

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

### Instructions:

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

**1A-1. CoC Name and Number:** MA-516 - Massachusetts Balance of State CoC

**1A-2. Collaborative Applicant Name:** Department of Housing and Community Development

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

**1A-4. HMIS Lead:** Department of Housing and Community Development

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

**Instructions:**

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

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

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

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

The continuum has HarborCOV, a domestic violence provider, serving on both the planning committee and advisory board. HarborCOV has been instrumental in the development of thoughtful policies and processes which include triage and referral processes that accommodate the unique privacy and security concerns of persons who become homeless due to fleeing domestic violence. The Department of Public Health's Bureau of Substance Abuse Services participates in the CoC's planning group, ranking and review committee, coordinated entry committee, advisory board, and the veterans committee. They have been immensely useful in guiding us through the Massachusetts' and the Federal Government's intricate confidentiality regulations for projects serving those with substance use disorders, who become homeless. Both of these collaborations were beneficial as we developed coordinated entry processes. Their work assisted us as we developed regulatory compliant release forms and referral processes.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Father Bills and Mainspring	No	Yes	Yes
Children's Friend and Family Services	No	Yes	No
South Middlesex Opportunity Council	No	Yes	Yes
Youth Harbors	No	Yes	No
YWCA of Greater Lawrence	No	Yes	No
Wayside Youth and Family Services	Yes	Yes	No

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.**

**Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
HarborCOV Inc	Yes	Yes
YWCA of Greater Lawrence	Yes	No
SAHELI Friendship for South Asian Women	No	No
Voices Against Violence	No	No
RESPOND Inc.	No	No
BARCC (Boston Area Rape Crisis Center)	No	No
YWCA Central Massachusetts Domestic Violence Services (BWR)	No	No
South Shore Housing	Yes	No
Jewish Family and Children Services	No	No
Dove Inc	No	No

**1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)**

The Collaborative Applicant (CA) issues a competitive procurement (RFR) seeking project proposals. The CA then notifies organizations who have inquired about CoC/ESG funds in the past, including those who were not previously funded. In addition, all procurement opportunities are posted to the Commonwealth's public procurement website. An announcement about the RFR is sent to every person and agency that serves on a standing or ad hoc committee and the leads of all surrounding CoCs are requested to share it with their providers.

The RFR details the review process and scoring/selection criteria including proposal compliance with HUD regulations and allowable scope of the project as outlined in the NOFA, consistency with the CoC's priorities, and demonstration of capacity and understanding of the needs of and complexity in working with chronically homeless persons. New project proposals that are inconsistent with these criteria are subject to exclusion from the priority listing.

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

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

**Instructions:**

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

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

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

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	6
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	6
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	6
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

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

The CoC interfaces with 6 Con Plan jurisdictions: Massachusetts, Framingham, Lawrence, Medford, Revere and Malden in the following ways:

Massachusetts: Daily meetings, calls, and e-mails about ESG, PIT, AHAR, CAPER and Con planning. One of the CoC staff persons is the program coordinator for Massachusetts' ESG funds and this structure allows for effective planning and coordination. Total annual interaction: hundreds of hours.

Lawrence: Weekly calls and e-mails about program implementation, monthly phone calls about veteran homelessness, monthly meetings of CoC providers in Lawrence and less often calls, meetings and e-mails about PIT, AHAR, CAPER, and Con plan. Total annual interaction: about 100 hours.

Framingham, Medford, and Malden: Calls and-mails and amounting to 6 hours per year (for each jurisdiction) for the PIT and the Con Plan. Total annual interaction: 24 hours.

CoC interactions with Revere are 1-2 calls per year on the PIT. Total annual interaction: 2 hours.

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

1.DHCD, the CoC collaborative applicant, is also the ESG recipient. ESG and CoC staff are embedded in the same unit and supervised by the same manager. The CoC staff worked closely with ESG staff in developing an understanding of unmet need, desired ESG outcomes and performance measures and in crafting the RFR seeking proposals to meet the needs of the continuum.

2.CoC staff provide DHCD with all information needed for the development of CAPER and the Con Plan and annual action plans, including HMIS reporting PIT data and performance outcomes from ESG and CoC subrecipients.

3.ESG project activities are conducted by many of the same service providers as CoC projects. While CoC and ESG projects are monitored separately, CoC and ESG staff communicate regularly about the results of these monitoring and the impact of each project on the larger goal of ending homelessness. Performance standards for both COC and ESG projects are developed openly and with the same objectives.

**1C-3. Describe how the CoC coordinates with victim service providers and**

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

To ensure the right service and housing options are provided at the right time to the right person, the CoC collaborates with several DV providers funded through the CoC, ESG, the HHS funded MA Depts. of Children and Families, Public Health, and Housing & Community Development who provide 24-hr staffed programs, shelter, outreach, family support, counseling, economic mobility, and referrals.

DV victims who present themselves to a non-DV service provider are guided through the statewide process for accessing DV services as outlined above.

All DV victims are able to access CoC funded housing and services using the CoC's CE process. When a victim of DV is referred to the CoC's Coordinated Entry (CE) system for access to housing void of having been referred to victim services, the CE Staff will facilitate that connection.

CE files are kept locked and the CoC's homeless registry does not have personally identifying information in it. PII is never shared without a signed release.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Lawrence Housing Authority	37.00%	Yes-Public Housing
Malden Housing Authority	17.00%	No
Medford Housing Authority	0.00%	No
Revere Housing Authority	8.00%	Yes-Public Housing
Framingham Housing Authority	49.00%	Yes-Public Housing

**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 447 units in the CoC targeted to homeless households through other resources as of the 2016 PIT: State HomeBASE RRH for homeless families (103); state rental support for Home & Healthy for Good for the chronically homeless (41); New Lease, the first in the nation initiative to set a homeless family preference in federal Multifamily housing (12 units/year); VASH (143 units); and 148 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 (A Social Impact Bond initiative), 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.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons**

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

Not Applicable

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

### **Instructions:**

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

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

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

The CoC's Coordinated Entry (CE) process uses a "no wrong door" approach. SAMHSA Outreach, CAP agencies, ESG and shelter providers, and street outreach staff from across the CoC have participated in ongoing CE trainings to ensure all people likely to come into contact with homeless persons are aware of the CE system and how to connect people to it. The CE system and its forms are published on the CoC website, announced using an extensive e-mail blast, and communicated via a Twitter account operated by CoC members.

The CE vulnerability assessment helps staff determine the vulnerability and types of appropriate housing for each person. Using a registry created from the assessments, the most vulnerable persons accessing the system are housed first. Projects receiving referrals from the CE system are disallowed from denying access of a CE referral to their program except in cases of categorical eligibility.

A more complete explanation and forms are attached to this application.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization**

**or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

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

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

## Instructions

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

### 1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	39
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 2016 CoC Program Competition?	39
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

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

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

The CoC ranking and review process (attached to this application) works on a point system. Performance outcomes, which are a substantial part of the ranking process, are often negatively impacted when a project works with difficult to serve populations. To mitigate these unintended consequences, the ranking process offers additional points to projects serving any of the following priority or vulnerable populations.

- Domestic Violence Victims
- Unaccompanied Minors
- Those with chronic mental health issues
- Those with substance abuse issues
- Unsheltered
- Veterans
- Families with Children

Projects are awarded 10 points equal to 5% of the possible maximum total for each of these priority or vulnerable populations that the project is designed to serve. For example, an outreach program designed to serve unsheltered persons with substance abuse issues will receive an additional 20 points.

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

The Admin Comm. presented the ranking tool to the Planning Group (the entire CoC) on 6/1/2016, and to the Ranking Comm. on 6/29/2016. Feedback was offered by both groups and incorporated. On 7/6/2016 the Planning Group again reviewed the tool and on 7/20/2016 the Advisory Board approved the revised ranking tool.

On 8/22/2016, the Ranking Comm. reviewed the projects and recommended that the Board move new projects to the bottom of Tier two in descending order of number of persons to be served.

On 8/23/2016, the Board met and adopted the recommendation.

The Ranking was published to the public on the DHCD website on 8/25/2016, and those with connections to the CoC were sent an e-mail notifying them of its publication.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).** 08/24/2016

**1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** Yes

**1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 07/29/2016

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

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

## Instructions

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

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

The CoC has a two-step process for monitoring performance and program capacity to ensure CoC compliance with 24 CFR part 578 and CoC goals. (1) The Collaborative Applicant (CA) conducts both desk monitoring and a site visit every year. The CA uses monitoring tools adapted from the HUD CPD monitoring handbook as a guide and assesses for on-time APR submissions, APR performance, participant eligibility, length of program stay and homelessness, HUD findings, quarterly draw-downs, etc. (2) The Project Evaluation Committee uses the CoC scoring tool to conduct project reviews (attached to this application). Criteria include: project utilization rates, project spending, and a thorough review of APR outcomes (housing stability, increased income, mainstream benefits, and program exit destination), HMIS data quality, and chronic unit commitments. Project renewal and ranking is based, in part, on scoring from these reviews. Frequency of monitoring is determined by compliance and performance.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

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

### Intructions:

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

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

Yes

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

11-15, 27-28. MOU is incorporated into the charter

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

Yes

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

Yes

**2A-4. What is the name of the HMIS software** Efforts to Outcomes (ETO)

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

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

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

### Instructions

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

**2B-1. Select the HMIS implementation coverage area:** Multiple CoCs

**\* 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	\$157,873
ESG	\$40,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$197,873</b>

### 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
<b>Other Federal - Total Amount</b>	<b>\$0</b>

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

Funding Source	Funding
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City	\$0
County	\$0
State	\$415,256
<b>State and Local - Total Amount</b>	<b>\$415,256</b>

**2B-2.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$0
<b>Other - Total Amount</b>	<b>\$0</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$613,129</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

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

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

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

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,760	30	1,692	97.80%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	265	114	82	54.30%
Rapid Re-Housing (RRH) beds	105	0	105	100.00%
Permanent Supportive Housing (PSH) beds	989	10	594	60.67%
Other Permanent Housing (OPH) beds	165	0	103	62.42%

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

All CoC funded projects are in HMIS.

PSH is below the 85% coverage rate because the providers who operate these 327 VASH beds are not required to participate in HMIS and have declined to participate at this time.

TH is below the 85% coverage rate because providers who operate these 69 beds are not required to participate in HMIS and have declined to participate at this time.

OPH is below the 85% coverage rate because the providers who operate these 62 beds are not required to participate in HMIS and have declined to participate at this time.

The CoC will reach out at least annually to stress the importance of participation

on HMIS.

It should be noted that the CoC and its primary SSVF provider are actively engaged in discussion about participating in the CoC's HMIS. We expect that we will complete their integration into the CoC's HMIS system within the next six months.

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

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

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

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

**Instructions:**

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

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	8%	1%
3.3 Date of birth	0%	0%
3.4 Race	3%	5%
3.5 Ethnicity	1%	0%
3.6 Gender	5%	0%
3.7 Veteran status	8%	2%
3.8 Disabling condition	8%	2%
3.9 Residence prior to project entry	3%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	17%	0%
3.15 Relationship to Head of Household	6%	0%
3.16 Client Location	25%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	20%	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"/>
Point in Time, Housing Inventory Chart, System Performance measures	<input checked="" type="checkbox"/>

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

7

**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 type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

The Balance of State Continuum of Care PATH grant is currently using a different data system that meets the clinical needs of their particular work. They are collaborating with the CoC and working through integrating their current

data systems with the CoC's HMIS. We expect any impediments will be resolved by year's end (12/31/2016.)

There are no GPD programs in the Balance of State CoC

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

### Instructions:

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

**The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.**

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/27/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 05/02/2016

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

**Instructions:**

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

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:**

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

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

HMIS:	<input type="checkbox"/>
HMIS plus extrapolation:	<input checked="" 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)**

The CoC conducted webinars and conference call trainings with shelter and transitional housing providers in advance of the PIT. During those training sessions, content included how to ensure that HMIS data was accurately

entered for the PIT count and on how to use the survey tool. Following the night of the count, technical assistance was provided to shelter and transitional housing providers to assure the highest quality data was available for the PIT count. As a result, 94% of non-DV ES, TH, and SH projects in the CoC participated in HMIS. Over 5% participated in the PIT via surveys, the remaining <1% was derived from extrapolation. The DV providers in the CoC participated via provider surveys or anonymous client surveys. This methodology was used because it was the most comprehensive and accurate that the CoC could achieve.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)**

Not Applicable

**2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes**

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

a)In the 2016 PIT there were a number of new projects that did not exist at the time of the 2015 count. Those projects included shelter programs Thorndike and Mountain Ave, as well as a transitional housing project, Isaiah House and a Runaway Homeless Youth Project. Because they were new projects this year, they did not appear in the previous year's PIT.

b)In 2015 a VADOM project was included in the PIT, which per HUD instructions was not included in 2016. VADOMs were re-categorized by HUD and the VA in the last year as treatment programs, and therefore were not be included on the 2016 PIT.

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

**Instructions:**

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

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

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
Blitz count of persons in shelters occurred after curfew (10PM) on the night of the PIT to ensure that persons were only counted once.	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)**

Not Applicable

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

### Instructions:

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

**HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.**

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

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

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?** Yes

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/02/2016

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

**Instructions:**

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

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

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

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

The CoC conducts its unsheltered count by looking in known locations. During the count we also solicit the help of local police departments during the regular course of their duties.

We investigate and count in places where unsheltered persons are known to camp. The CoC becomes aware of new encampments primarily by the reporting of third parties – municipal governments, police departments, private citizens, etc. In some locations, we also looked in locations that we thought would be a good place to camp, even if there was little noticeable evidence of it being used in that way prior to the count.

In communities with larger known populations of unsheltered persons, those doing the count are given training and accompanied by staff familiar with outreach, shelter referral processes, and safety strategies.

The CoC chose this methodology because it covers 75 cities and towns. It is impossible to explore every potential location across such a vast geography in any single night.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)**

Not Applicable

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

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

Not Applicable

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

**Instructions:**

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

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

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

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)**

Not Applicable

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

### Instructions

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

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2,071	2,008	-63
Emergency Shelter Total	1,822	1,695	-127
Safe Haven Total	0	0	0
Transitional Housing Total	230	252	22
Total Sheltered Count	2,052	1,947	-105
Total Unsheltered Count	19	61	42

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	5,873
Emergency Shelter Total	5,683
Safe Haven Total	0
Transitional Housing Total	201

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

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

**(limit 1000 characters)**

1. The CoC’s Collaborative Applicant (CA), the primary funder of shelter, collects, analyzes, and coordinates data to identify the factors that lead households to homelessness for the first time. Data considered includes analysis by other systems of care including Veterans and Elders. Shelter intake information includes discharges from other systems of care and reasons for homelessness. The CoC’s primary prevention providers are active members of the CoC’s planning group and advisory board.
2. The CoC has diversion efforts at emergency shelter access points. Activities include assessment, housing search, mediation, financial assistance, support services, and discharge planning with hospitals and substance abuse facilities.
3. The CoC’s ESG efforts, including prevention, are embedded within the CoC’s structure. The CA funds and coordinates the RAFT, HCEC, and HomeBASE prevention programs. Housing search and employment readiness programs also participate in the CoC’s planning group.

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

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

**(limit 1000 characters)**

The Collaborative Applicant (CA) has several strategies for reducing the length of homelessness. Using HMIS to track shelter census and the length of stay, a “by name registry” system has been developed. Each household receives intensive case management services including an individualized plan to end their homelessness and address any barriers to doing so. All sheltered families have access to HomeBASE rehousing resources, but the CA can offer additional state-funded financial resources to the longest stayers on the list. The CA has also used state resources to develop “housing locator” positions – persons without caseloads, but are responsible for identifying available units and landlords. Finally, Coordinated Entry vulnerability assessment processes increase a household’s vulnerability score as their length of homelessness increases. This improves their likelihood of connection to any available housing resource.

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

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

**3A-4a. Exits to Permanent Housing Destinations:  
Fill in the chart to indicate the extent to which projects exit program**

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**participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	417
Of the persons in the Universe above, how many of those exited to permanent destinations?	242
<b>% Successful Exits</b>	<b>58.03%</b>

**3A-4b. Exit To or Retention Of Permanent Housing:  
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	370
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?	346
<b>% Successful Retentions/Exits</b>	<b>93.51%</b>

**3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

The CoC's primary strategies used to identify and minimize returns to homelessness include:

1. Use of a unique identifier in HMIS allowing the CoC to identify and track multiple homeless episodes for individuals and families and then target prevention, diversion, and RRH services accordingly;
2. Provision of 1 year of stabilization to families leaving shelter and households entering rapid rehousing programs. Ongoing stabilization services to all households entering 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 families employ assessment specialists who offer diversion to anyone seeking shelter. Diversion activities include tenancy preservation, mediation with landlords, family, and friends, provision of limited financial assistance, help accessing appropriate systems of care, and identification of feasible alternative housing.

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

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

Employment: South Middlesex Opportunity Council (SMOC) and Action for Boston Community Development (ABCD) operate projects that work with homeless or newly housed persons on employment readiness. SMOC's project helped 172 homeless persons obtain income from employment and ABCD provided 434 persons with job readiness assistance, 284 of whom obtained jobs for a total of 456 homeless people obtaining.

Nonemployment: All CoC programs assess each project participant for the benefits they currently receive as the first step in each household's service plan. Potential additional sources or increases to existing benefits (both cash and noncash) are identified. Case managers aid participants in applying for non-employment income, including assisting with completing applications, scheduling, transportation to appointments, and collecting necessary documentation. The Collaborative Applicant, DHCD, provides access to SOAR trained persons to aid projects that do not otherwise have a person.

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

The most heavily used mainstream employment organizations for persons in our CoC programs are: 1) The Massachusetts Rehabilitation Commission, which helps persons with disabilities access job training and support; 2) One Stop Career Centers, which provides assessment, career information and job search assistance and; 3) Jewish Vocational Services which provides skills development, job readiness training and resources, and job search activities. 40% of our transitional and permanent housing programs regularly make referrals to one of these resources as a matter of practice, and > 90% make referrals for their clients who request these sorts of services. 4) The Secure Jobs Initiative uses a partnership between homeless service providers, workforce development agencies and child care providers and is for homeless families in state funded shelter and families receiving state funded RRH programs. During FY16, Secure Jobs sites placed 425 participants into jobs.

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

While the CoC funded outreach team focuses its efforts in our most urban area of the CoC, the continuum also has SAMHSA funded PATH workers embedded in shelters and conducting outreach, assessment, and referral to both sheltered and unsheltered persons in other areas. Given the large geographic area of the Continuum, it is not possible to cover every area at every moment. The CoC communicates regularly with local service providers, CAP agencies, police departments, city planning departments, libraries, and other entities that may

become aware of a homeless person before our outreach teams. Outreach efforts are focused on areas where homeless people are known to congregate or camp.

All unsheltered persons who are willing to do so are referred to the CoC's Coordinated Entry System, that helps to connect them with housing and other service providers, and is able to help the CoC determine if they move from the street into shelter, and / or, ultimately into housing.

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

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

Not Applicable

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

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

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

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

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

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	195	281	86
Sheltered Count of chronically homeless persons	180	274	94
Unsheltered Count of chronically homeless persons	15	7	-8

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.  
 (limit 1000 characters)**

The number of sheltered Chronically Homeless persons went up compared to 2015 due to improved counting accuracy. Last year's count appeared as a decrease compared to the prior year due to changing HMIS standards used to calculate Chronic Homelessness. With the larger data pool of an additional year, the numbers have become more accurate. As a comparison, the Chronically Homeless numbers reported in the 2014 PIT were 806 sheltered and 22 unsheltered.

There were no changes in PIT methodology this year from last.

**3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.**

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	302	305	3

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

There were 3 beds reclassified between 2015 and 2016. These 3 beds were reclassified to increase access to limited housing resources for chronically homeless persons. The grantee worked closely with the sub recipient to reclassify these resources to address this unmet need identified within the CoC.

**3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?** Yes

**3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.** 4, 23-40

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

This question will not be scored.

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

To meet the goal of ending chronic homelessness by 2017, all outreach programs & shelters are participating in the CoC’s Coordinated Entry (CE) system, which incorporates chronic homelessness as part of its standardized vulnerability assessment (attached) . All persons identifying as homeless are placed on the CoCs homeless registry which is triaged regularly. An individualized housing plan is generated which outlines strategies and interventions most likely to succeed for each individual on the registry. Considerations include client choice for location, setting (congregate, SRO, clustered units, and scattered site) and housing type (transitional, RRH, and PSH.) CE staff first refer the most vulnerable persons to any available housing opportunities for which they are eligible. Persons that remain on the registry awaiting CoC housing opportunities are provided with assistance by shelter or outreach staff to access other local housing options.

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

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

**Instructions:**

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

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

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

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

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

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 FY16, 25% of families were diverted from shelter entry and rehoused with state RRH HomeBASE and housing search. Employment services, through the Secure Jobs initiative, which uses a partnership model among homeless service providers, workforce development agencies, and child care providers, are 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 and provided with intensive case management services to develop and implement a rehousing plan with HomeBASE, RAFT, ESG, or other resources.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	0	37	37

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

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
State Law prohibits involuntary family separation	<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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

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

	2015 (for unsheltered count,		
FY2016 CoC Application		Page 43	09/08/2016

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	1,749	1,694	-55
Sheltered Count of homeless households with children:	1,749	1,694	-55
Unsheltered Count of homeless households with children:	0	0	0

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

The family shelter system in Massachusetts is funded through the Collaborative Applicant, DHCD. A two-pronged approach to reducing the number of homeless families has been implemented. First, there has been a significant effort to prevent family homelessness using both state and ESG funded prevention / diversion strategies including eviction prevention, arrears assistance and ongoing services to at risk families. Second, strategies have been implemented to expedite families return to stable housing. Those strategies include by-name registries and intensive case management services to develop and implement a rehousing plan with HomeBASE, RAFT, ESG, or other resources. Additionally, DHCD designated 300 Mobile Rental Voucher Program subsidies for homeless families across the Commonwealth. Significant reductions in the number of Massachusetts homeless families occurred, including in the Balance of State CoC's >3% decrease.

**3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.**

Human trafficking and other forms of exploitation?	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?	No
Unaccompanied minors/youth below the age of 18?	No

**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 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 checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

Vulnerability to victimization:	<input 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 type="checkbox"/>
Disability	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	14	16	2

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing**

**program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)**

The majority of unaccompanied youth and youth headed households in the CoC access services in one particular shelter in Lawrence. The variance from FY 2014 to FY 2015 is attributed to data quality issues. While the program initially struggled with data entry and data compliance requirements; through technical assistance, project oversight and additional staff resources significant improvements were realized. Therefore, the CoC Admin and HMIS Committees don't believe this year over year change is indicative of population growth but data quality.

