

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: MA-511 - Quincy, Brockton, Weymouth, Plymouth City and County CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Quincy, MA

1B. Continuum of Care (CoC) Engagement

Instructions:

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	No

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

Two examples of the CoC's inclusive structure and approach are: 1) The Homeless Young Adult Committee is co-chaired by two non-CoC funded youth serving organizations and involves school homeless liaisons, youth advocates, and others (e.g. staff from colleges, job training, gang outreach, shelters, substance abuse treatment). Input from these partners, as well as from a CoC homeless youth conducted during the last 2 PIT counts, inform committee planning. 2) The CoC Individual Committee addresses homeless high service utilizers and involves EMT, hospital, mental health, shelter, and police staff. The group reviews a by-name list; it targeted high service utilizers for outreach for recent non-CoC funded social innovation housing for the chronically homeless. The two new PH projects included in this CoC application reflect the input of these committees.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
School on Wheels	No	Yes	No
Old Colony YMCA	No	Yes	Yes
Father Bill's & MainSpring	No	Yes	Yes
Brockton Public Schools	No	Yes	No
Quincy Public Schools	No	Yes	No
Health Imperatives	No	Yes	No
High Point Treatment Center	No	Yes	No
Family & Community Resources	No	Yes	No
Bridgewater State University	No	Yes	No
	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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
DOVE	Yes	No
DTA Domestic Violence Specialist	Yes	No
Family & Community Resources	Yes	No
Father Bill's & MainSpring	Yes	Yes
Friends of the Homeless-South Shore	Yes	Yes
Old Colony YMCA	Yes	Yes
South Shore Housing	Yes	Yes
Carolina Hill Shelter	Yes	No
Plymouth Coalition for the Homeless	Yes	No
Health Imperatives	Yes	No

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

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	No
Set a Path to End All Homelessness by 2020	Yes

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

The mayors of the CoCs largest cities launched 10-year plans to end chronic homelessness (Quincy/2005, Brockton/2007) and assigned leadership councils of business, govt and nonprofit leaders to implement the plans. Quincy met its goal of 100 new CH units by 2015. Chronic homelessness was reduced by 80%. In 2012 the Brockton mayor assigned the leadership council of hospitals (Signature Health, Good Samaritan), banks (Harbor One, Crescent Credit Union, N. Easton Savings), the Police Chief, PHA, universities (Bridgewater, Stonehill), and a homeless consumer group to recalibrate the plan by adding 50 more CH units by 2017 (on track). CH won't be ended by 2017 due to new CH entries. The CoC set up a Veterans Committee of Father Bill's & MainSpring (primary homeless vets svce provider), the VA, and local vets agents and created a Veterans track to rapidly end or prevent vets homelessness. The committee is receiving HUD TA to advance toward functional zero.

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

The City of Quincy Planning Dept (QPD) as Collaborative Applicant and Lead Entity annually announces new PH funds available through the CoC competition, open to any providers. For 2015, QPD emailed the 140-person CoC general membership list about the new funds (10/1), including the availability of TA by the CoC Coordinator. Short concept papers were due 10/7. Projects were informed within 24 hours if approved to submit, and final applications were due 10/20. Factors the CoC considered in selecting new projects were: meeting the CoC's goals of ending chronic homelessness and/or homelessness of other targeted subpopulations (esp. youth). As noted in 1B-1a, input from CoC committees informed the priorities and the projects selected, as did the CoCs 10 year plans to end chronic homelessness. The CoC encourages applications and offers TA for providers who have not received CoC funds, but Hearth requirements are complex and difficult for non-CoC funded providers to master.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4	80.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4	80.00%
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	100.00%
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00%

**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)**

Frequency, extent and type of interactions with the 4 engaged Con Plan jurisdictions are as follows. Quincy Planning Dept is the Collaborative Applicant, a CoC project applicant, and member of the Executive and Project Review Committees. Frequency is weekly, average 2 hours/week and includes planning meetings, emails, phone calls. Brockton Redevelopment Authority serves on the CoC Executive Committee, frequency is quarterly, 3 hours/quarter and includes planning meetings, email, calls. MA Dept of Hsg & Community Development (DHCD) coordinates closely with the CoC. Frequency is at least monthly, 3 hours/month, planning meetings, email, calls. Weymouth Planning Dept engages around the Con Plan submission. Frequency is annually, 3 hours/year, meetings, email, calls. All 4 jurisdictions seek PIT data and CoC input annually for the Con Plans. The Town of Plymouth Con Plan jurisdiction has not engaged with the CoC. The CoC may request local HUD office assistance with entree.

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

The CoC works with the 2 ESG recipients (Quincy, the state) to inform local ESG funding decisions, performance standards, and evaluation of outcomes. The CoC reviews ESG allowable funding categories and rules, and compares them against local priorities. It gives input to the recipients at planning meetings, CoC committees, and through written recommendations. The CoC relies on and provides the following to guide this input: PIT data, HMIS data (e.g., unduplicated annual shelter stays, exits to housing, demographics). It also reviews ESG subrecipient outcomes. The CoC gives input to the state on performance standards; for Quincy it also helps to evaluate outcomes through CoC level committee review of subrecipient outcomes and comparison to HMIS and other CoC data on trends, feasible performance expectations, and the like.

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

In MA, any homeless family is eligible for shelter: both CoC victim and non-victim service providers serve DV families, are cross-trained, and closely coordinate. For (A) – household presents to homeless provider: any DV family may go to the local welfare office to be assessed by a DV specialist who connects the family to shelter (DV when available) and services, respecting family choice and factoring in safety and security (placement in-region or farther away). Single adults fleeing DV are assessed and assisted at the 2 CoC adult shelters; when safety is an issue, they will be placed elsewhere. For (B) – household presents to victim service provider: they provide shelter and services; when at capacity, households are referred to the EA family shelter system. DV households, regardless of entry point, may access housing (PSH, ESG-RRH and/or state HomeBASE-RRH) via the CoC coordinated entry system. Minimum of data is shared and only upon household informed consent.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Brockton Housing Authority	0.00%	No
Quincy Housing Authority	100.00%	Yes-HCV
Weymouth Housing Authority	50.00%	No
Plymouth Housing Authority	6.00%	Yes-Public Housing
Hingham Housing Authority	100.00%	Yes-HCV

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)

There were 865 units in the CoC targeted to homeless households through other resources as of the 2015 PIT: state HomeBASE RRH for homeless families (401); SSVF RRH (38); state Mass Rental Voucher Program (MRVP) subsidies set aside for homeless families (175) and MRVPs through the new Pay for Success initiative to house homeless high service utilizers (20); state rental support for Home & Healthy for Good for the chronically homeless (7); New Lease, the first in the nation initiative to set a homeless family preference in federal Multifamily housing (15 units/year); VASH (178 units); and 31 units for homeless individuals operated by CoC providers and created using local Community Preservation Act, CDBG, HOME, and private funds. The CoC encourages affordable housing providers to set homeless preferences and has sought opportunities to be an early participant in homeless state initiatives such as New Lease, Pay for Success, and others.

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

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Not applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

The state-funded family shelter system provides CoC wide coordinated entry for families. Local welfare offices accessible by public transportation are the entry point where families seeking help are assessed for shelter or state HomeBASE rapid rehousing. If RRH is not possible, families are placed in shelter where they are directed to appropriate housing placement through coordinated CoC PSH, HomeBASE or other housing. The system is advertised via welfare offices, 211, and social service networks. For individuals, the CoCs two emergency shelters are the coordinated entry points where assessment, triage, and plans for housing placement are implemented (CoC PSH, ESG, other). The system is widely advertised via outreach teams, social service, police, hospital and other networks. Winter shelters in Plymouth & Wareham are coordinated with this system. The CoC uses by-name lists of veterans and chronically homeless persons to coordinate their rehousing.

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

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

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

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	11
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	11
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

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

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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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 favors low-barrier projects that serve chronically homeless (CH) people with the highest needs and vulnerabilities. Of 11 renewals: 9 are PSH, 1 is HMIS and 1 SSO. The CoC scoring tool favors PSH projects with dedicated CH beds first and prioritized beds second with 30 of 100 points related to ending CH and 4 of 100 points for a Housing First approach. PSH projects are required by the CoC Policy Manual to abide by the HUD Notice on Prioritizing Persons Experiencing CH; the reviews make sure this process is being followed. Projects are also scored for maximizing income, but will factor in projects with vulnerable, disabled clients with little or no income, resistant to receiving services, etc. Employment, which in prior competitions was a HUD benchmark for 20% of participants, has been a challenge to meet. As HUD shifts to a low barrier philosophy, the CoC in turn may reduce the weight given to this outcome in future project reviews.

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

The Collaborative Applicant publicly shared the review, ranking and selection criteria for the FY2015 local CoC program competition in two ways. (1) It presented the review process, selection criteria and final ranking at the CoC fall General Membership meeting on 11/4/15. (2) It then wrote up that process and the ranking decisions and circulated them to the CoC 140-person mailing list; it also posted this information on the Collaborative Applicant's webpage (City of Quincy Planning Dept) on 11/5/15. See attached documentation.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

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

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

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

Instructions

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

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

The CoC has a two-step process for monitoring performance to ensure CoC projects meet the requirements in 24 CFR part 578 as well as CoC goals. (1) The Collaborative Applicant (CA) conducts desk monitoring every year and on-site monitoring every 2 years or so. The CA uses the HUD CPD monitoring handbook as a guide and assesses for on-time APR submissions, APR performance, HUD findings, quarterly draw-downs, etc. The CA keeps the CoC informed of project results to guide improved CoC performance and planning. (2) The Project Review Workgroup as part of the annual competition uses the CoC scoring tool to conduct project reviews (see attachment for 1F-2). Criteria include: homeless eligibility, project utilization, project spending, and a thorough review of APR outcomes (housing stability, increased income, mainstream benefits), HMIS data quality, and chronic unit commitments. Project renewal and ranking is based on scoring from these reviews

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. GC, 8; ALT, 1-2

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

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

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

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

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

Instructions

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

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

*** 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	\$113,007
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$113,007

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$125,335
State and Local - Total Amount	\$125,335

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$90,352
Organization	\$0
Private - Total Amount	\$90,352

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$328,694
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/15/2015

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	919	19	900	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	59	33	15	57.69%
Rapid Re-Housing (RRH) beds	56	0	0	0.00%
Permanent Supportive Housing (PSH) beds	740	0	485	65.54%
Other Permanent Housing (OPH) beds	0	0	0	

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

TH, RRH, and PSH have bed coverage rates below 85%, according to the 2015 HIC. There are errors in the reporting of bed coverage for these projects. For RRH, all 56 beds are actually being entered into HMIS. The CoC will correct it in the 2016 HIC, so it is accurately reflected as a 100% coverage rate. For PSH, 2 projects with 13 beds were incorrectly listed as not being in HMIS. These will be corrected in the 2016 HIC. A new 20-bed project will begin being entered into HMIS within the next 60 days as the final structures are built into HMIS. The main challenge to PSH bed coverage is with VASH. These 222 units are not in HMIS. The CoC will conduct outreach to the VA and will utilize our existing Vets @ Home TA to assist in implementing the plan. For TH, the only non-DV beds that aren't covered by HMIS are in a non-CoC funded youth project, as addressed in Question 2C-3. While they are not required to enter into HMIS, the CoC will outreach to encourage their participation.

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

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input checked="" 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? Monthly

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	3%	1%
3.3 Date of birth	0%	0%
3.4 Race	3%	2%
3.5 Ethnicity	2%	1%
3.6 Gender	0%	0%
3.7 Veteran status	5%	0%
3.8 Disabling condition	15%	4%
3.9 Residence prior to project entry	20%	5%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	78%	3%
3.15 Relationship to Head of Household	18%	0%
3.16 Client Location	28%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	17%	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"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 8

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

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

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

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input 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)

There are no RHY-funded programs within the CoC's geography. PATH uses an alternate HMIS and is not entering data into the CoC's HMIS. The state recently coordinated the process for PATH to begin entering data into HMIS statewide. However, the program selected a different system that is not connected to this CoC. In order for PATH to switch HMIS systems, the state would need to support that change because they designed the current process. This CoC will advocate for that change through the statewide HMIS Administrators' Group that is convened by the state. This CoC will encourage the state to identify a mechanism to provide PATH data to CoCs. Provision of PATH data could be done within 6 months, but it requires state coordination.

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

Instructions:

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

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

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

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 02/25/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Yes

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

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

Instructions:

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

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

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

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input 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)

For the sheltered PIT count, each provider agency completes a printed copy of the CoC survey of total clients in each program on the PIT night. They subsequently enter the data into customized Excel worksheets, which automatically tabulate results. The lead agency then compares the surveys to the data in HMIS in order to verify the assessment data. In the event of a discrepancy between HMIS and the Excel-generated report, the data is analyzed by the CoC HMIS Administrator to determine the cause and to correct the issue. Extrapolation is not necessary for our CoC since we fully account for each of the region's sheltered beds. HMIS is the source for all subpopulation data. Conducting a trial run of the PIT data two weeks prior to the count also helped to identify any missing data that would need to be corrected. This method was selected because the CoC has a very high rate of HMIS bed coverage, and provider surveys would capture any additional missing data.

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

Not applicable

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

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

Two programs that had previously been included in the PIT were not included in the 2015 sheltered count. 1. Evelyn House, an emergency shelter for families, wasn't included this year following clarification from HUD that it was located within the Balance of State CoC and should be reported on their PIT and HIC. 2. The Brockton VA's REACH program wasn't included in the 2015 sheltered count after the CoC received clarification from the VA that it is not considered a homeless program. Additionally, the state opened one additional motel in the CoC geography for the statewide family shelter system. On the night of the 2015 PIT the additional motel sheltered 12 families with 39 persons.

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

Instructions:

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

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

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

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

Implementation improved through enhanced training and capacity of staff to collect the count and demographic data for families being sheltered in state-funded overflow motels as part of the statewide family shelter system. Staff capacity was added prior to the PIT implementation, with the hiring of a family shelter data specialist. The specialist collected data on families in motels in late 2014, which gave the CoC better quality data on families in motels for the first time. The specialist is part of the CoC HMIS team, and received training on the PIT methodology and HUD data standards. The specialist, focused on HUD data elements leading up to and on the night of the PIT. This resulted in a more accurate count of homeless families and improved quality of demographic data regarding family chronicity and other data elements.

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

Instructions:

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

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

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 02/25/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Yes

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/15/2015

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

Instructions:

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

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

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

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

The CoC uses a night of the count - known locations methodology to conduct its unsheltered count. The count was conducted by shelter staff and clinicians familiar with the unsheltered population. Each team was responsible for a coverage area in the target cities of Quincy, Weymouth, Brockton, Plymouth & Wareham. The teams canvassed downtown areas, known locations, & non-shelter services to conduct the public count. Interviews of the clients were conducted when possible to collect identifying information. After the count, teams gathered to compare counts in order to avoid duplication. In order to ensure complete coverage of all unsheltered persons, the CoC reached out to all police departments and local hospitals in our region to get a count of unsheltered homeless persons observed that night. HMIS is checked to see if unsheltered clients have stayed at a shelter in the past to verify subpopulation data.

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

Not applicable

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

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

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

Instructions:

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

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

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

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

Not applicable

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,643	1,803	160
Emergency Shelter Total	1,508	1,729	221
Safe Haven Total	0	0	0
Transitional Housing Total	95	46	-49
Total Sheltered Count	1,603	1,775	172
Total Unsheltered Count	40	28	-12

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	4,363
Emergency Shelter Total	4,331
Safe Haven Total	0
Transitional Housing Total	32

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

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

1. The CoC collects and coordinates data to identify the risk factors that lead individuals and families to become homeless for the first time. Triage and Assessment staff at the two emergency shelters for individuals gather information on discharges from other systems of care, and utilize an assessment tool to capture reasons for homelessness. Data is collected on the reason for homelessness for families entering the shelter system. The CoC’s prevention provider is an active member of the CoC’s Executive Committee and the Family Services Committee and provides other members with information about risk factors. 2. The CoC has a diversion effort at the emergency shelter access points for individuals and families. Activities include assessment, housing search, mediation, negotiation, financial assistance, support services, connections to employment specialists, and discharge planning with hospitals and substance abuse facilities.

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)**

1. The CoC uses HMIS to track length of stay for individuals and families. The HUD universal data element for project entry is reviewed to create a list of long-term stayers. Long-term stayers are defined as those with 180 or more bed nights during the course of a 12 month period. 2. The CoC creates a long term stayer list for individuals. Shelters assign certain case managers to serve as dedicated staff for the long-term stayers. The list is reviewed monthly to match those on the list with open housing units. The CoC uses ESG rapid rehousing funds for individuals because there is a robust state-funded RRH program for families, HomeBASE. An assessment tool identifies strong candidates for ESG-RRH to reduce lengths of stay. Families are encouraged to use HomeBASE, the state’s RRH program. It is available to families in the shelter system upon entry. Case managers work with each family to identify whether HomeBASE will be an effective tool to exit shelter, and develop a rehousing plan.

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

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

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	63
Of the persons in the Universe above, how many of those exited to permanent destinations?	53
% Successful Exits	84.13%

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	514
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?	437
% Successful Retentions/Exits	85.02%

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

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

The strategies used to identify and minimize returns to homelessness include:
1. Use of a unique identifier in HMIS. This allows the CoC to identify and track multiple homeless episodes, and then target prevention, diversion, and RRH services.
2. Provision of 12 months of stabilization to families entering RRH and PSH. Services are based on service plans that outline activities related to lease compliance, income, and benefits maximization. Outcomes are tracked in HMIS.
3. Emergency shelter access points for individuals employ assessment specialists who provide diversion to anyone seeking shelter. Diversion activities include mediation with landlords, family and friends; provision of limited financial assistance, help accessing appropriate systems of care, and identification of feasible alternative housing.
4. All households in PSH and RRH receive services that focus on tenancy preservation. When necessary, staff help secure alternative housing to avoid returns to homelessness.

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

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

Participants in CoC-funded projects receive help to increase income from all sources. Each is assessed for income, and opportunities for increasing income are included in housing service plans.
1. The strategy implemented in the last year by FBMS to increase the rate of employment income is co-location of staff at the 3 Career Centers in the CoC. Co-location improved access to Career Center trainings and workshops.
2. The strategy implemented by each CoC-funded agency to increase non-employment income is assessment for the non-employment benefits they currently receive. This is done as the first step in each household's service plan. Additional sources or increases to existing benefits are identified. Housing case managers aid participants in applying for non-employment income, including assisting with completing applications, scheduling, transportation to appointments, and collecting necessary documentation. Staff receive training on benefits and how to help participants gain access.

