

# Continuum of Care Policies and Procedures

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## 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

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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

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### 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: 24 CFR 578<sup>1</sup>.

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.

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<sup>1</sup>[https://www.hudexchange.info/resources/documents/CoCProgramInterimRule\\_FormattedVersion.pdf](https://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, which includes the application for and administration of planning grants, as they are available.

**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
- Housing Solutions for Southeastern Massachusetts
- 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.

**CH Prioritized PSH beds** means an admission preference for chronically homeless persons is applied when there are vacancies in beds NOT dedicated to the chronically homeless. 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).

The HUD final rule: Defining “Chronically Homeless” gives detailed definitions of how continuous and cumulative homelessness are defined, along with other definitions and

record keeping requirements that all CoC grantees must follow<sup>2</sup>. 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: Rapid Re-Housing (RRH)**

Rapid re-housing assistance for homeless individuals and/or families with or without disabilities. HUD CoC RRH funds may be used to pay short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance as well as supportive services so households may move as quickly as possible into permanent housing and achieve stability in that housing. The Network presently has one CoC RRH project which is for unaccompanied homeless youth, ages 18 through 24, who come directly from the streets, emergency shelters, or are fleeing domestic violence or other persons who meet the criteria of paragraph (4) of the definition of homeless (CoC HEARTH Act, 24 CFR 578.3).

**4. Prioritizing Persons Experiencing Chronic Homelessness**

The South Shore Regional Network CoC has adopted HUD’s guidelines on prioritizing chronically homeless persons for PSH. Grantees of CoC funded PSH projects with units dedicated to chronically homeless persons or units to be prioritized for this population are required to follow this order of priority.<sup>3</sup> Following is the order of priority:

1. **First Priority** – Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
  - a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in emergency shelter for at least 12 months either continuously or on at least

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<sup>2</sup> *Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless”:*  
<https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

<sup>3</sup> *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>

four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

- b. The CoC or CoC grantee has identified the chronically homeless individual or head of household of a family, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, as having severe service needs.
2. Second Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household as defined in 24 CFR 578.3, for which both of the following are true:
  - a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
  - b. The CoC or CoC grantee has **not** identified the chronically homeless individual or head of household of a family, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, as having severe service needs.
3. Third Priority – Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
  - a. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those four separate occasions equals less than one year; and
  - b. The CoC or CoC Program recipient has identified the chronically homeless individual or the head of household of a family, who meets all of the criteria in paragraph (1) of the definition of chronically homeless, as having severe service needs.
4. Fourth Priority – All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
  - a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years,

where the cumulative total length of the four occasions is less than 12 months;  
and

- b. The CoC or CoC Program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

## **5. Participation in Coordinated Entry**

CoC funded projects are required to participate in the South Shore Regional Network CoC coordinated entry process. Implementation has begun and continues to be 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.
- Participate in tracking Systems Performance Measures by submitting accurate programmatic data via HMIS.

## 7. Performance Outcomes

The South Shore Regional Network CoC, through the Executive Committee, has adopted performance targets for CoC-funded projects based on HUD national performance goals and goals for this Continuum of Care. Annually, it reviews and updates the numerical benchmarks for performance based on current HUD and Network 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

The South Shore Regional Network CoC utilizes a Project Review Committee to annually review, score, and rank all new and renewal projects to be considered for HUD’s Continuum of Care funding competition.

### Project Review Committee

The Project Review Committee (Committee) is overseen by the Network’s Executive Committee. That body also establishes the composition of the Committee, which includes representatives from the following: the City of Quincy (Collaborative Applicant), United Way of Greater Plymouth County, South Shore Regional Network (Coordinator), and Father Bill’s & MainSpring (Support Entity).

The Committee may meet as often as necessary to complete the annual review, scoring and ranking. However, at least one meeting must take place during the CoC competition in accordance with rules established within the NOFA.

## Project Scoring

*Renewal Projects:* The Committee utilizes the South Shore Regional Network CoC Project Scoring Tool to review and score all renewal projects under consideration. Scores are based on projects' most recent Annual Performance Reports (APRs) and HUD compliance issues. Any projects that are scored significantly lower than the others will be considered for reallocation. In such cases, those projects will then be subject to the Network's written reallocation plan. Any projects that have launched but have not yet reached the first APR due date will be assigned an average score. In these cases, threshold criteria will be factored in and such projects could receive deductions to the average score based on challenges in meeting the threshold criteria. Renewal projects that have not yet launched will not be scored and will be ranked at the bottom of the PH list.