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

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$292,000.00	\$342,000.00	\$50,000.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$292,000.00	\$342,000.00	\$50,000.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	6
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):	12

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

Wayside Youth and JRI's Youth Harbors Program's collaboration with area schools and the McKinney Vento liaisons (M-Vs) to bring attention to the difficulties faced by homeless youth have resulted in 94% of homeless youth having been stably housed by the end of the year. Every family shelter is mandated by its state contract 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. JRI, Wayside Youth, and a number of shelter providers serve on the CoC's Youth Committee and the Planning Group. The CoC serves on the MA Youth

Commission's ID and Connection committee that conducts a PIT count focused on identifying unaccompanied homeless youth and developing systemic responses to youth homelessness. JRI has MOUs with several schools and Head Start programs as part of the Children's Behavioral Health Initiative. Active partner, and subrecipient, ABCD is the Head Start provider for 9 of the districts in the CoC.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)**

The CoC ensures homeless families and youth are identified and then informed of, and provided access to, educational services as well as CoC and ESG-funded housing resources. Every family shelter in the CoC is required by its state contract to designate a staff person to ensure children are enrolled in school or early childhood ed. programs. CoC and ESG providers also run family shelters, providing seamless coordination with McKinney-Vento Liaisons (M-Vs) and 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 their options (continuation in school of origin or enrollment in a nearby school). The M-Vs and shelter providers ensure enrollment and jointly address issues. The M-Vs and the JRI Youth Harbors program also inform unaccompanied youth of their rights to services. The Admin Committee tracks implementation of these policies and helps resolve problems.

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

- JRI's MOUs with several schools and Head Start programs as part of the Children's Behavioral Health Initiative.
- Several Family Shelter providers' (including Heading Home Inc., Housing Families, Inc., Emmaus, Father Bills and Mainspring, and the South Middlesex Opportunity Council) have MOUs with Horizons for Homeless Children to provide child care while families in shelter are engaged in educational workshops.
- DHCD (the collaborative Applicant) has an MOU with the Department of Early Education and Care for 700 child care vouchers for use across the Commonwealth, including in the Balance of State CoC.
- Emmaus has an agreement with the Greater Lawrence YWCA to provide after school child care services for families in shelter with a working head of household.
- DHCD has an Interstate Agency Agreement with the Massachusetts Department of Public Health to provide early intervention services with all family households in the state funded shelter system.

- And others.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

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

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	48	4	-44
Sheltered count of homeless veterans:	48	4	-44
Unsheltered count of homeless veterans:	0	0	0

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

The numbers of homeless veterans in the CoC have dramatically decreased from 48 to 4 (a 92% reduction) in the last year. This is for two reasons.

First, the CoC has been working diligently to end veteran homelessness within our geographic area. Through the development and implementation of the CoC's Coordinated Entry registry, a subset of that population has been carved out which identifies a cohort of people that identify as veterans. The Veterans working group case conferences the veterans on the registry at least monthly, developing individualized plans to address each veteran's barriers to housing to end their homelessness, and then implementing those plans.

Second, a domiciliary program in the CoC was reclassified as a treatment

program and the persons there longer than 90 days were no longer classified as homeless.

**3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)**

All outreach programs and shelters are participating in the CoC's Coordinated Entry system, which incorporates veteran status as part of its standardized vulnerability assessment (attached to this application.) Programs not funded by the VA, including outreach teams, ask all persons they work with whether they have ever served in the military. All persons identifying as having served are placed on the CoC's homeless veterans' registry and are case conferenced at least monthly. VA staff who participate in the Veterans Committee check each name on the registry for eligibility for VA services. Those found eligible are referred directly to appropriate housing resources such as SSVF and VASH, operated by veteran service providers who also serve on the Committee. These referrals often occur immediately.

**3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	11	4	-63.64%
Unsheltered Count of homeless veterans:	2	0	-100.00%

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

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)**

The Continuum has developed a by-name registry of all homeless veterans that is a subset of the Coordinated Entry by-name registry. The registry is updated

as new referrals are made and the veterans on the registry are case conferenced at least monthly. The case conferencing process includes being assigned a person from the Veterans Committee who is responsible for identifying their barriers, addressing those barriers, and developing a plan to end their homelessness. By incorporating the by-name registry and the coordinated entry processes, veterans have ready access to the full array of housing resources of the continuum, including ESG rapid rehousing; and not just those resources dedicated to veterans.

## 4A. Accessing Mainstream Benefits

**Instructions:**

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

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

**4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	40
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	40
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

The CoC 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 CoC's shelters and outreach teams are the coordinated entry points, and have embedded PATH workers who connect homeless persons with health insurance. Families are assisted in applying at the point of intake at every family shelter across the CoC and 41 individuals were assisted in obtaining coverage through MassHealth.

DHCD (the collaborative applicant) and MassHealth have partnered with the University of Massachusetts Medical School to conduct a multi-year analysis of patterns of health care utilization and costs among homeless families. This work is being used to inform the design of Accountable Care Organizations in an effort to ensure that they appropriately address needs specific to homeless families.

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

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

## 4B. Additional Policies

**Instructions:**

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

**4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?**

### FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	40
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	32
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	80%

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

### FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	40
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	30
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	75%

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

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

Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Coordinated Entry system available direct to public via website	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	0	39	39

**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", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons**

**defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

Not Applicable

**4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?**

No

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

Not Applicable

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.**

Yes

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

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

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Ending Veteran Homelessness	07/15/2016	4

## 4C. Attachments

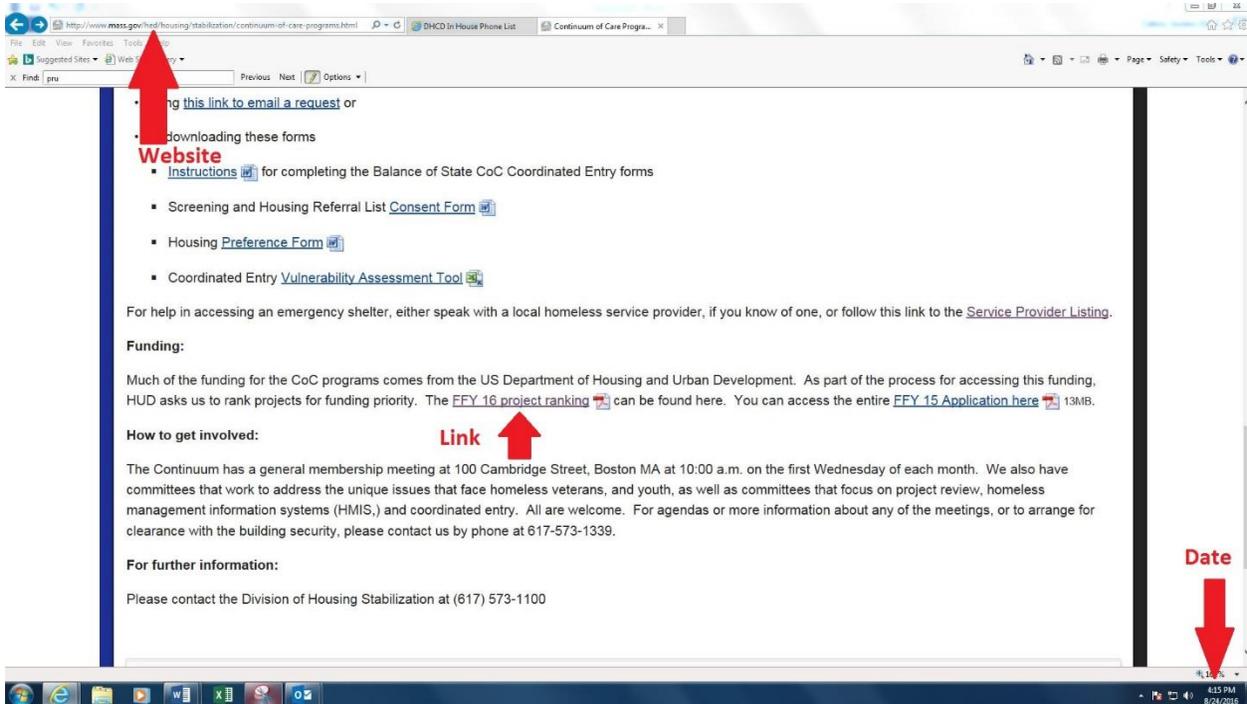
**Instructions:**

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

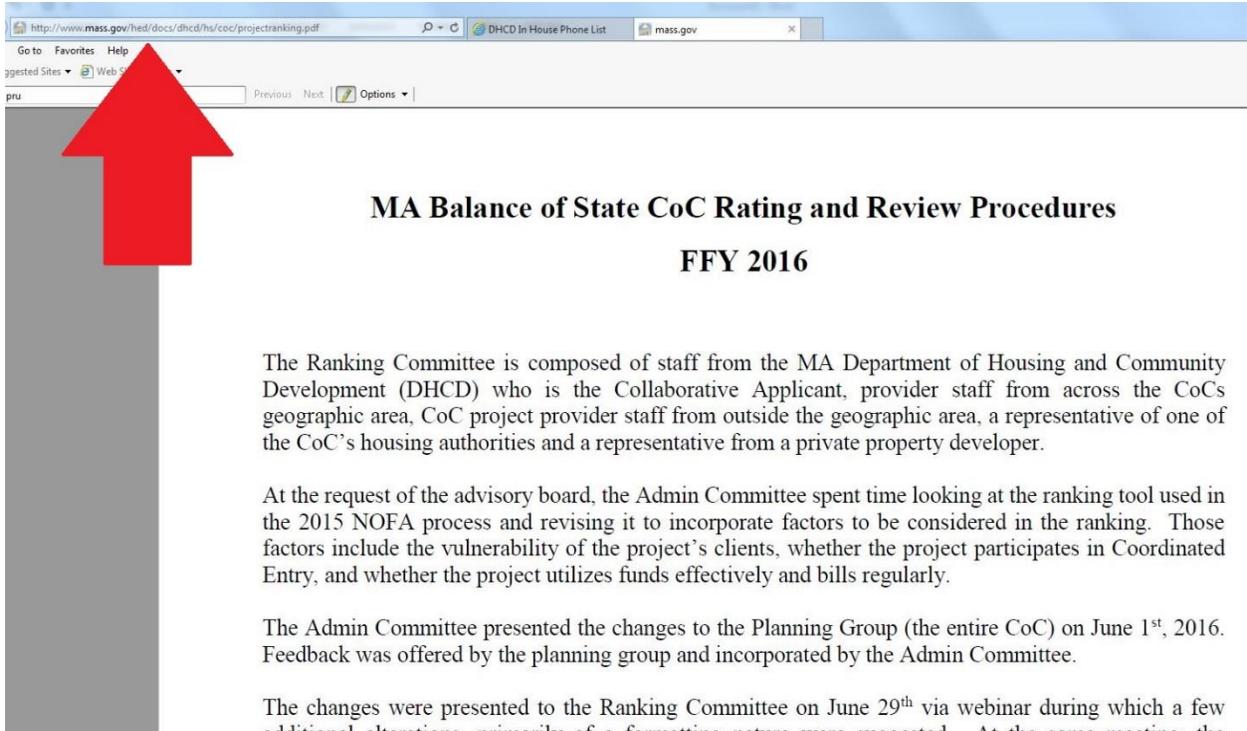
Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	letters for projects	08/10/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Procurement, rank...	08/24/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Evidence of publi...	08/24/2016
05. CoCs Process for Reallocating	Yes	Reallocation proc...	08/16/2016
06. CoC's Governance Charter	Yes	governance charter	08/09/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	08/09/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Admin Plans	08/02/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS Governance A...	08/09/2016
11. CoC Written Standards for Order of Priority	No	CE policies with ...	07/29/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	System Performanc...	08/15/2016
14. Other	No		
15. Other	No		

# Evidence of Public Notice of Ranking

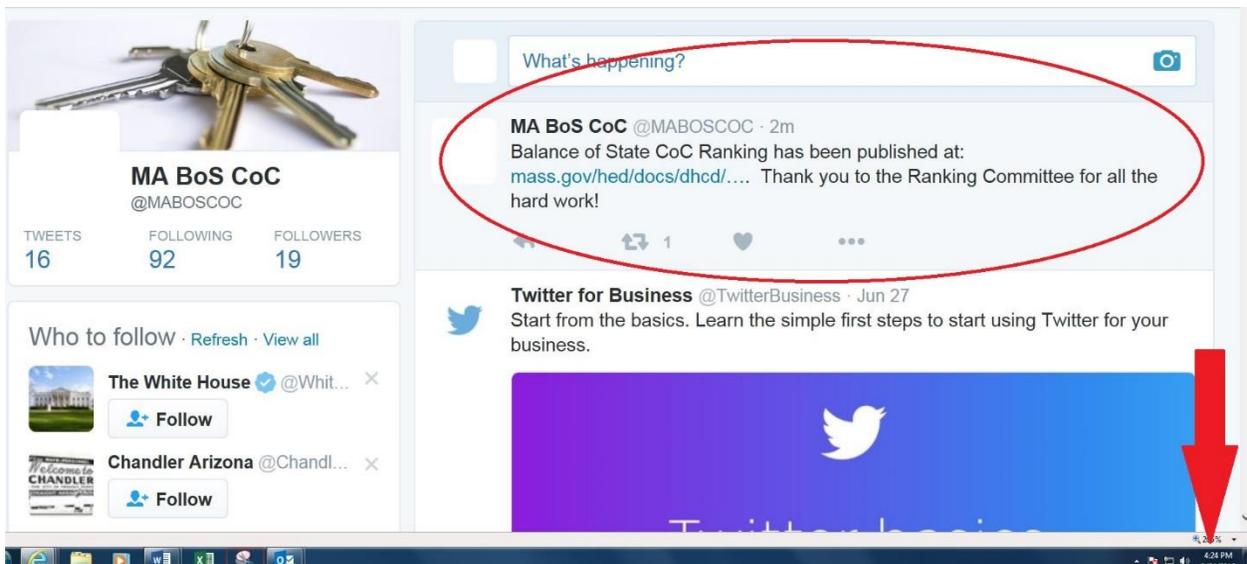
Published on DHCD's website on 8/24/2016



The actual Document on the website:



Announcement on Twitter



## E-Mail Blast to all members of the Continuum:

**From:** Calkins, Gordon (OCD)

**Sent:** Wednesday, August 24, 2016 4:37 PM

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**Subject:** Ranking and Tiering

Good afternoon All:

I wanted to let you know that the Ranking process is complete. You can see the entire process laid out, including the results of that process on our website at <http://www.mass.gov/hed/docs/dhcd/hs/coc/projectranking.pdf>

A special thank you to the Ranking and Review Committee for all of their very hard and accelerated work!

Gordie

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Federal Grants Manager

Division of Housing and Stabilization



# Commonwealth of Massachusetts

## DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Chrystal Kornegay, Undersecretary

### MA-516 Reallocation Process

Projects may be reallocated two possible reasons:

- Chronic underperformance
- The project is determined that it no longer meets the needs of the homeless persons residing within the continuum

The process for deciding to reallocate is different for each of the two reasons.

#### **Chronic Underperformance:**

CoC projects are monitored by Collaborative Applicant staff in a number of ways.

In response to HUD's requirement that all projects be ranked in order of project priority for each year's application process, DHCD has incorporated a project ranking process into our monitoring. The ranking is conducted by a committee made up of staff from the MA Department of Housing and Community Development (DHCD), provider staff from across the CoC's geographic area, provider staff from outside the geographic area, a representative of one of the CoC's housing authorities and a representative from a private property developer. Incorporated into that ranking process is a review of several important factors that may, when taken together, indicate underperformance. Those factors include:

- Performance outcomes
  - Accessing mainstream benefits
  - Housing outcomes
  - Maintaining and/or increasing income
- Effective and efficient use of grant funds
- Use of funds to serve vulnerable or difficult to serve populations
- Regular and timely use of project funds.
- Regulatory compliance as discovered during the annual monitoring by the collaborative applicant.
- Timely completion of reports

When these processes result in a project being repeatedly found to be underperforming, the Continuum offers technical assistance. If performance issues continue, the continuum may choose to select a different subrecipient. Finally, if a different subrecipient is not able to take on the project, or is not able to improve the project's performance, the Continuum, via a decision by the Advisory Board, may decide to reallocate the project's funds.

**Project No Longer Needed:**

The continuum conducts an annual gaps analysis as well as ongoing needs assessments. All projects are subject to reallocation should the analysis and assessment indicate that they are no longer required. Alternatively, occasionally project subrecipients, in conjunction with the Collaborative Applicant may self-identify that they are having difficulty keeping at capacity and request a reduction in their budgets to allow for partial reallocation. Alternatively the subrecipients and Collaborative Applicant may also decide to reallocate a project in its entirety if they determine the participants are better served by doing so.

Once the project has been slated for reallocation, the subrecipient (who has been involved in the discussions all along) is formally notified in writing.

If the continuum has decided to reallocate a project for either of the above reasons, new projects will be identified using the standard procurement process which includes public posting of a request for proposals or concept papers, objective and transparent review of proposals and selection of proposals based on consistency with HUD requirements, continuum needs and the respondent's ability to implement and successfully manage the proposed project.

**PLEASE NOTE: The CoC did not reject any applicants this year. Two projects were reallocated at the request of the subrecipient, and project applications were not submitted for the projects,**

**Commonwealth of Massachusetts  
Balance of State Continuum of Care  
Advisory Board Governance Charter**

**ARTICLE I. – Advisory Board Purpose**

The purpose of the Commonwealth of Massachusetts Balance of State (BoS) Advisory Board is to oversee the reduction of family and individual homelessness throughout the Balance of State geographic area.

The Advisory Board will carry this out through the following efforts:

- Prioritization of both new and renewal projects funded through the US Department of Housing and Urban Development’s Continuum of Care Program
- Leadership to leverage and prioritize the effective use of Public/Private resources
- Policy alignment of the CoC’s efforts in support of the ongoing implementation of the MA 10 Year Plan to End Homelessness
- Oversight of the MA Balance of State’s Continuum of Care accomplishing all responsibilities specified by HUD’s Continuum of Care Program

**ARTICLE II. - Membership**

Section 1. **Advisory Board Membership.** The MA BoS Advisory Board is the decision-making body of MA Balance of State’s Continuum of Care. The Advisory Board’s representation consists of a broad representation from state agencies, service providers, housing developers, and faith-based groups.

Section 2. **Massachusetts Interagency Council on Housing and Homelessness Membership.** In order to better coordinate the Commonwealth’s response to homelessness, Governor Patrick re-established the MA Interagency Council on Housing and Homelessness which began meeting on November 18, 2007. The Council meets monthly to provide solutions to ongoing systemic barriers to ending homelessness, and has taken on three key priorities for 2012: (a) continuing to reform the ways in which the state responds to homelessness and housing scarcity through the Governor’s FY 2013 budget proposal, (b) preventing and ending homelessness among veterans, and (c) preventing and ending homelessness among survivors of domestic violence. The Council works collaboratively with the BoS Advisory Board on systems change and program implementation efforts. The Council is comprised of the following State agencies: Executive Office of Health and Human Services, Department of Veterans’ Services, Department of Elder Affairs, Executive Office for Administration and Finance, Executive Office of Labor and Workforce Development, Department of Housing and Community Development, Department of Children and Families, Department of Mental Health, Department of Public Health, Department of Transitional Assistance, Department of Elementary and Secondary Education, Department of Correction, Department of Early Education and Care, and Department of Developmental Services.

Section 3. **Continuum of Care Membership.** The MA Balance of State’s Continuum of Care membership is open to all interested parties involved in ending homelessness within the Balance of State’s geographic area. Working with DHCD staff, the BoS Advisory Board seeks Continuum of Care representation from the following stakeholders: non-profit homeless

assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and formerly homeless individuals.

### **ARTICLE III. – Advisory Board Officers**

Section 1. **Officers and Duties.** The officers shall be 2 Co-Chairs (with staggered terms) and a Secretary. These officers shall perform the duties prescribed by the Governance Charter. The Co-Chairs shall be responsible for chairing and convening all meetings. One Co-Chair shall be a member and represent homeless service providers or private entity and one Co-Chair shall be a member and represent the Commonwealth of Massachusetts through a public agency. Working with DHCD staff, the Secretary shall assure that minutes are taken and distributed for all meetings and be responsible for keeping the attendance records of the Advisory Board.

Section 2. **Nomination.** Any Advisory Board member may nominate a fellow member for a vacant officer position. A nomination must be seconded by one additional Advisory Board member.

Section 3. **Elections and Terms of Office.** The Advisory Board members shall elect all officers through a quorum vote as constituted in the Governance Charter. Co-Chairs shall serve for a two year staggered term. Co-Chairs shall serve up to two consecutive terms. The Secretary shall serve for a two year term and can serve consecutive terms with no limit.

### **ARTICLE IV. – Advisory Board Structure**

Section 1. **Advisory Board Composition.** The Advisory Board is made up of 17 members – the 3 Board Officers and 14 additional members. It represents the following groups:

- Commonwealth of Massachusetts – Department of Housing and Community Development, Department of Public Health, Department of Mental Health, Department of Children and Families, Department of Veterans Services, (5 members)
- Homeless Services Provider Representatives (Individual, Family, Domestic Violence, Youth, Veteran, Mental Health / Substance Use) (6 members)
- Homeless Advocacy (1 members)
- Faith-Based Community (1 member)
- University/Higher Education (1 member)
- Homeless or Formerly Homeless Individual (1 member)
- At large elected (2 members)

Section 2. **Advisory Board Selection.** Working closely with current Advisory Board members, MA DHCD staff will recruit, screen and recommend individuals for Selected membership to the Advisory Board for a vote. The Board will approve the nominee's acceptance to the Board based on a majority vote of the Board. Two additional At-Large board members shall be nominated by the continuum's Planning Group from their ranks. These At-Large members are named to the Advisory Board by the Planning Group and an Advisory Board vote and approval is not required.

The terms of membership will be for two years. There are no term limits for selected general membership, though there is a staggered two term limit for At-Large members. A homeless service provider agency and State Agency is limited to one individual representative on the Board. As a condition of membership on the Board, each member, other than an officer, shall agree to be named and carry out the responsibilities of a Committee Chairperson if requested. If not request, the member must agree to actively participate on a Committee.