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)

1. The primary mainstream employment organizations with whom the CoC is working to grow income for homeless individuals and families are: the 3 Career Centers in the CoC, Youth Build, Training Resources of America, Massachusetts Rehab Commission, and SSI's Ticket to Work program. 2. In partnership with the CoCs SSO project, these mainstream employment partners provide job search, training programs, resume assistance, and job placement. The focus is on short term training with direct linkages to employment opportunities in the community. Participants get help in achieving a first job, as well as subsequent jobs that pay higher wages and connect to career ladders. 3. The CoC has 12 PH projects, 0 SH projects and 0 TH projects. Of the 12 PH projects, participants in all 12 have access to one or more of the mainstream employment organizations listed in this response. Therefore, participants in 100% of CoC projects are regularly connected to mainstream employment organizations.

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

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

The two emergency shelters for individuals employ outreach staff to identify and engage people living unsheltered in the CoCs hub communities – Quincy, Brockton, Plymouth, Wareham. Additionally, relationships with an array of CoC partners, municipalities, and other systems of care have resulted in referrals to the outreach teams when there is an indication that people might be living unsheltered elsewhere in the CoC geography. The outreach staff maintains a list of known locations where people live throughout the CoC and ensure outreach is provided consistently. The CoC's unsheltered count declined from 40 in 2014 to 28 in 2015. The CoC uses a Housing First strategy to bring people from the streets into shelter or housing that includes a low-threshold approach to engagement and accommodations based on individuals' unique needs. Engagement includes communication and preparation for shelter and/or housing.

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

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

Not applicable

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	167	256	89
Sheltered Count of chronically homeless persons	149	233	84
Unsheltered Count of chronically homeless persons	18	23	5

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

The count of sheltered and unsheltered chronically homeless persons increased in 2015. 1. There was improved data collection documenting chronic status for families and individuals. Capacity was added to improve family data. The number of chronically homeless families doubled between 2014 and 2015. For the first time, staff collected data on families sheltered in state-funded overflow motels for a more accurate count. The state also provided chronic data for families in motels for the first time. 2. The rental market tightened between 2014 and 2015. Households with subsidies find it difficult to lease at rents within FMR, causing longer lengths of stay. The unsheltered chronically homeless count increased from 18 in 2014 to 23 in 2015, with the increase in the town of Wareham. Wareham has a volunteer run winter shelter that is not low threshold, so several CH individuals will not go in. Since the PIT, the CoC committed non-CoC funded housing for 10 CH individuals in Wareham.

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

The CoC has reduced chronic homeless numbers by 44% in 7 years and strives to be close to ending it by 2015 with Quincy 10-Year Goal met of 100 CH units. Continued efforts will be (1) Triage & engagement at Father Bill's Place (FBP), the CoC individual shelter, with weekly review of chronic stayers list and exit plans, and (2) 100% of units use a Housing First approach and more PSH to be added. Numeric goals will be met by: 1) 85% of non-CH beds prioritized for CH households in 2014 & 2015. Goal of 9 prioritized annually is based on 4 years of APR turnover analysis. 2) 5 new dedicated CH beds requested in this application online by Jan 2015 HIC. 3) Plans under development for the conversion of FBP to a smaller shelter, coupled with more PSH units to end chronic homelessness (non-CoC funded). Those units are not counted above, as projected for late 2015-18.

Note: HUD HRE 9/30/2011 guidance to this CoC to count "only qualifying adults" in chronic households meant 2013 & prior HICs excluded dependents' beds from the CH bed count. 2013 HIC of 96 CH adult beds should be corrected as 98 CH beds, inc. dependents.

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

For merged MA-511 and former MA-520: 1) Increased triage and review of chronic stayers lists at both CoC individual shelters by 7/14. 2) 92% of units use Housing First approach (1/14). 3) 100% of non-CH beds prioritized for CH households: 24 beds turned over in 2014 & 2015 - 85% filled by CH households by 9/15. 4) 14 dedicated CH beds added by 12/14: CoC13 new project (5), CoC12 reallocation project (7), and an existing CoC PSH dedicated (2) beds as of 12/14 vacancy. Proposed MA-520 strategy to add 2 state-funded beds could not be CH-targeted due to state restrictions; instead a state initiative (MHSA-Pay for Success) added 10 CH beds 10/15. 5) Plan to convert FBP to a smaller shelter and create more PSH units adopted in FBMS strategic plan with implementation goals (1/15). Construction began 10/15 on 22-unit project – includes 10 CH units to be online by 12/16. Quincy 10-Year goal met - added 100 CH units; CH pop in Quincy & Brockton dropped by 55% (both cities have 10-Year plans).

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

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	181	209	28

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

MA-520 merged with MA-511 as of 2015. Numbers for the two prior CoCs have been combined, MA-511 (98) & MA-520 (83), for a total of 181 in 2014 as compared to 209 for 2015 (after CoC merger). The increase of 28 beds is due to two factors:

- (1) Three projects added 17 beds: Ackerman’s (5) – a new CoC’13 project; Greater Plymouth Supportive Housing Program (2) – an existing PSH project that dedicated these beds; and MHSA Pay for Success (10) - a non-CoC funded project launched in 2015.
- (2) Two data entry errors account for 11 additional beds counted as CH: O’Neil House (3) and Sheila McIntyre House (8). Neither has CH dedicated beds. The correct total for 2015 should be 198. The PIT/HIC working group reviewed the data multiple times prior to submission, and these units were not defined as CH in those reviews. They inadvertently were included in the final submitted in HUD HDX.

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

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. pages 5-6

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

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	247
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	16
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	14
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	87.50%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

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

The CoC, an early adopter of Housing First, made tremendous progress toward ending chronic homelessness in the first years of plan implementation (2005-2011) largely due to annual CoC awards of new PSH. Of the CoCs 198 CH beds, 91% were HUD CoC funded. The CoC leverages other resources for most of the supportive services, but needs HUD long-term deep rental subsidies in order to house this vulnerable population and sustain it. The CoC and the leadership councils will continue to seek out non-CoC housing resources for CH persons. The CoC was an early partner in the statewide Pay for Success initiative: 10 new state-funded subsidies are for CH persons (10 more for high service utilizers may meet HUD CH definition). However, two resources are critically needed to reach the 2017 goal: (1) More new HUD CoC PSH beds, and (2) Increased safety net resources via the state systems of care (e.g, treatment, mental health beds) so newly homeless people don't become chronically homeless.

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

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

Instructions:

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

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

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

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

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

The CoC is implementing a plan to rapidly rehouse families w/in 30 days. The state mandate to shelter eligible homeless families means no family in the CoC is screened out of access to shelter or rapid rehousing due to factors in 3B-2.1. The CoC assists families through a coordinated entry process. Primary point of entry is the welfare office where CoC partner staff assesses and triages homeless families. In FY15, 22% of families were diverted from shelter entry and rehoused with state RRH HomeBASE and housing search. (FY16 diversion goal is 50 %.) Employment services are also provided to help sustain housing. Families over-income for HomeBASE, have access to CoC ESG RRH funds. When immediate rehousing is not feasible due to multiple complex challenges, the family is placed in shelter. A rehousing plan with HomeBASE/other resources is then implemented. MA doesn't limit lengths of stay and housing costs are high, so rehousing may take months.

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

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	3	3

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

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

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

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	455	484	29
Sheltered Count of homeless households with children:	455	484	29
Unsheltered Count of homeless households with children:	0	0	0

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

The number of homeless households with children increased from 2014 to 2015. Massachusetts has a state-funded family shelter system, and DHCD has total control over eligibility determinations and placements into shelters in this CoC's geography. The demand for family shelter statewide continues to be extremely high, and shelter capacity has not kept pace. As a result, the state often places families from other regions of the state into shelter units or overflow motels located in this CoC. For every exit from the family shelter system, the state places a new family into that unit within 48 hours. The state has been using overflow motels continuously for over 8 years, and in the last year has expanded contracted family shelter units in order to reduce motel use. Further, prior to the 2015 PIT count, the state opened an additional motel in the CoC for use as overflow shelter. The opening of that motel accounts for 12 of the 29 additional families in the 2015 PIT.

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

Human trafficking and other forms of exploitation?	No
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 type="checkbox"/>
Community awareness training concerning youth trafficking:	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

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

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	39	39	0

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

Not applicable: a) HMIS data on youth in 3B-2.8 shows the number in an unsheltered situation prior to entry was not higher for FY14 vs. FY13, and b) HMIS data on youth-headed households with children indicate none came from unsheltered situations prior to entry.

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

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$36,172.00	\$347,567.00	\$311,395.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$311,395.00	\$311,395.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$36,172.00	\$36,172.00	\$0.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	8
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	5
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	10

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

The CoC collaborates with the McKinney-Vento liaisons (M-Vs) as joint partners in CoC planning and service coordination for homeless youth and children. (1) The M-Vs are regular attendees at the CoC Family Committee and report on educational and transportation issues for homeless children, and coordinate with CoC partners on solutions. Coordination involves resources for school age and pre-school children (with the Head Start agency represented on this committee). (2) The M-Vs engaged high school homeless youth to complete the CoC homeless youth count surveys conducted with the 2014 & 2015 PITS to inform CoC planning. (3) Every family shelter is mandated to ensure children are in school, and they have a joint process with the M-Vs to identify and assist homeless and at-risk families. (4) The M-Vs are active in the re-launch of the CoC Homeless Young Adult Committee. CoC shelters and M-Vs collaborated to shape a CoC youth housing pilot and shelter protocol for in-school youth.

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

The CoC ensures homeless families and youth are identified and then informed of and provided access to educational services and CoC and ESG funded housing resources. Every family shelter in the CoC is required by their state of MA shelter contract to designate a staff person to ensure children are enrolled in school or early childhood ed. programs. Every CoC and ESG provider also runs family shelter, so there is seamless coordination with the M-Vs and coordinated access for families and youth to CoC and ESG resources. M-Vs are informed as soon as a family is placed in shelter, and the family is informed of school options (continuation in school of origin or enrollment in a nearby school). The M-Vs and family shelter providers ensure enrollment and jointly address issues. The M-Vs also inform unaccompanied youth of their rights to services. The Family Committee tracks implementation of these policies, helps resolve barriers and updates the CoC about HEARTH Act requirements.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	82	64	-18
Sheltered count of homeless veterans:	82	63	-19
Unsheltered count of homeless veterans:	0	1	1

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

The number of homeless veterans decreased by 18 people between the 2014 PIT and 2015 PIT. The decrease is a result of improved implementation of the PIT. Prior to the 2015 PIT, the VA clarified that their REACH program was not a homeless program. Therefore, this program that had previously been included was not included during the 2015 PIT. The CoC continues to implement its Veterans Track that identifies all homeless veterans in the CoC and connects them to emergency shelter, prevention, diversion, rapid rehousing, and workforce development services. There was a slight increase in the number of unsheltered homeless veterans (0 in 2014; 1 in 2015). At the time of the PIT the CoC was actively engaging the unsheltered veteran.

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

The Veterans Track is used to identify, assess, and refer veterans to resources. It is managed by FBMS, a CoC-funded provider. 1. Outreach teams, employed by FBMS, discuss military service with people living unsheltered in order to identify potential veterans. 2. Outreach and shelter staff make referrals to the Veterans Track liaisons who conduct assessments that determine eligibility for VA services. This activity is conducted by FBMS. 3. FBMS serves as the lead veterans' services organization. FBMS is the region's contracted SSVF and HVRP provider, eliminating complications in making referrals to multiple organizations in order to access those programs. The VA also makes referrals to FBMS for SSVF resources. The VA has weekly drop-in hours where any veteran can apply for VASH. FBMS sends veterans to the drop-in, and the strong relationship with the VA ensures a smooth and open referral process.

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

1. Because the CoC uses a Veterans Track to connect all homeless and at risk veterans in the CoC with appropriate resources, veterans who are determined ineligible for VA services are already connected to CoC-funded resources. As soon as it is evident they are ineligible for VA, CoC-funded housing resources are assessed for current and anticipated openings. In addition, non-CoC housing resources are also sought, including public housing, Section 8, and other permanent supportive housing provided by CoC partners. The Veterans Liaison assists non-VA eligible veterans with applying for the CoC-funded resources, completing all paperwork, collecting documentation, mitigating CORI concerns, moving into the unit, and transitioning to work with Housing Case Managers. 2. Of the 13 PSH and RRH CoC-funded projects, 2 have prioritized turnover beds. This includes the Father McCarthy's Family Project Consolidated and the Sheila McIntyre House, which is an historic McKinney Section 8 Mod Rehab SRO.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
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Total PIT count of sheltered and unsheltered homeless veterans:	75	64	-14.67%
Unsheltered count of homeless veterans:	2	1	-50.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

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

The CoC is not on track to meet the goal of ending veterans’ homelessness by 2015. We are receiving Vets @ Home TA, focusing on targeting VASH to chronically homeless, improving access to VA resources for veterans who were dishonorably discharged, developing a rehousing strategy for hard to serve veterans, identifying mainstream housing resources, gaining VA participation in HMIS, and improving coordination of resources across public agencies. We are implementing recommended strategies to make progress, including: identifying all homeless veterans, providing shelter immediately to any unsheltered veteran who wants it, using transitional housing as a bridge to permanent housing. The CoC also uses a Veterans Track model for services to ensure regional resources are coordinated, maximized, and easily accessible to all homeless veterans. Major Barrier: the VA contracts for emergency shelter in the CoC, thus the Brockton VAMC refers homeless veterans from a broad geographic area to the CoC.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	12
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	12
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

The CoC systematically facilitates health insurance enrollment. MA is a Medicaid expansion state and already had near-universal coverage prior to the ACA. Uninsured families are rare and are identified and enrolled by family shelter providers. For individuals, the CoCs two shelters are the coordinated entry points, and have onsite licensed clinics: Boston Healthcare for the Homeless (Quincy shelter) and Brockton Neighborhood Health (Brockton shelter). Positive outcomes of the partnerships are: facilitate insurance enrollment, provide onsite care, and coordinate access to other health care resources and to their community clinics upon housing placement. Manet Community Health also provides health care to PSH participants. Additionally, thanks to ACA and these partnerships PSH participants have expanded health care options which are being met by the above providers who are skilled in meeting the particular healthcare needs of the formerly, chronically homeless.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Health clinics at CoC shelter coordinated entry points	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

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

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	12
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	11
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	92%

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

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	12
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	11
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	92%

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

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" 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"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	53	53

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)**

Not applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

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

Not applicable

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

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

Not applicable

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

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

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" 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 checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
CoC Governance	04/01/2014	5
Coordinated Entry	06/02/2014	4
Vets @ Home	09/29/2015	3

4C. Attachments

Instructions:

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

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

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	CoC Communication...	11/17/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	CoC Consolidated ...	11/17/2015
03. CoC Rating and Review Procedure	Yes	CoC Rating and Re...	11/04/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Re...	11/17/2015
05. CoCs Process for Reallocating	Yes	CoC's Process for...	11/04/2015
06. CoC's Governance Charter	Yes	CoC Governance Ch...	11/03/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	11/17/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	11/10/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC HMIS MOU	11/04/2015
11. CoC Written Standards for Order of Priority	No	CoCs Written Stan...	11/04/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: CoC Communication to Rejected Projects

Attachment Details

Document Description: CoC Consolidated Application Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoC Rating and Review: Public Posting Evidence

Attachment Details

Document Description: CoC's Process for Reallocating

Attachment Details

Document Description: CoC Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan Excerpts from Quincy, Plymouth, Hingham

Attachment Details

Document Description: CoC HMIS MOU

Attachment Details

Document Description: CoCs Written Standards for Order of Priority

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/12/2015
1B. CoC Engagement	11/12/2015
1C. Coordination	11/12/2015
1D. CoC Discharge Planning	11/12/2015
1E. Coordinated Assessment	11/12/2015
1F. Project Review	11/12/2015
1G. Addressing Project Capacity	11/12/2015
2A. HMIS Implementation	11/12/2015
2B. HMIS Funding Sources	11/12/2015
2C. HMIS Beds	11/12/2015
2D. HMIS Data Quality	11/12/2015
2E. Sheltered PIT	11/12/2015
2F. Sheltered Data - Methods	11/12/2015
2G. Sheltered Data - Quality	11/12/2015
2H. Unsheltered PIT	11/12/2015
2I. Unsheltered Data - Methods	11/12/2015
2J. Unsheltered Data - Quality	11/12/2015
3A. System Performance	11/12/2015
3B. Objective 1	11/12/2015
3B. Objective 2	11/16/2015
3B. Objective 3	11/12/2015
4A. Benefits	11/12/2015
4B. Additional Policies	11/12/2015
4C. Attachments	11/17/2015
Submission Summary	No Input Required

**2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected
Projects
MA-511**

1. The CoC had no rejected projects in the 2015 competition.
2. Written evidence of the decisions and ranking shared with the CoC is attached as the: *CoC Rating and Review Procedure: Public Posting Evidence*. It is included again here on the attached pages.

