maximum amount available for CoC planning costs:		\$103,957	

7. Comments from HUD:

PPRN exceeds ARD and determines FPRN and planning. BF

gmccafferty

CoC Registration and Application FY2015

Regular

Applicant Name: Springfield/Chicopee/Holyoke/Westfield/Hampden CoC

Applicant Number: MA-504

Project Name: MA-504 CoC Registration FY2015

Project Number: COC_REG_2015_121507

Project Priority List FY2015

FY2015 CoC Priority Listing Detailed Instructions

6. Reallocation: Balance Summary

Instructions [Show Instructions](#)

6-1 Below is the summary of the information entered on the reallocated forms. The last field "Remaining Reallocation Balance" should equal '0'. If there is a positive balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	<input type="text" value="\$296,492"/>
Amount requested for new project(s):	<input type="text" value="\$296,492"/>
Remaining Reallocation Balance:	<input type="text" value="\$0"/>

Back

Next

This project cannot be modified because the funding opportunity is not active.

HAMPDEN COUNTY CONTINUUM OF CARE

GOVERNANCE CHARTER

APPROVED: September 13, 2013

REVIEWED: September 19, 2014

REVIEWED: September 25, 2015

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1. Organization

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

2. Geographic Area

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

3. Purpose

The purpose of the Hampden County CoC is to:

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

4. Responsibilities

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

4.1. Operation of the Hampden County CoC

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

- Establish and follow written standards for providing CoC assistance in consultation with recipients of ESG Funds. At a minimum, these written standards must include:
 - a. Policies and procedures for evaluating individuals' and families' eligibility for assistance;
 - b. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - c. Policies and procedures for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance;
 - d. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance; and
 - e. Policies and procedures for determining which eligible individuals and families will receive permanent supportive housing assistance.

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

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

4.3. Continuum of Care Planning

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

4.4. Preparation of a CoC Application for Funds

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

5. CoC Membership

5.1. Open Membership and New Members

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

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

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

5.2. Responsibilities of Members

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

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

5.3. Membership Meetings

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

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

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

5.4. Notice of Meeting

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

5.5. Quorum and Voting

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

6. Board

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

6.1. Responsibilities of the Board

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

6.2. Board Membership

6.2.1. Composition

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

- Government Representatives
 - City of Springfield
 - City of Chicopee
 - City of Holyoke
 - City of Westfield
 - Massachusetts Department of Housing and Community Development
 - McKinney Vento Liaison Committee
 - Hampden County Sheriff's Department
- Nonprofit Homeless Assistance Providers
 - Joint CoC-Network to End Homelessness Family Committee
 - Joint CoC-Network to End Homelessness Individual Committee

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

6.2.2. Term of Office

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

6.2.3. Nomination and Voting

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

6.2.4. Resignation and Removal

Unless otherwise provided by written agreement, any representative may resign at any time by giving written notice to the Chair. In addition, directors may be removed from the Board by a majority vote of remaining Board members for repeated absence, misconduct, failure to participate, or violation of conflict of interest policies.

6.2.5. Vacancies

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

6.3. Officers

6.3.1. Officers

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

6.3.2. Election and Term

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

6.3.3. Chair and Vice Chair

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

6.3.4. Secretary

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

6.3.5. Resignation of Officers

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

6.3.6. Officer Vacancies

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

7. Rules of Governance for the Board

7.1. Quorum and Voting

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

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

7.2. Proxies

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

7.3. Action Without a Meeting

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

8. Committees and Working Groups

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

8.1. Standing Committees

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

8.1.1. Steering Committee

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

8.1.2. Performance and Outcomes Committee

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

- Review PIT and HIC data, conduct a gaps analysis, and make recommendations for Board approval the priorities to be used in ranking requests for CoC funding;
- Establish performance targets appropriate for population and program type in consultation with recipients and subrecipients, then monitor recipient and subrecipient performance, evaluate outcomes, and recommend to the Board actions to be taken against poor performers;

- Develop performance measures to evaluate Hampden County’s overall success in eliminating homelessness, using guidance available from HUD and making changes over time as necessary to incorporate new regulations or guidance available from state or local authorities;
- Establish written standards and performance measures for ESG assistance and providers;
- Evaluate outcomes of projects funded under the ESG and CoC Program, and provide outcome data to the Collaborative Applicant to report to HUD; and
- Consult with state and local government agencies, homeless service providers, private funders, and other relevant entities and organizations to evaluate available resources and reach agreement about how those resources can be allocated most effectively to implement plans to eliminate homelessness.