Section 3. **Removal/Vacancies.** A majority vote from the Advisory board may remove a member of the Advisory Board. An Advisory Board member may also resign their membership on the Board by providing written notice to DHCD staff and the Advisory Board. DHCD staff will work to coordinate the filling of a vacancy in collaboration with the Advisory Board

Section 4. **Advisory Board Responsibilities.** The Board will conduct the following activities:

- Leadership to leverage and prioritize the effective use of public/private resources
- Coordinate the BoS CoC's activities to further implementation efforts of the MA 10 Year Plan to End Homelessness
- Prioritization of new and renewal projects funded through the US Department of Housing and Urban Development's Continuum of Care Program
- Oversight of the operation of the Continuum of Care in accordance with HUD's Continuum of Care Regulations
- Oversight of the MA BoS's Homeless Management Information System (HMIS)
- Oversight of Continuum of Care Planning in accordance with HUD's Continuum of Care regulations
- The Advisory Board, by majority vote, may, upon recommendation of the Project Ranking and Review Committee, adjust the ranking of the projects in either of the following circumstances:
  - The circumstances leading to the poor performance of the project(s) resulting in its/their low ranking have been entirely resolved, or
  - The project(s) is/are a priority for the Continuum and its loss to the Continuum represents a unique and/or unacceptable impact to the services or housing available to the homeless households within the Continuum.
- Any Advisory Board member who is affiliated with a project that may have its tier placement impacted by a decision to adjust the ranking is recused from voting on the motion to adjust the ranking, but not from engaging in the motion's debate.

## **ARTICLE V. – Board Meetings**

Section 1. **Advisory Board Meetings.** The Advisory Board will meet quarterly to conduct business. DHCD staff working with the Board Secretary will provide meeting information and an agenda one week in advance of the meeting. The Co-Chairs also have the authority to call a special meeting in person or via other means (telephone, webcast) with 3 days' notice of the meeting. The Co-Chairs can also authorize a vote to be taken via electronic mail if necessary. The Board Secretary will coordinate this type of vote.

Section 2. **Committee Meetings.** The CoC Committees will meet as necessary to conduct required business. Each Committee's chairperson is responsible for coordinating the conduct of

these meetings, providing adequate notice to members, and providing updates to the Advisory Board on the committee's activities.

**Section 3. Full CoC Meeting/Planning Group.** The MA BoS Continuum of Care Planning Group shall meet bi-monthly. DHCD will work the Board's Secretary to provide meeting information and agendas via DHCD's website as well as email to CoC membership at least one week in advance. With the support of DHCD staff, the Board Secretary will take notes and properly document the meeting. Meetings are open to the public and occur monthly. Members are encouraged to invite interested parties to any of the Planning Group Meetings.

## **ARTICLE VI. – Committee Composition and Mission**

**Section 1. Committee Composition/Responsibilities.** The membership of each Committee will be comprised of interested parties and experts. The BoS CoC Advisory Board has organized the follow Committees:

**Administration Committee:** This Committee serves as a problem-solving group to identify and address issues too detailed to be of interest to Advisory Board or too complex to be efficiently resolved in discussion with the Advisory Board. The Administrative (Admin) Committee works together to clarify and define problems, to determine additional information required to better understand the problem, to propose possible solutions, and to project the impact of each course of action. The Admin Committee takes on these issues primarily related to ensuring HUD compliance and effective monitoring of both CoC and ESG projects and makes recommendations to the Advisory Board for their review and input.

**Project Review Committee:** The Project Review Committee makes impartial funding recommendations following the CoC Conflict of Interest policy and state competitive procurement requirements. The Committee uses objective scoring criteria set by Advisory Board. The Committee first meets to get team assignments, and review the use of scoring tools, then members review/score assigned procurement responses/CoC applications/QPRs. Each team then reaches consensus by e-mail/conference call on each overall score. The Committee then convenes final meeting to review all scores, rank, and make selections.

**HMIS Committee:** Role is to improve the usefulness/accuracy of HMIS data available to the CoC on homeless and 'at risk' populations/sub-populations in its jurisdiction by identifying and addressing data quality and reporting issues; assessing the quality of the data currently available to the CoC and making recommendations to the Advisory Board on both: how to increase accuracy, completeness and timeliness of reporting; and prioritizing HMIS changes to achieve improvements.

**ICHH Committee:** The CoC has adopted the MA 10 Year Plan to End Homelessness and complementary Opening Doors Plans to End Homelessness. The implementation of this plan by the BoS CoC in conjunction with the MA ICHH is the responsibility of the ICHH Committee. This Committee works with the full CoC/Planning Group in keeping the CoC on track in following its goals and the goals of the corresponding Opening Doors Plan.

**Youth Committee:** The Committee is responsible for coordinating housing and services to at risk and homeless youth throughout the BoS geographic area.

**Veterans' Committee:** The Committee is responsible for coordinating housing and services to homeless veterans throughout the BoS geographic area.

**Coordinated Entry Committee:** The committee responsible for the development and oversight of the Balance of State Continuum of Care Coordinated Entry system. The committee develops, reviews and modifies any necessary policies and procedures related to the Coordinated Entry System.

Section 2. **Ad Hoc Committees.** The Board may create ad hoc Committees in response to an emerging planning need or requirement within the CoC. The Advisory Board provides direction to this Committee to guide its efforts. This type of Committee will typically be organized on a time limited basis.

## **ARTICLE VII. – Advisory Board Voting**

Section 1. **Motions.** The Advisory Board will formally vote on issues that require formal approval. An Advisory Board member will make a motion. The motion will be seconded by another member and a full vote will be taken. The Board's meeting minutes will reflect the motion, the second and the outcome of the formal vote including the number of "yeas" and "nays". Each Advisory Board member present for the meeting will be entitled to one vote. All votes are determined by a majority of voting members present.

The Co-Chairs may also authorize a vote to be taken via electronic mail if necessary. The Board Secretary will coordinate this type of vote.

For unanticipated motions, any Advisory Board member may request to table a vote until the next Board meeting.

Section 2. **Quorum.** Fifty percent or more of the Advisory Board members present shall constitute a quorum.

## **ARTICLE VIII. – Code of Conduct**

MA BoS Advisory Board members and State employees that support the operation of the BoS CoC shall abide by all section of the code of conduct below. Failure to act in accordance with the code of conduct may result in removal from the membership of the Advisory Board.

Section 1 – **Conflict of Interest.** The necessity for the fair and impartial administration of state and federal funds and the enforcement of the funder program requirements makes the avoidance of any conflict of interest of primary importance. A conflict of interest is a situation in which an employee or Advisory Board member's private interest, usually financial, conflicts or raises a reasonable question of conflict with his or her official duties and responsibilities.

When an Advisory Board member's interests compete with the Commonwealth's or the Public's interests, the Commonwealth's or the Public's interests take precedence, even if that means the member might be disadvantaged or inconvenienced. Advisory Board members must not use their office for personal gain in any manner.

Chapter 268A of the Mass General Laws provides criminal and civil penalties for conflict of interest violations. The following two general categories of prohibitions are to be used as guidelines. (Chapter 268A of the General Laws contains specific details).

(a) No Advisory Board member may request or receive, in any manner whatsoever, compensation or anything else of value: (i) for performance of his or her duties; or (ii) for influencing or appearing to influence such performance.

Advisory Board members must not accept money or anything of value from anyone, or the promise of money or anything of value, for the performance of their duties within the CoC or the failure to perform their duties. This is basic public policy, and every CoC Advisory Board member should be on his or her guard to recognize an attempt to influence the performance of his or her duties by the giving of money or gifts.

(b) No Advisory Board member may participate in any matter relating to any entity in which, to his or her knowledge, the employee, or a member of his or her immediate family, or his or her business partner or any business organization in which he serves as an officer, director, trustee, or employee, or any person or organization with whom he or she is negotiating or has any arrangement concerning prospective employment, has a financial interest.

Advisory Board members have an obligation scrupulously to avoid the potential conflicts of interest which exist in their role as a voting member of the CoC or as a member of its Advisory Board. If their duties require them to participate in a particular matter in which they have a financial interest, they have a duty to disclose and report promptly the existence or possible existence of a conflict of interest to their appointing authority. The appointing authority has the responsibility to determine whether there should be a transfer to another member of a vote which involves them, their immediate family, or any person with whom or entity in which they have some personal or financial involvement, or whether the appointing authority should assume responsibility for the particular matter, or whether to issue a written determination that the interest is not so substantial as to affect the integrity of the member.

The Advisory Board member shall recuse themselves from all discussions or voting that is or could be perceived to be an organizational conflict of interest. Per the US Department of Housing and Urban Development Continuum of Care Regulations (24 CFR 578.95), an organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or sub-recipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under HUD's Continuum of Care Program, objectively in performing work with respect to any activity assisted under this part.

Section 2 – **Standards of Conduct.** These Rules with respect to conflicts of interest are in addition to, and supplement, state policies and agency/departmental rules, regulations and operating procedures that may otherwise apply to the official acts of CoC Advisory Board members.

M. G.L. Chapter 268A, Section 23 also prescribes and describes certain “Standards of Conduct”. Violations of these standards are subject to termination of membership on the CoC Advisory Board. All Advisory Board members are required to abide by the spirit as well as the letter of these standards, which provide as follows:

Section 3 – **Gift and Gratuities.** General Limitations: Advisory Board members shall not solicit or accept, directly or indirectly, any gift, gratuity, favor, entertainment, loan, or any other thing of value, from a person who or entity which the member knows or has reason to know:

(a) is seeking to obtain, contractual or other business or financial relations with the Continuum;

(b) conducts business or other activities which are regulated or monitored by the Continuum, except as permitted by statute or regulation; or

(c) has interests that may be substantially affected by the member's performance or nonperformance of his or her official duties or has the appearance of being substantially affected.

Exceptions:

The restrictions set forth in Rule 6.01 of this Section do not apply to:

(a) obvious family or personal relationships when the circumstances make it clear that those relationships, rather than the business of the persons concerned, are the motivating factor behind any gift or gratuity.

(b) the acceptance of food or refreshments of nominal value on infrequent occasions in the ordinary course of a breakfast, luncheon, dinner, or other meeting attended for educational, informational or other similar purpose. However, CoC or CoC Advisory Board members, while on official business, are specifically prohibited from accepting free food or other gratuity, except non-alcoholic beverages (coffee, tea, etc.), from persons with whom they have contact in the performance of their official duties. Advisory Board members are not permitted to accept standing offers of meals or refreshments, nor are they permitted to accept several instances of offers of food or refreshments from the same person or entity which, in the aggregate, would exceed the definition of nominal value during a calendar year.

(c) the acceptance of loans from banks or other financial institutions on customary terms to finance proper and usual activities of employees, such as home mortgage loans, automobile loans, personal loans, etc., provided that the member does not deal with that institution in the course of his or her official duties. However, if dealing with such banks or financial institutions is unavoidable, the Advisory member must disclose such dealings to the appointing authority in writing prior to engaging in such dealings.

(d) the acceptance of unsolicited advertising or promotional materials such as pen, pencils, note pads, calendars, and other items of nominal value.

(e) the acceptance of an award or gift of nominal value for a speech, participation in a conference, or some public contribution or achievement given by a charitable, religious, professional, social, fraternal, educational, recreational, public service or civic organization, if such organization falls within Rule 6.01, above. If more than one award or gift is given, the aggregate value must be nominal. The acceptance of travel reimbursement may be permitted if in relation to a speech. See paragraph (f), below.

(f) travel expenses and expenses to attend events may be paid from private sources, so long as the appointing authority makes a determination that the travel or attendance at the event serves

a legitimate public purpose and that the benefit to the Commonwealth or the member's participation in the travel or event outweighs any special benefit to the or private sponsor.

#### **Section 4 - Duty to Report Violations of Law and Code of Conduct.**

(a) Generally. Every member is expected to maintain and uphold the integrity of the Commonwealth. In satisfying this requirement, it shall be the duty of every member to report to the appointing authority promptly and accurately, any violations of law and/or this Code that affect the BoS CoC and how it reflects on the Commonwealth. To the fullest extent possible, any such reports will be treated confidentially. A member who makes a good-faith report of a violation of law or the Code shall not be subject to retaliation of any kind, threat of retaliation, or pressure, as a result of making a good-faith report of violation, and shall be entitled to the protection of any present or future legislation which permits or encourages persons to report violations of laws or regulations.

(b) Attempts to Bribe. Bribery and attempted bribery are claims which strike at the core of state government. Advisory Board members should be constantly alert to solicitations to accept money, consideration, or anything of value in return for acts or commissions involving their official functions within the CoC. Such solicitations may be indirect and subtle. Any attempt to bribe an Advisory Board member shall be reported immediately to the proper agency authority.

#### **Section 5 – Other Standard of Conduct.**

(a) False Statement. Proper functioning of the government requires that the agency/department, the courts, other state agencies and the public be able to rely fully on the truthfulness of government related organizations in matters of official interest. Advisory Board members will be terminated from their position within the CoC for intentionally making false or misleading verbal or written statements in their capacity as Advisory Board members.

(b) Public Records. All requests for public records should be directed to the appointing authority or his or her designee who shall determine whether the requested documents are public records in accordance with G.L. Chapter 4, Section 7, Clause 26.

Advisory Board members or employees must refer all requests for public records regarding the CoC or its activities to their appointing authority, or a person or office designated by the appointing authority, for response. Advisory Board members or employees are not permitted to make decisions on their own as to whether a record is a "public record" as defined by law, unless they are authorized to do so by the appointing authority.

(c) Drugs and Alcohol Use. While on duty, no Advisory Board member shall consume or use alcohol, intoxicants, narcotics, or controlled substances in any form. Similarly, no Advisory Board member shall report for work under the influence of intoxicants, narcotics or controlled substances in any form. The only exception to this Rule is the use of medication when prescribed for the treatment of the member by a registered physician, dentist, or other person legally authorized to prescribe controlled substances.

When performing his or her official functions, it is imperative that his or her judgment not be impaired by any substance. Unless an Advisory Board member has a medical reason to use a prescription medication, the use of any controlled substance, alcohol, or any kind of chemical which affects behavior or judgment is forbidden when working. Such use is also prohibited if the

person works under the influence of these substances, even if the substances were taken before reporting for duty. The consumption of alcohol at agency-sponsored or Commonwealth-sponsored social occasions is permitted, as long as the individual is not performing a mandatory duty, as recorded in his or her job description.

(d) Weapons. No Advisory Board member, while in the performance of his or her duties, is permitted to carry, wear, possess, or keep within his or her control any weapon, as defined by law, with the intent of displaying or using said weapon to intimidate or assault another person or for any other unlawful purpose.

Advisory Board members are not permitted to utilize any object for the purpose of attacking, assaulting, intimidating, or in any other way affecting another person to act against the other person's will. Advisory Board members or employees should be aware that the law treats almost any object, depending upon its use or intended use, as a "dangerous" weapon, including a "shod foot". Advisory Board members or employees must keep in mind that even the display of a weapon or any object of any kind in a threatening manner may indicate a willingness or intent to use the object as a weapon; in some cases, the very display of an object, such as a knife, gun, bat, or other inherently dangerous object, may be considered threatening.

(e) Departmental Identification Cards, Badges, Etc. Agency/departmental identification cards or badges may be used for personal identification purpose when cashing checks or such as when applying for a loan, credit or when renting an apartment.

(f) Political Activities. Advisory Board members or employees are prohibited from using their offices, titles, or any public resources, or performing their official duties to interfere with, affect or influence the results of a nomination or election for public office.

Advisory Board members or employees are never allowed to use the fact that they are employees of the state to obtain personal advantages or to influence any action not associated with their official duties, in any manner that is not available to the general public. That prohibition includes elections for public office. No work time, public material or property, such as telephone, copiers, fax machines, etc., or information gained in the course of state employment may be used for the benefit of any candidate for public office or for any ballot issue.

No advisory board member or employee shall use his or her official authority directly or indirectly to coerce, attempt to coerce, command, advise or prevent any person or body to pay, lend or contribute anything of value to any party candidate or political Committee.

Advisory Board members or employees may not use their public employment in any way to influence any person or group of persons to give anything of value, including services, to any candidate or any political Committee.

No Advisory Board member or employee shall solicit or accept funds or anything of value for any party, political Committee, agency, person or organization for political purposes.

Advisory Board members or employees cannot be connected in any way to any political fundraising, whether for a candidate or for a ballot issue.

Advisory Board members or employees are not prohibited from making personal contributions up to the statutory limit to a campaign Committee or organization for the nomination or election

of any individual running for public office or to any Committee, agency, or organization for political purposes.

Advisory Board members or employees may contribute their own money, up to the statutory limit, to campaign organizations or political Committees. The statutory limit is enforced by the State Office of Campaign and Political Finance, and all inquiries about political contribution limits should be directed to said office.

Advisory Board members or employees are prohibited from campaigning for political office for themselves or others, or for any other political purpose, during working hours.

Advisory Board members or employees cannot work for any political purpose during working hours.

Advisory Board members or employees are prohibited from displaying a political or campaign message while on official agency/departmental business.

Advisory Board members or employees are not permitted to display political messages of any sort on any part of their clothing or person, while working, or to display such messages on public property.

(g) Testimonial Dinners. Advisory Board members or employees are prohibited from selling or accepting payment for tickets, admissions or contributions for a testimonial dinner or function or any affair having a purpose similar to a testimonial dinner or function held on behalf of any employee of his or her agency/department, nor shall any Advisory Board member or employee participate in or accept contributions for or from any testimonial dinner or function or any affair having a similar purpose, held on his or her behalf while he or she is an Advisory Board member or employee if such dinner, function or affair is sponsored by a person or organization which is regulated by or has official business with the BoS CoC.

Advisory Board members or employees must not sell or receive money or anything of value from any source for a testimonial dinner or any function similar to a testimonial dinner if the dinner is to honor a present employee of the agency if the event is sponsored by any person, group, or organization which is controlled by the employee's agency or who does business with, or wishes to do business with, the CoC.

No Board member or employee may participate in, or receive any contribution for, any such dinner or function which is held in his or her behalf while he or she is an employee if the event is sponsored by any person, group, or organization which is controlled by the employee's agency or who does business with, or wishes to do business with, the employee's agency.

This section shall not prohibit the collection of sums of nominal value to cover the cost of small celebrations or other small events (such as birthday or holiday parties) held within agency/departmental offices.

This rule/code does not prohibit the celebration of traditional small parties, such as birthdays, holiday parties, or retirements.

(h) Legislative Requests and Inquiries. All requests or inquiries from legislators or their staffs regarding the CoC or its activities must be referred to the agency/department head or his or her

designee before any action is taken, unless employees are directed to handle such requests otherwise by the agency/department head or his or her designee.

Any request from a legislator or a staff member of a legislator's office regarding the CoC or its activities must be referred to the agency head or a person appointed by the agency head, unless the agency head or the appointed person directs Advisory Board members or employees to handle the request personally.

## **ARTICLE IX. - Homeless Management Information System (HMIS)**

Section 1. **HMIS Purpose.** The Balance of State Continuum of Care through its lead agency DHCD hereby agrees to serve, as the HMIS Lead Agency for the Balance of State CoC. The parties further agree the HMIS Lead Agency DHCD will ensure that the HMIS Lead Agency requirements to establish, support and manage the HMIS in a manner that will meet HUD's standards for minimum data quality, privacy, security and other HUD requirements for organizations participating in an HMIS are met.

DHCD as the lead agency will: coordinate the CoC's implementation of the HMIS software; provide assistance and guidance to all CoC project applicants; lead the CoC's efforts to assess and improve HMIS implementation, compliance and data quality; inform CoC members of training opportunities; and develop a Data Quality Plan, a Privacy Policy and a Security Plan.

Section 2. **Definitions.** Definition related to the operation of the HMIS include:

Homeless Management Information System (HMIS) means the information system designated by the Continuum of Care to comply with HUD data standards and used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness.

Purpose of HMIS. The purpose of an HMIS whether funded by public or private resources, is to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services and for persons who receive assistance for persons at risk of homelessness, including:

(1) Aggregation of HMIS data. Information in HMIS may be aggregated to: obtain information about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs.

(2) Uses of aggregate HMIS information. Information generated from the HMIS include: (i) Will be used by recipients and sub-recipients to report to HUD and for such other reasons as may be required by HUD; (ii) Will be used by HUD and other Federal agencies to report to Congress, to evaluate recipient performance, and for such other reasons as may be specified in law or regulation or by HUD through notice; and (iii) May be made available to the public to raise awareness and enhance local planning processes.

HMIS Lead means the entity designated by the Continuum of Care in accordance with to operate the Continuum's HMIS on the Continuum's behalf.

The Balance of State Continuum of Care means the group composed of representatives from organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless persons.

Comparable database means a database that is not the Continuum's official HMIS, but an alternative system that victim service providers and legal services providers may use to collect client-level data over time and to generate unduplicated aggregate reports based on the data, and that complies with the requirements of this part. Information entered into a comparable database must not be entered directly into or provided to an HMIS.

Contributing HMIS Organization (or CHO) means an organization that operates a project that contributes data to an HMIS.

Data recipient means a person who obtains personally identifying information from an HMIS Lead or from a CHO for research or other purposes not directly related to the operation of the HMIS, Continuum of Care, HMIS Lead, or CHO.

HMIS vendor means a contractor who provides materials or services for the operation of an HMIS. An HMIS vendor includes an HMIS software provider, web server host; data warehouse provider, as well as a provider of other information technology or support.

Participation Fee means a fee the HMIS Lead charges CHOs for participating in the HMIS to cover the HMIS Lead's actual expenditures, without profit to the HMIS Lead, for software licenses, software annual support, training, data entry, data analysis, reporting, hardware, connectivity, and administering the HMIS.

Protected identifying information means information about a program participant that can be used to distinguish or trace a program participant's identity, either alone or when combined with other personal or identifying information, using methods reasonably likely to be used, which is linkable to the program participant.

Unduplicated count of homeless persons means an enumeration of homeless persons where each person is counted only once during a defined period.

User means an individual who uses or enters data in an HMIS or another administrative database from which data is periodically provided to an HMIS.

Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

## **Section 2. Responsibilities of the Lead Agency for the CoC, the HMIS and CHOs.**

### **Duties of the BoS CoC include:**

- (1) Designate a single information system as the official HMIS software for the geographic area. The software must comply with the requirements of this part.
- (2) Designate an HMIS Lead, which may be itself, to operate the HMIS. The HMIS Lead must be a state or local government, an instrumentality of state or local government, or a private nonprofit organization.
- (3) Develop a governance charter, which at a minimum includes: (i) A requirement that the HMIS Lead enter into written HMIS Participation Agreements with each CHO requiring the CHO to comply with this part and imposing sanctions for failure to comply; (ii) Such additional requirements as may be issued by notice from time to time.
- (4) Maintain documentation evidencing compliance with this part and with the governance charter;
- (5) Review, revise and approve the policies and plans (required by this part and by any notices issued from time to time.) (b) Discretionary actions. A Continuum of Care may choose to participate in an HMIS with one or more other Continuums, subject to the following conditions:
- (6) Designate the same HMIS Lead and must work jointly with the HMIS Lead to develop and adopt a joint governance charter;
- (7) Designate the same governance, technical, security, privacy, and data quality standards;
- (8) Designate the same information system as the official HMIS software; and
- (9) The HMIS must be capable of reporting unduplicated data for each Continuum of Care separately.

The CoC shall also ensure that:

- (1) Each recipient and sub-recipient of ESG and CoC grant funds enters data in the Continuum's HMIS or a comparable database, as provided under this part.
- (2) Victim service providers are notified that victim service providers shall not directly enter or contribute data into an HMIS if they are legally prohibited from participating in HMIS.
- (3) Legal service providers are notified that they may choose not to use HMIS if it is necessary to protect attorney-client privilege.

Victim service and legal service providers that are recipients of funds that require participation in HMIS that do not directly enter or contribute data to an HMIS must use a comparable database instead.

- (1) Standards for a comparable database. (i) The comparable database must meet the standards of this part and comply with all HMIS data information, security, and processing standards, as established by HUD in notice. (ii) The comparable database must meet the standards for security, data quality, and privacy of the HMIS within the Continuum of Care. The comparable database may use more stringent standards than the Continuum of Care's HMIS.
- (2) Victim service providers and legal service providers may suppress aggregate data on specific client characteristics if the characteristics meet the requirements of this part and any conditions as may be established by HUD in notice.

**Duties of DHCD as the HMIS Lead shall include the following:**

- (1) Ensure the operation of an HMIS sufficient to include all beds and services set aside for homeless and/or at risk populations. Duties include establishing the HMIS; conducting oversight of the HMIS; and taking corrective action, if needed, to ensure that the HMIS is compliant with these requirements.
- (2) Develop written HMIS policies and procedures in accordance HUD requirements for all CoCs;
- (3) Execute a written HMIS Participation Agreement with each CHO, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan with which the CHO must abide, the requirements of the privacy policy with which the CHO must abide, the sanctions for violating the HMIS Participation Agreement (e.g., imposing a financial penalty, requiring completion of standardized or specialized training, suspending or revoking user licenses, suspending or revoking system privileges, or pursuing criminal prosecution), and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement. The HMIS Participation Agreement may address other activities to meet local needs;
- (4) Serve as the applicant to HUD for grant funds to be used for HMIS activities for the Continuum of Care's geographic area, as directed by the CoC and, if selected for an award by HUD, enter into a grant agreement with HUD to carry out the HUD-approved activities;
- (5) Monitor and enforce compliance by all CHOs with the requirements of this part and report on compliance to the Continuum of Care, ESG, and HUD standards;
- (6) The HMIS Lead Agency will submit its security plan, data quality plan, and privacy plan to the CoC Continuum of Care for approval within [the date that is 6 months after the effective date of the final rule to be inserted at final rule stage] and within 6 months after the date that any change is made to the local HMIS. The HMIS Lead must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the Continuum of Care and CHO. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the Continuum of Care.
- (7) The HMIS Lead is responsible for ensuring that HMIS processing capabilities remain consistent with the privacy obligations of its users.

- (8) Unduplicated count. An HMIS Lead must, at least once annually, or upon request from HUD, submit to the
- (9) Ensure compliance with the technical standards applicable to HMIS, as provided in HUD's most recently issued Technical Standards.
- (10) Follow HUD standards for maintaining data.
- (11) Archive data. Archiving data means the removal of data from an active transactional database for storage in another database for historical, analytical, and reporting purposes. The HMIS Lead must follow archiving data standards established by HUD in notice, as well as any applicable Federal, state, territorial, local, or data retention laws or ordinances.

DHCD further agrees as the HMIS lead agency to complete the following:

- (1) Host and maintain HMIS software or data;
- (2) Backup, recovery, and repair of the HMIS software or data;
- (3) Upgrade, customize, and enhance the HMIS;
- (4) Integrate and warehouse data, including development of a data warehouse for use in aggregating data from sub recipients using multiple software systems;
- (5) System administration;
- (6) Report to providers, the Continuum, and HUD.
- (7) Travel to conduct intake and to attend training; and
- (8) Implement and comply with HMIS requirements.

**Duties of the BoS CoC HMIS (CHO).** CHOs must comply with the applicable standards set forth in this part:

- (1) Implementing specifications. A CHO must comply with Federal, state, and local laws that require additional privacy or confidentiality protections. When a privacy or security standard conflicts with other Federal, state, and local laws to which the CHO must adhere, the CHO must contact the HMIS Lead and collaboratively update the applicable policies for the CHO to accurately reflect the additional protections.
- (2) The CHO must comply with the HMIS lead's privacy policy, including data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice.
- (3) Every CHO with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of the governance agreement and participation agreement; including enforcement of sanctions for noncompliance.
- (4) Travel to conduct intake and to attend training;
- (5) Implement and comply with HMIS requirements; and
- (6) Require the HMIS vendor and the software to comply with HMIS standards issued by HUD.

## **ARTICLE X. – Collaborative Applicant and Unified Funding Agency**

The MA BoS CoC Advisory Board designates the Commonwealth of Massachusetts' Department of Housing and Community Development as both the Collaborative Applicant and the Unified Funding Agency representing the BoS Continuum of Care. DHCD is responsible for conducting the duties and responsibilities of both the Collaborative Applicant (24 CFR 578.9) and the Unified Funding Agency (24 CFR 578.11) outlined in the US Department of Urban Development's Continuum of Care Program Regulation as codified in 24 CFR 578.

## **ARTICLE XI. - Amendments**

These Standing Rules may be amended or repealed at any MA BoS CoC Advisory Board meeting by a two-thirds vote of the Board provided there is a quorum.

## **ARTICLE XII. - Non-Discrimination**

It is the policy of the BoS CoC Advisory Board that no person shall be discriminated against because of their race, sex, age, marital status, religious creed, color, national origin, disability, sexual orientation, or because they have minor children, or receive public assistance. The CoC Advisory Board shall be operated in an open and democratic fashion and shall not discriminate against anyone because they are a member of one of the above groups.

# Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

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## A. Current Programs:

### Eligibility and Prioritizing:

Balance of State Continuum of Care receives funds directly from HUD for the following programs:

- Street Outreach:
- Housing Stabilization:
- Employment Services:
- Transitional Housing: and
- Permanent Supported Housing.

The first step in evaluating eligibility for the above programs is to determine and document eligibility as Homeless, or fleeing domestic violence or for some programs, eligible households must be Chronically Homeless. The definitions of both Homeless and Chronically Homeless are at the end of this document. The second step is determining which of the eligible households must be prioritized for services. See each program for prioritizing among eligible applicants.

### Street Outreach:

To be eligible for street outreach households must be homeless and living in a place not meant for human habitation such as a car, woods, condemned building. Individuals in institutions or in shelters are ineligible.

### Housing Stabilization:

To be eligible for homeless stabilization services a household must have been recently rehoused from homelessness or chronic homelessness and have a high risk of recurrent homelessness. Among those eligible applicants those with the highest level of risk factors for recurring homelessness will be prioritized, such as chronic homelessness or multiple disabilities and must be the most in need of immediate intensive support due to the nature of chronic homelessness such as long term episodes of living in a place not meant for human habitation or the nature of their disability(s).

### Legal Services:

To be eligible for legal services a household must be homeless:

(i) Living in a place not meant for human habitation such as an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

## Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

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(ii) Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low- income individuals).

To be eligible a household must be in need of advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing. Households must also need. Those eligible households whose need is most critical and legal efforts most likely to result in permanent sustainable housing will be prioritized.

### Employment Services:

To be eligible for CoC Employment Services a household must be: (i) Living in a place not meant for human habitation such as an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

(ii) Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low- income individuals).

All homeless individuals within the balance of State who request these services are eligible to receive them. There is not expected to be a need to prioritize employment services.

### Transitional Housing:

To be eligible for the CoC's only transitional housing project, Scattered Site Transitional Apartment Program, a household must be:

(i) Homeless and fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

# Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

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Among these eligible applicants those most in need of intensive long term (up to 24 months) trauma focused services for themselves and/or their children must receive priority.

## Permanent Supported Housing:

Permanent supported housing can only be provided to homeless individuals with disabilities and homeless families in which one adult or child has a disability. Both the homelessness and disability must be documented before a household can be accepted as a potential participant. In many of the CoC's Permanent Supported Housing Programs, the household must also meet the Chronically Homeless criteria and documentation that the applicant meets the chronically homeless criteria must be obtained. Each organization involved with Permanent Supported Housing must have a copy of its original application and any amendments to be sure about the definition that applies.

Among eligible applicants those with the severest and most persistent disabilities and those who have come from a place not meant for human habitation must be the first priority. The next highest priority is for those currently in a medical institution for less than 90 days but who were "on the street" or in an emergency shelter homeless prior to entering the institution.

## Homeless Definition:

(1) An individual or family lacking a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's

# Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

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primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

## **Chronically Homeless Definition:**

A chronically homeless household is one where the head of household has a disabling condition and which has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. The individual must have been on the streets or in an emergency shelter (**not transitional housing**) during these episodes. Prior to admission to a CoC funded project which has some or all of its HUD funded housing units designated for chronically homeless families or individuals, written documentation must be provided by an appropriate Third Party that verifies the person's status as chronically homeless. All of the following documentation must be obtained and put into the household's case record as part of conducting the program intake and prior to accepting the household into the project

## **B. PLANNED PROGRAMS:**

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### **Eligibility and Prioritizing:**

The CoC plans to establish a Rapid Re-Housing Program in the future. Eligibility will be tied to the HUD definition of homelessness. Prioritization is not expected to be an issue because all homeless individuals in the CoC's jurisdiction would have sufficient access to the resource that all eligible individuals could be served.

### **Rapid Re-housing:**

The CoC plans to establish a Rapid Re-Housing Program in the future. Eligibility will be tied to the HUD definition of homelessness. Families who are homeless and who are not eligible for Emergency Assistance (EA) and the state's HomeBase homeless diversion and rapid-rehousing program may be served under the planned CoC Rapid Re-Housing Program. Non EA shelters include ESG funded family shelter beds, shelters that specifically serve only victims of domestic violence, and community-funded shelters.

Any homeless individual in the CoC's jurisdiction will be eligible to receive short-term rental assistance to move from shelter or a place not meant for human habitation into permanent housing. The program is expected to prioritize those eligible individuals with shelter stays longer than 45 days.

## Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

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### **C: STANDARDS FOR DETERMINING THE PERCENT OR AMOUNT OF RENT FOR EACH RAPID RE-HOUSING PARTICIPANT:**

The ESG funded Rapid Re-housing Program DHCD managed in state FY 2013 moved 771 homeless individuals from emergency shelters across the Commonwealth into permanent housing. Almost half of those individuals were in Boston homeless emergency shelters. To accomplish that the ESG Rapid-Rehousing contractors had to make payment arrangements with property owners in multiple different ways on a case by case basis depending on the situation. In no case however were the ESG Contractors allowed to provide more than \$4,000 in financial assistance on behalf one homeless individual.

Based on lessons learned through this past year, the CoC would be more likely to follow that case by case model and keeping a maximum amount of assistance rather than setting restrictions on what could be paid by participants or an ESG grant recipient in a particular month. What we learned was that some program participants needed first month's rent, last month's rent and a security deposit and a small amount of rental assistance over the first few months if they had just started working. Other participants such as seasonal workers were in an emergency shelter because even though they may be able to pay a first month rent and a portion of a security deposit with earned income savings, they would not be able to meet the ongoing rental cost until they found either other employment or returned to the job that was unavailable in the 3 or 4 coldest months. Other shelter residents had a regular but low fixed income but remained in shelter because they couldn't save enough for a security deposit and first and last month's rent to move into an apartment. As a result the CoC after talking to many of the ESG Rapid Re-Housing providers wants to keep a maximum amount of financial assistance that could be paid on behalf of a Rapid Re-housing participant without "tying the hands" of successful Rapid Re-housing contractors.

# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the [Executive Office for Administration and Finance \(ANF\)](#), the [Office of the Comptroller \(CTR\)](#) and the [Operational Services Division \(OSD\)](#) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at [www.mass.gov/osc](http://www.mass.gov/osc) under [Guidance For Vendors - Forms](#) or [www.mass.gov/osc](http://www.mass.gov/osc) under [OSD Forms](#).

<b>CONTRACTOR LEGAL NAME:</b> (and d/b/a):		<b>COMMONWEALTH DEPARTMENT NAME:</b> Department of Housing and Community Development <b>MMARS Department Code:</b> (OCD)	
<b>Legal Address:</b> (W-9, W-4, T&C):		<b>Business Mailing Address:</b> 100 Cambridge St. Boston MA, 02114	
<b>Contract Manager:</b>		<b>Billing Address</b> (if different):	
<b>E-Mail:</b>		<b>Contract Manager:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>	
<b>Contractor Vendor Code:</b>		<b>Phone:</b>	<b>Fax:</b> 617-573-1340
<b>Vendor Code Address ID</b> (e.g. "AD001"): AD001. (Note: The Address ID must be set up for <a href="#">EFT</a> payments.)		<b>MMARS Doc ID(s):</b>	
<b>NEW CONTRACT</b>		<b>X CONTRACT AMENDMENT</b>	
<b>PROCUREMENT OR EXCEPTION TYPE:</b> (Check one option only) <input type="checkbox"/> <b>Statewide Contract</b> (OSD or an OSD-designated Department) <input type="checkbox"/> <b>Collective Purchase</b> (Attach OSD approval, scope, budget) <input type="checkbox"/> <b>Department Procurement</b> (includes State or Federal grants <a href="#">815 CMR 2.00</a> ) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <b>Emergency Contract</b> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach <a href="#">Employment Status Form</a> , scope, budget) <input type="checkbox"/> <b>Legislative/Legal or Other:</b> (Attach authorizing language/justification, scope and budget)		Enter <b>Current Contract End Date</b> <i>Prior</i> to Amendment: 01/31/2014 Enter <b>Amendment Amount:</b> \$ <b>No Change</b> (or "no change") <b>AMENDMENT TYPE:</b> (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <b>Amendment to Scope or Budget</b> (Attach updated scope and budget) <input type="checkbox"/> <b>Interim Contract</b> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach any updates to scope or budget) <input type="checkbox"/> <b>Legislative/Legal or Other:</b> (Attach authorizing language/justification and updated scope and budget)	
The following <b>COMMONWEALTH TERMS AND CONDITIONS</b> (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
<b>COMPENSATION:</b> (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <b>Rate Contract</b> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> <b>Maximum Obligation Contract</b> Enter Total Maximum Obligation for total duration of this Contract (or <i>new</i> Total if Contract is being amended). \$ _____ .00			
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> Commonwealth payments are issued through <a href="#">EFT</a> 45 days from invoice receipt. Contractors requesting <b>accelerated</b> payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: <b>X</b> ; agree to standard 45 day cycle ___ statutory/legal or Ready Payments ( <a href="#">G.L. c. 29, § 23A</a> ); ___ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <a href="#">Prompt Pay Discounts Policy</a> .)			
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:</b> (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.)			
<b>ANTICIPATED START DATE:</b> (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the <a href="#">Effective Date</a> (latest signature date below) and <b>no</b> obligations have been incurred <b>prior</b> to the <a href="#">Effective Date</a> . <input type="checkbox"/> 2. may be incurred as of _____, 20____, a date <b>LATER</b> than the <a href="#">Effective Date</a> below and <b>no</b> obligations have been incurred <b>prior</b> to the <a href="#">Effective Date</a> . <input type="checkbox"/> 3. were incurred as of _____, 20____, a date <b>PRIOR</b> to the <a href="#">Effective Date</a> below, and the parties agree that payments for any obligations incurred prior to the <a href="#">Effective Date</a> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
<b>CONTRACT END DATE:</b> Contract performance shall terminate as of _____, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
<b>CERTIFICATIONS:</b> Notwithstanding verbal or other representations by the parties, the " <b>Effective Date</b> " of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <a href="#">Contractor Certifications</a> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <a href="#">Commonwealth Terms and Conditions</a> , this Standard Contract Form including the <a href="#">Instructions and Contractor Certifications</a> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <a href="#">801 CMR 21.07</a> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b>  X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)  Print Name: Print Title:		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b>  X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)  Print Name: <b>Rose Evans</b> Print Title: <b>Associate Director</b>	

# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



## INSTRUCTIONS AND CONTRACTOR CERTIFICATIONS

The following instructions and terms are incorporated by reference and apply to this Standard Contract Form. Text that appears underlined indicates a "hyperlink" to an Internet or bookmarked site and are unofficial versions of these documents and Departments and Contractors should consult with their legal counsel to ensure compliance with all legal requirements. Using the Web Toolbar will make navigation between the form and the hyperlinks easier. Please note that not all applicable laws have been cited.

**CONTRACTOR LEGAL NAME (AND D/B/A):** Enter the **Full Legal Name** of the Contractor's business as it appears on the Contractor's [W-9](#) or [W-4 Form](#) (Contract Employees only) and the applicable [Commonwealth Terms and Conditions](#). If Contractor also has a "doing business as" (d/b/a) name, BOTH the legal name and the "d/b/a" name must appear in this section.

**Contractor Legal Address:** Enter the Legal Address of the Contractor as it appears on the Contractor's [W-9](#) or [W-4 Form](#) (Contract Employees only) and the applicable [Commonwealth Terms and Conditions](#), which must match the legal address on the 1099I table in MMARS (or the Legal Address in HR/CMS for Contract Employee).

**Contractor Contract Manager:** Enter the authorized Contract Manager who will be responsible for managing the Contract. The Contract Manager should be an Authorized Signatory or, at a minimum, a person designated by the Contractor to represent the Contractor, receive legal notices and negotiate ongoing Contract issues. The Contract Manager is considered "Key Personnel" and may not be changed without the prior written approval of the Department. If the Contract is posted on Comm-PASS, the Contract Manager must be listed on the Vendor Section tab.

**Contractor E-Mail Address/Phone/Fax:** Enter the electronic mail (e-mail) address, phone and fax number of the Contractor Contract Manager. This information must be kept current by the Contractor to ensure that the Department can contact the Contractor and provide any required legal notices. Notice received by the Contract Manager (with confirmation of actual receipt) through the listed address, fax number(s) or electronic mail address will meet any written legal notice requirements.

**Contractor Vendor Code:** The Department must enter the [MMARS Vendor Code](#) assigned by the Commonwealth. If a Vendor Code has not yet been assigned, leave this space blank and the Department will complete this section when a Vendor Code has been assigned. The Department is responsible under the [Vendor File and W-9s Policy](#) for verifying with authorized signatories of the Contractor, as part of contract execution, that the legal name, address and Federal Tax Identification Number (TIN) in the Contract documents match the state accounting system.

**Vendor Code Address ID:** (e.g., "AD001") The Department must enter the MMARS Vendor Code Address ID identifying the payment remittance address for Contract payments, which MUST be set up for EFT payments PRIOR to the first payment under the Contract in accordance with the [Bill Paying](#) and [Vendor File and W-9](#) policies.

**COMMONWEALTH DEPARTMENT NAME:** Enter the full Department name with the authority to obligate funds encumbered for the Contract.

**Commonwealth MMARS Alpha Department Code:** Enter the [three \(3\) letter MMARS Code](#) assigned to this Commonwealth Department in the state accounting system.

**Department Business Mailing Address:** Enter the address where all formal correspondence to the Department must be sent. Unless otherwise specified in the Contract, legal notice sent or received by the Department's Contract Manager (with confirmation of actual receipt) through the listed address, fax number(s) or electronic mail address for the Contract Manager will meet any requirements for legal notice.

**Department Billing Address:** Enter the Billing Address or email address if invoices must be sent to a different location. Billing or confirmation of delivery of performance issues should be resolved through the listed Contract Managers.

**Department Contract Manager:** Identify the authorized Contract Manager who will be responsible for managing the Contract, who should be an authorized signatory or an employee designated by the Department to represent the Department to receive legal notices and negotiate ongoing Contract issues.

**Department E-Mail Address/Phone/Fax:** Enter the electronic mail (e-mail) address, phone and fax number of the Department Contract Manager. Unless otherwise specified in the Contract, legal notice sent or received by the Contract Manager (with confirmation of actual receipt) through the listed address, fax number(s) or electronic mail address will meet any requirements for written notice under the Contract.

**MMARS Document ID(s):** Enter the MMARS 20 character encumbrance transaction number associated with this Contract which must remain the same for the life of the Contract. If multiple numbers exist for this Contract, identify all Doc Ids.

**RFR/Procurement or Other ID Number or Name:** Enter the Request for Response (RFR) or other Procurement Reference number, Contract ID Number or other reference/tracking number for this Contract or Amendment and will be entered into the Board Award Field in the MMARS encumbrance transaction for this Contract.

## NEW CONTRACTS (left side of Form):

Complete this section ONLY if this Contract is brand new. (Complete the CONTRACT AMENDMENT section for any material changes to an existing or an expired Contract, and for exercising options to renew or annual contracts under a multi-year procurement or grant program.)

**PROCUREMENT OR EXCEPTION TYPE:** Check the appropriate type of procurement or exception for this Contract. Only one option can be selected. See [State Finance Law and General Requirements, Acquisition Policy and Fixed Assets](#), the [Commodities and Services Policy](#) and the [Procurement Information Center \(Department Contract Guidance\)](#) for details.

**Statewide Contract (OSD or an OSD-designated Department):** Check this option for a Statewide Contract under OSD, or by an OSD-designated Department.

**Collective Purchase approved by OSD:** Check this option for Contracts approved by OSD for collective purchases through federal, state, local government or other entities.

**Department Contract Procurement:** Check this option for a Department procurement including state grants and federal sub-grants under [815 CMR 2.00](#) and [State Grants and Federal Subgrants Policy](#), Departmental Master Agreements (MA). If multi-Department user Contract, identify multi-Department use is allowable in Brief Description.

**Emergency Contract:** Check this option when the Department has determined that an unforeseen crisis or incident has arisen which requires or mandates immediate purchases to avoid substantial harm to the functioning of government or the provision of necessary or mandated services or whenever the health, welfare or safety of clients or other persons or serious damage to property is threatened.