Sean Glennon

From: Sean Glennon <sglennon@quincyma.gov>
Sent: Thursday, November 05, 2015 12:18 PM
Subject: HUD CoC 2015 competition - project ranking
Attachments: MA-511-CoC Project Scoring Tool-PSH 2015.docx; MA-511-CoC Project Scoring Tool-SSO 2015.docx

Importance: High

Bcc: 'mallen@ocln.org'; 'kallen@uwgpc.org'; 'almeda@bmbcc.org'; 'jalmeida@bamsi.org'; 'halsaad@manetchc.org'; 'kanfield@ascentria.org'; 'kagarwal@southbaymentalhealth.com'; 'heatherarrighi@bpsma.org'; 'lorraine.art@state.ma.us'; 'audrey.banks@jud.state.ma.us'; 'amacleod-barbosa@comcounseling.org'; 'lbarros@selfhelpinc.org'; 'joylin_barry@ccab.org'; 'mark.bilton@state.ma.us'; 'paul.bowman@state.ma.us'; 'lesliebridson@quincypublicschools.com'; 'lburgess@oldcolonyymca.org'; 'kcappiello@cobma.us'; 'scarduso@eliotchs.org'; 'jonrc@selfhelpinc.org'; 'dcarman@uwgpc.org'; 'brockton.interfaith@gmail.com'; 'susanna.s.chan@state.ma.us'; 'sue.chandler@dovema.org'; 'wclark@townofmilton.org'; 'mcoffey@plymouthareacoalition.org'; 'dovesheltermanager@gmail.com'; 'gary.n.comeau@massmail.state.ma.us'; 'aconnolly@helpfbms.org'; 'PADaly@sscac.org'; 'jdavin@healthimperatives.org'; 'ldemia@healthimperatives.org'; 'dawn.devereaux@state.ma.us'; 'kdibona@healthimperatives.org'; 'DDiGiorgi@oldcolonyelderservices.org'; 'bekasdad@comcast.net'; 'rdoane@interfaithsocialservices.org'; 'mdubois@cobma.us'; 'mdubois@sccls.org'; 'tamara.dzialo@state.ma.us'; 'sellis@ssmh.org'; 'ellisonb@vinfen.org'; 'kfacchini@southshorehousing.org'; 'sfiner@southbaymentalhealth.com'; 'tefitzpatrick@gmail.com'; 'mary.flaherty@state.ma.us'; 'ffrazier@bamsi.org'; 'rfry@mpsd.org'; 'GALEGGALANTE@bpsma.org'; 'NBGalibois@sscac.org'; 'sglennon@quincyma.gov'; 'gretchen.golz@state.ma.us'; 'jesse_graham@ccab.org'; 'kathy.green@state.ma.us'; 'n.grenier@nwsoma.org'; 'carolinahill@aol.com'; 'Katherine.Guay@va.gov'; 'phamilton@ocpcrpa.org'; 'philomena.hare@use.salvationarmy.org'; 'lharper@oldcolonyelderservices.org'; 'stacey.hartstone@state.ma.us'; 'rheap@comcounseling.org'; 'mhorr@quincyma.gov'; 'erin.hurley@state.ma.us'; 'jackie@sowma.org'; 'rjenkins@brocktonredevelopmentauthority.com'; 'richard.jobin@state.ma.us'; 'susan.keating@brocktonhousingauthority.com'; 'patricia.kelleher@fcr-ma.org'; 'hkennedy@bamsi.org'; 'Ckowalski@hptc.org'; 'laura.Krim@dmh.state.ma.us'; 'faith.lafayette@state.ma.us'; 'juliana.langille@ccbrockton.org'; 'kleblanc@umext.umass.edu'; 'jlehrer@weymouth.ma.us'; 'jlyoung@sswib.org'; 'Leo.Lloyd@USE.SalvationArmy.org'; 'loftusg@vinfen.org'; 'jlydon@quincyha.com'; 'felicia.lyle@use.salvationarmy.org'; 'Benjamin.Lyle@USE.SalvationArmy.Org'; 'smcarolinahill@aol.com'; 'Mona.Mackinnon@state.ma.us'; 'hmaclean@plymouthareacoalition.org'; 'Claire.Macneill@state.ma.us'; 'emanning@quincyma.gov'; 'karendmccarthy@bpsma.org'; 'conmel@aol.com'; 'ginny.mercure@lhi.org'; 'Jmiller@eliotchs.org'; 'daliravi@hotmail.com'; 'jose.monteiro@state.ma.us'; 'stevem@hptc.org'; 'kmoorehead@thethehome.org'; 'mosesj@vinfen.org'; 'carln-k@southshorehousing.org'; 'enazzaro@thethehome.org'; 'ucb4u@comcast.net'; 'bniles@quincyha.com'; 'nobeled@helpfbms.org'; 'do'brien@townhall.plymouth.ma.us'; 'Heather.Odom@USE.SalvationArmy.Org'; 'kkintz@healthimperatives.org'; 'Cheryl@sowma.org'; 'jennifer.parks@state.ma.us';

Bcc: 'lpeters@healthimperatives.org'; 'stpike@northeastonsavingsbank.com';
'kprosper@metrosouthchamber.com'; 'mpujalte@southshorehousing.org';
'kquigley@ssymca.org'; 'roxanne.reynolds@state.ma.us'; 'nicole.richardi@state.ma.us';
'lrogers@helpfbms.org'; 'rogersblessing@yahoo.com';
'nicole.ross@use.salvationarmy.org'; 'timothy.ross@use.salvationarmy.org';
'gloriarubilar@bpsma.org'; 'msantucci@braintreema.gov';
'mschafer@horizonsforhomelesschildren.org'; 'csheppard@qcap.org';
'hshruhan@oldcolonyymca.org'; 'lsilva@bridgew.edu'; 'matt@simtechsolutions.com';
'cherylsimmons2@va.gov'; 'sslautterback@doe.mass.edu';
'espaulding@oldcolonyymca.org'; 'kspear@hptc.org'; 'laspencer@sscac.org';
'rstewart@horizonsforhomelesschildren.org'; 'bastrollo@qcap.org';
'eyma.sutton@state.ma.us'; 'jtavon@helpfbms.org';
'tomt@brocktonhousingauthority.com'; 'catherine.thomas@state.ma.us';
'jacquelyn.vecchi@state.ma.us'; 'mwakin@bridgew.edu';
'elizabeth.westbrook@state.ma.us'; 'whites@vinfen.org';
'swillis@oldcolonyelderservices.org'; 'stacy_wyrosdic@ccab.org';
'jyazwinski@helpfbms.org'; 'szou@brocktonredevelopmentauthority.com'

Dear South Shore Network to End Homelessness:

Following is a summary from yesterday's general membership meeting (Nov 4, 2015) of the CoC's review, ranking and selection process for the HUD 2015 Continuum of Care (CoC) competition. At the bottom is the final project ranking list and a link to the City's webpage where it is posted.

If you have any comments or question regarding this process, please do not hesitate to contact me.

Very sincerely,

Sean Glennon
Community Development Director
Dept. of Planning & Community Development

34 Coddington Street, 3rd Floor | Quincy, MA 02169
sglennon@quincyma.gov | (P) 617-376-1167

- **Project Review Group:** The Network Executive Committee appointed the following people to complete the scoring and reviews: Sean Glennon – City of Quincy, Dennis Carman – United Way of Greater Plymouth County, and Joyce Tavon – South Shore Network Coordinator. Liz Rogers – Father Bill's & MainSpring (CoC Support Entity) attended as an observer to learn the process.
- **Scoring:** Projects were reviewed and scored based on their Annual Progress Reports (APRs) and HUD compliance issues. Attached are the CoC scoring tools which were also provided at the general meeting.
- **No Rejections or Reallocations:** All renewal projects aligned with the CoC's and HUD's priorities and scored high enough on project performance to be recommended for continued funding.
- **Tiering:** The HUD CoC Notice of Funding Availability (NOFA) required that projects be placed in two tiers:

- Tier 1: guaranteed renewal if meet eligibility = 85% of the CoC's total Annual Renewal Demand (ARD)
- Tier 2: funding will be based on the CoC's and project's competitive score = 15% of ARD + allowable new permanent housing projects
- **Ranking:** The Project Review Group proposed the following plan for ranking, which was approved by the Executive Committee:
 - All Permanent Supportive Housing renewals first, in order of score – to preserve the 296 CoC-funded housing units and not put participants at risk of repeated homelessness
 - Homeless Management Information System (HMIS) renewal project – to preserve the CoC wide system for data collection
 - South Shore Housing & Employment Project – to renew the one project providing employment and housing services, given a lack of such funding from mainstream resources
 - New permanent housing:
 - The project for chronically homeless individuals was ranked ahead of the rapid rehousing project for young adults based on the CoC's (and HUD's) goal to end chronic homelessness by 2017.
 - As per the HUD NOFA, a \$135,873 planning grant will be funded separately from the tiers so long as it meets threshold eligibility.
- **2015 CoC Project Ranking list** is below. It can also be found here: http://www.quincyma.gov/CityOfQuincy_Content/documents/CoC%20Ranking%202015.pdf

SOUTH SHORE COC (MA-511) PROJECT TIERING - 2015 HUD COC COMPETITION

Org	Project Name	Type	Amount	Project Summary
TIER 1	<i>Renewal Projects:</i>			
FBMS	My Home I and II	PSH	\$173,878	10 scattered site units for chronically homeless individuals
FBMS	Work Express Housing	PSH	\$109,041	16 units for chronically homeless individuals at Spring St, Brockton
FBMS	Secure Homes Consolidated Program	PSH	\$522,911	35 scattered site units for individuals & families; 29 for chronically homeless individuals
FBMS	BCIJ Program	PSH	\$981,331	63 scattered site units for individuals & families; 24 for chronically homeless
Old Colony Y	Supportive Housing for Families II	PSH	\$205,635	12 scattered site units for families in Brockton; 7 for chronically homeless
FBMS	Fr. McCarthy's Family Project	PSH	\$1,407,999	96 scattered site units for individuals & families; 64 for chronically homeless
FBMS	Louis Project	PSH	\$162,700	9 units for individuals - 5 for chronically homeless, 4 for women with serious mental illness
FBMS	DEFGH Program (total: \$720,794) - Tier 1 portion	PSH	\$286,242	45 scattered site units for individuals & families

TIER 1 LINE			\$3,849,737	
TIER 2	<i>Renewal Projects:</i>			
FBMS	DEFGH Program - Tier 2 portion	PSH	\$434,552	see above
So Shore Hsg	Greater Plymouth Area Supportive Housing Program	PSH	\$43,649	10 scattered site units in Kingston & Plymouth for families
City of Quincy/FBMS	HMIS Brockton	HMIS	\$113,007	Homeless management info system for entire CoC
FBMS	South Shore Housing and Employment Project	SSO	\$88,157	Employment and housing services for Quincy area homeless individuals
	<i>New Projects:</i>			
FBMS	Nicole's Project	PSH	\$367,438	25 units for chronically homeless individuals
FBMS	Zanelli's Project	RRH	\$311,395	30 homeless young adults (18-24) to benefit from Rapid Rehousing funds (approx \$8,000 ea.)
TIER 2 LINE			\$1,358,198	
City of Quincy	Planning Grant (HUD set-aside of funds)		\$135,873	Funds for CoC planning, coordinated entry process, application preparation, project monitoring, homeless census, etc.
GRAND TOTAL			\$5,343,808	

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CITY of QUINCY

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Residents Economic Development Visitors Departments Online Services Meetings

Tuesday, November 17, 2015

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Message Text*:

FY 2015 Competition
In compliance with the Interim Rule, please [click here](#) to read a summary of this year's selection process, and to view the project ranking.
Please [click here](#) to view the FY 2015 Consolidated Application.
Please [click here](#) to view the FY 2015 Priority Listing.

[Click here to see style samples.](#)

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Applicant: Quincy/Weymouth CoC
Project: MA-511 CoC Registration FY2015

MA-511
COC_REG_2015_121789

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: MA-511 - Quincy, Brockton, Weymouth, Plymouth City and County CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Quincy, MA

Applicant: Quincy/Weymouth CoC
Project: MA-511 CoC Registration FY2015

MA-511
COC_REG_2015_121789

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/ask-a-question/>.

Collaborative Applicant Name: City of Quincy, MA

CoC Rating and Review Procedure – 2015

MA-511

1. **Criteria:** The criteria checked off in 1F-2 can be found in the **attached PSH and SSO Renewal Project Scoring Tools**.
2. **CoC Name:** MA-511 – Quincy/Brockton/Weymouth/Plymouth City and County CoC is known locally as the *South Shore CoC* or *South Shore Regional Network to End Homelessness (South Shore Network)*.
3. **“Type of Project or Program”** in 1F-2 was selected because the CoC uses different scoring tools by project type. It ranks PSH renewals first, followed by the one HMIS and then the one SSO project. Continued inclusion of the SSO project in the priority list depends on strong performance in the scoring review. HMIS is not scored, but the APR is reviewed and HUD spending is checked to ensure project compliance.
4. **Review and ranking:** Additional details about the process are described in the email to the CoC (South Shore Regional Network) mailing list - next attachment: *CoC Rating and Review Procedure: Public Posting Evidence*.

South Shore Network (CoC MA-511) - Project Scoring Tool – PSH RENEWALS 2015

Project Name: _____ Org: _____

Evaluator Name: _____ Date: _____

Maximum score = 100.

Problems meeting threshold eligibility could result in deductions

PSH INVENTORY – Unit and bed info from renewal application and CoC Coordinated Entry data

Number of Beds	Total Beds	Dedicated CH Beds	% Dedicated (as % of total beds)	Non-CH Beds	% Prioritized (as % of non-CH beds)
Beds for Individuals					
Beds for Families (units in parenthesis)					
Total Beds (units)					

*Units/beds are the same for individual PSH. Family PSH bed count is based on count in the project application. HUD scoring is based on **bed count** (not unit count).

PART 1: THRESHOLD ELIGIBILITY

Data are from the most recent APR submitted to HUD - additional documentation may be requested

	Mark ✓, No, or deduction
<p>(1) Residence prior to entry:</p> <p>Head of household must meet HEARTH definition of literally homeless and additional PSH restrictions below. <u>PSH projects - 100% CH dedicated beds, skip to (e) – next page.</u></p>	
<p>a. 100% came from emergency shelter (ES) and/or place not meant for human habitation (“streets”)</p> <p>- If yes, skip to (2). If no, complete (b-d).</p>	
<p>b. If any participants came from transitional housing:</p> <p>- Documentation of ES or streets immediately prior</p> <p>- Exception if fled domestic violence – DV documentation</p> <p>- If no documentation of either, deduct 5 points</p>	
<p>c. If any participants came from institutional settings:</p> <p>- Documentation resided there no more than 90 days and came from ES or streets immediately prior</p> <p>- If no documentation, deduct 5 points</p>	
<p>d. If any participants came from other locations - deduct 5 points</p>	

PART 1 (cont)

	Mark ✓, No, or deduction
<p>(1) Residence prior to entry (cont):</p> <p>e. If PSH project is 100% CH dedicated beds – 100% came from emergency shelter (ES) or and/or place not meant for human habitation (“streets”)</p> <p>- If not, deduct 10 points</p>	
<p>(2) Disability Information:</p> <p>a. Household member with a physical or mental health condition at entry (<i>Must be the head of household if in CH dedicated bed</i>)</p> <p>- If households with no disabled members, deduct 5 points</p>	
<p>(3) Project Occupancy:</p> <p>a. Occupancy at least 80%</p> <p>- If less than 80% and PSH is not within first year, deduct 10 points</p> <p>- If PSH’s first year and below 80%, provided plan to achieve full occupancy?</p>	
<p>(4) Project Spending:</p> <p>a. Confirmation by City of Quincy or HUD* there are no problems with spending (*if project grantee is the applicant)</p> <p>- If problems, the project has provided explanation</p> <p>- If no or insufficient explanation, deduct 5 points</p>	
<p>Met threshold or total deduction:</p>	

PART 2: PROJECT DETAILS AND PERFORMANCE OUTCOMES

Scores are based on data from the most recent APR submitted to HUD.

	Max Points	Points Awarded
(1) Ending chronic homelessness (Maximum points – 30)		
a. <i>% of dedicated chronic (CH) beds</i>		
100% of beds CH dedicated	30	
75% or more of beds CH dedicated	20	
25% or more of beds CH dedicated	10	
Less than 25% of beds CH dedicated	5	
No CH beds	0	
b. <i>% of non-CH beds that are prioritized</i>		
85% or more	5	
Less than 85%	2	
No prioritized beds	0	
(2) Increased Housing Stability (Maximum points – 20)		
80% or more remained housed	20	
50% or more remained housed	5	
Less than 50% remained housed	0	

PART 2 (cont)

(3) Increased Participant Income from Employment (Maximum points – 10)		
20% or more have income from employment	10	
10% or more have income from employment	5	
Less than 10% have income from employment	0	
(4) Increased or maintained Income from Other Sources (Maximum points – 6)		
75% or more have income from sources other than employment	6	
54% or more have income from sources other than employment	5	
Less than 54% have income from sources other than employment	0	
If have employment, but no other income sources	6	
(5) Obtaining Mainstream Benefits (Maximum points – 14)		
75% or more have non-cash mainstream benefits	14	
56% or more have mainstream benefits	12	
Less than 56% have mainstream benefits	0	
If have employment, but no mainstream benefits	10	

PART 3: OTHER PROJECT INFO

Data from self-report, renewal application, and HMIS

(6) Housing First Approach (Points 4)		
Project follows a Housing First approach that has been detailed in the application (additional info may be requested)		
Yes	4	
No	0	
(7) Leveraging (Points – 10)		
Leverage equal to 150% of HUD-funded project budget	10	
Leverage is less than 150% of budget	0	
(8) HMIS Data Quality (Points – 4)		
APR data had less than 10% missing/refused data for all data elements	4	
APR data had more than 10% missing/refused data	0	
(9) APR Submission (Points – 2)		
APR is in HMIS as proof that APR submission to HUD came from HMIS	2	
APR not in HMIS	0	
TOTAL (Maximum points)	100	

South Shore Network (CoC MA-511) - Project Scoring Tool – SSO RENEWAL 2015

Project Name: _____ Org: _____

Evaluator Name: _____ Date: _____

Maximum score = 100.

Problems meeting threshold eligibility could result in deductions

PART 1: THRESHOLD ELIGIBILITY

Data from the most recent APR submitted to HUD - additional documentation may be required

	Mark ✓, No, or deduction
(1) Residence prior to entry:	
a. 100% came from emergency shelter (ES), place not meant for human habitation ("streets"), or transitional housing - If yes, skip to (2). If no, complete (b-c).	
b. If any participants came from institutional settings: - Documentation resided there no more than 90 days and came from ES or streets immediately prior - If no documentation, deduct 5 points	
c. If any participants came from other locations: - Deduct 10 points (Note: this project proposes to serve category 1/literally homeless only. Does not include "other locations.")	
(2) Project Meets Proposed Capacity:	
a. APR number of adults served is at least 80% of proposed number in project application - If less than 80%, deduct 10 points	
(3) Project Spending:	
a. Confirmation by City of Quincy there are no problems with spending - If problems, the project has provided explanation - If no or insufficient explanation, deduct 5 points	
Met threshold or total deduction:	

PART 2: PROJECT DETAILS AND PERFORMANCE OUTCOMES

Measures below are the HUD performance outcomes against which the CoC is scored. Benchmarks in bold for 1, 2 & 3 indicate the APR goals set by the project. Data are from most recent APR submitted to HUD.