8.1.3. CoC Application Committee

The CoC Application Committee will:

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

8.1.4. HMIS/Data Committee

The HMIS Committee will work with the HMIS Lead to:

- Develop, annually review, and, as necessary, revise for Board approval a privacy plan, security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD.
- Develop for Board approval and implement a plan for monitoring the HMIS to ensure that:
 - Recipients and subrecipients consistently participate in HMIS;
 - HMIS is satisfying the requirements of all regulations and notices issued by HUD;
 - The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the CoC, including the obligation to enter into written participation agreements with each contributing HMIS organization.
- Oversee and monitor HMIS data collection and production of the following reports:
 - Sheltered point-in-time count;
 - Housing Inventory Chart;
 - Annual Homeless Assessment Report (AHAR); and
 - Annual Performance Reports (APRs).

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

The CoC collaborates with the Hampshire-Franklin-Berkshire CoC, the Western Massachusetts Network to End Homelessness (Network), and the Western Massachusetts Interagency Council (WMIC) to coordinate services, improve intake and assessment, share best practices, create innovative responses, and create and monitor local discharge plans through three population-specific committees. These collaborative committees shall be considered to be standing committees of the Hampden County CoC.

8.2.1. 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 also responsible for overseeing discharge planning for Corrections, Mental Health, and Health facilities.

8.2.2. Family Services Committee

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

8.2.3. Unaccompanied Youth Committee

The Unaccompanied Youth Committee focuses on the needs of homeless persons under 18 who are not living with parents or other adults. This Committee is also responsible for planning for counting of youth in the annual Point-in-Time count, and for overseeing discharge planning from foster care.

8.3. 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.

8.3.1. Centralized/Coordinated Intake and Assessment Work Group

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

8.3.2. Street Count Committee

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

9. Appointment of Agents and Designation of HMIS

9.1. Collaborative Applicant

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

9.2. HMIS Lead

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

9.3. HMIS Designation

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

9.4. HMIS Governance Charter

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

10. Code of Conduct and Conflicts of Interest

10.1. Conduct and Attendance

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

10.2. Conflict of Interest

10.2.1. Rules Regarding Conflict

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

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

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

10.2.2. Disclosure

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

10.2.3. Abstention from Decision-Making

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

10.2.4. Annual Conflict of Interest Acknowledgement Form

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

11. Approval of Governance Charter and Subsequent Amendments

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



Geraldine McCafferty
 Director, City of Springfield Office of Housing
 Administrator, Springfield/Chicopee/Holyoke/Westfield/Hampden CoC

9/25/2015
 Date

HAMPDEN COUNTY CONTINUUM OF CARE

HMIS POLICIES AND PROCEDURES MANUAL

City of Springfield Office of Housing
January 2014

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SECTION 1: HMIS OVERVIEW

Definition of Homeless Management Information System (HMIS)

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

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

HUD HMIS Requirement

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

Hampden County HMIS: HMIS Lead and System

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

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

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

Contributing HMIS Organizations (CHOs)

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

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

Governance

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

Definitions of Key Terms

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

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

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

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

Policy Review and Amendment

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

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

Privacy, Security and Data Quality Plans

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

SECTION 2: PARTICIPATION IN HMIS

Contribution of Data

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

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

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

Participation Agreement

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

CHO HMIS Site Manager

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

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

Technological Requirements for Participation

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

Agency Profiles in HMIS

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

Authorization of HMIS Users; Access to HMIS

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

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

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

Training

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

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

User Agreements

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

Removing Authorized Personnel

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

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

SECTION 3: DATA COLLECTION AND DATA QUALITY

Collection of Data on Participants and Non-Participants

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

HMIS Data Collection Standards and Assessments

Timeliness and Program Entry and Exit Dates

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

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

Intake, Assessment and Exit Forms

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

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

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

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

Required Data Elements

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

HUD Universal Data Elements:

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

HUD Program Specific Data Elements:

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

Program Descriptor Data Elements

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

Client Intake and Initial Assessment

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

Client Discharge

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

Mid-Term Assessments

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

Program Exit Assessment

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

Data Quality

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

Reducing Duplicates

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

Improving Data Quality

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

SECTION 4: COMPLIANCE, TECHNICAL ASSISTANCE, & SANCTIONS

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

Compliance and Technical Assistance

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

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

Availability of Sanctions

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

Potential sanctions include the following:

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

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

Sanctions Procedure

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

Sanctions Separate from Project Review for Renewal

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

Appendix 1: Participation Agreement

Hampden County HMIS

PARTICIPATION AGREEMENT

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

I. Introduction

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

The HMIS goals are to:

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

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

II. HMIS Lead Responsibilities

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

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

III. CHO Responsibilities

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

IV. Privacy and Confidentiality

A. Protection of Client Privacy

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

B. Client Confidentiality

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

C. Inter-Agency Sharing of Information

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

D. Custody of Data

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

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

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

V. Publication of Reports

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

VI. Database Integrity and Sanctions

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

VII. Hold Harmless

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

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

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

VIII. Terms and Conditions

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

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

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

CHO: _____

Address: _____

Name & Title of Authorized Signature: _____

Signature Date

HMIS LEAD: City of Springfield Office of Housing

1600 E. Columbus Ave., Springfield, MA 01103

Name & Title of Authorized Signature: _____

Signature Date

Appendix 2: Hampden County HMIS User Agreement

Hampden County HMIS

USER AGREEMENT

Date: _____

User: _____

Employee Work Phone Number _____ Ext: _____

Employee E-Mail Address: _____

Agency Name: _____

Program Name: _____

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

User Responsibilities

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

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

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

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

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

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

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

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

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

Ethical Data Usage

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

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

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

User Signature

Date

Program or Dept. Manager Signature

Date

Appendix 3: HMIS User Account Request/Termination Form

Hampden County HMIS

HMIS USER ACCOUNT REQUEST FORM

<input type="checkbox"/> New User	<input type="checkbox"/> Delete User	Today's Date: _____
<input type="checkbox"/> Change User Information	<input type="checkbox"/> Other	Effective Date: _____

Agency Information

Agency Name: _____ Telephone Number: _____

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

Employee (HMIS-User) Information

Employee Name: _____ Telephone Number: _____

Employee Title: _____ Email: _____

Program: _____

Appendix 4: Authorized User List Form

Hampden County HMIS AUTHORIZED USER LIST

CHO Agency: _____

Date: _____

**Person
Submitting Form:** _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

User Name: _____

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

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

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

Appendix 5: Data Collection Forms

Minimum Data Collection for All Contributing HMIS Organizations:

- Universal Intake Form (For all programs)

Forms Required for HUD Programs and Encouraged for all Others:

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

Hampden County HMIS: Universal Intake Form

Complete this form for each household member

Client Information

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

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

First Name _____

Last Name _____

Social Security No. ____ - ____ - ____

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

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

DOB Data Code ___ Full ___ Approximate or Partial

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

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

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

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

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

Disabling Condition? ___ Yes ___ No ___ DK ___ Refused

Chronic Homelessness? ___ Yes ___ No ___ DK ___ Refused

Housing Information

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

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

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

Length of stay at location selected above

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

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

Housing Status at Entry

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

Hampden County HMIS: Intake & Initial Assessment Form

Client Information

Entry Date / / mm/dd/yyyy

Exit Date / / mm/dd/yyyy

First Name

Last Name

Social Security No. - -

SSN Data Code Full Partial Don't know Refused

Date of Birth / / mm/dd/yyyy

DOB Data Code Full Approximate or Partial

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

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

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

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

U.S. Military Veteran? Yes No DK Refused

Disabling Condition? Yes No DK Refused

Chronic Homelessness? Yes No DK Refused

Housing Information

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

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

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

Length of stay at location selected above

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

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

Housing Status at Entry

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

Health and Wellness

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

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

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

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

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

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

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

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

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

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

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

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

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

Due Date: _____

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

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

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

Education

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

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

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

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

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

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

Work and Income

*Is the client currently employed? Yes No

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

If the client is employed, please complete the following.

Hours employed per week: hr/wk

Tenure of employment Permanent Temporary Seasonal

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

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

Select all income sources that apply and list the monthly amount

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

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

Select all non-cash benefits that apply...