**Contract Employee:** Check this option when the Department requires the performance of an [Individual Contractor](#), and when the planned Contract performance with an Individual has been classified using the [Employment Status Form](#) (prior to the Contractor's selection) as work of a Contract Employee and not that of an Independent Contractor.

**Legislative/Legal or Other:** Check this option when legislation, an existing legal obligation, prohibition or other circumstance exempts or prohibits a Contract from being competitively procured, or identify any other procurement exception not already listed. Legislative "earmarks" exempt the Contract solely from procurement requirements, and all other Contract and state finance laws and policies apply. Supporting documentation must be attached to explain and justify the exemption.

## CONTRACT AMENDMENT (Right Side of Form)

Complete this section for any Contract being renewed, amended or to continue a lapsed Contract. All Contracts with available options to renew must be amended referencing the original procurement and Contract doc ids, since all continuing contracts must be maintained in the same Contract file (even if the underlying appropriation changes each fiscal year.) "See [Amendments, Suspensions, and Termination Policy](#).)

**Enter Current Contract End Date:** Enter the termination date of the Current Contract being amended, even if this date has already passed. (Note: Current Start Date is not requested since this date does not change and is already recorded in MMARS.)

**Enter Amendment Amount:** Enter the amount of the Amendment increase or decrease to a Maximum Obligation Contract. Enter "no change" for Rate Contracts or if no change.

**AMENDMENT TYPE:** Identify the type of Amendment being done. Documentation supporting the updates to performance and budget must be attached. **Amendment to Scope or Budget.** Check this option when renewing a Contract or executing any Amendment ("material change" in Contract terms) even if the Contract has lapsed. The parties may negotiate a change in any element of Contract performance or cost identified in the RFR or the Contractor's response which results in lower costs, or a more cost-effective or better value performance than was presented in the original selected response, provided the negotiation results in a better value within the scope of the RFR than what was proposed by the Contractor in the original selected response. Any "material" change in the Contract terms must be memorialized in a formal Amendment even if a corresponding MMARS transaction is not needed to support the change. Additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in [801 CMR 21.07](#), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

**Interim Contracts.** Check this option for an Interim Contract to prevent a lapse of Contract performance whenever an existing Contract is being re-procured but the new procurement has not been completed, to bridge the gap during implementation between an expiring and a new procurement, or to contract with an interim Contractor when a current Contractor is unable to complete full performance under a Contract.

**Contract Employee.** Check this option when the Department requires a renewal or other amendment to the performance of a Contract Employee.

**Legislative/Legal or Other.** Check this option when legislation, an existing legal obligation, prohibition or other circumstance exempts or prohibits a Contract from being competitively procured, or identify any other procurement exception not already listed. Legislative "earmarks" exempt the Contract solely from procurement requirements, and all other Contract and state finance laws and policies apply. Attach supporting documentation to explain and justify the exemption and whether Contractor selection has been publicly posted.

## COMMONWEALTH TERMS AND CONDITIONS

Identify which [Commonwealth Terms and Conditions](#) the Contractor has executed and is incorporated by reference into this Contract. This Form is signed only once and recorded on the Vendor Customer File (VCUST). See [Vendor File and W-9s Policy](#).

## COMPENSATION

Identify if the Contract is a **Rate Contract** (with no stated Maximum Obligation) or a **Maximum Obligation Contract** (with a stated Maximum Obligation) and identify the

# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



Maximum Obligation. If the Contract is being amended, enter the new Maximum Obligation based upon the increase or decreasing Amendment. The Total Maximum Obligation must reflect the total funding for the dates of service under the contract, including the Amendment amount if the Contract is being amended. The Maximum Obligation must match the MMARS encumbrance. Funding and allotments must be verified as [available and encumbered](#) prior to incurring obligations. If a Contract includes both a Maximum Obligation component and Rate Contract component, check off both, specific Maximum Obligation amounts or amended amounts and Attachments must clearly outline the Contract breakdown to match the encumbrance.

## PAYMENTS AND PROMPT PAY DISCOUNTS

Payments are processed within a 45 day payment cycle through EFT in accordance with the Commonwealth [Bill Paying Policy](#) for investment and cash flow purposes. Departments may NOT negotiate accelerated payments and Payees are NOT entitled to accelerated payments UNLESS a prompt payment discount (PPD) is provided to support the Commonwealth's loss of investment earnings for this earlier payment, or unless a payment is legally mandated to be made in less than 45 days (e.g., construction contracts, Ready Payments under [G.L. c. 29, s. 23A](#)). See [Prompt Pay Discounts Policy](#). PPD are identified as a percentage discount which will be automatically deducted when an accelerated payment is made. Reduced contracts rates may not be negotiated to replace a PPD. If PPD fields are left blank please identify that the Contractor agrees to the standard 45 day cycle; a statutory/legal exemption such as Ready Payments ([G.L. c. 29, § 23A](#)); or only an initial accelerated payment for reimbursements or start up costs for a grant, with subsequent payments scheduled to support standard EFT 45 day payment cycle. Financial hardship is not a sufficient justification to accelerate cash flow for all payments under a Contract. Initial grant or contract payments may be accelerated for the first invoice or initial grant installment, but subsequent periodic installments or invoice payments should be scheduled to support the Payee cash flow needs and the standard 45 day EFT payment cycle in accordance with the Bill Paying Policy. Any accelerated payment that does not provide for a PPD must have a legal justification in Contract file for audit purposes explaining why accelerated payments were allowable without a PPD.

## BRIEF DESCRIPTION OF CONTRACT PERFORMANCE

Enter a brief description of the Contract performance, project name and/or other identifying information for the Contract to specifically identify the Contract performance, match the Contract with attachments, determine the appropriate expenditure code (as listed in the [Expenditure Classification Handbook](#)) or to identify or clarify important information related to the Contract such as the Fiscal Year(s) of performance (ex. "FY2012" or "FY2012-14"). Identify settlements or other exceptions and attach more detailed justification and supporting documents. Enter "Multi-Department Use" if other Departments can access procurement. For Amendments, identify the purpose and what items are being amended. Merely stating "see attached" or referencing attachments without a narrative description of performance is insufficient.

## ANTICIPATED START DATE

The Department and Contractor must certify WHEN obligations under this Contract/Amendment may be incurred. Option 1 is the default option when performance may begin as of the [Effective Date](#) (latest signature date and any required approvals). If the parties want a new Contract or renewal to begin as of the upcoming fiscal year then list the fiscal year(s) (ex. "FY2012" or "FY2012-14") in the Brief Description section. Performance starts and encumbrances reflect the default [Effective Date](#) (if no FY is listed) or the later FY start date (if a FY is listed). Use Option 2 only when the Contract will be signed well in advance of the start date and identify a specific future start date. Do not use Option 2 for a fiscal year start unless it is certain that the Contract will be signed prior to fiscal year. Option 3 is used in lieu of the [Settlement and Release Form](#) when the Contract/Amendment is signed late, and obligations have already been incurred by the Contractor prior to the [Effective Date](#) for which the Department has either requested, accepted or deemed legally eligible for reimbursement, and the Contract includes supporting documents justifying the performance or proof of eligibility, and approximate costs. Any obligations incurred outside the scope of the [Effective Date](#) under any Option listed, even if the incorrect Option is selected, shall be automatically deemed a settlement included under the terms of the Contract and upon payment to the Contractor will release the Commonwealth from further obligations for the identified performance. All settlement payments require justification and must be under same encumbrance and object codes as the Contract payments. Performance dates are subject to [G.L. c.4, § 9](#).

## CONTRACT END DATE

The Department must enter the date that Contract performance will terminate. **If the Contract is being amended and the Contract End Date is not changing, this date must be re-entered again here.** A Contract must be signed for at least the initial duration but not longer than the period of procurement listed in the RFR, or other solicitation document (if applicable). No new performance is allowable beyond the end date without an amendment, but the Department may allow a Contractor to complete minimal close out performance obligations if substantial performance has been made prior to the termination date of the

Contract and prior to the end of the fiscal year in which payments are appropriated, provided that any close out performance is subject to appropriation and funding limits under state finance law, and CTR may adjust encumbrances and payments in the state accounting system to enable final close out payments. Performance dates are subject to [G.L. c.4, § 9](#).

## CERTIFICATIONS AND EXECUTION

See [Department Head Signature Authorization Policy](#) and the [Contractor Authorized Signatory Listing](#) for policies on Contractor and Department signatures.

**Authorizing Signature for Contractor/Date:** The Authorized Contractor Signatory must (in their own handwriting and in ink) sign AND enter the date the Contract is signed. See section above under "[Anticipated Contract Start Date](#)". Acceptance of payment by the Contractor shall waive any right of the Contractor to claim the Contract/Amendment is not valid and the Contractor may not void the Contract. **Rubber stamps, typed or other images are not acceptable.** Proof of Contractor signature authorization on a [Contractor Authorized Signatory Listing](#) may be required by the Department if not already on file.

**Contractor Name /Title:** The Contractor Authorized Signatory's name and title must appear legibly as it appears on the [Contractor Authorized Signatory Listing](#).

**Authorizing Signature For Commonwealth/Date:** The [Authorized Department Signatory](#) must (in their own handwriting and in ink) sign AND enter the date the Contract is signed. See section above under "[Anticipated Start Date](#)". **Rubber stamps, typed or other images are not accepted.** The Authorized Signatory must be an employee within the Department legally responsible for the Contract. See [Department Head Signature Authorization](#). The Department must have the legislative funding appropriated for all the costs of this Contract or funding allocated under an [approved Interdepartmental Service Agreement \(ISA\)](#). A Department may not contract for performance to be delivered to or by another state department without specific legislative authorization (unless this Contract is a Statewide Contract). For Contracts requiring Secretariat signoff, evidence of Secretariat signoff must be included in the Contract file.

**Department Name /Title:** Enter the Authorized Signatory's name and title legibly.

## CONTRACTOR CERTIFICATIONS AND LEGAL REFERENCES

Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified, subject to any required approvals. The Contractor makes all certifications required under this Contract under the pains and penalties of perjury, and agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein:

**Commonwealth and Contractor Ownership Rights.** The Contractor certifies and agrees that the Commonwealth is entitled to ownership and possession of all "deliverables" purchased or developed with Contract funds. A Department may not relinquish Commonwealth rights to deliverables nor may Contractors sell products developed with Commonwealth resources without just compensation. The Contract should detail all Commonwealth deliverables and ownership rights and any Contractor proprietary rights.

**Qualifications.** The Contractor certifies it is qualified and shall at all times remain qualified to perform this Contract; that performance shall be timely and meet or exceed industry standards for the performance required, including obtaining requisite licenses, registrations, permits, resources for performance, and sufficient professional, liability; and other appropriate insurance to cover the performance. If the Contractor is a business, the Contractor certifies that it is listed under the [Secretary of State's website](#) as licensed to do business in Massachusetts, as required by law.

**Business Ethics and Fraud, Waste and Abuse Prevention.** The Contractor certifies that performance under this Contract, in addition to meeting the terms of the Contract, will be made using ethical business standards and good stewardship of taxpayer and other public funding and resources to prevent fraud, waste and abuse.

**Collusion.** The Contractor certifies that this Contract has been offered in good faith and without collusion, fraud or unfair trade practices with any other person, that any actions to avoid or frustrate fair and open competition are prohibited by law, and shall be grounds for rejection or disqualification of a Response or termination of this Contract.

**Public Records and Access** The Contractor shall provide full access to records related to performance and compliance to the Department and officials listed under [Executive Order 195](#) and [G.L. c. 11, s.12](#) seven (7) years beginning on the first day after the final payment under this Contract or such longer period necessary for the resolution of any litigation, claim, negotiation, audit or other inquiry involving this Contract. Access to view Contractor records related to any breach or allegation of fraud, waste and/or abuse may not be denied and Contractor can not claim confidentiality or trade secret protections solely for viewing but not retaining documents. Routine Contract performance compliance reports or documents related to any alleged breach or allegation of non-compliance, fraud, waste, abuse or collusion may be provided electronically and shall be provided at Contractor's own expense. Reasonable costs for copies of non-routine Contract related records shall not exceed the rates for public records under [950 C.M.R. 32.00](#).

# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



**Debarment.** The Contractor certifies that neither it nor any of its subcontractors are currently debarred or suspended by the federal or state government under any law or regulation including, [Executive Order 147](#); [G.L. c. 29, s. 29F](#); [G.L. c.30, § 39R](#); [G.L. c.149, § 27C](#); [G.L. c.149, § 44C](#); [G.L. c.149, § 148B](#) and [G.L. c. 152, s. 25C](#).

**Applicable Laws.** The Contractor shall comply with all applicable state laws and regulations including but not limited to the applicable [Massachusetts General Laws](#); the Official [Code of Massachusetts Regulations](#); [Code of Massachusetts Regulations](#) (unofficial); [801 CMR 21.00](#) (Procurement of Commodity and Service Procurements, Including Human and Social Services); [815 CMR 2.00](#) (Grants and Subsidies); [808 CMR 1.00](#) (Compliance, Reporting and Auditing for Human And Social Services); [AICPA Standards](#); confidentiality of Department records under [G.L. c. 66A](#); and the [Massachusetts Constitution Article XVIII](#) if applicable.

**Invoices.** The Contractor must submit invoices in accordance with the terms of the Contract and the Commonwealth [Bill Paying Policy](#). Contractors must be able to reconcile and properly attribute concurrent payments from multiple Departments. Final invoices in any fiscal year must be submitted no later than August 15<sup>th</sup> for performance made and received (goods delivered, services completed) prior to June 30<sup>th</sup>, in order to make payment for that performance prior to the close of the fiscal year to prevent reversion of appropriated funds. Failure to submit timely invoices by August 15<sup>th</sup> or other date listed in the Contract shall authorize the Department to issue an estimated payment based upon the Department's determination of performance delivered and accepted. The Contractor's acceptance of this estimated payment releases the Commonwealth from further claims for these invoices. If budgetary funds revert due to the Contractor's failure to submit timely final invoices, or for disputing an estimated payment, the Department may deduct a penalty up to 10% from any final payment in the next fiscal year for failure to submit timely invoices.

**Payments Subject To Appropriation.** Pursuant to [G.L. c. 29 § 26, § 27](#) and [§ 29](#), Departments are required to expend funds only for the purposes set forth by the Legislature and within the funding limits established through appropriation, allotment and subsidiary, including mandated allotment reductions triggered by [G.L. c. 29, § 9C](#). A Department cannot authorize or accept performance in excess of an existing appropriation and allotment, or sufficient non-appropriated available funds. Any oral or written representations, commitments, or assurances made by the Department or any other Commonwealth representative are not binding. The Commonwealth has no legal obligation to compensate a Contractor for performance that is not requested and is intentionally delivered by a Contractor outside the scope of a Contract. Contractors should verify funding prior to beginning performance.

**Intercept.** Contractors may be registered as Customers in the Vendor file if the Contractor owes a Commonwealth debt. Unresolved and undisputed debts, and overpayments of Contract payments that are not reimbursed timely shall be subject to intercept pursuant to [G.L. c. 7A, s. 3](#) and [815 CMR 9.00](#). Contract overpayments will be subject to immediate intercept or payment offset. The Contractor may not penalize any state Department or assess late fees, cancel a Contract or other services if amounts are intercepted or offset due to recoupment of an overpayment, outstanding taxes, child support, other overdue debts or Contract overpayments.

**Tax Law Compliance.** The Contractor certifies under the pains and penalties of perjury tax compliance with [Federal tax laws](#); [State tax laws](#) including but not limited to [G.L. c. 62C](#); [G.L. c. 62C, s. 49A](#); compliance with all state tax laws, reporting of employees and contractors, withholding and remitting of tax withholdings and child support and is in good standing with respect to all state taxes and returns due; reporting of employees and contractors under [G.L. c. 62E](#); withholding and remitting [child support](#) including [G.L. c. 119A, s. 12](#); [TIR 05-11](#); [New Independent Contractor Provisions](#) and applicable [TIRs](#).

**Bankruptcy, Judgments, Potential Structural Changes, Pending Legal Matters and Conflicts.** The Contractor certifies it has not been in bankruptcy and/or receivership within the last three calendar years, and the Contractor certifies that it will immediately notify the Department in writing **at least 45 days prior** to filing for bankruptcy and/or receivership, any potential structural change in its organization, or if there is **any risk** to the solvency of the Contractor that may impact the Contractor's ability to timely fulfill the terms of this Contract or Amendment. The Contractor certifies that at any time during the period of the Contract the Contractor is required to affirmatively disclose in writing to the Department Contract Manager the details of any judgment, criminal conviction, investigation or litigation pending against the Contractor or any of its officers, directors, employees, agents, or subcontractors, including any potential conflicts of interest of which the Contractor has knowledge, or learns of during the Contract term. Law firms or Attorneys providing legal services are required to identify any potential conflict with representation of any Department client in accordance with Massachusetts Board of Bar Overseers (BBO) rules.

**Federal Anti-Lobbying and Other Federal Requirements.** If receiving federal funds, the Contractor certifies compliance with federal anti-lobbying requirements including [31 USC 1352](#); [other federal requirements](#); [Executive Order 11246](#); [Air Pollution Act](#); [Federal Water Pollution Control Act](#) and [Federal Employment Laws](#).

**Protection of Personal Data and Information.** The Contractor certifies that all steps will be taken to ensure the security and confidentiality of all Commonwealth data for which the Contractor becomes a holder, either as part of performance or inadvertently during

performance, with special attention to restricting access, use and disbursement of personal data and information under [G.L. c. 93H](#) and [c. 66A](#) and [Executive Order 504](#). The Contractor is required to comply with [G.L. c. 93I](#) for the proper disposal of all paper and electronic media, backups or systems containing personal data and information, provided further that the Contractor is required to ensure that any personal data or information transmitted electronically or through a portable device be properly encrypted using (at a minimum) [Information Technology Division \(ITD\) Protection of Sensitive Information](#), provided further that any Contractor having access to credit card or banking information of Commonwealth customers certifies that the Contractor is PCI compliant in accordance with the [Payment Card Industry Council Standards](#) and shall provide confirmation compliance during the Contract, provide further that the Contractor shall immediately notify the Department in the event of any security breach including the unauthorized access, disbursement, use or disposal of personal data or information, and in the event of a security breach, the Contractor shall cooperate fully with the Commonwealth and provide access to any information necessary for the Commonwealth to respond to the security breach and shall be fully responsible for any damages associated with the Contractor's breach including but not limited to [G.L. c. 214, s. 3B](#).

**Corporate and Business Filings and Reports.** The Contractor certifies compliance with any certification, filing, reporting and service of process requirements of the [Secretary of the Commonwealth](#), the [Office of the Attorney General](#) or other Departments as related to its conduct of business in the Commonwealth; and with its incorporating state (or foreign entity).

**Employer Requirements.** Contractors that are employers certify compliance with applicable state and federal employment laws or regulations, including but not limited to [G.L. c. 5, s. 1](#) (Prevailing Wages for Printing and Distribution of Public Documents); [G.L. c. 7, s. 22](#) ([Prevailing Wages for Contracts for Meat Products and Clothing and Apparel](#)); [minimum wages and prevailing wage programs and payments](#); [unemployment insurance](#) and contributions; [workers' compensation and insurance](#), [child labor laws](#), [AGO fair labor practices](#); [G.L. c. 149](#) (Labor and Industries); [G.L. c. 150A](#) (Labor Relations); [G.L. c. 151](#) and [455 CMR 2.00](#) (Minimum Fair Wages); [G.L. c. 151A](#) (Employment and Training); [G.L. c. 151B](#) (Unlawful Discrimination); [G.L. c. 151E](#) (Business Discrimination); [G.L. c. 152](#) (Workers' Compensation); [G.L. c. 153](#) (Liability for Injuries); [29 USC c. 8](#) (Federal Fair Labor Standards); [29 USC c. 28](#) and the [Federal Family and Medical Leave Act](#).

**Federal And State Laws And Regulations Prohibiting Discrimination** including but not limited to the [Federal Equal Employment Opportunity \(EEO\) Laws](#) the [Americans with Disabilities Act](#); [42 U.S.C. Sec. 12,101, et seq.](#), the [Rehabilitation Act](#), [29 USC c. 16 s. 794](#); [29 USC c. 16, s. 701](#); [29 USC c. 14, 623](#); the [42 USC c. 45](#); (Federal Fair Housing Act); [G.L. c. 151B](#) (Unlawful Discrimination); [G.L. c. 151E](#) (Business Discrimination); the Public Accommodations Law [G.L. c. 272, s. 92A](#); [G.L. c. 272, s. 98](#) and [98A](#), [Massachusetts Constitution Article CXIV](#) and [G.L. c. 93, s. 103](#); [47 USC c. 5, sc. II, Part II, s. 255](#) (Telecommunication Act; Chapter 149, [Section 105D](#), [G.L. c. 151C](#), [G.L. c. 272, Section 92A](#), [Section 98](#) and [Section 98A](#), and [G.L. c. 111, Section 199A](#), and [Massachusetts Disability-Based Non-Discrimination Standards For Executive Branch Entities](#), and related Standards and Guidance, authorized under Massachusetts Executive Order or any disability-based protection arising from state or federal law or precedent. See also [MCAD](#) and [MCAD links and Resources](#).

**Small Business Purchasing Program (SBPP).** A Contractor may be eligible to participate in the SBPP, created pursuant to [Executive Order 523](#), if qualified through the SBPP SmartBid subscription process at: [www.comm-pass.com](#) and with acceptance of the terms of the SBPP participation agreement.