	Max Points	Points Awarded
(1) Achieved Permanent Housing (Maximum points – 20)		
80% or more exited to permanent housing	20	
At least 50% existed to permanent housing	5	
Less than 50% remained housed	0	
(2) Increased Participant Income from Employment (Maximum points – 30)		
60% or more have income from employment	30	
At least 50% have income from employment	5	
Less than 50% have income from employment	0	
(3) Increased Total Income (Maximum points – 20)		
80% or more increased total income from all sources	20	
At least 60% increased total income from all sources	5	
Less than 60% increased income from all sources	0	
(4) Obtaining Mainstream Benefits (Maximum points – 14)		
75% or more have non-cash mainstream benefits	14	
At least 56% have mainstream benefits	12	
Less than 56% have mainstream benefits	0	
If have employment, but no mainstream benefits	10	

PART 3: OTHER PROJECT INFO

Data from self-report, renewal application, and HMIS

(5) Leveraging (Points – 10)		
Leverage equal to 150% of HUD-funded project budget	10	
Leverage is less than 150% of budget	0	
(6) HMIS Data Quality (Points – 4)		
APR data had less than 10% missing/refused data for all data elements	4	
APR data had more than 10% missing/refused data	0	
(7) APR Submission (Points – 2)		
APR is in HMIS as proof that APR submission to HUD came from HMIS	2	
APR not in HMIS	0	
TOTAL (Maximum points – 100)		

Sean Glennon

From: Sean Glennon <sglennon@quincyma.gov>
Sent: Thursday, November 05, 2015 12:18 PM
Subject: HUD CoC 2015 competition - project ranking
Attachments: MA-511-CoC Project Scoring Tool-PSH 2015.docx; MA-511-CoC Project Scoring Tool-SSO 2015.docx

Importance: High

Bcc: 'mallen@ocln.org'; 'kallen@uwgpc.org'; 'almeda@bmbcc.org'; 'jalmeida@bamsi.org'; 'halsaad@manetchc.org'; 'kanfield@ascentria.org'; 'kagarwal@southbaymentalhealth.com'; 'heatherarrighi@bpsma.org'; 'lorraine.art@state.ma.us'; 'audrey.banks@jud.state.ma.us'; 'amacleod-barbosa@comcounseling.org'; 'lbarros@selfhelpinc.org'; 'joylin_barry@ccab.org'; 'mark.bilton@state.ma.us'; 'paul.bowman@state.ma.us'; 'lesliebridson@quincypublicschools.com'; 'lburgess@oldcolonyymca.org'; 'kcappiello@cobma.us'; 'scarduso@eliotchs.org'; 'jonrc@selfhelpinc.org'; 'dcarman@uwgpc.org'; 'brockton.interfaith@gmail.com'; 'susanna.s.chan@state.ma.us'; 'sue.chandler@dovema.org'; 'wclark@townofmilton.org'; 'mcoffey@plymouthareacoalition.org'; 'dovesheltermanager@gmail.com'; 'gary.n.comeau@massmail.state.ma.us'; 'aconnolly@helpfbms.org'; 'PADaly@sscac.org'; 'jdavin@healthimperatives.org'; 'ldemia@healthimperatives.org'; 'dawn.devereaux@state.ma.us'; 'kdibona@healthimperatives.org'; 'DDiGiorgi@oldcolonyelderservices.org'; 'bekasdad@comcast.net'; 'rdoane@interfaithsocialservices.org'; 'mdubois@cobma.us'; 'mdubois@sccls.org'; 'tamara.dzialo@state.ma.us'; 'sellis@ssmh.org'; 'ellisonb@vinfen.org'; 'kfacchini@southshorehousing.org'; 'sfiner@southbaymentalhealth.com'; 'tefitzpatrick@gmail.com'; 'mary.flaherty@state.ma.us'; 'ffrazier@bamsi.org'; 'rfry@mpsd.org'; 'GALEGGALANTE@bpsma.org'; 'NBGalibois@sscac.org'; 'sglennon@quincyma.gov'; 'gretchen.golz@state.ma.us'; 'jesse_graham@ccab.org'; 'kathy.green@state.ma.us'; 'n.grenier@nwsoma.org'; 'carolinahill@aol.com'; 'Katherine.Guay@va.gov'; 'phamilton@ocpcrpa.org'; 'philomena.hare@use.salvationarmy.org'; 'lharper@oldcolonyelderservices.org'; 'stacey.hartstone@state.ma.us'; 'rheap@comcounseling.org'; 'mhorr@quincyma.gov'; 'erin.hurley@state.ma.us'; 'jackie@sowma.org'; 'rjenkins@brocktonredevelopmentauthority.com'; 'richard.jobin@state.ma.us'; 'susan.keating@brocktonhousingauthority.com'; 'patricia.kelleher@fcr-ma.org'; 'hkennedy@bamsi.org'; 'Ckowalski@hptc.org'; 'laura.Krim@dmh.state.ma.us'; 'faith.lafayette@state.ma.us'; 'juliana.langille@ccbrockton.org'; 'kleblanc@umext.umass.edu'; 'jlehrer@weymouth.ma.us'; 'jlyoung@sswib.org'; 'Leo.Lloyd@USE.SalvationArmy.org'; 'loftusg@vinfen.org'; 'jlydon@quincyha.com'; 'felicia.lyle@use.salvationarmy.org'; 'Benjamin.Lyle@USE.SalvationArmy.Org'; 'smcarolinahill@aol.com'; 'Mona.Mackinnon@state.ma.us'; 'hmaclean@plymouthareacoalition.org'; 'Claire.Macneill@state.ma.us'; 'emanning@quincyma.gov'; 'karendmccarthy@bpsma.org'; 'conmel@aol.com'; 'ginny.mercure@lhi.org'; 'Jmiller@eliotchs.org'; 'daliravi@hotmail.com'; 'jose.monteiro@state.ma.us'; 'stevem@hptc.org'; 'kmoorehead@thethehome.org'; 'mosesj@vinfen.org'; 'carln-k@southshorehousing.org'; 'enazzaro@thethehome.org'; 'ucb4u@comcast.net'; 'bniles@quincyha.com'; 'nobelee@helpfbms.org'; 'do'brien@townhall.plymouth.ma.us'; 'Heather.Odom@USE.SalvationArmy.Org'; 'kkintz@healthimperatives.org'; 'Cheryl@sowma.org'; 'jennifer.parks@state.ma.us';

Bcc: 'lpeters@healthimperatives.org'; 'stpike@northeastonsavingsbank.com';
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'kquigley@ssymca.org'; 'roxanne.reynolds@state.ma.us'; 'nicole.richardi@state.ma.us';
'lrogers@helpfbms.org'; 'rogersblessing@yahoo.com';
'nicole.ross@use.salvationarmy.org'; 'timothy.ross@use.salvationarmy.org';
'gloriarubilar@bpsma.org'; 'msantucci@braintreema.gov';
'mschafer@horizonsforhomelesschildren.org'; 'csheppard@qcap.org';
'hshruhan@oldcolonyymca.org'; 'lsilva@bridgew.edu'; 'matt@simtechsolutions.com';
'cherylsimmons2@va.gov'; 'sslautterback@doe.mass.edu';
'espaulding@oldcolonyymca.org'; 'kspear@hptc.org'; 'laspencer@sscac.org';
'rstewart@horizonsforhomelesschildren.org'; 'bastrollo@qcap.org';
'eyma.sutton@state.ma.us'; 'jtavon@helpfbms.org';
'tomt@brocktonhousingauthority.com'; 'catherine.thomas@state.ma.us';
'jacquelyn.vecchi@state.ma.us'; 'mwakin@bridgew.edu';
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'swillis@oldcolonyelderservices.org'; 'stacy_wyrosdic@ccab.org';
'jyazwinski@helpfbms.org'; 'szou@brocktonredevelopmentauthority.com'

Dear South Shore Network to End Homelessness:

Following is a summary from yesterday's general membership meeting (Nov 4, 2015) of the CoC's review, ranking and selection process for the HUD 2015 Continuum of Care (CoC) competition. At the bottom is the final project ranking list and a link to the City's webpage where it is posted.

If you have any comments or question regarding this process, please do not hesitate to contact me.

Very sincerely,

Sean Glennon
Community Development Director
Dept. of Planning & Community Development

34 Coddington Street, 3rd Floor | Quincy, MA 02169
sglennon@quincyma.gov | (P) 617-376-1167

- **Project Review Group:** The Network Executive Committee appointed the following people to complete the scoring and reviews: Sean Glennon – City of Quincy, Dennis Carman – United Way of Greater Plymouth County, and Joyce Tavon – South Shore Network Coordinator. Liz Rogers – Father Bill's & MainSpring (CoC Support Entity) attended as an observer to learn the process.
- **Scoring:** Projects were reviewed and scored based on their Annual Progress Reports (APRs) and HUD compliance issues. Attached are the CoC scoring tools which were also provided at the general meeting.
- **No Rejections or Reallocations:** All renewal projects aligned with the CoC's and HUD's priorities and scored high enough on project performance to be recommended for continued funding.
- **Tiering:** The HUD CoC Notice of Funding Availability (NOFA) required that projects be placed in two tiers:

- Tier 1: guaranteed renewal if meet eligibility = 85% of the CoC's total Annual Renewal Demand (ARD)
- Tier 2: funding will be based on the CoC's and project's competitive score = 15% of ARD + allowable new permanent housing projects
- **Ranking:** The Project Review Group proposed the following plan for ranking, which was approved by the Executive Committee:
 - All Permanent Supportive Housing renewals first, in order of score – to preserve the 296 CoC-funded housing units and not put participants at risk of repeated homelessness
 - Homeless Management Information System (HMIS) renewal project – to preserve the CoC wide system for data collection
 - South Shore Housing & Employment Project – to renew the one project providing employment and housing services, given a lack of such funding from mainstream resources
 - New permanent housing:
 - The project for chronically homeless individuals was ranked ahead of the rapid rehousing project for young adults based on the CoC's (and HUD's) goal to end chronic homelessness by 2017.
 - As per the HUD NOFA, a \$135,873 planning grant will be funded separately from the tiers so long as it meets threshold eligibility.
- **2015 CoC Project Ranking list** is below. It can also be found here: http://www.quincyma.gov/CityOfQuincy_Content/documents/CoC%20Ranking%202015.pdf

SOUTH SHORE COC (MA-511) PROJECT TIERING - 2015 HUD COC COMPETITION

Org	Project Name	Type	Amount	Project Summary
TIER 1	<i>Renewal Projects:</i>			
FBMS	My Home I and II	PSH	\$173,878	10 scattered site units for chronically homeless individuals
FBMS	Work Express Housing	PSH	\$109,041	16 units for chronically homeless individuals at Spring St, Brockton
FBMS	Secure Homes Consolidated Program	PSH	\$522,911	35 scattered site units for individuals & families; 29 for chronically homeless individuals
FBMS	BCIJ Program	PSH	\$981,331	63 scattered site units for individuals & families; 24 for chronically homeless
Old Colony Y	Supportive Housing for Families II	PSH	\$205,635	12 scattered site units for families in Brockton; 7 for chronically homeless
FBMS	Fr. McCarthy's Family Project	PSH	\$1,407,999	96 scattered site units for individuals & families; 64 for chronically homeless
FBMS	Louis Project	PSH	\$162,700	9 units for individuals - 5 for chronically homeless, 4 for women with serious mental illness
FBMS	DEFGH Program (total: \$720,794) - Tier 1 portion	PSH	\$286,242	45 scattered site units for individuals & families

TIER 1 LINE			\$3,849,737	
TIER 2	<i>Renewal Projects:</i>			
FBMS	DEFGH Program - Tier 2 portion	PSH	\$434,552	see above
So Shore Hsg	Greater Plymouth Area Supportive Housing Program	PSH	\$43,649	10 scattered site units in Kingston & Plymouth for families
City of Quincy/FBMS	HMIS Brockton	HMIS	\$113,007	Homeless management info system for entire CoC
FBMS	South Shore Housing and Employment Project	SSO	\$88,157	Employment and housing services for Quincy area homeless individuals
	<i>New Projects:</i>			
FBMS	Nicole's Project	PSH	\$367,438	25 units for chronically homeless individuals
FBMS	Zanelli's Project	RRH	\$311,395	30 homeless young adults (18-24) to benefit from Rapid Rehousing funds (approx \$8,000 ea.)
TIER 2 LINE			\$1,358,198	
City of Quincy	Planning Grant (HUD set-aside of funds)		\$135,873	Funds for CoC planning, coordinated entry process, application preparation, project monitoring, homeless census, etc.
GRAND TOTAL			\$5,343,808	

“CoC’s Process for Reallocating”
MA-511: Quincy/Brockton/Weymouth/Plymouth City and County

1F-5: The CoC did not use the reallocation process in the FY 2015 CoC Program Competition, and this document does not apply.

South Shore Regional Network to End Homelessness

Governance Charter

Also known as MA-511: Quincy/Brockton/Weymouth/Plymouth City and County Continuum of Care (CoC) or the South Shore CoC

South Shore Regional Network to End Homelessness Governance Charter

On February 8, 2015, HUD approved the merger of the region's two Continuums of Care (CoCs): Quincy/Weymouth and Brockton/Plymouth City and County CoCs under the name: MA-511 Quincy/Brockton/Weymouth/ Plymouth City and County CoC, which follows HUD CoC standard naming conventions. HUD also recognized that for local planning and communication purposes the CoC may opt to be known as the South Shore CoC or South Shore Regional Network.

1. Mission of the South Shore Regional Network

The South Shore Regional Network, which is the Continuum of Care for the region, formed to **bring together community agencies, government entities, faith-based organizations, businesses, consumers and other community partners to design and implement regional strategies to prevent, reduce, and end homelessness** in the communities covered by the Network. Those communities are located in Norfolk and Plymouth Counties as follows: Abington, Avon, Braintree, Bridgewater, Brockton, Carver, Cohasset, Duxbury, East Bridgewater, Easton, Halifax, Hanover, Hanson, Hingham, Holbrook, Hull, Kingston, Lakeville, Marion, Marshfield, Mattapoisett, Middleborough, Norwell, Pembroke, Plymouth, Plympton, Quincy, Randolph, Rochester, Rockland, Scituate, Stoughton, Wareham, West Bridgewater, Weymouth, and Whitman.

2. Purpose of the Charter

The CoC Interim Rule, published in the Federal Register on July 31, 2012 and effective August 30, 2012 formally establishes the Continuum of Care as the planning body responsible for meeting the goals of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Continuum of Care program as outlined in 24 CFR Part 578. A requirement of the CoC Interim Rule is that the CoC develop and follow a governance charter which outlines and assigns all responsibilities of the CoC. This South Shore Regional Network Governance Charter meets the requirements of 24 CFR Part 578 and outlines all roles and responsibilities of the various members and entities within the South Shore Regional Network. It is intended to guide the governance operations and decision-making process of the South Shore Regional Network. The Governance Charter will be reviewed annually and updated according to the process outlined herein.

3. Background of the Continuum of Care

The South Shore Regional Network was originally organized as two CoC Communities: Brockton/Plymouth City and County CoC and Quincy/Weymouth CoC. In April 2009, with the support of the Commonwealth of Massachusetts to create ten regional networks across the state, the organizations operating in these two CoCs formed one Regional Network. The goals were two-fold: to

build strong regional planning that would prevent and end homelessness and to integrate HUD CoC activity with the Regional Network through the eventual merger into one CoC. The merger would allow for improved coordination and systems planning on a regional basis of HUD CoC Planning resources and CoC Program funds, including both Continuum of Care (CoC) and Emergency Solutions Grant (ESG). On February 8, 2015, HUD approved the merger of the two CoCs.

This Network also includes other Norfolk county towns in its regional planning and programming that are currently in the Balance of State CoC for HUD CoC purposes. The communities listed in Section 1 above as being part of the South Shore Regional Network have a history of homeless collaborative planning and service delivery as a region. It is the Network's goal eventually to gain approval to add those Norfolk County towns to the South Shore Regional Network for HUD CoC purposes. This addition would align the geography and planning of HUD CoC Program funds, CoC Planning funds, and related CoC activity with the geography of all Network activities. The Executive Committee of the South Shore Regional Network will work with HUD and representatives of the Balance of State CoC to identify how best to achieve this goal.

4. Organization of the CoC

a. CoC Membership

The South Shore Regional Network encourages the active participation of all members of our geography who are interested in working to prevent and end homelessness in the CoC. We support an open invitation process for current and new members (see Section 4a(3) below for Outreach).

Membership is divided into two categories: General Membership and Voting Membership.

(1) General Membership: Anyone who lives or works in the Network's geographic region can be a general member. General members are welcome to attend the bi-annual Network Membership Meetings or any relevant committee, subcommittee or local planning meetings in the Network.

(2) Voting Membership: Anyone who lives or works in the Network geographic region and attends any meetings of the Network can be a voting member of the Network, with the restriction that organizational entities are limited to one vote per organization. Members of the organization will decide which participating member would have voting membership. An individual, who is not employed by or otherwise representing an organization that participates in the Network, would vote as an individual.

(3) Outreach for new members: The Network will conduct outreach to new members a minimum of one time per year. This outreach will include an invitation to attend and participate in one of the bi-annual meetings of the full Network or participate at one of the committee or subcommittee activities/meetings.

(4) Network Year: The year for purposes of the Regional Network will run from July 1 – June 30.

(5) Network Membership Meetings: The Network Membership will meet at least twice per Network year including one fall meeting which will take place between September and November and one winter/spring meeting to take place between January and June.

(6) Approval of Network Charter: The Network Membership will review and approve the Governance Charter annually at the winter/spring Meeting.

b. South Shore Regional Network Executive Committee:

In compliance with the CoC Interim Rule, the South Shore Regional Network has created a Governing Board, hereafter called the Executive Committee.

(1) Responsibilities of the Executive Committee

The Network Executive Committee is the lead decision-making body responsible for planning for the use of U.S. Department of Housing and Urban Development’s HEARTH Act CoC resources and coordinating related activities regarding homeless prevention, homeless services and homeless housing activities and programming.

Specific responsibilities include:

- ❖ Provide overall direction and leadership of the process
- ❖ Make all formal decisions required by HUD of the CoC
- ❖ Carry out strategic planning and goal-setting
- ❖ Set system level and program level performance goals
- ❖ Align and coordinate HUD CoC and other homeless assistance and mainstream resources
- ❖ Establish priorities for and make decisions about the allocation of HUD CoC resources
- ❖ Receive HUD CoC monitoring and evaluation information from system wide and individual program performance on established goals
- ❖ Receive reports and recommendations from sub-committees and task groups
- ❖ Establish sub-committees and task groups as needed to perform the functions of the Network
- ❖ Approve the Collaborative Applicant, HMIS Lead, and Network Support Entity.
- ❖ Give final approval of the CoC application that is submitted to HUD.
- ❖ Set agenda for bi-annual meetings
- ❖ Invite and outreach to new members
- ❖ Conduct the Point in Time Count of Sheltered and Unsheltered as required by HUD
- ❖ Develop and implement written standards
- ❖ Ensure coordinated assessment system and practice is implemented in Network

- ❖ Present for Network membership’s annual approval a revised Governance Charter at the winter/spring Meeting of the Network Membership.

(2) Membership of the Executive Committee

The Executive Committee shall be composed of 9 to 15 members.

The following are required seats on the Executive Committee:

- ❖ City of Quincy Planning and Community Development Department (1 designee)
- ❖ City of Brockton Redevelopment Authority (1 designee)
- ❖ CoC Recipient and/or Subrecipient Agencies (currently 3/1 from each recipient agency)
- ❖ United Way of Greater Plymouth County (1 designee)
- ❖ Homeless or formerly homeless person (at least 1)
- ❖ Agency representative from Plymouth and Wareham (2/1 from each geography)
- ❖ Agency representative of a ESG subrecipient agency not currently represented on the Executive Committee (1 designee)

Members filling one of the designated seats will be chosen by the agency for which they represent (i.e. “appointing agency”); however there is an expectation that those chosen representatives occupy executive leadership positions at their organizations. Terms for these representatives will be for a minimum of one year but can be extended without limits by their appointing agency.

The homeless or formerly homeless representative(s) will be approved by the current Executive Committee for a term of two years. To facilitate a smooth start-up of the Executive Committee, one-year members for the first year will have an extended 18-month term that runs from January 1, 2015 – June 30, 2016.