*New Projects:* Applicants wishing to propose new projects either through reallocation or Bonus funds are subject to the associated process set forth by the Collaborative Applicant. Applicants for new projects must submit a letter of intent and concept paper to the Collaborative Applicant by the date specified in a publicly posted notice of funding availability. If there are proposals for new projects that fall within available funding amounts, those projects will be selected for inclusion in the application as long as they meet threshold criteria for HUD funding. If the cumulative total of proposals for new projects for Bonus or reallocation funds is greater than funds available in these categories to the CoC, then the Committee will evaluate those projects based on threshold criteria and CoC priorities and make a recommendation to the Executive Committee. The Executive Committee will make a decision about which project(s) to include in the Network's CoC consolidated application.

## Project Ranking

The Committee is responsible for establishing the ranking criteria for all new and renewal projects that have been selected for inclusion in the application. The criteria may be adjusted annually as necessary. The Committee will then present a draft ranking to the Executive Committee for a final vote and adoption.

The Committee's general ranking criteria are as follows:

- Renewal projects that meet threshold eligibility will be ranked above new projects.
- Permanent housing renewals will be ranked above renewals of other project types.
- When projects have the same score, the project with more dedicated CH beds will be ranked higher.
- Any of the above is subject to change due to priorities and guidance in the HUD NOFA.

- The CoC also reserves the right to shift project ranking in order to maximize the total projects that will fit in tier 1.

### Public Notice of Scoring and Ranking

The Collaborative Applicant will provide public notice of the final approved scoring and ranking of all submitted projects in one of the following ways:

- email to the full CoC membership
- website posting
- other identified electronic notification that reaches at least the General Membership of the CoC

# South Shore Network (CoC MA-511) - Project Scoring Tool – PSH RENEWALS 2016

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)					
<b>Total Beds (units)</b>					

\*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><b>(1) Residence prior to entry:</b></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”) - If yes, skip to (2). If no, complete (b-d).</p>	
<p>b. If any participants came from transitional housing: - Documentation of ES or streets immediately prior - Exception if fled domestic violence – DV documentation - If no documentation of either, <b>deduct 5 points</b></p>	
<p>c. If any participants came from institutional settings:</p>	

<ul style="list-style-type: none"> <li>- Documentation resided there no more than 90 days and came from ES or streets immediately prior</li> <li>- If no documentation, <b>deduct 5 points</b></li> </ul>	
d. If any participants came from other locations - <b>deduct 5 points</b>	
	Mark ✓, No, or deduction
<b>(1) Residence prior to entry (cont):</b>	
<ul style="list-style-type: none"> <li>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”) <ul style="list-style-type: none"> <li>- If not, <b>deduct 10 points</b></li> </ul> </li> </ul>	
<b>(2) Disability Information:</b>	
<ul style="list-style-type: none"> <li>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>) <ul style="list-style-type: none"> <li>- If households with no disabled members, <b>deduct 5 points</b></li> </ul> </li> </ul>	
<b>(3) Project Occupancy:</b>	
<ul style="list-style-type: none"> <li>a. Occupancy at least 80% <ul style="list-style-type: none"> <li>- If less than 80% and PSH is not within first year, <b>deduct 10 points</b></li> <li>- If PSH’s first year and below 80%, provided plan to achieve full occupancy?</li> </ul> </li> </ul>	
<b>(4) Project Spending:</b>	
<ul style="list-style-type: none"> <li>a. Confirmation by City of Quincy or HUD* there are no problems with spending (*if project grantee is the applicant) <ul style="list-style-type: none"> <li>- If problems, the project has provided explanation</li> <li>- If no or insufficient explanation, <b>deduct 5 points</b></li> </ul> </li> </ul>	
<b>Met threshold or total deduction:</b>	

**PART 2: PROJECT DETAILS AND PERFORMANCE OUTCOMES**

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

	Max Points	Points Awarded
<b>(1) Ending chronic homelessness (Maximum points – 30)</b>		
a. % of dedicated chronic (CH) beds		
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. % of non-CH beds that are prioritized		
85% or more	5	

Less than 85% No prioritized beds	2 0	
<b>(2) Increased Housing Stability (Maximum points – 20)</b>		
80% or more remained housed	5	
50% or more remained housed	0	
Less than 50% remained housed	0	
<b>(3) Increased Participant Income from Employment (Maximum points – 10)</b>		
20% or more have income from employment	10	
10% or more have income from employment	5	
Less than 10% have income from employment	0	
<b>(4) Increased or maintained Income from Other Sources (Maximum points – 6)</b>		
75% or more have unearned income	6	
54% or more have unearned income	5	
Less than 54% have unearned income	0	
If have employment, but no other income sources	6	
<b>(5) Obtaining Mainstream Benefits (Maximum points – 10)</b>		
75% or more have non-cash mainstream benefits	10	
56% or more have mainstream benefits	8	
Less than 56% have mainstream benefits	0	
If have employment, but no mainstream benefits	6	
<b>(6) Target Populations (Maximum points - 4)</b>		
Families	1	
Youth	1	
Domestic Violence Survivors	1	
Veterans	1	