**Limitation of Liability for Information Technology Contracts (and other Contracts as Authorized).** The [Information Technology Mandatory Specifications](#) and the [IT Acquisition Accessibility Contract Language](#) are incorporated by reference into Information Technology Contracts. The following language will apply to Information Technology contracts in the U01, U02, U03, U04, U05, U06, U07, U08, U09, U10, U75, U98 object codes in the [Expenditure Classification Handbook](#) or other Contracts as approved by CTR or OSD. Pursuant to Section 11. Indemnification of the Commonwealth Terms and Conditions, the term "other damages" shall include, but shall not be limited to, the reasonable costs the Commonwealth incurs to repair, return, replace or seek cover (purchase of comparable substitute commodities and services) under a Contract. "Other damages" shall not include damages to the Commonwealth as a result of third party claims, provided, however, that the foregoing in no way limits the Commonwealth's right of recovery for personal injury or property damages or patent and copyright infringement under Section 11 nor the Commonwealth's ability to join the contractor as a third party defendant. Further, the term "other damages" shall not include, and in no event shall the contractor be liable for, damages for the Commonwealth's use of contractor provided products or services, loss of Commonwealth records, or data (or other intangible property), loss of use of equipment, lost revenue, lost savings or lost profits of the Commonwealth. In no event shall "other damages" exceed the greater of \$100,000, or two times the value of the product or service (as defined in the Contract scope of work) that is the subject of the claim. Section 11 sets forth the contractor's entire liability under a Contract. Nothing in this section shall limit the Commonwealth's ability to negotiate higher limitations of liability in a particular Contract, provided that any such limitation must specifically reference Section 11 of the Commonwealth Terms and Conditions. In the event the limitation of liability

# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



conflicts with accounting standards which mandate that there can be no cap of damages, the limitation shall be considered waived for that audit engagement. These terms may be applied to other Contracts only with prior written confirmation from the Operational Services Division or the Office of the Comptroller. The terms in this Clarification may not be modified.

**Northern Ireland Certification.** Pursuant to [G.L. c. 7 s. 22C](#) for state agencies, state authorities, the House of Representatives or the state Senate, by signing this Contract the Contractor certifies that it does not employ ten or more employees in an office or other facility in Northern Ireland and if the Contractor employs ten or more employees in an office or other facility located in Northern Ireland the Contractor certifies that it does not discriminate in employment, compensation, or the terms, conditions and privileges of employment on account of religious or political belief; and it promotes religious tolerance within the work place, and the eradication of any manifestations of religious and other illegal discrimination; and the Contractor is not engaged in the manufacture, distribution or sale of firearms, munitions, including rubber or plastic bullets, tear gas, armored vehicles or military aircraft for use or deployment in any activity in Northern Ireland.

**Pandemic, Disaster or Emergency Performance.** In the event of a serious emergency, pandemic or disaster outside the control of the Department, the Department may negotiate emergency performance from the Contractor to address the immediate needs of the Commonwealth even if not contemplated under the original Contract or procurement. Payments are subject to appropriation and other payment terms.

**Consultant Contractor Certifications** (For Consultant Contracts "HH" and "NN" and "U05" object codes subject to [G.L. Chapter 29, s. 29A](#)). Contractors must make required disclosures as part of the RFR Response or using the [Consultant Contractor Mandatory Submission Form](#).

**Attorneys.** Attorneys or firms providing legal services or representing Commonwealth Departments may be subject to [G.L. c. 30, s. 65](#), and if providing litigation services must be approved by the Office of the Attorney General to appear on behalf of a Department, and shall have a continuing obligation to notify the Commonwealth of any conflicts of interest arising under the Contract.

**Subcontractor Performance.** The Contractor certifies full responsibility for Contract performance, including subcontractors, and that comparable Contract terms will be included in subcontracts, and that the Department will not be required to directly or indirectly manage subcontractors or have any payment obligations to subcontractors.

## EXECUTIVE ORDERS

For covered Executive state Departments, the Contractor certifies compliance with applicable [Executive Orders](#) (see also [Massachusetts Executive Orders](#)), including but not limited to the specific orders listed below. A breach during period of a Contract may be considered a material breach and subject Contractor to appropriate monetary or Contract sanctions.

**Executive Order 481, Prohibiting the Use of Undocumented Workers on State Contracts.** For all state agencies in the Executive Branch, including all executive offices, boards, commissions, agencies, Departments, divisions, councils, bureaus, and offices, now existing and hereafter established, by signing this Contract the Contractor certifies under the pains and penalties of perjury that they shall not knowingly use undocumented workers in connection with the performance of this Contract; that, pursuant to federal requirements, shall verify the immigration status of workers assigned to a Contract without engaging in unlawful discrimination; and shall not knowingly or recklessly alter, falsify, or accept altered or falsified documents from any such worker

**Executive Order 130, Anti-Boycott.** The Contractor warrants, represents and agrees that during the time this Contract is in effect, neither it nor any affiliated company, as hereafter defined, participates in or cooperates with an international boycott (See [IRC § 999\(b\)\(3\)-\(4\)](#), and [IRS Audit Guidelines Boycotts](#)) or engages in conduct declared to be unlawful by [G.L. c. 151E, s. 2](#). A breach in the warranty, representation, and agreement contained in this paragraph, without limiting such other rights as it may have, the Commonwealth shall be entitled to rescind this Contract. As used herein, an affiliated company shall be any business entity of which at least 51% of the ownership interests are directly or indirectly owned by the Contractor or by a person or persons or business entity or entities directly or indirectly owning at least 51% of the ownership interests of the Contractor, or which directly or indirectly owns at least 51% of the ownership interests of the Contractor.

**Executive Order 346, Hiring of State Employees By State Contractors.** Contractor certifies compliance with both the conflict of interest law [G.L. c. 268A specifically s. 5 \(f\)](#) and this order; and includes limitations regarding the hiring of state employees by private companies contracting with the Commonwealth. A privatization contract shall be deemed to include a specific prohibition against the hiring at any time during the term of Contract, and for any position in the Contractor's company, any state management employee who is, was, or will be involved in the preparation of the RFP, the negotiations leading to the awarding of the Contract, the decision to award the Contract, and/or the supervision or oversight of performance under the Contract.

**Executive Order 444, Disclosure of Family Relationships With Other State Employees.** Each person applying for employment (including Contract work) within the Executive Branch under the Governor must disclose in writing the names of all immediate family related to immediate family by marriage who serve as employees or elected officials of the

Commonwealth. All disclosures made by applicants hired by the Executive Branch under the Governor shall be made available for public inspection to the extent permissible by law by the official with whom such disclosure has been filed.

**Executive Order 504, Regarding the Security and Confidentiality of Personal Information.** For all Contracts involving the Contractor's access to personal information, as defined in [G.L. c. 93H](#), and personal data, as defined in [G.L. c. 66A](#), owned or controlled by Executive Department agencies, or access to agency systems containing such information or data (herein collectively "personal information"), Contractor certifies under the pains and penalties of perjury that the Contractor (1) has read Commonwealth of Massachusetts Executive Order 504 and agrees to protect any and all personal information; and (2) has reviewed all of the Commonwealth [Information Technology Division's Security Policies](#). Notwithstanding any contractual provision to the contrary, in connection with the Contractor's performance under this Contract, for all state agencies in the Executive Department, including all executive offices, boards, commissions, agencies, departments, divisions, councils, bureaus, and offices, now existing and hereafter established, the Contractor shall: (1) obtain a copy, review, and comply with the contracting agency's Information Security Program (ISP) and any pertinent security guidelines, standards, and policies; (2) comply with all of the Commonwealth of Massachusetts Information Technology Division's "[Security Policies](#)") (3) communicate and enforce the contracting agency's ISP and such Security Policies against all employees (whether such employees are direct or contracted) and subcontractors; (4) implement and maintain any other reasonable appropriate security procedures and practices necessary to protect personal information to which the Contractor is given access by the contracting agency from the unauthorized access, destruction, use, modification, disclosure or loss; (5) be responsible for the full or partial breach of any of these terms by its employees (whether such employees are direct or contracted) or subcontractors during or after the term of this Contract, and any breach of these terms may be regarded as a material breach of this Contract; (6) in the event of any unauthorized access, destruction, use, modification, disclosure or loss of the personal information (collectively referred to as the "unauthorized use"): (a) immediately notify the contracting agency if the Contractor becomes aware of the unauthorized use; (b) provide full cooperation and access to information necessary for the contracting agency to determine the scope of the unauthorized use; and (c) provide full cooperation and access to information necessary for the contracting agency and the Contractor to fulfill any notification requirements. Breach of these terms may be regarded as a material breach of this Contract, such that the Commonwealth may exercise any and all contractual rights and remedies, including without limitation indemnification under Section 11 of the [Commonwealth's Terms and Conditions](#), withholding of payments, Contract suspension, or termination. In addition, the Contractor may be subject to applicable statutory or regulatory penalties, including and without limitation, those imposed pursuant to G.L. c. 93H and under [G.L. c. 214, § 3B](#) for violations under M.G.L. c. 66A.

**Executive Orders 523, 524 and 526, Executive Order 526 (Order Regarding Non-Discrimination, Diversity, Equal Opportunity and Affirmative Action which supersedes Executive Order 478).** **Executive Order 524 (Establishing the Massachusetts Supplier Diversity Program which supersedes Executive Order 390).** **Executive Order 523 (Establishing the Massachusetts Small Business Purchasing Program.)** All programs, activities, and services provided, performed, licensed, chartered, funded, regulated, or contracted for by the state shall be conducted without unlawful discrimination based on race, color, age, gender, ethnicity, sexual orientation, gender identity or expression, religion, creed, ancestry, national origin, disability, veteran's status (including Vietnam-era veterans), or background. The Contractor and any subcontractors may not engage in discriminatory employment practices; and the Contractor certifies compliance with applicable federal and state laws, rules, and regulations governing fair labor and employment practices; and the Contractor commits to purchase supplies and services from certified minority or women-owned businesses, small businesses, or businesses owned by socially or economically disadvantaged persons or persons with disabilities. These provisions shall be enforced through the contracting agency, OSD, and/or the Massachusetts Commission Against Discrimination. Any breach shall be regarded as a material breach of the contract that may subject the contractor to appropriate sanctions.



Commonwealth of Massachusetts  
**DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Chrystal Konegay, Undersecretary

**HMIS GOVERNANCE AGREEMENT**

between

**The Massachusetts Balance of State Continuum of Care  
and**

**The Massachusetts Department of Housing and Community Development**

By this Agreement the Massachusetts Balance of State (BOS) Continuum of Care (CoC) and the Massachusetts Department of Housing and Community Development (DHCD), hereby acknowledge the following:

- A Homeless Management Information System (HMIS) will be used by the CoC and all recipients of CoC and Emergency Shelter Grant (ESG) program funds to meet HUD's data collection, management, and reporting standards. Organizations with the majority of its programs located in the 76 Balance of State communities will be required to use the DHCD managed ASIST HMIS or another HMIS which can have csv or xml data files extracted to be uploaded into reporting software.
- Recipients and sub-recipients are required to collect data on individual clients, the provision of housing and services to homeless individuals and families, and persons at risk of homelessness.
- DHCD will act as the lead organization for the Massachusetts Balance of State Continuum of Care.
- Pursuant to HUD HMIS requirements, DHCD, on behalf of the Massachusetts Balance of State CoC, must designate an HMIS Lead Agency and enter into an HMIS Governance Agreement with that organization.

DHCD as Lead Agency hereby designates DHCD's HMIS Group as HMIS Lead Agency, and DHCD's HMIS Group hereby agrees to serve, as the HMIS Lead Agency for the Balance of State CoC. The parties further agree that as HMIS Lead Agency, DHCD's HMIS Group will comply with HUD HMIS Lead Agency requirements to establish, support and manage the HMIS in a manner that will meet HUD's standards for minimum data quality, privacy, security and other HUD requirements for organizations participating in an HMIS. As part of this compliance the DHCD HMIS Group will:

- Coordinate the CoC's implementation of the DHCD Social Solutions Global, Inc. (SSG) HMIS software.
- Provide assistance and guidance to all Massachusetts Balance of State CoC project applicants.
- Inform Massachusetts Balance of State CoC members of training opportunities.
- Lead the Massachusetts Balance of State CoC's efforts to assess and improve HMIS implementation, compliance and data quality.

- Ensure that the HMIS can produce all HUD required deliverables in accordance with HUD time frames.
- Ensure that the HMIS is administered in compliance with requirements prescribed by HUD.
- Assume responsibility for reviewing, revising, and approving an HMIS privacy plan, security plan, and data quality plan. A copy of this plan must be made available to CoC members,
- Ensure the consistent participation of recipients and sub-recipients in the HMIS.

The Balance of State CoC (CoC) is accountable for the HMIS, even if another organization is designated to operate it.

The CoC is responsible for the following HMIS functions:

- Ensuring that an HMIS is used by the CoC and all recipients of CoC and ESG program funds to meet HUD's data collection, management, and reporting standards.
- Requiring recipients and sub-recipients of CoC and ESG funds to collect data on individual clients and provide housing and/or services to homeless individuals and families, and persons at risk of homelessness.

This Agreement shall be effective as of the date of the last signature hereunder, and shall remain in effect until terminated by either party by written notice to the other party at least thirty calendar days prior to the effective date of termination. Amendments to this Agreement must be in writing and signed by both parties.

For the Massachusetts Balance of State CoC:

  
 \_\_\_\_\_  
 Gordon Calkins  
 DHCD-DHS Federal Contract Manager

8/19/16  
 \_\_\_\_\_  
 Date

For DHCD:

  
 \_\_\_\_\_  
 William J. Bartosch  
 DHCD, Director, Quality Assurance, Technology, Training,  
 Research, and Evaluation

8/19/16  
 \_\_\_\_\_  
 Date

## Charter Addendum and Amendment Tracking

Date	Amended by	Amendment
05/01/14	Advisory Board	Article VI, Section 1: Added, " <b>Veterans' Committee</b> : The Committee is responsible for coordinating housing and services to homeless veterans throughout the BoS geographic area."
09/19/2014	Advisory Board	Article IV, Section 4 Amended to include Advisory Board authority to adjust project ranking, including limitations of that authority.
5/27/2015	Advisory Board	Article VI, Section 1: Added " <b>Coordinated Entry Committee</b> " to the committee listing and included basic scope of the committee's responsibilities
6/20/16	Advisory Board	Article IV, Section 1 Amended to include Domestic Violence, youth and Substance Abuse / Mental Health Providers as well as 2 At large elected members. Article IV, Section 2 Struck language outlining original seating of Advisory board and amended to include process for election and inclusion of 2 at large members. Article IV, Section 3 Struck "Undersecretary of the Department of Housing and Community Development or"
8/9/16	HMIS Committee	Attached revised HMIS Governance agreement to the Governance Charter

## **Balance of State Continuum of Care**

### **HMIS Protocols and Procedures**

*Required for HUD Compliance*

**May, 2014**

#### **Overview**

The Balance of State (BoS) Continuum of Care (CoC)'s Homeless Management Information System (HMIS) lead, DHCD, uses an instance of Efforts to Outcomes Software (ETO) known as ASIST to manage HMIS data collection for HUD reporting as well as the Commonwealth's overall homeless response system. Projects, and programs within projects, can use any qualified HMIS system as long as the raw data can be provided to the CoC in CSV or XML format.

DHCD staff is available for technical assistance but Sponsors and Projects are responsible for their own data and overall compliance requirements.

Sponsors and Projects have been given appropriate site access in ASIST as well as the technical capacity to generate reports for all projects they are responsible for. DHCD will provide training to Sponsors and Projects to ensure that capacity is maximized.

DHCD is responsible for working with Social Solutions, the ETO vendor, to integrate all HMIS data that meets current HUD standards into ASIST. Additionally, DHCD will work with SimTech Solutions, who has partnered with Social Solutions, to produce final versions of APRs for submission to HUD.

DHCD convenes an HMIS committee that will develop and finalize comprehensive Data Quality, Privacy, and Security Plans as well as Policies/Procedures for each.

#### **HMIS requirements**

##### ***CoC-funded projects:***

1. Annual Performance Report (APR) - required for projects funded by the CoC
2. Renewal Project Application of the Annual HUD NOFA

##### ***Housing / bed units that are within the geography of the CoC:***

If a "bed" is set aside or designated to serve a homeless person, then it should be included on the Electronic Housing Inventory Chart (e-HIC). Programs that serve both homeless and non-homeless do not have to be included on the e-HIC unless there are a given number of beds reserved for homeless individuals or units for families.

1. Annual Homeless Assessment Report (AHAR)
2. Point-in-Time count
3. Electronic Housing Inventory Chart (e-HIC)

**Basic CoC Structure:**

The BoS CoC consists of a wide range of projects, multiple layers of responsibility and programs throughout the Commonwealth.

**Grantee:**

- For nearly all grants, DHCD is the “Grantee” as the funds flow from HUD to DHCD which has the responsibility for distribution
  - o Those projects that used to be part of the Framingham / Waltham CoC (Advocates, MW Legal Services and SMOC), had been their own grantee but effective in 2013, DHCD has taken over responsibility for these grants.
  - o Those projects that used to be part of the Lawrence CoC had been their own grantee, but effective in 2014 DHCD has taken over responsibility for these grants.
- The Grantee then distributes funds to Sponsors for specific Projects. In some cases, the Grantee and the Sponsor are the same entity.

**Sponsor:**

- Sponsors receive funds from Grantees, and then contract with community based organizations or with the Massachusetts Housing and Shelter Alliance (MHSA) for services
- The Department of Mental Health; the Department of Public Health Bureau of Substance Abuse Services and the Department of Public Health Office of HIV/AIDS and the Department of Veterans Services are all Sponsor agencies
- In some cases, the Sponsor and the Project Provider are the same entity
- For S+C projects the funds are managed through a DHCD Administrative Plan which governs the release of S+C funds to Regional Housing Agencies. The Supportive services are funded by and managed through the Sponsor agencies which are primarily DPH: BSAS, DPH HIV/AIDS and DMH. The exceptions to this are:
  1. Viet Vets Workshop; and
  2. Project HOAP

**Providers (Projects):** (A Project can have multiple providers and a Provider may be funded for multiple projects)

- Community-based organizations that receive funding to provide specific housing, outreach, and/or services to homeless individuals and families as approved in the initial HUD grant application plus any subsequent amendments approved by HUD.

### **Roles and Responsibilities:**

Each program / provider is structured and staffed differently: Some projects may combine tasks into one job description while other projects may break them out. DHCD or Sponsor agencies can work with projects to determine the specific roles and responsibilities.

#### ***Grantee:*** (HMIS Coordinator)

- Develop and implement strategies for on-going data quality
- Understand and interpret all HUD HMIS requirements
  - Communicate changes to Sponsors
  - When communicating directly with providers, Sponsors are copied
- Evaluate data from Sponsors and provide specific action items to address quality
- Provide training and technical assistance to ensure high quality data
- Enter reports into HDX (e-HIC, PIT, AHAR)

***Sponsor:*** (For projects where DHCD is both the grantee and the sponsor, the contract manager will perform the same functions as the Sponsor)

#### ***Management / Oversight:***

- Data monitoring: Responsible to review quarterly APRs and bring any issues, including performance on goals to the Admin Committee. The Admin Committee / DHCD needs to review program-level APRs on a semi-annual basis
- Identify training needs
- Help coordinate and facilitate targeted training
- Communicate all HMIS / reporting changes to projects
- Review reports from projects: APR, PIT, data quality, etc.
- Deliver a clean APR, AHAR, PIT to DHCD within 30 days after the end of the reporting period (project year)
- Enter a DHCD-approved final APR, including project expenditures, into e-SNAPS within 60 days after the end of the reporting period
- Enter project data into e-snaps for Renewal Project Application of the annual application

#### ***For Shelter Plus Care programs***

- The State Agency that provides the services is responsible for management and oversight of the projects

***Provider (program):*** In many agencies, the data collection and entry are completed by the same person (i.e., case manager). Some programs (i.e., outreach) split these functions.

#### ***Data Collection:***

- Assessment data gathering

**Data Entry:**

- Must be timely for all reports.
  - Ideally, data entry will be done daily; however, all client data must be entered into HMIS within one week of entry into a program and within one week of any change in status such as a project exit. These changes must be made in real-time by staff in Emergency Assistance (EA) programs.
- Enter accurate, clean and complete data
- Complete all HUD universal data elements
- Assessments – intake, updates, annual, exit
- Outcome Measures to be determined by the CoC as a whole
- Bed check-in / registry (*bed management model*) – must be completed by 8:30 AM daily

**Data Quality / Reporting/ User Support:** Program Manager or Supervisor is responsible for reviewing data including:

- Data Validation reports
- Quarterly / annual performance reports
- Point-in-time
- When applicable: provide datasets in either CSV or XML format
- Provide quality reports (APR, PIT, AHAR, e-HIC) to Sponsors on or before the specified deadline
- Ensure that the organization adheres to HUD’s Data and Technical Standards (2004 & March, 2010 until 9/30/2014, beginning on 10/1/2014 the 2014 HMIS Data Standards should be adhered to.)

**User Support:** Site Administrators are responsible for the following:

- Requesting new user accounts from DHCD
- Ensuring new staff received ETO training
- Disabling user accounts for inactive staff
- Provide basic support to users

**Training:**

HMIS training must be delivered in context of the program needs including the role of Sponsor agencies (i.e., DPH, DMH, the VA, etc..) which have specific program and data collection requirements. Training must be delivered in a manner that is flexible and allows for staff turnover, etc.

***Training Content:***

- An understanding of the training needs including the roles and responsibilities for data entry, management and reporting
- The mechanics of what questions mean and how to answer them; how to run reports; etc...
- Customization of content – based on role of trainee
- Trainings will be designed to target different user groups, including line staff and managers

***Training Logistics:***

- Sponsors will receive Train-the-Trainer sessions from DHCD HMIS Coordinator to increase skills to support providers
- Sponsors provide relevant content, coordinate trainings, arrange space and invite providers
- Project staff who meet with clients to complete the HMIS forms *and* the data entry staff are trained together
- DHCD will provide relevant content on HMIS, reporting requirements and use of ASIST



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**between**

**The Massachusetts Balance of State Continuum of Care**

**and**

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- Pursuant to HUD HMIS requirements, DHCD, on behalf of the Massachusetts Balance of State CoC, must designate an HMIS Lead Agency and enter into an HMIS Governance Agreement with that organization.

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- Lead the Massachusetts Balance of State CoC's efforts to assess and improve HMIS implementation, compliance and data quality.

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For the Massachusetts Balance of State CoC:

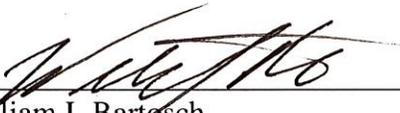


Gordon Calkins  
DHCD-DHS Federal Contract Manager



Date

For DHCD:



William J. Bartosch  
DHCD, Director, Quality Assurance, Technology, Training,  
Research, and Evaluation



Date

# Balance of State Continuum of Care Coordinated Entry Policies and Procedures

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## OVERVIEW

### Overview of Coordinated Entry

Coordinated Entry refers to the process used to assess and assist in meeting the housing needs of people experiencing homelessness. Key elements of coordinated entry include:

- The use of standardized assessment tools to assess consumer needs;
- Referrals, based on the results of the assessment tools, to appropriate housing interventions
- Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS); and
- Prioritization of consumers with the most barriers to returning to housing for the most cost- and service-intensive interventions.