In addition to the above required members, the Executive Committee membership can be expanded to include up to five “at large” members. These at large members may be selected by the current Executive Committee from one or more of the following:

- Other jurisdictions
- Business community
- Public Housing Agency
- Faith-based organizations
- School department
- Other Service Providers

The term for these at-large members will be for one year but can be renewed by the Executive Committee. In selecting at large members, the Executive Committee will seek to ensure that all subpopulations are represented on the Executive Committee by one or more Executive Committee members.

In addition to the above voting members of the Executive Committee, the Collaborative Applicant, the HMIS Administrator, and the Network Support Entity may each have a non-voting member included on the Executive Committee if necessary to advance committee business. A staff/consultant for the Network may also attend Executive Committee meetings to assist with committee business.

Co-Chairs: The Executive Committee will have two co-chairs who will each serve for two years with alternating terms. The current chairs of the former Quincy/Weymouth CoC and Brockton/Plymouth City and County CoCs will be the initial co-chairs of the South Shore Regional Network. At its first Executive Committee meeting under this Charter, the Executive Committee will determine which Co-Chair has an initial one-year term and which has an initial two-year term. Thereafter, the terms will be two years.

(3) Operations of the Executive Committee

[a] Meetings, quorum, voting

- The Executive Committee shall meet no less frequently than every quarter.
- The vote of a majority of members present and voting at a meeting at which a quorum is present is enough to constitute an act of the Executive Board. Quorum being defined as a simple majority of the Executive Committee membership.
- Members that fail to attend regularly scheduled meetings (without an Alternate present) shall be subject to removal from the Executive Committee by majority vote of the Executive Committee if they attend fewer than 75% of meetings in one year. The Executive Committee will require the appointing agencies to appoint a substitute in the event of the removal of a member of the Executive Committee.

[b] Conflicts of Interest and Recusal Procedure:

No member of the Executive Committee shall vote upon or participate in the discussion of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions. Any Board member finding themselves in a situation where conflict of interest may arise shall recuse himself/ herself from proceedings. The recusal shall be duly recorded in the Executive Committee minutes. All Executive Committee processes shall comply as it relates with the requirements of 24 CFR Part 578.95(b).

[c] Code of Conduct:

The Executive Committee expects of itself and its members ethical and business-like conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behavior when acting as Executive Committee members.

- Executive Committee members must avoid any conflict of interest with respect to their responsibilities.
- There must be no self-dealing or any conduct of private business or personal services between any Executive Committee members and the South Shore Regional Network except as procedurally controlled to assure openness, competitive opportunity, and equal access to "inside" information.
- Executive Committee members must not use their positions to obtain for themselves, family members, or close associates, employment within the Network.
- Should an Executive Committee member be considered for employment by the Network, he or she must temporarily withdraw from Executive Committee deliberations, voting, and access to applicable Executive Committee information.
- Executive Committee members and members at large may not attempt to exercise individual authority over the Network except as explicitly set forth in Board policies.

c. Other Committees/workgroups

The South Shore Regional Network may be comprised of several volunteer committees and networking/task groups which have various roles and responsibilities. The Executive Committee can create committees and workgroups to address specific regional needs, subpopulation needs, or action/intervention needs. These committees/groups may include:

- Homeless Family Committee
- Young Adult Committee
- Domestic Violence Committee
- Geographic Committees

d. Collaborative Applicant

The City of Quincy is the Collaborative Applicant.

The Collaborative Applicant will submit the CoC application to HUD on behalf of the South Shore Regional Network. When HUD planning funding is available, the Collaborative Applicant will submit an application to HUD for CoC planning resources and if awarded will administer these on behalf of the Network.

e. Support Entity

Father Bill's & MainSpring is the Support Entity. As its resources permit, the Support Entity provides staff/consultant to assist with meeting certain HUD requirements for the Network.

Specific responsibilities include:

- Provide technical assistance and lead role to prepare the Collaborative Application.
- Assist with advising and carrying out other HUD CoC requirements.

f. HMIS Administrator

- Father Bill's & Mainspring is the HMIS Administrator. The HMIS Administrator will coordinate the annual homeless Point-in-Time count and update of the Housing Inventory Chart and submit the data to HUD.
- Complete the Annual Homeless Assessment Report (AHAR) and submit to HUD.
- Provide technical assistance to all HMIS participating agencies with HMIS data collection.
- Lead efforts by the Network to gather and analyze regional homeless data and to create a regional data warehouse.

g. HMIS Lead

The City of Quincy is the HMIS Lead. As HMIS Lead, it is designated by the Network to operate the region's HMIS on its behalf. It will also apply for HMIS funds on behalf of the Network in order to operate the HMIS and for other costs eligible under 578.57. Additionally, the HMIS Lead is also responsible for selecting the HMIS Administrator.

Roles and responsibilities of the CoC and HMIS Lead are detailed in the Homeless Management Information Services (HMIS) Governance Agreement. Additional detailed policies and procedures needed to comply with the CoC Interim Rule 24 CFR Part 578 and with Homeless Management Information System (HMIS) requirements prescribed by HUD are outlined in the *Homeless Management and Information System Policies & Procedures Manual* for the CoC.

h. Definition of Terms

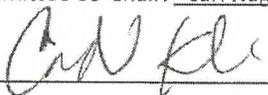
Recipient agency is an entity that enters into a grant agreement with HUD to obtain and administer CoC program funds.

Subrecipient agency is an entity that enters into an agreement with a recipient to perform some or all of the responsibilities outlined in the recipient's grant agreement with HUD and in accordance with the CoC Interim Rule.

At the winter/spring general membership meeting of the South Shore Regional Network on April 29, 2015, the Regional Network voted to approve this updated Governance Charter. It also authorized the Executive Committee Co-Chairs to sign, approving the charter on the Network's behalf.

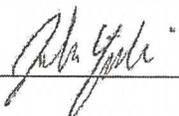
Approved by:

Executive Committee Co-Chair: Carl Nagy-Koechlin

Signature: 

Date: 5/4/15

Executive Committee Co-Chair: John Yazwinski

Signature: 

Date: 5/4/15

HOMELESS MANAGEMENT AND INFORMATION SYSTEM POLICIES & PROCEDURES

MA-511 Quincy/Brockton/Weymouth/Plymouth City and County
Continuum of Care

Also known as: South Shore Regional Network or South Shore CoC

TABLE OF CONTENTS

This document provides the framework for the ongoing operations of the Quincy/Brockton/Weymouth/Plymouth City and County Continuum of Care’s Homeless Information Management System (HMIS). This entity is referred to locally as the South Shore Regional Network to End Homelessness (or the South Shore Network) and this system will be called the South Shore Regional Network HMIS going forward.

1. Project Overview	4
2. Governing Principles	6
3. Roles and Responsibilities	7
4. Operating Procedures	10

1. PROJECT OVERVIEW

Purpose and Mission:

The purpose of the Continuum of Care's Homeless Management Information System (HMIS) is to provide a comprehensive system for collecting and disseminating information about persons experiencing homelessness and the homelessness service system in the South Shore Regional Network. The long-term vision of HMIS is to enhance partner agencies' collaboration, service delivery and data collection capabilities and to improve the region's planning and advocacy based on good data.

The mission of the CoC's HMIS system is to help the region to better address and end homelessness through a regional database that collects, tracks, and reports uniform information about the demographics, needs, services, and outcomes for the program participants served. Accurate information will put the South Shore Regional Network in a better position to plan for future needs and to meet the reporting requirements of the U.S. Department of Housing and Urban Development (HUD). This system, therefore, is intended both to meet Federal requirements and to enhance regional service planning and delivery.

CoC HMIS System and Reporting:

The CoC HMIS is a combination of two HMIS systems.

- 1) The Commonwealth of MA/DHCD system: The family emergency shelter providers' data are aggregated centrally in the Massachusetts HMIS System, ASIST (All Service Integrated System Tracker).
- 2) The Father Bill's & MainSpring (FBMS) HMIS system: This system is used by FBMS and by other regional partners for programs of individual emergency shelter, transitional housing, permanent supportive housing, and other supportive services.

Each of the agencies participating in the Continuum of Care either input directly to the Massachusetts HMIS system (ASIST) or to the FBMS HMIS system which has been configured to automatically upload to the Massachusetts HMIS system. Any agency participating in the CoC that seeks funding from HUD CoC or ESG will be required to participate in the CoC HMIS system through one of the above two systems, either by direct input or by uploading to the system. Any agency seeking other funding to serve homeless persons may be required to participate in the CoC HMIS based on federal or state funder requirements. All agencies serving homeless persons in the CoC, regardless of their funding source, are strongly encouraged to participate in the CoC HMIS system to help provide for comprehensive regional homelessness data.

Data that is gathered via intake interviews and program participation will be used to complete the following HUD reports:

- Annual Progress Reports (APRs),
- Annual Homeless Assessment Report (AHAR),
- Point in Time Count (PIT) and

- Housing Inventory Chart (HIC).

These data may also be analyzed to provide unduplicated counts and anonymous aggregate data reports for various stakeholders in the Continuum of Care.

Potential benefits of HMIS include:

- Improved service coordination when information is shared among case management staff within one agency or with staff in other agencies (with written program participant consent) who are serving the same program participants;
- Aggregated information that can be used to develop a more complete understanding of program participants' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funding agencies such as HUD;
- Capacity to generate HUD Annual Performance Reports (APRs) for HUD CoC programs and other HUD reports such as the AHAR, HIC and PIT;
- Aggregated information that will assist in identification of gaps in services, as well as the completion of other reports used to inform policy decisions aimed at addressing and ending homelessness at the regional, state and federal levels.

2. GOVERNING PRINCIPLES

The overall governing principles upon which all decisions pertaining to HMIS are based are described below. Participants are expected to read, understand and adhere to the spirit of the principles, even when the Policies and Procedures do not provide specific direction.

Confidentiality

The rights and privileges of program participants are crucial to the success of the CoC HMIS. These policies will ensure program participants' privacy without impacting the delivery of services, which is the primary focus of agencies and programs participating in this project.

Policies regarding program participant data are founded on the premise that a program participant owns his/her own personal information and provide the necessary safeguards to protect participant, agency and policy level interests. Collection, access and disclosure of participant data through HMIS will only be permitted by the procedures described in this document.

Data Integrity

Participants' data are the most valuable and sensitive asset of HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

System Availability

The availability of centralized data repositories is necessary to achieve the ultimate region wide aggregation of unduplicated homeless statistics. HMIS Project staff is responsible for ensuring the broadest deployment and availability for homeless service agencies in the CoC.

Compliance

Violation of the policies and procedures described in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity will result in the withdrawal of system access for the offending entity.

3. ROLES AND RESPONSIBILITIES

Quincy/Brockton/Weymouth/Plymouth City and County Continuum of Care – South Shore Regional Network

CoC HMIS Committee

- Project direction and guidance
- Quarterly review of HMIS data quality
- Annual review of project level and program participant level data files to ensure adherence to HUD Data Standards
- Annual review of compliance with HMIS data quality, security, and confidentiality standards

HMIS Vendor Contract Liaison - State of Massachusetts Department of Housing and Community Development (DHCD)

As the administrator of the Efforts to Outcomes ASIST HMIS, DHCD shall serve as the contract liaison with the HMIS Software vendor, Social Solutions for Emergency family shelter programs. DHCD representatives will provide assistance with agency, program and end user set up, and serve in a triage role for any requests for enhancements. For all other program types, Father Bill's & MainSpring will serve as the contract liaison with the HMIS Software vendor.

HMIS Lead Agency: The City of Quincy

The City of Quincy is the HMIS Lead. As HMIS Lead, it is designated by the CoC to operate the region's HMIS on its behalf. It will also apply for HMIS funds on behalf of the CoC in order to operate the HMIS and for other costs eligible under the CoC Program Regulations (578.57). Additionally, the HMIS Lead is also responsible for selecting the HMIS Administrator.

HMIS Administrator: Father Bill's & MainSpring

Father Bill's & MainSpring (FBMS) is the HMIS administrator and will:

- Coordinate the annual homeless Point-in-Time count and submit the census count to HUD.
- Update of the Housing Inventory Chart and submit the data to HUD.
- Complete the Annual Homeless Assessment Report (AHAR) and submit to HUD.
- Provide technical assistance to all HMIS participating agencies with HMIS data collection.
- Lead efforts by the Network to gather and analyze regional homeless data and to create a regional data warehouse.
- Inform HMIS vendors of issues that are impacting their adherence to the HUD Data Standards
- Perform ongoing data quality monitoring services and alert Partner Agency(s) and HMIS Lead Agency of data quality issues that will potentially impact Federal reporting.
- Data validity checking
- Provide technical tools to assist with conducting the regional HUD Point In Time Count and gathering of the data from both shelters and the street counts to create the final report.
- Represent the CoC at New England Regional HMIS (NERHMIS) and Massachusetts HMIS Steering Committee meetings.

HMIS Software Vendor: Social Solutions Inc.

- Host and maintain a secure Homeless Management Information System for the following agencies within the MA-HMIS and FBMS enterprises:
 - **MA-HMIS(ETO ASIST)**
 - Brockton Housing Authority
 - Developmental Disabilities Inc.
 - Father Bill's & MainSpring
 - Health Imperatives
 - Ascentria Care Alliance
 - Old Colony YMCA
 - Plymouth Coalition for the Homeless
 - Plymouth Taskforce for the Homeless
 - South Shore Housing for the Homeless
 - **FBMS:**
 - Father Bill's & MainSpring
- Provide data in either the HUD Comma Separated Variable (CSV) or HUD Extensible Markup Language (XML) format. Data will ideally be posted to a secure FTP staging area. If this is not done then it is the responsibility of the Partner Agency to post HMIS data prior to any reporting deadlines. See Partner Agency responsibilities listed below.
- Respond to HMIS support related requests in accordance to the Service Level Agreement (SLA) established between the HMIS Software Vendor and the HMIS Vendor Contract Liaison.

Partner Agency:

Any agency, group, or other entity that has completed an Agency Agreement with the State of Massachusetts is a Contributing HMIS Organization (CHO), or Partner Agency. All Partner Agencies must abide by all policies and procedures outlined in this manual, which are subject to change. Partner Agencies are responsible for the conduct of their End Users and the security of End User Accounts.

Partner Agency Senior Leadership

- Authorizing agent for Participating Agency Agreement
- Designation of HMIS Agency Point Person
- Agency compliance with Policies & Procedures
- Each Partner Agency is responsible for ensuring they meet the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Annually, Partner Agencies will conduct a thorough review of internal policies and procedures regarding HMIS.

Partner Agency Point Person

Each Partner Agency will designate an HMIS Agency Point Person to serve as primary contact between the CoC HMIS Administrator and the Partner Agency, and send that person's name

and contact information to HMIS Project Staff. Changes to that information should be promptly reported to the CoC HMIS Administrator.

The HMIS Agency Point Person is responsible for:

- Program compliance with Policies & Procedures
- Authorizing agent for Partner Agency User Agreements
- Keeper of Executed Program participant Informed Consent forms
- Authorizing Agent for User ID requests
- Staff workstations
- Internet connectivity
- End user adherence to workstation security policies
- Detecting and responding to violations of the Policies & Procedures
- First level end user support
- Maintain agency/program data in HMIS application
- Authorizing agent for Data Quality Monitoring
- Share data with the CoC HMIS Administrator, and if necessary, give DHCD permission to share data with the Administrator. All data to be reported over must be submitted no later than thirty (30) days prior to the Federal reporting deadline. This responsibility can be deferred to the HMIS Software Vendor if the HMIS Software Vendor is capable of posting data on a nightly basis to the secure FTP staging area established by Data Analysts.

Agency Staff

- Safeguard program participant privacy through compliance with confidentiality policies
- Data collection as specified by training and other documentation

4. OPERATING PROCEDURES

1. Security and CoC HMIS Access

Massachusetts Department of Housing and Community Development (DHCD) hosts the Efforts to Outcomes (ETO) ASIST HMIS software for all Emergency Shelter Family programs. All other program types will be maintained through the HMIS Administrator's instance of ETO or another comparable HMIS system. Each Agency is responsible for providing and maintaining computer hardware and Internet service. Each administrative staff or end user that a participating agency determines will have access to ETO ASIST via direct entry will be issued a user license (login ID and password) once the initial training is complete and the ETO Participating Agency User Agreement Form has been signed.

(a) End User Accounts

DHCD will provide an End User Account username and initial password to each authorized End User once the initial HMIS training has been completed and the ETO Participating Agency user Agreement Form has been signed for ES Family programs. The HMIS Administrator will provide these accounts for any program within the FBMS ETO Enterprise. End User Accounts are assigned on a per-person basis, rather than to a particular position or role. End User Accounts

are not to be exchanged, shared, or transferred between personnel at any time. Sharing of End User Accounts is a breach of these Policies and Procedures and a violation of the Participating Agency Agreement and the Participating Agency User Agreement Form.

Under no circumstances shall a Partner Agency demand that an End User hand over his or her username and password. Partner Agency's shall inform the State of Massachusetts and the HMIS lead agency of any changes in personnel or other requests to revoke or transfer accounts.

Licenses and access to ETO Software will be cancelled immediately for any staff that terminates employment or changes roles where ETO Software access is no longer required. The Participant's Agency Administrator will notify DHCD and the CoC HMIS Administrator of staff changes within seven (7) business days.

(b) End User Inactivity

End Users who have not logged into the system in the previous 90 days will be flagged as inactive. Inactive End Users may have their ETO accounts locked or removed to maintain the security, confidentiality, and integrity of the system.

(c) User Access Levels

The Partner Agency shall designate one User to be the Site Manager, identify and approve their respective users. The level will be based on each user's job function as it relates the ETO Software's data entry and retrieval schema. HMIS Project Staff will aid in the determination of HMIS User access level when requested.

(d) Passwords

End User Account passwords should never be written on any item left in their office, desk, or other workspace, and passwords should never be in view of any other person.

(e) Connectivity and Computer Systems

Partner Agencies will connect to the ETO HMIS systems independently via the internet and are responsible for providing their own internet connectivity and computer systems sufficient for doing so. HMIS Project Staff may provide consultation or advice in securing sufficient internet connectivity and computer systems. HMIS Project Staff provides technical support to Partner Agency's solely for ETO ASIST and the CoC HMIS.

(f) Workstation Security

At a minimum, the primary workstation used by each End User to log in to HMIS should be configured to meet the following best practices:

- Password-protected log on for the workstation itself;
- Password-protected (aka locked) screensaver after five minutes or more of inactivity;
- Operating system updated with manufacturer's latest patches at least weekly;
- Ports firewalled;
- Using Internet Explorer v.10 to connect to HMIS
- Systems scanned at least weekly for viruses and malware.