### PART 3: OTHER PROJECT INFO

Data from self-report, renewal application, and HMIS

<b>(1) Housing First Approach (Points 4)</b>		
Project follows a Housing First approach that has been detailed in the application (additional info may be requested)		
Yes	4	
No	0	
<b>(2) Leveraging (Points – 10)</b>		
Leverage equal to 150% of HUD-funded project budget	10	
Leverage is less than 150% of budget	0	
<b>(3) HMIS Data Quality (Points – 4)</b>		
APR data had less than 10% missing/refused data for all data elements	4	

APR data had more than 10% missing/refused data	0	
<b>(4) APR Submission (Points – 2)</b>		
APR is in HMIS as proof that APR submission to HUD came from HMIS	2	
APR not in HMIS	0	
<b>TOTAL (Maximum points)</b>	<b>100</b>	

## 9. Project Reallocation Plan

The U.S. Department of Housing and Urban Development (HUD) requires that CoCs evaluate and review all renewal projects and develop a reallocation process for projects funded with CoC funds. Reallocating funds is an important tool used by CoCs to make strategic improvements to their homelessness system. Through reallocation, the CoC can create new projects that are aligned with HUD’s goals, by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are unavailable. The South Shore Regional Network CoC encourages all grantees to consider reallocation for projects under these guidelines annually at the launch of each funding cycle in a written communication or at a Network meeting. When funds become available through reallocation, all Network members and stakeholders are notified via written communication that the Network is seeking new and existing providers to apply for new projects using the reallocation process.

### Reallocation Policy

Through the reallocation process, the Network ensures that projects submitted with the CoC Consolidated Application best align with the HUD CoC funding priorities and contribute to a competitive application that secures HUD CoC funding to end homelessness in the South Shore Regional Network CoC. The Network will make decisions based on the project’s score and a recommendation from the Project Review Committee. The Executive Committee will vote on the final projects to include in the Network’s consolidated application.

All renewal projects are reviewed and scored by the Project Review Committee to determine how the project performed and if a project should be considered for reallocation. This is completed either prior to or at the beginning of a new funding round, and the South Shore Regional Network CoC Project Scoring Tool is the primary tool used to conduct the assessment. The Project Review Committee may determine it needs to meet at other times during the year to further evaluate projects.

The recommendation for reallocation is based on any one of the following HUD criteria and the overall score during the project evaluation. The Project Review Committee will consider the number of criteria that are a concern and any ongoing pattern of issues, however it retains the right to recommend reallocation for any of these issues. Reallocation recommendations are presented to the Executive Committee for a final decision.

1. Project is not aligned with HUD priorities and expected approach to address and end homelessness;
2. Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
3. Audit finding(s) for which a response is overdue or unsatisfactory;
4. History of inadequate financial management accounting practices;
5. Evidence of untimely expenditures on prior award;
6. History of reporting difficulties or other major capacity issues that have significantly impacted the operation of the project and its performance;
7. Problems with timeliness in reimbursing subrecipients for eligible costs;
8. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes; or
9. Projects did not consistently meet the performance measures.

#### Involuntary and Voluntary Reallocations:

*Involuntary Reallocations* are based on one or more of the above deficiencies.

The Project Review Committee will evaluate and determine if projects will have a full or partial reallocation of funding. All funds freed through involuntary reallocations may be made available for one or more new projects. If no new project applications are submitted, funds will remain available for the original renewal projects. Any new or existing grantee may apply for a new project using the reallocated funds, including the original grantee whose project is being reallocated.

Project grantees that are subject to partial involuntary reallocation must develop a plan to continue with their renewal project, with the reduced level of funding. This includes HUD contract compliance for numbers of persons served and the types of services provided. It may be possible to seek a contract amendment from HUD for some changes; applications should contact their HUD representative to discuss any options for amendment. If the reduction in funding will result in loss of assistance for persons currently served by the project, the grantee must develop a transition plan for these persons.

*Voluntary Reallocation:* For projects not listed above for involuntary reallocation, a grantee may choose to reallocate funds from an existing renewal project, to free additional funds for one or more new projects. The grantee may choose to reallocate all or a portion of their renewal funds to create the new project. Any new or existing grantee may apply for a new project using the reallocated funds, including the original grantee whose project is being reallocated.

The grantee may also choose to compete for a portion or all of the funds available to the Network through involuntary reallocation of other projects or bonus funds.

## **10. 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 CoC 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. Network project grantees also have responsibilities in this process as outlined in next section.

## **11. Project Applications, Contracts, and HUD Reporting**

South Shore Regional Network CoC grantees are responsible for the annual submission of renewal Project Applications and for related tasks as part of the Network's consolidated application.

Specifically, 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.

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.