The implementation of coordinated entry is now a requirement of receiving certain funding (namely Emergency Solutions Grant and Continuum of Care funds) from the Department of Housing and Urban Development (HUD) and is also considered national best practice. When implemented effectively, coordinated entry can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple projects before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

### This Document

These policies and procedures will govern the implementation, governance, and evaluation of coordinated entry in the Balance of State Continuum of Care. These policies, once adopted, may only be changed by the approval of the Continuum of Care (CoC) Advisory Board based on recommendations from the Coordinated Entry Committee of the CoC, a body described in greater detail beginning on page 7.

### Basic Definitions

- **Provider** – Organization that provides services or housing to people experiencing or at-risk of homelessness
- **Project** – A specific set of services or a housing intervention offered by a provider.
- **Consumer** – Person at-risk of or experiencing homelessness or someone being served by the coordinated entry process
- **Housing Interventions** – Housing projects and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. VASH)

### Target Population

This process is intended to serve people experiencing homelessness with ties to the communities of the Balance of State Continuum of Care. Homelessness will be defined in accordance with the official HUD definition of homelessness.<sup>1</sup>.

## Goals

The goal of the coordinated entry process is to provide each consumer with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Specifically, we are attempting to:

- Understand the needs of each homeless person and design individualized strategies accordingly.
- Focus CoC resources effectively on those with the greatest need.
- Place each homeless person into appropriate housing without requiring them to run from provider to provider searching.
- Have each project's and agency's processes be consistent with one another so that the highest quality planning and services occur regardless of where the individual person starts.
- To use the information gathered to better understand homelessness in the Continuum and across the Commonwealth

## Guiding Principles

- **Consumer Choice:** Consumers will be given information about the projects available to them and have some degree of choice about which ones they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated entry through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated entry process.
- **Collaboration:** Because coordinated entry is being implemented system wide, it requires a great deal of collaboration between the CoC, providers, mainstream assistance agencies, funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Entry Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated entry process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions.
- **Performance-Driven Decision Making:** Decisions about and modifications to the coordinated entry process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment or housing referral.
- **Housing First:** Coordinated entry will support a housing first approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

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<sup>1</sup> The definition is available here:

[https://www.onecpd.info/resources/documents/HEARTH\\_HomelessDefinition\\_FinalRule.pdf](https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf)

- **Prioritizing the Most Vulnerable:** Coordinated entry referrals will prioritize the most vulnerable households for project beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all. To that end, the Continuum has adopted HUD’s Notice CPD-14-012 issued July 28th, 2014 entitled “Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status” That notice creates, and by our adoption of it, we establish the following priorities:
  1. Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
  2. Chronically Homeless Individuals and Families with the Longest History of Homelessness
  3. Chronically Homeless Individuals and Families with the Most Severe Service Needs
  4. All Other Chronically Homeless Individuals and Families

The full text of the notice can be found in Appendix D

## THE COORDINATED ENTRY TOOLS AND PROCESSES

This section outlines and defines the key components of coordinated entry and how the coordinated entry process will work.

### Tools

The Balance of State Coordinated Entry system consists of several processes forms and tools. The primary tools are listed here for your reference.

- The Coordinated Entry Vulnerability Assessment (see appendix A-1) is administered to determine barriers to housing and the relative vulnerability experienced by the homeless person being assessed.
- The Consent and Release Forms (see appendix A-2 and A-4) authorizes the person conducting the assessment to share the information contained therein with the Housing Referral List staff and the agency to which the assessed person will be referred
- The Housing Preference Form (see appendix A-3) helps to identify specific geographic needs or accommodations related to disabilities that the assessed person may require.
- Housing Referral List is the list of homeless persons in need of housing sorted in order of vulnerability.
- The Resource Directory is an online resource that is publically available and accessible to both project staff as well as directly by homeless persons. The Directory contains information about how to obtain a wide variety of mainstream and homeless specific resources and can be found at <https://hedfuel.azurewebsites.net/>. The resource is searchable by city and town.

### System Processes

The first step in the continuum’s Coordinated Entry process is completion of the Coordinated Entry Vulnerability Assessment packet (see appendices A-1 through A-3.) The packet includes the Coordinated Entry Vulnerability Assessment, the Consent and Release Form and the Housing Preference Form.

The assessment packet is primarily administered by staff working at, or embedded within homeless shelters and street outreach projects, though anyone can help a homeless person complete the forms. In addition, a homeless person can complete the assessment packet on their own and submit it without working directly with a provider if they so choose. Assessment packets may be requested by calling the Department of Housing and Community Development at 617-573-1100.

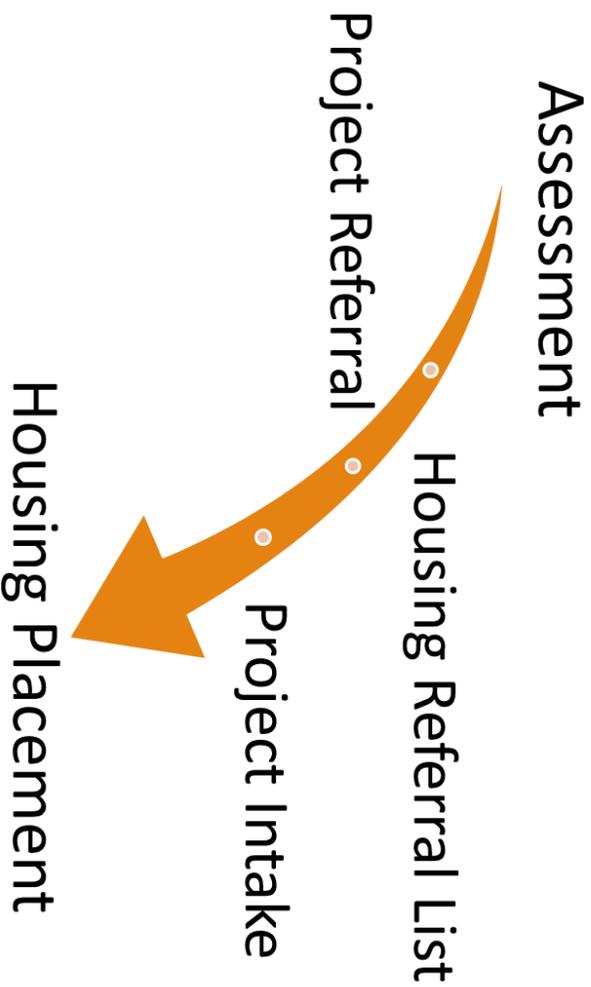
Completed packets are then sent to the Housing Referral List. The list contains the basic information about the barriers and vulnerabilities of each assessed person who has not yet been housed. Vulnerabilities incorporated into the list include length of homelessness, disabilities, and chronic medical conditions. Referrals to CoC funded Permanent Supportive Housing projects are made in order of vulnerability as vacancies occur. Care is taken to refer only persons who are likely eligible for the project with the vacancy and to refer people who have identified on their Housing Preference form that they would accept housing in the community where the vacancy is occurring. Variables considered for likelihood of eligibility include chronicity, substance abuse, mental health, veteran status, etc. These variable are examined in order to screen persons into projects that serve only those who have the variable and not to screen persons out of projects. It should be noted that in those cases where the vulnerability score is equal, HUD allows for additional prioritization. The Balance of State Continuum of Care will prioritize those who have served in the United States military for housing resources before those OF EQUAL VULNERABILITY who have not served in the US military.

All Balance of State CoC funded Permanent Supportive Housing projects, except those serving persons fleeing domestic violence, may fill vacancies only by referral from the Housing Referral List.
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Once the project receives the referral from the Housing Referral List, they will arrange an intake interview. The project staff will review the referred person's case for eligibility and may reject them only if they are found to be ineligible.

Potential project participants may reject offers of housing without consequence to their standing on the Housing Referral List. It is understood that sometimes people will reject housing for excellent reasons that they are reluctant, or unable to share.

Once accepted, a project enrollment will be arranged and the person will enter the project.



## **DECLINED REFERRALS AND GRIEVANCE PROCEDURES**

### **Project Declined Referral**

There may be rare instances where projects decide not to accept a referral from the coordinated entry process. Refusals are acceptable only in certain situations, including:

- The person does not meet the project's eligibility criteria;
- The person would be a danger to others or themselves if allowed to stay at this particular project; and
- The person has previously caused serious conflicts within the project (e.g. was violent with another consumer or project staff).
- The person is unable to be reached by either the project staff attempting to contact them or by the staff of the program that placed them on the list in the first place. "Unable to be reached" shall be defined as either contact information no longer works (i.e. phone number is inactive or goes to someone else) or contact information does work but no one responds to messages for more than 7 days.

If the project determines a consumer is not eligible for their project after they have received the referral from the coordinated entry system, the project will notify the Coordinated Entry staff person that manages the Housing referral List so that an alternative referral can be made. Within 48 hours of their denial of entry into the project, a representative from the project that refused them, must inform the person not being accepted into the project of their rejection. Care will be taken by Coordinated Entry staff to refer only participants that appear to be eligible for the project. If a project is consistently refusing referrals (more than 1 out of every 4) they will need to meet with the Coordinated Entry Committee to discuss the issue that is causing the refusals.

### **Provider Grievances**

Providers should address any concerns about the process to the Coordinated Entry Committee, unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the chair of the Coordinated Entry Committee. The chair of the committee should then schedule for that provider's representative to come to the next available Coordinated Entry Committee so the issue can be resolved. If it needs more immediate resolution, the chair will be in charge of determining the best course of action to resolve the issue.

### **Consumer Grievances**

The person that administered the assessment or another staff person from that agency should address any complaints by consumers as best as they can in the moment. These sorts of complaints may include how they were treated by staff, violation of confidentiality agreements by staff, etc. Complaints about the larger process and system should be referred to the chair of the Coordinated Entry Committee to be dealt with in a similar process to the one described above for providers.

## REMOVING PEOPLE FROM THE REFERRAL LIST

Persons on the referral list will not be removed for refusing an offer of housing, or for failing to respond to an invitation to meet about housing, or for failing to attend a meeting for screening for housing.

When a project attempting to screen a referral and they are unable to be reached ([see definition above](#)) the project staff will contact the Coordinated Entry Committee Chair who will give them a new referral. A note will be made on the referral list that the person was unable to be reached.

No further action shall be taken at that time. If, after the third consecutive referral to a project the person is still unable to be reached, they will be marked inactive, and remain in that status until such time as they are either removed from the list (see below) or are either re-referred to the list or the Coordinated Entry Committee Chair is notified that they have been found. At that time, if they have been inactive for more than six months, the Committee shall request a new Coordinated Entry Vulnerability Assessment be completed to determine if their situation has changed in such a way as to impact their vulnerability score. Upon completion of that, they shall be returned to the referral list.

Persons shall only be removed from the list if any of the following conditions are met:

- They are placed in Permanent Housing.
- They request removal.
- They are known to have left the area permanently.
- They die.
- They have been on inactive status for 2 years.

## GOVERNANCE

### Roles and Responsibilities

The coordinated entry process will be governed by the Coordinated Entry Committee of the CoC. This group will be responsible for:

- Investigating and resolving consumer and provider complaints or concerns about the process, other than declined referrals (which will be dealt with using the process described on page 4);
- Providing information and feedback to the CoC, CoC Board, Planning Group, and the community at-large about coordinated entry;
- Evaluating the efficiency and effectiveness of the coordinated entry process;
- Reviewing performance data from the coordinated entry process; and
- Recommending changes or improvements to the process, based on performance data, to the CoC and CoC Board.

### Policies and Procedures

#### *Committee Composition*

This committee will include the following seats:

- A representative from an agency providing emergency shelter;
- A representative from an agency providing street outreach
- A representative from an agency providing CoC funded Permanent Supportive Housing
- A representative from the Department of Public Health
- A representative from the Department of Mental Health
- A representative from the Department of Veterans Services
- The Coordinated Entry System coordinator, or other designee from DHCD who shall act as the Committee Chair

#### *Committee Chair*

The chair will be responsible for:

- Putting together an agenda for each meeting, based on communications or agenda items submitted by providers or consumers;
- Serving as the point of contact for anyone seeking more information or having concerns about the coordinated entry process; and
- Ensuring minutes are taken at each meeting of the committee.

#### *Meeting Schedule and Agenda*

The committee will meet at least monthly from the outset of the Coordinated Assessment System through the conclusion of the Evaluation stage (see “Evaluation on page number 7) After that point, the chair will determine if monthly meetings are still necessary. The Committee will meet no less than quarterly.

#### *Voting Procedures*

Decisions in the Coordinated Entry Committee will be made based on a majority vote by Committee members. Any decisions that would lead to a modification of the coordinated entry process, including changes to the assessment tool or policies and procedures, must be approved by majority vote by the Coordinated Entry Committee AND approved by the CoC Board.

#### *Conflicts of Interest*

If at any point a provider or consumer wishes to address a complaint or grievance with a provider or state agency that has a representative on the Coordinated Entry Committee, that particular member must recuse themselves from participating in those proceedings or voting on the outcome of that particular issue.

## EVALUATION

The coordinated entry process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the Coordinated Entry Committee and any third parties they engage to help them. Evaluation mechanisms will include the following:

- A monthly review of metrics from the coordinated entry process and outcomes. Required measures can be found in Appendix C. Additional metrics may be collected as needed.
- Feedback solicited from provider agencies, state agencies, consumers who have been served by the Coordinated Entry System.
- A report issued to the community every six months on coordinated entry and homelessness assistance system outcomes. This report will include trends from the month-to-month analysis of coordinated entry data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the Coordinated Entry Committee Chair on the process's progress. Major findings from this report should be presented at the Planning Group and Advisory Board the month it is released by a member of the Coordinated Entry Committee.

## CONTACT INFORMATION

Questions about these policies and procedures should be directed to:

### **Chair of the Coordinated Entry Committee**

Melissa McWhinney

[Melissa.McWhinney@state.ma.us](mailto:Melissa.McWhinney@state.ma.us)

### **Federal Grants Manager**

[Gordon.Calkins@state.ma.us](mailto:Gordon.Calkins@state.ma.us)

## APPENDIX A-1: The Coordinated Entry Vulnerability Assessment

Section 1: Demographic Information			Total Score
Interviewer's Name: <input type="checkbox"/> STAFF <input checked="" type="checkbox"/> VOLUNTEER		Interviewer/Agency contact #	Agency:
Date:	Time:	Location:	
Preferred Language:		Secondary Language:	
First Name (Head of Household):		Last Name (Head of Household):	
How can you be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail		Have you filled out this form before? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE <input type="checkbox"/>	
Phone #:		Email:	
Address:		Alt. Contact: (Please not relationship of person to you)	
SS# (at least last 4)	Gender you identify as: <input type="checkbox"/> M <input type="checkbox"/> F <input checked="" type="checkbox"/> Agender	Date of Birth (xx/xx/xxxx)	Household Description: Individual <input type="checkbox"/> Family <input type="checkbox"/>
Total number of household members <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more		Number of Children Under 21 that live with you <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	
Have you ever served in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO		Signed Consent to participate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you fleeing a domestic violence situation? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, do you have a TRO against the perpetrator? YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Score
Score 1 point if Domestic Violence is the cause of homelessness			
Score 1 point if client is over 60.			
Score 1 point if client is 18-24.			
<b>Section 1 Total:</b>			<b>0</b>
Section 2: Housing/Homelessness			
<b>In this Section choose only one answer in each Part</b>			
<b>Part A.</b>			
<b>Tell me about where you have been staying/sleeping at night.</b>			
5	Homeless in a place not meant for human habitation		
4	Homeless in shelter		
3	In Transitional Housing		
2	In substandard housing and/or rent is not affordable (over 30% of income)		
1	In stable housing that is only marginally adequate		
0	Housing is safe, adequate and affordable		
			Sub-total Part A
			<b>0</b>

### Coordinated Entry Vulnerability Assessment Tool

<b>Part B.</b>		
<b>If in shelter or a place not meant for human habitation, how long have you been staying/sleeping there?</b>		
3	More than 1 year	
2	6 months - 1 year	
1	1-6 months	
0	Less than 30 days	
		Sub-total Part B
		0
<b>Part C.</b>	<b>Answer Part C only if Part B is less than 1 year</b>	
<b>If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?</b>		
1	Yes	
0	No	
		Sub-total Part C
		0
<b>Section 2 Total:</b>		0
<b>Section 3: Income/Employment</b> In this Section choose only one answer in each Part		
<b>Part A.</b>		
<b>Do you have a steady income?</b>		
4	No income	
2	Some income, not stable insufficient to afford unsubsidized housing	
1	Income from mainstream benefits, insufficient to afford unsubsidized housing	
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing	
		Sub-total Part A
		0
<b>Part B.</b>		
<b>Do you have a job?</b>		
5	No, I can't work due to disability	
4	No, I have significant barriers i.e. language barrier, no child care, no transportation, etc.	
2	Yes, but only a few hours a week and sometimes there is no work available / No but seeking a job.	
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income.	
1	Yes, I work part-time and have regular hours	
0	Yes, I work full-time	
		Sub-total Part B
		0
<b>Section 3 Total:</b>		0

## Coordinated Entry Vulnerability Assessment Tool

<b>Section 4: Mental Health/Substance Abuse</b>		
<b>In this Section choose only one answer in each Part</b>		
<b>Part A.</b>		
<b>Do you have a mental illness?</b>		
3	Yes, I am not currently being treated for it	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their inst	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instruction	
0	No I do not have a mental illness	
		Sub-total Part A
		0
<b>Part B.</b>		
<b>Do you have or have you ever had a substance abuse problem?</b>		
4	Yes and I am currently drinking/using	
3	Yes, I have been clean/sober for less than 6 months	
2	Yes, I have been clean/sober for 6 months to 1 year	
1	Yes, I have been clean/sober for more than a year	
0	No I do not have a substance abuse problem	
<b>Those identifying as having a substance abuse issue may be eligible for additional permanent housing projects. Please complete the Release for Substance Abuse Projects.</b>		Sub-total Part B
		0
<b>Section 4 Total:</b>		0

<b>Section 5: Physical Health</b>		
<b>In this Section choose only one answer in each Part</b>		
<b>Part A.</b>		
<b>Do you have any chronic health conditions?</b>		
3	Yes, I am not currently being treated for it/them	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their inst	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instruction	
0	No I do not have a chronic health condition	
		Sub-total Part A
		0

## Coordinated Entry Vulnerability Assessment Tool

<b>Part B.</b>		
<b>Do you have trouble getting around due to a chronic health condition?</b>		
3	Yes, I am in a wheelchair	
2	Yes, I depend on a can / crutches for mobility	
1	Yes, I can walk a short distance without assistance, but with difficulty	
0	No, I don't have any trouble getting around	
		Sub-total Part B
		0
<b>Part C.</b>		
<b>Have you ever been diagnosed with HIV/AIDS?</b> (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)		
2	Yes	
0	No	
		Sub-total Part C
		0
<b>Part D.</b>		
<b>How many times have you visited an hospital emergency room in the past 12 months?</b>		
3	10 or more times	
2	5 to 9 times	
1	1-4 times	
0	I have not gone to the emergency room in the past 12 months	
		Sub-total Part D
		0
<b>Section 5 Total:</b>		<b>0</b>
<b>Section 6: Sexual Orientation/Gender Identity</b>		
<b>How do you identify?</b>		
2	Transgender MTF	
2	Trangender FTM	
1	Gay, Lesbian, Bisexual, Queer	
0	Straight, Asexual	
<b>Section 6 Total:</b>		<b>0</b>
<b>Total Vulnerability Score:</b>		<b>0</b>

## Coordinated Entry Vulnerability Assessment Tool

### Section 7: Health Insurance/SNAP

**This section is for service planning only. Does not apply to vulnerability**

**Do you receive health insurance and/or SNAP benefits?**

	No I do not receive either one	
	I receive SNAP benefits but have no health insurance	
	I have health insurance but receive no SNAP benefits	
	I have health insurance and receive SNAP benefits	

### Section 8: Criminal History

**This section is for service planning only. Does not apply to vulnerability**

**Do you have any criminal history?**

	There is a warrant our for my arrest	
	I have open court cases	
	I am on probation/parole	
	I have in the past but I have nothing current	
	I have no criminal history	

**Enter any additional comments below**

## APPENDIX A-2: Consent and Release Form

Balance of State Continuum of Care Coordinated Entry System

Screening and Housing Referral List Consent Form

Authorization to share protected health information and participate in screening and referral.

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Unique Client Identifier (UCI) (does not have to be filled in at time of screening)	UCI	SS # (or last 4 digits)

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing for about 20-30 minutes. Participation in either the Initial Screening or the Vulnerability Screening is completely voluntary. If you feel uncomfortable or upset during the interviews you may ask the interviewer to take a break, skip any of the questions or just stop the interview. At any time you can ask that your information be removed from the database by contacting \_\_\_\_\_ at MA Department of Housing and Community Development who can be reached at \_\_\_\_\_

No one will be upset or angry if you refuse to be interviewed today.

Please initial below if you agree with the following statements:

- I agree to allow my responses to these interviews to be disclosed and received by the organizations and institutions that participate in the Balance of State Continuum of Care Coordinated Entry System which include but are not limited to:
  - MA Department of Housing and Community Development (DHCD)
  - MA Department of Mental Health (DMH)
  - MA Department of Public Health (DPH)
  - MA Department of Veteran Services (DVS)
  - Affiliated Social Service Providers
  - Affiliated Institutes of Higher Education
  - Permanent Housing Providers in the Balance of State Continuum of Care

I understand that the information from this interview will be entered into a Coordinated Entry System database and that this database does not contain any information that would allow any individual or group to identify me or anyone else who chooses to complete this interview. No Personal Health Information (PHI) or Personal Information (PI) is asked for or maintained on the system that links to me specifically.

Instead, a Unique Client Identifier (UCI) will be used to identify me and all my PHI or PI will be kept separately by \_\_\_\_\_ at DHCD who can be reached at \_\_\_\_\_ My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

I understand that the following information can be shared with the participating agencies in the Balance of State Continuum of Care as needed to help me find appropriate housing and services:

- Birthdate
- Gender
- Housing and homelessness history
- History of medical or mental health treatment
- Income
- Contact information

Balance of State Continuum of Care Coordinated Entry System

Screening and Housing Referral List Consent Form

- Additional information used strictly for matching me with suitable housing and/or services

I allow the coordinated entry system staff to enter my non-personal information in the interview questions into a secure database. My signature below signifies my permission.

I allow the coordinated entry system staff to enter my personal information into a restricted access database. My signature below signifies my permission.