(g) Local Data Storage and Transfer

Partner Agency Users are responsible for maintaining the security and confidentiality of any program participant-level data extracted from the database and stored locally, including all data used in internal reporting. No identifiable program participant-level data is to be transmitted unless it is properly protected. Security questions should be addressed to HMIS Project Staff.

(h) Remote System Access

Partner Agencies and End Users must abide by these Policies and Procedures and ensure the security and confidentiality of program participant data regardless of the computer used to log in to the system. For this reason, End Users are strongly cautioned against extracting and storing personally identifiable program participant information on their personal computers and internet devices.

(i) Program participant Access to Records

Program participants may not be denied access to their own records. Program participants have the right to see their information contained in HMIS. If a Program participant requests, the Participant/User must review the information with the program participant.

(j) Training

Each agency will provide training on its own software system. FBMS, and DHCD, will provide support on HUD standards and CoC expectations for data quality, confidentiality, security, entry/exit dates, and documentation of linkage to mainstream resources, and outcome tracking.

DHCD provides quarterly training on ASIST software. In its role as HMIS Administrator, FBMS shall maintain regular contact with DHCD and inform all partners of the dates, times, and availability of any DHCD-sponsored training opportunities.

2. Data Collection and Entry

(a) Standard Data Collection

It is the responsibility of Agencies and respective users to ask for all required data elements (Universal Data Elements and Program-Specific Data Elements) from each program participant entered into the HMIS. Complete and accurate data is essential to the system's success; however it is important to note exceptions:

- Program participants may refuse to provide information without being denied services.
- In the case where there is a conflict with collecting data and the provision of quality services and/or program participant safety, providers should not enter personal identifying information.

Although each participant will use the HMIS in various capacities, the minimum data fields required for all providers regardless of funding source are detailed in Table A below. HUD has

mandated these universal data elements for all program participants entered into a HMIS. For providers receiving HUD CoC funding (including ESG) there are additional program specific data elements which are detailed in Table B. Please refer to the HMIS Data Standards, July 2015, version 3, for more information on data elements required by HUD. Other Local Data Elements (LDE) and data collection protocols will be set by the HMIS Lead Agency as-needed for adequate data analysis and meeting objectives of local plans.

Table A: Universal Data Elements

The following HUD-mandated Universal Data Elements will be collected for the purposes of unduplicated estimates of the number of homeless people accessing services from homeless providers, basic demographic characteristics of people who are homeless, and their patterns of service use.

- | | |
|------------------------------------|--|
| 1 Name | 10 Project Entry Date |
| 2 Social Security Number | 11 Project Exit Date |
| 3 Date of Birth | 12 Destination |
| 4 Race | 13 Personal Identification Number |
| 5 Ethnicity | 14 Household Identification Number |
| 6 Gender | 15 Relationship to Head of Household |
| 7 Veteran Status | 16 Client Location |
| 8 Disabling Condition | 17 Length of time on street, in shelter, or Safe Haven |
| 9 Residence Prior to Project Entry | |

Table B: Program Specific Data Elements for HUD CoC Funded Users

The following Program-Specific Data Elements will be collected for programs that are required to report to HUD and other organizations. Other agencies without this reporting requirement may also collect these elements to facilitate a better understanding of the homeless population.

- | | |
|----------------------------|-----------------------------|
| 1 Housing Status | 10 Substance Abuse |
| Income and | |
| 2 Sources | 11 Domestic Violence |
| 3 Non-Cash Benefits | 12 Contact |
| 4 Health Insurance | 13 Date of Engagement |
| 5 Physical Disability | 14 Services Provided |
| | Financial Assistance |
| 6 Developmental Disability | 15 Provided |
| Chronic Health | |
| 7 Condition | 16 Referrals Provided |
| 8 HIV/AIDS | 17 Residential Move-In Date |

		Housing Assessment
9	Mental Health Problem	18 Disposition
		19 Housing Assessment at Exit

Service and Shelter Records include Bed Register and HPRP-specific service fields (if applicable). All participants who are entered into a PSH, ES, ESG or TH program will have a HUD Intake Assessment completed for each member of that household. The HUD Intake Assessment in ETO contains all of the data fields necessary to complete the HUD APR and AHAR report. After the participant or family leaves the program all members of the household will receive a HUD Exit Assessment as well as a dismissal date from the program in question. For ES-Ind shelter guests, any guest who has not stayed in the shelter for 30+ days will be dismissed by the program staff following the procedure outlined above. The HMIS Administrator can provide information on how to obtain this information through the HMIS system.

Extended Data are optional and include Case Notes, Goals, Action Steps, Follow-Up Plans, Needs, Referrals and Self-Sufficiency Matrix measurements.

(b) Informed Program participant Consent

Partner Agencies will collect and retain signed program participant consent forms before any program participant data will be entered into the CoC HMIS and DHCD ASIST ETO. Partner Agency staff will thoroughly explain the program participant consent to each program participant. Father Bill’s & MainSpring will provide a standard *HMIS Informed Consent and Release of Information Authorization Form* to all Partner Agencies. If program participant consent is not obtained, the Partner Agency will enter the de-identified data into an anonymous program participant record that is minimally necessary for the purposes of tracking of units of service. Program participants cannot be denied services if consent to data collection is not given.

(c) Appropriate Data Collection

HMIS End Users will only collect, enter or access Program participants in the HMIS that exist as Program participants under the User’s area of service. End Users will only collect data relevant to the delivery of services to people experiencing a housing crisis in the Brockton/Plymouth or Quincy/Weymouth CoCs.

(d) Data Element Customization

Data element customization will be provided as needed, e.g. special projects such as preventive homeless projects in which the HMIS database is used for this data collection. Data customization will only be done after approval by the CoC HMIS Committee.

3. Quality Assurance

(a) Commitment to Data Quality

Partner Agencies are responsible for timely, accurate, and complete entry of program participant-level data.

(b) Data Element Completion

For each type of data element, the following completion rates are expected.

Data Element Type	Element Completion (overall completion per element)		
	Low	Minimum	Target
Universal Data Element (UDE)	<90%	90%	98%
Program Specific Data Element	<85%	85%	95%

(c) Data Integrity Expectations and Support

To ensure high quality data and ease in the generation of reports and analysis, the following data integrity expectations and supports will be observed:

- Data will be entered in a timely manner, within 3 working days following program participant contact.
- The HMIS Committee will monitor HMIS Data Quality at least quarterly to ensure the accuracy and completeness of project level data. If an issue is found with data quality at a specific agency, the agency will receive a corrective action plan and additional monitoring will be conducted to ensure that improvements have been made.
- When staff entering into the HMIS turn over, the Partner Agency is expected to provide adequate training on data quality, security, entry/exit dates, and confidentiality and to notify Simtech and HMIS Committee so that both can conduct a 3-month record review to ensure that new staff are entering complete and accurate program data. HMIS Data Committee will develop a Data Quality Monitoring Plan that will define expectations for timeliness, accuracy and completeness of data, and establish timelines for monthly data quality monitoring.
- The HMIS Committee will provide limited support to Partner Agencies as-needed for corrections of data.

4. Data Retrieval

(a) Partner Agencies

Partner Agencies will have access to retrieve any program participant-level data entered by their programs, other data as defined by the data sharing policies and procedures in this manual, and by the *HMIS Informed Consent and Release of Information Authorization Form*.

(b) HMIS Vendor--Social Solutions, Inc.

The HMIS Vendor, Social Solutions has agreed to not access the system except for purposes of software maintenance, troubleshooting, and data conversion.

(c) Program participant

Any program participant will have access to view, or keep a printed copy of, his or her own records contained in the HMIS within a reasonable period of time. No program participant shall have access to another program participant's records in the HMIS.

(d) Continuum of Care

The HMIS Administrator will provide de-identified and aggregate reports to the Continuum of Care as-needed in support of its mission to prevent, reduce, and eliminate homelessness.

(e) Public

The HMIS Administrator, will address all requests for data from entities other than Partner Agencies or program participants. No program participant-level data will be provided to any party, even a program participant requesting their own data, unless the Partner Agency who entered the data is unable to satisfy the program participant's request. All requests from the public for HMIS reports must be made in writing. HMIS Project Staff will compile and publish certain periodic reports for public consumption regarding homelessness and housing issues in the region on data available in HMIS. This information will be made available to local city planners for the completion of the Consolidate Plan. At no time will published, publicly-available reports contain program participant-level or identifiable data.

(f) Ethical Data Use

Data contained in the HMIS will only be used to support the delivery of homeless and housing services in the Brockton/Plymouth and Quincy/Weymouth CoCs. Each HMIS End User will affirm the principles of ethical data use and program participant confidentiality contained in this Policies and Procedures Manual and the *HMIS End User Agreement*.

(g) Access to Core Database

No one will have direct access to the ETO database. Access is provided solely through the Social Solutions ETO software.

5. Glossary of Terms

- **Continuum of Care (CoC) Executive Committee** – The primary decision-making entity of the CoC.
- **Continuum of Care (CoC) Lead** – The entity that submits the annual CoC Application to HUD on behalf of the Continuum of Care.
- **Contributing HMIS Organization (CHO)** – Organization that operates a contributing homeless assistance program and/or a contributing non-homeless assistance program.

- **Contributing Program** – A program, operated by a CHO that contributes Protected Personal Information (PPI) or other program participant-level data to an HMIS.
- **Non-Contributing Program** – A program that does not contribute PPI or other program participant-level to an HMIS.
- **Homeless Assistance Program** – Program, identified by CoC as part of its homeless assistance system, whose primary purpose is to meet specific needs of people who are homeless.
- **Unduplicated Accounting of Homelessness** – Measure of extent and nature of homelessness, utilization of homeless programs over time, and effectiveness of homelessness programs.
- **HMIS Administrator**– Organization designated by a CoC to provide technical assistance, compose and submit regional HUD reports, and lead efforts by the Network to gather and analyze regional homeless data and to create a regional data warehouse.
- **HMIS Lead** – Organization designated by a CoC to operate the CoC’s HMIS by selecting the HMIS Administrator and receiving and distributing the HUD HMIS funds..
- **End User** – An employee, volunteer, or other person affiliated with a CHO who uses or enters data in the HMIS or other administrative database from which data are periodically uploaded to the HMIS.
- **HMIS Vendor** – A contractor who provides HMIS software and/or support services for the operation of a CoC’s HMIS.
- **HMIS Participation:**
 - Programs must attempt to record all the universal data elements on all program participants served and disclose to HMIS Lead at least once annually
 - All homeless assistance programs should participate
 - Victim Service Providers (as defined by VAWA) are excluded from disclosing PPI to HMIS



QUINCY HOUSING AUTHORITY
SECTION 8 ADMINISTRATIVE PLAN

July 1 2015

III ELIGIBILITY FOR ADMISSION

A. Selection of Families

The QHA shall determine eligibility of families per the definition of families set forth in Exhibit A of this plan, whose annual income meets the Income Eligibility Limits as set forth below and who are determined eligible pursuant to 24CFR Section 982.552 and 982.553 and this Administrative Plan. Applicants shall be selected from the waiting list based upon date and time of application, income targeting requirements, and preference implemented by the QHA. Additionally, admission of an applicant that is not on the QHA waiting list or whose name has not yet reached the top of the waiting list shall be in accordance with Exhibit A – Special Admissions.

1. Priorities

First: Administrative

Administrative Preferences will be granted to residents of Quincy Housing Authority, regardless of whether the resident lives in state subsidized housing or federal subsidized housing who are in good standing and who are eligible for an Administrative Transfer as that term is defined in Section VIII TRANSFERS of the QHA Admissions and Continued Occupancy Policy. This Administrative Preference shall be granted only after a written determination by the Executive Director or the Assistant Director that a suitable vacancy for transfer within Public Housing will not be available to the resident in an appropriate period of time.

Second: Homeownership

The QHA shall give preference to up to ten applicants each year who are successful graduates of the QHA Public Housing Homeownership Program. The definition of successful graduate” is defined in the Public Housing Homeownership Program Administrative Plan.

Third: Project Based

The QHA shall give preference to eligible in-place tenants who reside in a Project-Based unit at the time of initial selection of the unit;

Fourth: Homeless

Priority shall be given to Homeless Applicants. A homeless applicant shall be defined as a single person or a family who lack a fixed, regular and adequate nighttime habitation and their primary nighttime dwelling is a supervised public or private shelter designed to provide temporary living accommodations (including congregate shelters and transitional housing). A third party written verification from a public or private facility that provides shelter for the homeless shall be required. A homeless applicant shall also include a single person or a

family who lack a fixed, regular adequate nighttime habitation and their primary nighttime dwelling is a motel or hotel that regularly provides long term accommodations for homeless families. A third party written verification from a motel or hotel that provides long term accommodations for homeless families shall be required. Lastly, a homeless applicant shall also include any applicant living in a nursing home or long term care facility.

2. Preferences: Local.

The QHA shall give preference to all applicants who meet the definition of "local resident" as defined in Exhibit A of this Administrative Plan.

3. Income Eligibility Limits

To be income-eligible, an applicant must be a family in any of the following categories:

- a. a "very low" income family;
- b. a low-income family that is continually assisted; or
- c. a low-income family that meets the additional eligibility criteria specified hereafter, which criteria its been determined is consistent with the PHA Plan and the consolidated plan:
 - i. in-place families in selected project-based units; or
 - ii. DHP applicants; or
 - iii. Families covered under a tenant protection voucher awarded to which a higher income limit does not automatically apply under applicable HUD Notice(s) regarding the same.

4. Income Targeting

Notwithstanding any other selection preference, of the families initially provided tenant-based assistance or project-based assistance during any QHA fiscal year (July 1 – June 30), not less than 75% shall be families whose incomes do not exceed 30% of the area median income.

Unless another method is set forth by regulation for an Authority to maintain compliance with the above "income targeting", the QHA will follow the procedure hereafter set forth or such alternative procedure which implements the "income targeting" requirements. Whenever a Voucher is leased, the QHA shall record whether or not the family is:

- a. being initially provided assistance by the QHA; and, if so,
- b. whether or not the family is within the "targeted" lower income limit.

Thereafter, whenever a Voucher is to be issued, the QHA will check such records to determine whether the required 75% targeting percentage (as set forth in the first sentence of this section) would be maintained by the issuance of the Voucher to the next applicant family on the waiting list using the Authority's selection preferences. If not, to comply with Income Targeting, the QHA shall skip higher-income families and select the next applicant who is an income-targeted family. DHP applicants are issued vouchers pursuant to the DHP program and are not to be considered for income targeting within the conventional section 8 voucher programs, nor are the other special admissions as set forth in this Administrative Plan.

OFFICE USE ONLY	
Control No.	_____
Number of BR	_____
Priority Cat	_____
Preference	_____

Plymouth Housing Authority

130 Court Street P.O. Box 3537 Plymouth, Mass 02361-3537 Telephone: 508-746-2105

EMERGENCY APPLICATION FOR STATE - AIDED HOUSING

This Emergency Application must be accompanied by a Standard Application or Waiting List Update Form completed and signed by the applicant. **BOTH FORMS MUST BE SUBMITTED TO THE PLYMOUTH HOUSING AUTHORITY AT THE SAME TIME.** All Emergency Applications MUST include written verification by a qualified third party as to the homelessness or the reason for the displacement. The applicant must agree to verification by the Plymouth Housing Authority. The Plymouth Housing Authority will **TAKE NO ACTION ON THIS APPLICATION WITHOUT THIRD PARTY VERIFICATION.**

Name of Applicant	Current Address	Home Telephone	Work Telephone

REASON FOR REQUEST FOR PRIORITY STATUS: CHECK WHICH BOX APPLIES TO YOUR SITUATION (1-4)

PRIORITY #1 - Homeless and displaced by Natural Forces, such as, fire not due to the negligence or intentional act of an adult member of the applicant household, or by an earthquake, flood, or by a disaster declared or formally recognized under disaster relief laws.

Third party written verification will be accepted from the local Fire Department, Public Works Department or other recognized local governmental agencies.

PRIORITY #2 - Homeless and displaced by Public Action, such as; the building of a low rent public housing project, a public slum clearance, an urban renewal project, or any other public improvement.

Third party written verification will be accepted from the local Urban Renewal Agency, Building Department, City Planning Department, or other recognized local governmental agencies.

PRIORITY #3 - Homeless and displaced due to enforcement of minimum standards of fitness or human habitation established by Article 2 of the State Sanitary Code provided that an adult member of the applicant household has not caused or substantially contributed to the cause of enforcement proceedings, and the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

Third party written verification will be accepted from the local Health Department, Housing Court, or other recognized local governmental agencies.

PRIORITY #4 - EMERGENCY CASE - Meets the criteria of A, B, C and D listed below

A. Homeless and facing a significant and direct threat to life or safety. Homelessness is for causes other than the fault of the applicant. -- or --

Suffering a severe medical emergency; and emergency has either been caused by lack of suitable housing or is a substantial impediment to treatment or recovery. -- or --

Victim of abuse (as defined in Prevention Act) constituting a significant and direct threat to life or safety.

B. The applicant has made reasonable efforts to locate alternative housing.

C. The applicant has not caused or substantially contributed to the safety or life-threatening situation.

D. The applicant has pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

Third party written verification will be accepted from social workers, shelter providers, social service agencies, housing courts or code enforcement agencies.

Date of Homelessness: Day _____ Month _____ Year _____

A written description of the reason(s) for homelessness must accompany this application. Also include what steps you have taken to locate alternative housing.

I certify that the information I have given in this application is true and correct, and I understand that any false statement or misrepresentation may result in the cancellation of my application. I authorize the Plymouth Housing Authority to make inquires to verify the information I have provided on this application.

SIGNED UNDER PAINS & PENALTIES OF PERJURY

Applicant's Signature

Date

8/31/2010 8:33:33 PM

**Tenant Selection Plan
Fort Hill Veterans Housing**

Outreach and tenant selection will be performed by Father Bills & MainSpring (Father Bills), the property manager and service coordinator. This includes the initial selection of 6 new tenants as well as an average expected turnover of one unit per year.

Thresholds requirements for participation selection

1. U.S. Veteran documented with DD214 or other accepted form of VA documentation. Veterans with a form DD214 will be eligible except in the case of a dishonorable discharge. The Hingham Housing Authority will be informed of applicant discharge status.
2. AND homeless at the time of application, documented according to acceptable forms of homeless documentation as coming directly from a shelter, streets or transitional program for homeless veterans. Other forms of homelessness may include living temporarily with a friend for family member or pending eviction with relevant documentation required.
3. Income must be no more than 30% of area median, including eligible adjustments under the relevant rental subsidy program.
4. Must meet all requirements of the relevant rental subsidy program, including but not limited to CORI check for felony convictions. An applicant may appeal rejection for certain felony convictions based on time period since last conviction and proven rehabilitation since conviction.
5. Services provided (~~strike -by the program, insert -under the approved service plan for the Fort Hill Street Supportive Veterans Housing Property.~~) must be adequate to meet the needs of applicants as assessed by service provider staff, but under no circumstances will an applicant be denied housing in violation of Federal and State Fair Housing laws.