## **12. 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 grantee. Whenever possible, projects will be given the opportunity to implement a remediation plan to address identified issues. The Network reserves the right to reduce or eliminate project funding and to reallocate funds for other Network priorities when there are such problems.

## Section 2 | Coordinated Entry System

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### 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.)<sup>4</sup>

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).<sup>5</sup> 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 Rapid Rehousing (RRH) project targeting unaccompanied homeless youth, 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

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<sup>4</sup>[https://www.hudexchange.info/resources/documents/CoCProgramInterimRule\\_FormattedVersion.pdf](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)

<sup>5</sup><https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>

population. (See below regarding dedicated and prioritized units.) In addition, as of 2016, there are Emergency Solutions Grant programs as follows:

- 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** provided 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, and to a new CoC2015 Rapid Re-Housing project.

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 goal is to ensure homeless persons who meet the criteria for CoC and ESG RRH are quickly matched and assisted with this resource.

The third 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.

**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.

<b>South Shore Regional Network -PSH Inventory</b>					
PSH Type	Individuals	Families		Total	
	units/beds	units	beds	units	beds
CH Dedicated	175	11	31	186	206
CH Prioritized	60	55	150	115	210
Non-CH	19	17	36	36	55
<b>Total</b>	254	83	217	<b>337</b>	<b>471</b>

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 has 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 follows 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*.<sup>6</sup> This order of priority is 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 CoC-funded PSH units for individuals as well as the two year-round emergency shelters and most of the CoC street outreach. It serves as the lead agency in managing this assessment and entry process.

#### **A. Assessment Tool**

FBMS uses an objective, evidence-based assessment tool - the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT). The assessments are scored. Supplemental questions are included to gather data relevant for planning and service delivery by FBMS and the Network, but are not be scored.

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<sup>6</sup> <https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>

## **B. CoC-wide Coverage**

Homeless individuals in this CoC are identified and access homeless assistance through three main entry points from which they are 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 balances 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 takes place on an ongoing basis, not just as PSH openings become available. When there are PSH openings, staff at the entry points are 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 are 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 are 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 refers individuals to be assessed.
- 3. Unsheltered persons or staying in Plymouth or Wareham: The outreach teams are familiarized with the assessment tool. They 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 is managed by the FBMS Housing Department. FBMS Housing Department staff participates at the entry points above (the shelter Long Stayers Committee, street outreach, Plymouth and Wareham outreach). They communicate with staff at these entry points about housing openings and eligibility criteria.

When there is a PSH opening for individuals, the housing staff selects a tenant from the 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 CoC-funded PSH units for families: Father Bill's & MainSpring, Old Colony Y, South Shore Housing, and Brockton Housing Authority. 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 – Access and placement by DHCD – EA system.

- a. Father Bill's & MainSpring /FBMS (2 shelter programs)\*
- b. Old Colony Y (3 shelter programs)
- c. Friends of the Homeless of the South Shore (1 shelter)
- d. Carolina Hill Shelter (1 shelter)
- e. Plymouth Area Coalition for the Homeless (1 shelter)

\*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 – Access and placement by DHCD – EA system.

3. DV shelter – Access and placement at EA entry point or by statewide DV hotline.

- a. DOVE – DV shelter
- b. Health Imperatives – DV shelter

4. Transitional Housing programs

- a. Ascentria Care Alliance - program for young parents (ages 16-22)
- b. Housing Solutions for Southeastern Massachusetts – DV program

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 2016 Point-in-Time census count, over 400 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 is 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 – 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 list of candidates for that opening. Turnaround time is likely to be short: within one-to-two weeks so that vacancies may be filled expeditiously. This list will be for the particular opening(s) only.

#### **D. Single Prioritized List**

For the Network's coordinated entry process, a single prioritized list of candidates 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.

## **6. Meeting the Needs of Unaccompanied Homeless Youth**

Unaccompanied homeless youth primarily access the Network through the adult emergency shelter programs. They receive triage, assessment, and develop rehousing plans upon engagement with triage staff. They are connected in those shelter programs to the “Youth Protocol” that ensures access to services and supports. Additional supports and flexibility beyond the regular adult shelter program is provided to account for their developmental stage and unique circumstances. It is low-barrier shelter that is inclusive and non-discriminatory, and is provided through a lens of positive youth development and trauma-informed care. Unaccompanied Homeless Youth also access the Network through engagement with one of the Unaccompanied Homeless Youth Committee member agencies. This includes a diverse group of providers, including McKinney-Vento school liaisons and partners from other educational institutions and support programs, mental health providers, and outreach programs. All of the youth-serving programs in the Network make referrals of youth to the current shelter programs. Once the CoC RRH resource for homeless youth is launched in 2016, they will be encouraged to participate in the coordinated entry system and may make referrals of appropriate candidates for housing.