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

†SNAP Amount \$ _____ per month

*optional question

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

Definitions

U.S. Military Veteran

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

Disabling Condition

Must have a health/mental health condition that:

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

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

Chronic Homelessness

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

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

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

Housing Status

Literally Homeless:

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

Imminently losing housing:

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

Unstably housed and at risk of losing housing:

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

Hampden County HMIS: Annual Assessment Form

Client Information

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

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

First Name _____

Last Name _____

Social Security No. ____ - ____ - ____

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

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

DOB Data Code ___ Full ___ Approximate or Partial

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

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

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

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

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

Disabling Condition? ___ Yes ___ No ___ DK ___ Refused

Chronic Homelessness? ___ Yes ___ No ___ DK ___ Refused

Housing Information

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

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

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

Length of stay at location selected above

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

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

Housing Status at Entry

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

Health and Wellness

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

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

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

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

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

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

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

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

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

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

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

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

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

Due Date: _____

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

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

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

Education

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

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

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

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

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

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

Work and Income

*Is the client currently employed? Yes No

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

If the client is employed, please complete the following.

Hours employed per week: hr/wk

Tenure of employment Permanent Temporary Seasonal

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

Select all income sources that apply and list the monthly amount

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<input type="checkbox"/> Veterans disability insurance		<input type="checkbox"/> Private disability insurance	
<input type="checkbox"/> Workers Compensation		<input type="checkbox"/> Social Security Retirement	
<input type="checkbox"/> Veterans pension		<input type="checkbox"/> Private pension	
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Select all non-cash benefits that apply...

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- Childrens Health Insurance Program
- VA Medical services
- TANF transportation services
- TANF child care services
- Other TANF services
- Section 8, Public Housing, other rental assistance
- Temporary rental assistance
- Other :

†SNAP Amount \$ _____ per month

*optional question

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

Definitions

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

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Must have a health/mental health condition that:

- c) Is expected to be of long duration; and
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Disabling conditions include but are not limited to: physical impairments; serious chronic health issues; ongoing substance abuse; serious mental illness; developmental disorders; HIV/AIDS.

Chronic Homelessness

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

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

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

Housing Status

Literally Homeless:

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

Imminently losing housing:

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

Unstably housed and at risk of losing housing:

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

Hampden County HMIS Exit Form

Program: _____

Client Information

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

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

First Name _____

Last Name _____

Exit Information

Where did the client go upon exit?

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

Permanent supportive housing for formerly homeless persons

Substance abuse treatment program or detox

Jail, prison, juvenile detention facility

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

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

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

Rental by client with VASH subsidy

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

Other: _____

Client doesn't know

Transitional housing for homeless persons

Psychiatric hospital or other psychiatric facility

Hospital (non-psychiatric)

Foster care or group home

Owned by client, **no** ongoing subsidy

Staying with friends, **temporary** tenure

Staying with family, **temporary** tenure

Rental by client with other subsidy

Safe Haven

Deceased

Client refused to say

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH				6121			18	
1.2 Persons in ES, SH, and TH				7495			23	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	129	14	11%	5	4%	16	12%	35	27%
Exit was from TH	9	0	0%	0	0%	0	0%	0	0%
Exit was from SH	0	0		0		0		0	
Exit was from PH	69	0	0%	0	0%	1	1%	1	1%
TOTAL Returns to Homelessness	207	14	7%	5	2%	17	8%	36	17%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2690	3002	312
Emergency Shelter Total	2424	2798	374
Safe Haven Total	7	6	-1
Transitional Housing Total	224	188	-36
Total Sheltered Count	2655	2992	337
Unsheltered Count	35	10	-25

Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		3541	
Emergency Shelter Total		3404	
Safe Haven Total		7	
Transitional Housing Total		139	

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

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		21	
Number of adults with increased earned income		1	
Percentage of adults who increased earned income		5%	

Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		21	
Number of adults with increased non-employment cash income		10	
Percentage of adults who increased non-employment cash income		48%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		21	
Number of adults with increased total income		11	
Percentage of adults who increased total income		52%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		11	
Number of adults who exited with increased earned income		0	
Percentage of adults who increased earned income		0%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		11	
Number of adults who exited with increased non-employment cash income		3	
Percentage of adults who increased non-employment cash income		27%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		11	
Number of adults who exited with increased total income		3	
Percentage of adults who increased total income		27%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		2601	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		2451	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		150	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		2840	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		2681	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		159	

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

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

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

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		0	
Of persons above, those who exited to temporary & some institutional destinations		0	
Of the persons above, those who exited to permanent housing destinations		0	
% Successful exits			

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		2745	
Of the persons above, those who exited to permanent housing destinations		1032	
% Successful exits		38%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		40	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		27	
% Successful exits/retention		68%	