Tenant selection procedure:

1. Outreach efforts will commence 3 months prior to initial occupancy. Applications will not be accepted until 60 days prior to occupancy. Leases will not be executed more than 14 days prior to move-in date. The target population of homeless veterans are typically unable to plan ahead due to the precarious circumstances of their day-to-day lives.
 2. Outreach efforts will target individuals who meet the threshold criteria for housing with marketing to focus on area homeless and veterans programs, as well as local Veterans Agents. Targeted outreach will encourage applications from individuals with prior or current histories of living or working in Hingham and adjacent Towns. All outreach efforts will be conducted in compliance with requirements under the State's Qualified Allocation Plan (QAP) for housing development subsidy programs. When FBM selects from the list of referrals provided by the HHA in accordance with its approved written tenant selection plan, the owner does not have to screen the referrals in the order of placement on the HHA waiting list. Rather, the owner should screen prospective applicants based on the order in which the applicant contacts the owner, comes to see the unit and completes the owner's selection requirements.
 3. Applicant completes and submits written application for participation in the housing program, including all required documentation of income, veteran's status, homeless status, disability and sobriety.
 4. Applicants who meet threshold criteria are notified in writing and provided with information about the selection system and the timetable of selection and execution of leases.
- 8/31/2010 8:33:33 PM
5. Eligible applicants will be required to participate in at least one interview with a Father Bills case manager to assess whether program services are adequate to meet the needs of the applicant and where appropriate there will be an independent clinical evaluation of the needs and ability of the approved service program to address those needs. The interview is consistent with interviews for all potential candidates for internal FBMS housing programs. All information gathering will be performed in compliance with Federal and State Fair Housing regulations. Information to be reviewed in the assessment process may include the following:
 - a. Information about past substance abuse and relapse, applicants self – assessment of current ability to maintain sobriety, and applicant's self-assessment of continued efforts/services needed to maintain sobriety.
 - b. Information about work history and issues contributing to unemployment, participation in employment program, and current employment is applicable.

- c. Information about history of housing, issues contributing to homelessness.
6. Staff of Father Bills will review the information from the application and the interview(s) and make a final determination for eligibility for the program, subject to approval by Hingham Housing Authority for Section 8 participation. The HHA will not verify an applicant's final Section 8 eligibility until after FBM has selected the tenant(s). The HHA will initially conduct a CORI check and a verification that the applicant falls within the income guidelines set by HUD. The HHA will clearly outline the admissions process in the selection/referral letter that is sent to the applicant. This information will include information about any special features in the project and any selection preferences, where applicable. For the Fort Hill project, the HHA will advise applicants that both initial and continued PBV eligibility will be contingent upon the individual's willingness to participate in a program of supportive services. All determination of eligibility will be made in accordance with all state and federal fair housing laws.
7. All applicants selected to occupy the PBV units will be briefed by HHA on program benefits and responsibilities. The oral briefing will include a description of how the PBV program works and family and owner responsibilities. Each briefed family or individual will receive a packet that contains: 1) Information on how the HHA determines the total tenant payment for the family; 2) family obligations under the program; 3) applicable fair housing information; and, 4) information about continued program eligibility if household composition changes and unit size is no longer suitable. If the family head or spouse is a person with a disability, the HHA will take appropriate steps to insure effective communication including appropriate, alternative formats.
8. Applicants who are not determined to be eligible, either as a result of a threshold eligibility review or as a result of the interview process, will be notified by letter, *(a copy of which will be sent to the Hingham Housing Authority)* which informs them of the basis for determination and notifies them that they may appeal the determination by submitting additional information to Father Bill's Place regarding eligibility within 5 working days after receiving the notice. The letter will contain the statement "if you believe you have been discriminated against in seeking housing, you should contact the Mass Commission Against Discrimination # 617-727-3990 or the US Dept of Housing and Urban Development Housing Discrimination # 1-800-669-9777.

Reasons for rejecting applicants who meet threshold eligibility criteria include:

- a. Applicant currently has court case(s) pending for felony arrest(s) or has outstanding warrants(s). All applicants will be required to undergo a CORI check.
- b. Applicant has provided false information on application or in the interview.
- c. Documented evidence, including, but not limited to, court records, which would severely impinge on safety, health or peaceful enjoyment of other

participants. Documented physical destruction of property or vandalism may also disqualify an applicant.

9. Applications will be reviewed on a first come first served basis. Each application received will be numbered according to the order in which it is received. If there are more eligible applicants than there are available units, then a lottery will be held to fill initial vacancies. Telephone and other referrals will be logged with the date and time of contact for review/copy to HHA.

For future vacancies, a waiting list will be maintained according to the applicant's lottery number or for applications received after the initial lottery, a number will be assigned according to the order in which the application was received. Due to the nature of the program and the target population, individuals will not be maintained on the waiting list for more than 6 months without updated verification of homelessness and eligibility.

10. All marketing and tenant selection procedures will be conducted in compliance with federal and state fair housing law.
11. Targeted outreach will be performed, as needed to fill vacancies and mailings will be sent out when the waiting list is insufficient to fill vacancies.

List of programs/organizations targeted for outreach efforts:

- Father Bills & MainSpring Shelter and HVRP programs in Quincy
- Hingham Veterans Services Department
- Hingham Housing Authority
- Veterans Administration Medical Center in Boston and Brockton

**Homeless Management Information Services (HMIS) Governance Agreement
For the Quincy/Brockton/Weymouth/Plymouth City and County Continuum of Care (CoC)**

Governance Agreement between the CoC and the City of Quincy

I. Purpose of Agreement:

This agreement outlines the governance agreement between the HMIS Lead Agency and the CoC, identifies those organizations, and describes the roles and responsibilities associated with each. The agreement also provides an outline for the Homeless Management Information System (hereinafter "HMIS") policies and procedures for the Quincy/Brockton/Weymouth/Plymouth City and County Continuum of Care (hereinafter "CoC"), and references additional details contained in a companion document - the Homeless Management Information System Policies and Procedures Manual.

II. Roles and Responsibilities:

This Agreement names the City of Quincy as the CoC Collaborative Applicant and the HMIS Lead Agency. As HMIS Lead, it is designated by the CoC to operate the region's HMIS on its behalf. It will also apply for HMIS funds on behalf of the CoC in order to operate the HMIS and for other costs eligible under the CoC Program Regulations (578.57). Additionally, the HMIS Lead is also responsible for selecting the HMIS Administrator. The Administrator will:

- Coordinate the annual homeless Point-in-Time count and submit the census count to HUD,
- Update the Housing Inventory Chart and submit the data to HUD,
- Complete the Annual Homeless Assessment Report (AHAR) and submit to HUD,
- Provide technical assistance to all HMIS participating agencies with HMIS data collection,
- Lead efforts by the Network to gather and analyze regional homeless data and to create a regional data warehouse,
- Inform HMIS vendors of issues that are impacting their adherence to the HUD Data Standards,
- Perform ongoing data quality monitoring services and alert Partner Agency(s) and HMIS Lead Agency of data quality issues that will potentially impact Federal reporting,
- Check data validity,
- Provide technical tools to assist with conducting the regional HUD Point In Time Count and gathering of the data from both shelters and the street counts to create the final report, and
- Represent the CoC at New England Regional HMIS (NERHMIS) and Massachusetts HMIS Steering Committee meetings.

III. HMIS Policies and Procedures

All HMIS policies and procedures required for administration are detailed in the Homeless Management Information System Policies and Procedures Manual, including governing principles, roles and responsibilities, and operating procedures, and all other HMIS requirements pursuant to 24 CFR part 578 and HUD mandates. This agreement must be implemented in recognition of, and in accordance with, the HMIS Policies and Procedures Manual.

IV. General Terms and Conditions

The parties hereto recognize that this agreement does not supersede, replace, modify or amend any previous or contemporaneous agreements with the Department of Housing and Community Development or with the Collaborative Applicant. The primary purpose of this agreement is to name the City of Quincy as the lead HMIS agency and to outline essential HMIS governance protocols by and for the Collaborative Applicant and HMIS Lead.

IN WITNESS WHEREOF, the parties have entered into this Agreement by subscribing thereto their hands and seals:

HMIS LEAD AGENCY

City of Quincy

By: 

(Signature of Authorized Individual)

SEAN GLENNON

(Print Name)

Title: COMMUNITY DEVELOPMENT DIRECTOR

Date: 11-4-2015

COC Leadership

Father Bill's & MainSpring

By: 

(Signature of Authorized Individual)

John Yaszewski

(Print Name)

Title: President and CEO

Date: 11.4.15

Continuum of Care Policies and Procedures

South Shore Regional Network to End Homelessness

MA-511 - Quincy/Brockton/Weymouth/Plymouth City and County CoC

also known as:

South Shore Continuum of Care (CoC)

Continuum of Care Policies and Procedures

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Introduction | Continuum of Care – Regional Network

On February 8, 2015, HUD approved the merger of the region’s two Continua of Care (CoCs): Quincy/Weymouth and Brockton/Plymouth City and County CoCs under the name: MA-511 Quincy/Brockton/Weymouth/ Plymouth City and County CoC, which follows HUD CoC standard naming conventions. HUD also recognized that for local planning and communication purposes the CoC is known as the South Shore CoC or South Shore Regional Network to End Homelessness.

The South Shore Regional Network to End Homelessness (“the Network”) is the name used for the MA-511 Continuum of Care in this policy and procedures manual. The Network conducts CoC activity and governance under a Governance Charter annually approved by the general membership (see Appendix 1).

The Network has established an **Executive Committee** as the lead decision making entity for the Continuum of Care. It oversees the Network’s implementation of many of the Continuum of Care planning requirements outlined in the CoC HEARTH Act Interim Final Rule. See Section 1 (parts 1 and 2) below.

Section 1 | CoC Project Requirements

1. Overall Requirements

All CoC funded projects must adhere to CoC and HUD program requirements as outlined in the CoC HEARTH Act Interim Final Rule: 24CFR578¹.

CoC funded projects must also adhere to any additional requirements identified by HUD in the annual Continuum of Care Program Competition or in other HUD notices of rules and guidance for the CoC program.

¹https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

2. Definitions

Collaborative Applicant: The City of Quincy is the Collaborative Applicant. It submits the CoC Consolidated Application to HUD on behalf of the South Shore Regional Network. When HUD planning funding is available, the Collaborative Applicant submits an application to HUD for CoC planning resources and if awarded administers these on behalf of the CoC.

Executive Committee: The lead decision-making body responsible for planning for the use of HUD CoC-funded resources and coordinating related activities regarding homeless prevention, homeless services and homeless housing activities and programming for the Network. As per HUD CoC requirements, the Executive Committee sets CoC project performance goals, receives evaluation information, and approves the CoC application submitted to HUD. It also approves the Collaborative Applicant, HMIS Lead, and Network Support Entity. See the Governance Charter in [Appendix 1](#) for a complete list of responsibilities.

Grantee: Term used in this document to identify an entity that operates a project either as the recipient or subrecipient to HUD of CoC funds.

HMIS Administrator: Father Bill's & Mainspring is the Administrator of the Homeless Management Information System (HMIS). The HMIS Administrator: 1) Coordinates the annual homeless Point-in-Time count and update of the Housing Inventory Chart and submits the data to HUD. 2) Completes the Annual Homeless Assessment Report (AHAR) and submits to HUD. 3) Provides technical assistance to all HMIS participating agencies with HMIS data collection. 4) Leads efforts by the Network to gather and analyze regional homeless data and to create a regional data warehouse.

HMIS Lead: The City of Quincy is the HMIS Lead. It is designated by the Network to operate the region's HMIS on its behalf. It also applies for HMIS funds from the HUD CoC program on behalf of the Network in order to operate the HMIS and to cover other costs eligible under 578.57. Additionally, the HMIS Lead is responsible for selecting the HMIS Administrator.

Recipient agency: An entity that enters into a grant agreement with HUD to obtain and administer CoC program funds. Current recipient agencies in the South Shore Regional Network are:

- City of Quincy
 - For projects formerly part of the Quincy/Weymouth CoC and operated by Father Bill's & MainSpring;
 - For planning grants

- Father Bill’s & MainSpring – for projects it operates that were formerly part of MA-520, the Brockton/Plymouth CoC
- Old Colony YMCA
- South Shore Housing Development Corporation
- United Way of Greater Plymouth County – for planning grants previously received for the former CoC MA-520.

Subrecipient agency: An entity that enters into an agreement with a recipient to perform some or all of the responsibilities outlined in the recipient’s grant agreement with HUD and in accordance with the CoC Interim Rule. Father Bill’s & MainSpring is the only subrecipient agency in the South Shore Regional Network, for projects formerly part of the Quincy/Weymouth CoC and for implementation of CoC planning grants.

Support Entity: Father Bill’s & MainSpring is the Support Entity. As its resources permit, the Support Entity provides staff/consultant to assist with meeting certain HUD requirements for the Network. Specific responsibilities include: (1) Provide technical assistance and lead role to prepare the Collaborative Application. (2) Assist with advising and carrying out other HUD CoC requirements.

3. Eligibility of Homeless Persons Served

Following is a **summary** of eligibility requirements for homeless persons who may be served. CoC grantees must be familiar with and adhere to the detailed definitions in the rules cited above and in any updated rules and guidance issued by HUD.

Program Type: Permanent Supportive Housing (PSH)

Permanent Supportive Housing for homeless individuals and/or families with a disabled household member. HUD PSH funds may be used to pay rent, operations, rehab, acquisition, and/or supportive services.

HUD has established distinctions between PSH beds intended for chronically homeless persons (CH) and those that are not targeted for this subpopulation. Those terms are as follows:

CH Dedicated PSH beds are required through the project’s grant agreement to be used only to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet those criteria.

Non-CH Prioritized PSH beds means an admission preference for chronically homeless persons is applied when there are vacancies in these beds. The CoC is scored by HUD in the annual CoC

program competition on the extent to which it is willing to commit to prioritizing chronically homeless persons in a percentage of non-dedicated PSH beds.

Non-CH means there is no prioritization tied to these beds. Vacancies may be filled by homeless households with a disabled household member who meet the general eligibility for PSH.

For units NOT dedicated for chronically homeless persons:

- Persons **MUST** meet HUD **homeless definition** (category 1 – literally homeless)
Coming from:
 - Streets (places not meant for human habitation); OR
 - Emergency shelter; OR
 - Safe haven; OR
 - Transitional housing, but:
 - came from streets or emergency shelter immediately prior; OR
 - only exception, if fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, do not have to come from streets or emergency shelter immediately prior; OR
 - Institution where resided for 90 days or less, but:
 - came from the streets or emergency shelter immediately prior; AND
- Households must include a member who can be diagnosed with one or more of the following **disabling conditions**: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

For units Dedicated or Prioritized for chronically homeless persons:

MUST be an adult **head of household** who meets ALL of the following:

1. Meets above definition of literally homeless; AND
 - Important: NOT in transitional housing (even if previously from streets or shelter)
2. Literally homeless for at least one year or on at least four separate occasions in the last three years; AND
3. Has a disability that can be documented as described above (must be the adult head of household).

These criteria are for eligibility. Selection must adhere to the HUD process for prioritizing those with the most severe service needs and duration of homelessness (see (4) below).

Program Type: Supportive Services Only (SSO)

Supportive Services provided to homeless individuals and/or families that are provided separate from any HUD CoC permanent housing programs. Eligibility is NOT restricted to persons with disabilities. Regional Network has one SSO project: the South Shore Housing and Employment Project.

- Persons MUST meet HUD **homeless definition** (category 1 – literally homeless)
Coming from:
 - Streets (places not meant for human habitation); OR
 - Emergency shelter; OR
 - Safe haven; OR
 - Transitional housing; OR
 - Institution where resided for 90 days or less, but:
 - came from the streets or emergency shelter immediately prior.

Additionally:

- Former residents of transitional housing and current residents of permanent housing who were homeless in the prior 6 months and services will be provided for no more than 6 months to assist their adjustment to independent living.

NOTE: SSO projects are also eligible to serve people who meet the HUD homeless definition for categories 2, 3, or 4. The South Shore Housing and Employment Project, in its annual HUD application, has committed to limit eligibility to category 1.

4. Prioritizing Persons Experiencing Chronic Homelessness

Grantees of CoC funded PSH projects with units dedicated to chronically homeless persons or units to be prioritized for this population must be familiar with and adhere to HUD's notice on prioritizing chronically homeless persons.² Following is a **summary** of the categories:

² *Notice on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status:*
<https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>

1. First Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness (12 months or more) and with the Most Severe Service Needs.
2. Second Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness (12 months or more).
3. Third Priority – Chronically Homeless Individuals and Families with the Most Severe Service Needs (duration of homelessness is less than 12 months).
4. Fourth Priority – All Other Chronically Homeless Individuals and Families.

5. Participation in Coordinated Entry

CoC funded projects are required to participate in the South Shore Regional Network coordinated entry process, which is currently being developed and phased in. See *Section 2: Coordinated Entry System*.

6. Homeless Management Information System (HMIS)

CoC funded projects must participate in the CoC HMIS system and in related data collection required by HUD, which at a minimum includes:

- Grant HMIS access to the CoC HMIS Administrator with a signed data agreement between CoC project grantee, Commonwealth of Massachusetts, and CoC HMIS Administrator
- Enter all HUD required data for CoC project participants
- Safeguard participant privacy through compliance with confidentiality policies
- Complete the HUD Annual Performance Report (APR) via HMIS
- Submit quarterly data quality updates to the CoC HMIS Administrator
- Update and clean up data in HMIS as requested by the CoC HMIS Administrator so the CoC may submit HUD regional required reports
- Provide all required data for the annual Point-in-Time Homeless Census Count and the Housing Inventory Chart
- Participate in the Annual Homeless Assessment Report (AHAR) by submitting accurate programmatic data via HMIS.

7. Performance Outcomes

HUD has established national performance goals for the CoC program. It sets annual measures for CoCs to achieve based on the aggregated outcomes of the CoC-funded projects within each Continuum of Care. The South Shore Regional Network, through the Executive Committee, has adopted performance targets for CoC-funded projects based on these HUD goals: Annually, it reviews and updates the numerical benchmarks for performance based on current HUD expected outcomes.

Ending Chronic Homelessness: defined by the number of PSH beds dedicated to persons experiencing chronic homelessness and the percentage of “non-chronic beds” prioritized for this population

Achieving Housing Stability: defined by the percentage of persons who remain in PSH for at least 6 months or who exit the project stably housed

Achieving Employment: defined by the percentage of persons (aged 18 years+) who maintained or gained income from employment as of the end of the program operating year, or at the time of program exit

Achieving Total Income/Benefits Growth and Stability: defined by the percentage of participants (aged 18 years+) who maintained or increased their total income from all sources and from non-cash mainstream benefits as of the end of the operating year, or at the time of program exit

8. Project Review, Ranking, and Continued CoC Funding

CoC funded projects are reviewed annually for purposes of ensuring continued eligibility and for scoring and ranking as part of the HUD annual CoC Program Competition. This review is conducted by the Collaborative Applicant or designees at the behest of the Executive Committee. CoC funded projects must provide the Collaborative Applicant or designees with the most recent Annual Performance Report (APR) that has been submitted to HUD, CoC project applications, and any other documentation relevant to review and scoring of the project.

The Executive Committee has adopted project scoring tools based on HUD requirements and performance expectations ([See Appendix 2](#)). HUD scores the overall CoC Application based on the aggregated outcomes of the CoC-funded projects. HUD expects CoCs will eliminate poor

performing projects and reallocate funds to meet HUD priorities, such as the creation of more PSH to end chronic homelessness.

Given HUD expectations as well as the annual CoC Program Competition “ tiering” process, the Executive Committee may:

- Reduce or eliminate projects and reallocate funds when a project has issues meeting threshold eligibility and/or is significantly underperforming. Whenever possible, grantees first will be given the opportunity to develop a plan for remediation.
- Eliminate projects and reallocate funds when a project is not aligned with HUD CoC priorities, especially if continued funding puts at risk the Network’s competitive CoC score and funding for other projects.
- Shift a project’s ranking in order to minimize the amount of CoC funding placed in Tier 2.
- Break tie scores by giving higher ranking to the project with more dedicated chronic (CH) beds or more PSH beds, if neither project has CH dedicated beds.

9. Participation in the South Shore Regional Network/CoC

HUD expects CoC grantees to be active members in the planning work of the CoC to address and end homelessness. Grantees are expected to participate in the South Shore Regional Network through regular attendance at meetings of the general membership, Executive Committee, and other relevant committees or working groups.

HUD also expects CoC grantees to participate in the annual CoC application process. The Collaborative Applicant is required by HUD to submit the following CoC consolidated application components to HUD annually:

- CoC Application
- Project Applications
- Project Priority Listing

The Collaborative Applicant prepares this application package working with the Network Support Entity and/or other designees. CoC project grantees also have responsibilities in this process as outlined in next section.

10. Project Applications, Contracts, and HUD Reporting

CoC grantees are responsible for the annual submission of renewal Project Applications and for related tasks as part of the CoC consolidated application.

Specifically, CoC project grantees must:

- Submit project applications compliant with all HUD requirements by the deadlines specified by the Collaborative Applicant or its designee. Applications are to be submitted in HUD's online *e-snaps* system
- Submit documentation or additional information necessary for completion of any CoC consolidated application components by the deadlines specified by the Collaborative Applicant or its designee
- Address project issues with contracts, HMIS, and the like in a timely manner especially when they affect the competitive score of the CoC Application
- Participate in meetings related to the annual CoC Program Competition.

CoC grantees that are the direct recipient of HUD CoC funds are responsible for executing contracts with HUD, submitting Annual Performance Reports (APR) in e-snaps by the required deadlines, and complying with any other HUD contract responsibilities. CoC recipients are also expected to keep the Collaborative Applicant or its designee informed of any plans it is arranging with HUD to consolidate, reduce, eliminate, or otherwise significantly alter its projects.

Sub-recipients of the Collaborative Applicant must comply with the contract and APR reporting requirements and deadlines outlined in their contracts with the City of Quincy.

11. Financial and Other Recordkeeping Requirements

CoC funded projects are expected to meet all HUD requirements for grants administration and recordkeeping and to be in good financial standing. Problems with grants administration and recordkeeping identified through the annual review and/or identified by HUD must be addressed by the CoC grantee. Whenever possible, projects will be given the opportunity to implement a remediation plan to address identified issues. The CoC reserves the right to reduce or eliminate project funding and to reallocate funds for other CoC priorities when there are such problems.

Section 2 | Coordinated Entry System

1. Overview

A. Background

The Continuum of Care (CoC) is required by HUD to establish and operate a coordinated assessment and entry system that identifies and assesses the needs of homeless individuals and families for housing and services and that prioritizes and selects them based on need. This system must be established and operated in consultation with recipients of funds from the Emergency Solutions Grants (ESG) program within the geographic area, and must follow written standards for providing Continuum of Care assistance. (See CoC HEARTH Act Interim Final Rule: 24 CFR578.7 (a) 8, 9.)³

In a subsequent policy brief, HUD outlined additional qualities for effective coordinated entry. It also stated it considers the term coordinated entry to mean the same thing as coordinated assessment (*Coordinated Entry Policy Brief*: February 2015).⁴ Both terms are used interchangeably by the South Shore Regional Network to emphasize a focus on coordinated access and entry to assistance funded by CoC and ESG resources.

B. Purpose and Goals

The purpose of the coordinated system being developed by the South Shore Regional Network is to ensure that homeless individuals and families are appropriately matched to CoC and ESG funded resources based on the needs of these households and the intent of the program resources. The purpose is also to use a consistent assessment approach and a coordinated process across the region, and for the region's CoC and ESG programs to operate with common qualities, including but not limited to: low barrier, Housing First orientation, person-centered, fair and equal access, and inclusive. (See HUD *Coordinated Entry Policy Brief* cited above for details about these qualities.)

With the exception of one CoC Supportive Services Only (SSO) project of housing and employment search, CoC resources in the South Shore Regional Network are dedicated to Permanent Supportive Housing (PSH). The majority of PSH units are dedicated for chronically homeless persons and most of the units that are not dedicated, are prioritized for this

³ https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

⁴ <https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>

population. (See below regarding dedicated and prioritized units.) In addition, as of 2015, there are Emergency Solutions Grant programs that support Prevention (City of Quincy ESG entitlement grant for Quincy only), Shelter Support (ESG-Quincy and a Commonwealth of Mass non entitlement ESG grant for Quincy & Brockton), and Rapid-Rehousing (RRH) (ESG-Commonwealth of Mass – CoC-wide).

The South Shore Regional Network is phasing in the development of its coordinated entry system. **Phase I** will provide for coordinated entry to CoC Permanent Supportive Housing, starting with individuals and then expanding to families; **Phase II** will expand this coordinated entry to ESG Rapid Re-Housing and Prevention.

The first goal is to ensure that homeless individuals and families with the most severe service needs and lengthy and/or repeated episodes of homelessness are prioritized for PSH. The intent is to match these households with appropriate housing to end their homelessness and to advance the Network’s strategic goal of ending chronic homelessness in the region.

The second set of goals concern rapid re-housing. The intent of ESG-RRH is to ensure that homeless individuals, and families not eligible for state assisted rapid re-housing, who have minimal or moderate barriers to housing placement, are matched to ESG-RRH in order to end their homelessness as rapidly as possible and to help advance the Network’s strategic goals of reducing lengths of stay in shelter and ending all homelessness. A final goal is to target ESG prevention funds to those households at imminent risk of homelessness who could most benefit from this resource in order to avoid homelessness.

2. Permanent Supportive Housing (PSH)

A. South Shore Regional Network PSH Resources

PSH units funded through the HUD CoC program are the only permanent supportive housing to be included in the Network’s coordinated entry system. HUD has established distinctions between PSH beds intended for chronically homeless persons (CH) and those that are not targeted for this subpopulation. Those terms are as follows:

CH Dedicated PSH beds are required through the project’s grant agreement to be used only to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet those criteria.

Non-CH Prioritized PSH beds means an admission preference for chronically homeless persons is applied when there are vacancies in these beds. The CoC is scored by HUD in the annual CoC

program competition on the extent to which it is willing to commit to prioritizing chronically homeless persons in a percentage of non-dedicated PSH beds.

Non-CH means there is no prioritization tied to these beds. Vacancies may be filled by any homeless individual or family (depending on PSH type) with a disabled household member who meets the general eligibility for PSH.

See [Appendix 3](#) for a detailed table of the HUD CoC-funded Permanent Supportive Housing (PSH) inventory for the region. Below is a summary.

South Shore Regional Network -PSH Inventory					
PSH Type	Individuals	Families		Total	
	units/beds	units	beds	units	beds
CH Dedicated	150	11	31	161	181
Non-CH Prioritized	60	55	150	115	210
Non-CH	19	17	36	36	55
Total	229	83	217	312	446

The housing retention rate for the Network’s PSH projects averages 90-95%, and for most of the households served CoC-funded PSH is their only long-term, appropriate housing option. As a result, there is little turnover of units. The number of vacancies annually averages no more than 3-5 units for families and 8-10 units for individuals. Additionally, the national trend of reduced HUD CoC funding for new PSH means little new CoC housing stock is being added in this region. The coordinated entry process factors in this reality of very few PSH units available each year by proposing simplified, streamlined screening and waitlist processes.

B. Coordinated Entry

Households will be assessed for housing using an evidence-based, common assessment tool, one for individuals and one for families. Referrals of appropriate candidates and their selection for PSH will take into account both the candidates’ assessment score and the characteristics of each housing opening: pre-existing eligibility requirements due to supportive services funding; geographic location; and/or subpopulation targeting in the original application (i.e., veterans, persons with mental illness). Consumer preference for the housing type and location will also be considered. Information about PSH units will be shared with referring providers and consumers consistent with an open and transparent system.

C. Prioritized Selection

The South Shore Regional Network will have two coordinated entry processes for PSH units: one for individuals and one for families, given the differences in the referring shelter systems and in the availability of PSH units by household type. Details on each process by household type are described in the sections below.

The Network will follow the order of priority for CoC-program funded PSH as detailed in the HUD Notice CPD-014-12 issued July 28, 2014: *Notice on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*.⁵ This order of priority will be applied to PSH units dedicated or prioritized for persons experiencing chronic homelessness.

The Notice provides detailed definitions of this order of priority. A **summary** of the categories in order of priority is as follows:

1. **First Priority** – Chronically Homeless Individuals and Families with the Longest History of Homelessness (12 months or more) and with the Most Severe Service Needs.
2. **Second Priority** – Chronically Homeless Individuals and Families with the Longest History of Homelessness (12 months or more).
3. **Third Priority** – Chronically Homeless Individuals and Families with the Most Severe Service Needs (duration of homelessness is less than 12 months).
4. **Fourth Priority** – All Other Chronically Homeless Individuals and Families.

3. Plan for PSH Coordinated Entry for Homeless Individuals

Father Bill's & MainSpring (FBMS) administers 100% of the 229 CoC-funded PSH units for individuals as well as the two year-round emergency shelters and most of the CoC street outreach. It will serve as the lead agency in managing this assessment and entry process.

A. Assessment Tool

FBMS will use an objective, evidence-based assessment tool such as the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) to be determined by the Network.

⁵ <https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>

The assessments will be scored. Supplemental questions will be included to gather data relevant for planning and service delivery by FBMS and the Network, but will not be scored.

B. CoC-wide Coverage

Homeless individuals in this CoC are identified and access homeless assistance through three main entry points from which they will be referred for PSH:

- A. Emergency shelters – FBMS operates two year-round low-threshold shelters: Father Bill’s Place (Quincy) and MainSpring House (Brockton). They are widely known as the main CoC entry points for individuals. People accessing shelter come from throughout the region and beyond, and social service and health care providers, local government, police departments and others regularly refer homeless individuals. In total, these two sites shelter an average of 250 people nightly and 2,000 annually, with a fairly even split in occupancy between both facilities.
- B. Street outreach – FBMS in partnership with other providers conducts outreach in the communities around the two shelters as well as region-wide, as needed.
- C. Seasonal shelters and street outreach programs in Plymouth and Wareham – Two seasonal shelters are operated by volunteer programs; they also conduct street outreach with additional help by FBMS staff.

C. Coordinated Entry Process

The Network’s assessment process will balance the intent to cover all entry points and to reach all homeless individuals, especially the hardest-to-serve, with the realities of limited staffing to conduct comprehensive assessments. The process will take place on an ongoing basis, not just as PSH openings become available. When there are PSH openings, staff at the entry points will be informed of the openings and of any eligibility criteria in order to assist with referrals to a single waiting list. The assessment plan is as follows:

1. New entries: Homeless individuals will be assessed as part of the intake and triage process at emergency shelter (Father Bill’s Place and MainSpring House).
2. Current shelter guests: Those already staying at the above shelters will be assessed for eligibility and prioritization as there are housing openings. The FBMS Long Stayers Committee regularly meets to review HMIS data and to get staff input regarding those individuals with stays at or nearing 120+ days. It will refer individuals to be assessed.
3. Unsheltered persons or staying in Plymouth or Wareham: The outreach teams will be familiarized with the assessment tool. They will refer persons to the FBMS shelter teams

for assessment as appropriate. The FBMS shelter teams are in regular communication with the street outreach and Plymouth/Wareham teams, with some shared staff, to ensure for referrals and assessment of those in need of PSH.

D. Single Prioritized Waiting List

The wait list for PSH for homeless individuals will be managed by the FBMS Housing Department. FBMS housing staff participates at the entry points above (the shelter Long Stayers Committee, street outreach, Plymouth and Wareham outreach). They will communicate with staff at these entry points about housing openings and eligibility criteria.

When there is a PSH opening for individuals, the housing staff will develop a waitlist by following the order of priority identified above. Staff from the FBMS Housing Department is trained in and abides by the recordkeeping requirements of CoC Program-funded PSH, especially documenting chronic homeless status (see *Notice on Prioritizing Persons Experiencing Chronic Homelessness* cited above).

4. Plan for PSH Coordinated Entry for Homeless Families

Four agencies administer the 83 CoC-funded PSH units for families: Father Bill's & MainSpring (58 units), Old Colony Y (12 units), South Shore Housing (10 units), and Brockton Housing Authority (3 units). The Network is designing a coordinated entry process for CoC funded PSH to be jointly administered.

A. Assessment Tool

The family PSH providers will use a common assessment tool that is objective and evidence-based to be determined by the Network. The assessments will be scored. Supplemental questions may be included to gather data relevant for planning and service delivery by the family shelter/service providers and the Network, but will not be scored.

B. CoC-wide Coverage

Homeless families in the South Shore Regional Network are identified and assessed for shelter placement through three main entry points: 1) The MA Department of Housing & Community Development (DHCD) oversees the statewide Emergency Assistance (EA) program for homeless families and operates the coordinated assessment and shelter entry system. Entry is via the local welfare offices where families are assessed for eligibility and placed in shelter or overflow motels. Shelter placement is based on statewide availability (with distance from family's referring community considered); families are not necessarily placed in their referring CoC

region, however. 2) Families fleeing domestic violence (DV) may be able to access DV shelter, which is separately funded. DV specialists are based at the welfare offices/EA entry points to conduct assessment and make referrals. Families seeking EA shelter may be referred to the DV system; when the DV system is full, families are referred to the EA system. 3) Families enter transitional housing either from the emergency shelter and DV systems or via the MA Department of Children & Families or community referral.

Following is the region's inventory of shelter and transitional housing for homeless families that serve as the four main entry points for PSH family units:

1. Emergency shelter – 217 shelter units. Access and placement by DHCD – EA system.
 - a. Father Bill's & MainSpring /FBMS (2 shelter programs/121 units)*
 - b. Old Colony Y (3 shelter programs/51 units)
 - c. Friends of the Homeless of the South Shore (1 shelter/23 units)
 - d. Carolina Hill Shelter (1 shelter/12 units)
 - e. Plymouth Area Coalition for the Homeless (1 shelter/10 units)

*FBMS also operates a family shelter in Stoughton, which is in the Balance of State CoC, but functions as part of the South Shore Regional Network for planning and service delivery. Homeless families in that shelter will have access to PSH in the Network.
2. Overflow motels – 247 units as of 2015 PIT. Access and placement by DHCD – EA system.
 - a. Quincy Community Action Programs - motel housing search
3. DV shelter – 8 units. Access and placement at EA entry point or by statewide DV hotline.
 - a. DOVE – DV shelter (3 units)
 - b. Health Imperatives – DV shelter (5 units)
4. Transitional Housing programs – 17 units.
 - a. Ascentria Care Alliance - program for young parents (ages 16-22) – 5 units.
 - b. South Shore Housing – DV program – 12 units.

Massachusetts has a mandate to shelter any eligible family, so it is extremely rare for families to be identified as unsheltered.

C. Coordinated Entry Process

Once in shelter, families are assessed and assisted with housing search and placement. Coordinated assessment and entry to PSH units will be done when there are PSH vacancies, given the scarcity of PSH supply compared to the number of homeless families. On average, there are no more than 3-5 vacancies in PSH family units a year and as of the 2015 Point-in-

Time census count, approximately 500 homeless families in shelter in the region on one night. While only a subset of homeless families would be a match for PSH based on HUD criteria for chronic homeless prioritization, to avoid the creation of long, outdated waitlists, assessment and referral will be done as there are vacancies.

The assessment and referral process will be as follows:

1. Coordinated information about vacancies - PSH provider informs the Network's family shelter providers via email when there is a vacancy and any eligibility criteria, restrictions to geographic location of the unit, etc.
2. Shelter liaisons assess and make referrals - Each homeless program listed above will have a liaison trained to administer the Network's common assessment tool, and familiar with the PSH family inventory and HUD chronic prioritization criteria. The liaison assesses families and makes referrals. Additional staff may assist, but one person per agency will serve as the lead.
3. Threshold eligibility screening prior to assessment- The liaison will make an eligibility determination of whether a family should be administered the assessment tool, based on whether there is a family member with a disability and chronic homeless status (if applicable). This step will avoid assessment and referral of large numbers of ineligible families.
4. Referrals to PSH providers for waitlist – Shelter liaisons will send referrals to the PSH provider within an established number of days so that families may be placed on a single prioritized wait list. Turnaround time is likely to be short: within one-to-two weeks so that vacancies may be filled expeditiously.

D. Single Prioritized Waiting List

For the Network's coordinated entry process, a single prioritized waitlist will only be created and managed by the PSH provider when there is a vacancy. Each PSH provider will receive the eligible referrals and will rank them and fill the vacancy by following the HUD CoC order of priority identified above. It will inform the Network's family shelter providers once the vacancy is filled. Staff at each PSH program is trained in and abides by the recordkeeping requirements of CoC Program-funded PSH, especially documenting chronic homeless status (see *Notice on Prioritizing Persons Experiencing Chronic Homelessness* cited above).

5. Meeting the Needs of People Experiencing Domestic Violence

Homeless families and individuals experiencing domestic violence access the Network through several entry points: the shelters for individuals, the EA entry points for families described above, and through separately run DV shelters and services. Persons experiencing domestic violence may access CoC PSH units by coming through any of these entry points. A trained DV specialist covers each EA office to provide appropriate assessment and referral of DV families. Families and individuals fleeing domestic violence have access to DV shelters and to DV transitional housing programs or to general emergency shelter programs. All of the DV programs in the Network will be encouraged to participate in the coordinated entry system and may make referrals of appropriate candidates for housing.