I or my case manager/outreach worker can be contacted about my interview. My signature below signifies my permission.

I understand that the information I provide will be used to determine if I am eligible for participating housing, service and related programs.

I understand that participating in this interview and/or database does not guarantee that I will be called for a housing program.

I understand that DHCD will act as the agency that matches my information against eligibility requirements of housing that becomes available and that I may be eligible for.

Important rights and other information you should know:

- You may revoke this authorization at any time. To do so contact \_\_\_\_\_ at DHCD who can be reached at \_\_\_\_\_
- All participating organizations who use the Coordinated Entry System agree to use information provided only to link clients with housing and supportive service options.
- This authorization is completely voluntary and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. To obtain a copy please contact \_\_\_\_\_ at DHCD who can be reached at \_\_\_\_\_.

**SIGN BELOW IF YOU AGREE TO BE INTERVIEWED**

Your signature (or mark) below indicates that you have read (or have been read) the information provided above, have received answers to any questions and have freely chosen to be interviewed. By agreeing to be interviewed you are not giving up any of your legal rights.

Date \_\_\_\_\_ Signature (or mark) of Participant \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Name of interviewer \_\_\_\_\_

Signature of interviewer \_\_\_\_\_

### APPENDIX A-3: Housing Preference Form

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Unique Client Identifier (UCI) (does not have to be filled in at time of screening)	UCI	SS # (or last 4 digits)

This form will accompany your assessment and release form to help us better understand what your housing needs and preferences are. The Balance of State Continuum covers a large geographic area and we understand that for you to be close to your support systems, some communities will work better for you than others. We also understand that some people may have communities that they cannot live in. Please place a check or x next to any community in which you could live and be close to your support systems. When doing so, remember that choosing fewer towns will decrease your housing opportunities, but it will not affect your standing on the referral list.

- |                                     |                                      |                                     |                                     |
|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Acton      | <input type="checkbox"/> Dover       | <input type="checkbox"/> Medfield   | <input type="checkbox"/> Stoneham   |
| <input type="checkbox"/> Ashby      | <input type="checkbox"/> Dracut      | <input type="checkbox"/> Medford    | <input type="checkbox"/> Stoughton  |
| <input type="checkbox"/> Ashland    | <input type="checkbox"/> Dunstable   | <input type="checkbox"/> Medway     | <input type="checkbox"/> Stow       |
| <input type="checkbox"/> Avon       | <input type="checkbox"/> Everett     | <input type="checkbox"/> Melrose    | <input type="checkbox"/> Sudbury    |
| <input type="checkbox"/> Ayer       | <input type="checkbox"/> Foxborough  | <input type="checkbox"/> Millis     | <input type="checkbox"/> Tewksbury  |
| <input type="checkbox"/> Bedford    | <input type="checkbox"/> Framingham  | <input type="checkbox"/> Milton     | <input type="checkbox"/> Townsend   |
| <input type="checkbox"/> Bellingham | <input type="checkbox"/> Franklin    | <input type="checkbox"/> Nahant     | <input type="checkbox"/> Tyngsboro  |
| <input type="checkbox"/> Belmont    | <input type="checkbox"/> Groton      | <input type="checkbox"/> Natick     | <input type="checkbox"/> Wakefield  |
| <input type="checkbox"/> Billerica  | <input type="checkbox"/> Holbrook    | <input type="checkbox"/> Needham    | <input type="checkbox"/> Walpole    |
| <input type="checkbox"/> Boxborough | <input type="checkbox"/> Holliston   | <input type="checkbox"/> Norfolk    | <input type="checkbox"/> Wayland    |
| <input type="checkbox"/> Braintree  | <input type="checkbox"/> Hopkinton   | <input type="checkbox"/> Norwood    | <input type="checkbox"/> Wellesley  |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hudson      | <input type="checkbox"/> Pepperell  | <input type="checkbox"/> Westford   |
| <input type="checkbox"/> Canton     | <input type="checkbox"/> Lawrence    | <input type="checkbox"/> Plainville | <input type="checkbox"/> Weston     |
| <input type="checkbox"/> Carlisle   | <input type="checkbox"/> Lexington   | <input type="checkbox"/> Randolph   | <input type="checkbox"/> Westwood   |
| <input type="checkbox"/> Chelmsford | <input type="checkbox"/> Lincoln     | <input type="checkbox"/> Reading    | <input type="checkbox"/> Winchester |
| <input type="checkbox"/> Chelsea    | <input type="checkbox"/> Littleton   | <input type="checkbox"/> Revere     | <input type="checkbox"/> Winthrop   |
| <input type="checkbox"/> Cohasset   | <input type="checkbox"/> Malden      | <input type="checkbox"/> Sharon     | <input type="checkbox"/> Woburn     |
| <input type="checkbox"/> Concord    | <input type="checkbox"/> Marlborough | <input type="checkbox"/> Sherborn   | <input type="checkbox"/> Wrentham   |
| <input type="checkbox"/> Dedham     | <input type="checkbox"/> Maynard     | <input type="checkbox"/> Shirley    |                                     |

We also know that people do better in in different types of housing. Please check those types of housing that you believe will be successful for you.

- SROs       Congregate       Clustered units       Scattered Site

Finally, we know that some people have very specific needs related to their disabilities. Please check if you need any of the following:

- Handicapped Accessible Unit       First Floor unit  
 Devices for the hearing Impaired       Devices for the Visually Impaired

### APPENDIX A-4: Substance Abuse Project Consent and Release

## CONSENT TO PARTICIPATE AND AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FOR INDIVIDUALS AND FAMILIES WITH HISTORIES OF SUBSTANCE USE DISORDERS

### ABOUT THE COORDINATED ENTRY PROCESS

You are invited to participate in the Coordinated Entry Process of the Balance of State Continuum of Care (BoS CoC). The BoS CoC is funded by the federal Department of Housing and Urban Development (HUD) through the Massachusetts Department of Housing and Community Development (DHCD). The purpose of the BoS CoC is to establish and maintain HUD-funded housing programs for Homeless and Chronically Homeless individuals and families within its geographical area (most of Suffolk, Middlesex, and Norfolk counties). The purpose of the Coordinated Entry Process is to identify Homeless and Chronically Homeless individuals and families and to place them in housing as quickly as possible. If you choose to participate in the BoS CoC Coordinated Entry Process administered by DHCD, you will be assisted to find appropriate housing as quickly as possible. You will be offered Supportive Case Management services along with the housing to help you find and keep the services you need, such as primary health care, substance abuse treatment, and substance abuse recovery support services, to stay in the housing successfully.

#### **Your participation in the Coordinated Entry Process is strictly voluntary.**

You do not have to take part in this program. If you do take part in this program, you can leave the program at any time. If you decide to participate in this program, then information about you will be collected so the program can help place you in housing. With your permission, your information will be shared only with organizations that will help find you a place to live. If you do not give your permission to share your information, you can still participate in the Coordinated Entry Process, but that will limit the amount of help the Coordinated Entry Process will be able to give you.

---

### COLLECTION AND USE OF INFORMATION

#### **SCREENING AND ASSESSMENT**

With your permission, the Coordinated Entry Process worker will do a face-to-face interview with you to help find out which housing programs fit your needs. That worker will ask questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system.

#### **42 CFR PART 2 REQUIREMENTS**

When the Coordinated Entry Process collects information on you, the government requires that information to be protected. When that information includes information about substance abuse, a diagnosis of substance use disorder, or treatment for substance use disorder, then there are special requirements to protect your substance-use information. Those special requirements are described on the next page. Your information can be shared with other organizations only with your permission. It will be used only to help place you in housing. To do that, your information will be entered into DHCD's

Coordinated Entry Process's data system. If you consent, we would like you also to provide us with the name, address, and phone number of another individual who will know how we can get in touch with you.

***We take steps to protect the privacy and the security of the information collected about you. Information regarding substance use and treatment collected about you for the BoS CoC Coordinated Entry Process is protected under federal laws: Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164). Your information cannot be shared without your permission, unless otherwise permitted by those laws.***

---

I, \_\_\_\_\_,  
(Print the name of the person giving consent to this release of information on the line above)

have read and fully understand this consent form and I wish to participate in the BoS CoC Coordinated Entry Process.

I agree to the following:

- I authorize the BoS CoC Coordinated Entry Process to do screening and assessment in order to refer me to appropriate housing programs;
- I understand that the BoS CoC Coordinated Entry Process is required to collect information and enter that information into DHCD's Coordinated Entry Process's data system; I agree to allow the BoS CoC Coordinated Entry Process to collect my information and enter it into DHCD's Coordinated Entry Process's data system;
- I also agree to provide my contact information and the contact information of someone else who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs;
- I understand my information and records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164); I understand my information cannot be shared without my written consent unless otherwise provided for in the laws and regulations;
- I agree information about me can be released and shared with the designated staff persons at the Coordinated Entry Process and at one or more of the following organizations only to the extent that information is necessary for the referral process to housing programs appropriate for me; that information will be my name and contact information and the name and contact information of another person who knows how to contact me; those organizations are:
  - Bay Cove Human Services/Kit Clark Senior Services;
  - High Point/SEMCOA;
  - The Institute for Health and Recovery;
  - Massachusetts Sober Housing Corporation;
  - South Middlesex Opportunity Council;
- I understand that I may cancel this consent at any time, except to the extent that action has been taken in reliance on it. I also understand that, in any event, this consent automatically expires 90 days upon the completion of my participation in the BoS CoC Coordinated Entry Process. If I decide to cancel this consent before the automatic expiration date, I can do so by contacting the CoC Grants Coordinator at DHCD at:

1-617-573-1339.

I acknowledge that I have received a copy of this consent-to-release-information form.

\_\_\_\_\_  
*Participant's Signature* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Staff Person's Signature* \_\_\_\_\_ *Date*

Staff Person's Printed Name and Title: \_\_\_\_\_

**APPENDIX B**  
**Memorandum of Understanding (MOU) Between Agencies Participating in Coordinated Assessment and the Massachusetts Balance of State Continuum of Care (CoC)**

Agencies signing this agreement agree to the following standards:

- Treating all consumers with respect and kindness
- Providing all project eligibility criteria to the Coordinated Assessment Committee
- Exclusively accepting referrals to their own organization from the coordinated assessment process (except when assessment hours are over for the day)
- Abiding by the policies and procedures of the coordinated assessment process
- Providing feedback to the Coordinated Entry System Committee Chari about the efficacy, efficiency, and functionality of the system as issues become known.
- Meeting with the Coordinated Assessment Committee when requested to discuss concerns and issues around the coordinated assessment process

Please sign and date below if you agree to these criteria.

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

## **APPENDIX C**

### **Coordinated Assessment Metrics**

#### **Process Metrics**

- Number of assessments completed
- Number of households receiving diversion assistance
- Percent of declined referrals (provider)
- Number of declined referrals (provider)
- Percent of decline referrals (consumer)
- Number of declined referrals (consumer)
- Number of complaints filed with Coordinated Assessment Committee (provider)
- Number of complaints filed with Coordinated Assessment Committee (consumer)

#### **Outcome Measures**

- Percent of households exiting from homelessness to permanent housing
- Number of households exiting from homelessness to permanent housing
- Average length of episodes of homelessness
- Number of repeat entries into homelessness
- Number of new entries into homelessness

## APPENDIX D

### **Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status**

#### **I. Purpose**

This Notice provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. This Notice also establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that includes beds that are required to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103.

#### **A. Background**

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (Opening Doors)*, in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Ending chronic homelessness is the first goal of *Opening Doors* and is a top priority for HUD. Although progress has been made there is still a long way to go. In 2013, there were still 109,132 people identified as chronically homeless in the United States. In order to meet the first goal of *Opening Doors*—ending chronic homelessness—it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 51,142 in 2013. This increase has contributed to a 25 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2013. Despite the overall increase in the number of dedicated PSH beds, this only represents 30 percent of all CoC Program-funded PSH beds.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, first-serve” basis and/or based on tenant selection processes that screen-in those who are most likely to succeed. These approaches to tenant selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

#### **B. Goal of this Notice**

The overarching goal of this Notice is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH, which will also increase progress towards the Obama Administration’s goal of ending chronic homelessness. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds

are used most effectively, this Notice establishes an order of priority which CoCs are strongly encouraged to adopt and incorporate into the CoC's written standards and coordinated assessment system. With adoption by CoCs and incorporation into the CoC's written standards, **all** recipients of CoC Program-funded PSH must then follow this order of priority, consistent with their current grant agreement, which will result in this intervention being targeted to the persons who need it the most. Such adoption and incorporation will ensure that persons are housed appropriately and in the order provided in this Notice.

HUD seeks to achieve three goals through this Notice:

1. Establish an order of priority for dedicated and prioritized PSH beds which CoCs are encouraged to adopt in order to ensure that those persons with the most severe service needs are given first priority.
2. Inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.
3. Provide uniform recordkeeping requirements for all recipients of CoC Program-funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards that CoCs may require of its recipients of CoC Program-funded PSH if the priorities included in the Notice are adopted by the CoC.

### C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients—the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are encouraged to incorporate the order of priority described in this Notice into their written standards, in accordance with the CoC Program interim rule at 24 CFR 578.7(a)(9) and 24 CFR 578.93, for CoC Program-funded PSH. Upon incorporation of the order of priority into written standards CoCs may then require recipients of CoC Program-funded PSH to follow the order of priority in accordance with the CoC's revised written standards and this Notice and in a manner consistent with their current grant agreement.

### D. Key Terms

1. **Housing First.** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement.

HUD recognizes that this approach may not be applicable for all program designs, particularly for those projects formerly awarded under the SHP or SPC programs which were permitted to target persons with specific disabilities (e.g., “sober housing”).

2. **Chronically Homeless.** The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:
  - (a) An individual who:
    - i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
    - ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
    - iii. Can be diagnosed with one or more of the following conditions: substance 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;
  - (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or
  - (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.
3. **Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.
  - (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
    - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
    - ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

- (b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.

## **II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons**

There are two significant ways in which CoCs can increase progress towards ending chronic homelessness in their communities using only their existing CoC Program-funded PSH:

### **A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.**

Dedicated PSH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority in this Notice if it is adopted by the CoC. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.

### **B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.**

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. In the FY 2013-FY 2014 CoC Program Competition, CoCs were scored on the extent to which they were willing to commit to prioritizing chronically homeless persons in a percentage of their non-dedicated PSH beds with the highest points going to CoCs that committed to prioritize the chronically homeless

in 85 percent or more of their non-dedicated CoC Program-funded PSH. Further, project applicants for CoC Program-funded PSH had to indicate the number of non-dedicated beds that would be prioritized for use by persons experiencing chronic homelessness. These projects are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as the project application is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable. CoCs will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the extent that CoCs incorporate this order of priority into the CoCs written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

### **III. Order of Priority in CoC Program-funded Permanent Supportive Housing**

#### **A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following order of priority for CoC Program-funded PSH that is either dedicated or prioritized for use by the chronically homeless. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC's revised written standards in accordance with this Notice and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:

- (a) **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:

- i. 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

- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or 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 (see Section I.D.3. of this Notice for definition of severe service needs).

**(b) 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:

- i. 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,
- ii. 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.

**(c) 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:

- i. 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 separate occasions equals less than one year; and
- ii. The CoC or CoC program recipient has 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.

**(d) 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:

- i. 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 on at least four separate occasions in the last 3 years, where the cumulative total length the four

occasions is **less than**  
12 months; and

- ii. 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.
2. Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of this Notice, as adopted by the CoC, may be followed.
  3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria.
  4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the FY 2013 CoC Project Application that they would follow a Housing First approach will be required to do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013 – FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s FY 2013 and FY 2014 grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

**B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness**

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following priorities for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC’s revised written standards included in this Notice and in a

manner consistent with their current grant agreement. CoCs that adopt this order of priority are encouraged to include in the written standards a policy that would allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

**(a) First Priority–Homeless Individuals and Families with a Disability with the Most Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

**(b) Second Priority–Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.** An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

**(c) Third Priority–Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.** An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

**(d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.** An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or

safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which persons with serious mental illness meet the criteria.
3. Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person’s housing as possible.

#### **IV. Using a Coordinated Assessment and a Standardized Assessment Tool or Process to Determine Eligibility and Establish a Prioritized Waiting List**

##### **A. Coordinated Assessment Requirement**

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC’s written standards are strongly encouraged to use their coordinated assessment system in order to ensure that there is a single prioritized waiting list for all CoC Program-funded PSH within the CoC. Under no circumstances shall the order of priority be based upon diagnosis or disability type, but instead on the severity of needs of an individual or family.

##### **B. Written Standards for Creation of a Single Prioritized Waiting List for PSH**

CoCs are also encouraged to include in their policies and procedures governing their coordinated assessment system, a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized waiting list that is created through the CoCs coordinated assessment process. Adopting this into the CoC’s policies and procedures for coordinated assessment would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. This would also allow for

recipients of CoC Program funds for PSH to maintain their own waiting lists, but all households would be referred to each of those project-level waiting lists based on where they fall on the prioritized list and not on the date in which they first applied for housing assistance.

### **C. Standardized Assessment Tool Requirement**

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. Appendix A of this Notice—*Coordinated Assessment Tool and Implementation: Key Considerations*—provides recommended criteria for a quality coordinated assessment process and standardized assessment tool.

### **D. Nondiscrimination Requirements**

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

### **V. Recordkeeping Requirements**

This Notice establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. Further, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards, the CoC as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities.

#### **A. CoC Records**

In addition to the records required in 24 CFR 578.103, it is recommended that the CoC should supplement such records with the following:

- 1. Evidence of written standards that incorporate the priorities in Section III. of this Notice, as adopted by the CoC.** A CoC adopting the priorities in Section III of this Notice, may be evidenced by written CoC, or subcommittee, meeting minutes where written standards were adopted that incorporate the prioritization standards in this Notice, or an updated, approved, governance charter where the written standards have been updated to incorporate the prioritization standards set forth in this Notice.
- 2. Evidence of a standardized assessment tool.** Use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the CoC's geographic area.
- 3. Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.** Incorporating standards into the coordinated assessment policies and procedures may be evidenced by updated policies and

procedures—that incorporate the updated written standards for CoC Program-funded PSH developed and approved by the CoC.

## **B. Recipient Recordkeeping Requirements**

In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that is required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

1. **Written Intake Procedures.** Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless per 24 CFR 578.3. These procedures must establish the order of priority for obtaining evidence as: (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.
2. **Evidence of Chronically Homeless Status.** Recipients of CoC Program-funded PSH whose current grant agreement includes beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.
  - (a) **Evidence of homeless status.** Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:
    - i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
    - ii. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking

assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and

- iii. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

- (b) **Evidence of the duration of the homelessness.** Recipients documenting chronically homeless status must also maintain the evidence described in paragraph i. or in paragraph ii. below, and the evidence described in paragraph iii. below:

- i. **Evidence that the homeless occasion was continuous, for at least one year.**

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this Notice, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

**Note:** A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

**ii. Evidence that the household experienced at least four separate homeless occasions over 3 years.**

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

**iii. Evidence of diagnosis with one or more of the following 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. Evidence of this criterion must include one of the following:**

- (1) Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
- (2) Written verification from the Social Security Administration;
- (3) Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
- (4) Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or

(5) Other documentation approved by HUD.

**C. Recordkeeping Recommendations for CoCs that have Adopted the Order of Priority in this Notice.**

Where CoCs have incorporated the order of priority in this Notice into their written standards, recipients of CoC Program-funded PSH may demonstrate that they are following the CoC-established requirement by maintaining the following evidence:

1. **Evidence of Cumulative Length of Occasions.** For recipients providing assistance to households using the selection priority in Sections III.A.1.(a) and (b) of this Notice, the recipient must maintain the evidence of each occasion of homelessness as required in Section V.B.2.(b)(2) of this Notice, which establishes how evidence of each occasion of homelessness, when determining whether an individual or family is chronically homeless, may be documented. However, to properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness and these occasions must cumulatively total a period of 12-months. In order to properly document the cumulative period of time homeless, at least 9 months of the 12-month period must be documented through third-party documentation unless it is one of the rare and extreme cases described in Section V.B.2.b.ii. of this Notice. For purposes of this selection priority, a single encounter with a homeless service provider on a single day within one month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).
2. **Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment conducted by a qualified professional.
3. **Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

**VI. Questions Regarding this Notice**

Questions regarding this notice should be submitted to HUD's Ask A Question at: [www.onecpd.info/get-assistance/my-question](http://www.onecpd.info/get-assistance/my-question).

## Appendix A

### Coordinated Assessment Process and Standardized Assessment Tool: Key Considerations

A coordinated assessment process is intended to increase and streamline access to housing and services for households experiencing homelessness, matches appropriate levels of housing and services based on their needs, and prioritizes persons with severe service needs for the most intensive interventions. HUD will be issuing guidance regarding the minimum requirements for establishing and operating a coordinated assessment system, as required by 24 CFR 578.7(a)(8), separately. Meanwhile, this Appendix is intended to help inform CoC efforts to implement an effective coordinated assessment *process* and qualities of an effective standardized assessment tool. As stated in Section III of this Notice, the use of both a coordinated assessment process and assessment tool(s) are critical to effectively implement the order of priority described in Section III.A. and III.B., if adopted by the CoC and incorporated into the CoCs written standards.

### Recommendations for Effective Implementation of a Coordinated Assessment Process

The coordinated assessment process must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability under which a project is awarded. In addition, the following are recommended as the minimum criteria for the effective implementation of a coordinated assessment process.

1. **Standardized**—The assessment process should rely upon a standardized method and criteria to determine the appropriate type of intervention for individuals or families. This standardized process could encompass the CoC-wide use of a standardized assessment tool, as well as data driven methods.
2. **Improves data management**—Individual tracking, resource allocation and planning, system monitoring, and reporting to the community and to funders is improved by use of a common, coordinated assessment tool.
3. **Non-directive**—The recommendations of the tool can be overridden by the judgment of qualified professionals, especially in where there are extenuating circumstances that are not assessed by the tool are relevant to choosing appropriate interventions. Discretion must be exercised in a nondiscriminatory manner consistent with fair housing and civil rights laws and should be subject to appropriate review and documentation (see Section V. of this Notice for the recordkeeping requirements), to ensure it is applied judiciously.
4. **Mainstream resources**—Effective coordinated assessment facilitates meaningful coordination between the homeless response system and the intake processes for mainstream systems. Connections should be made to public housing authorities, multifamily housing, health and mental health care, the workforce development system, and with other mainstream income and benefits as appropriate and applicable.
5. **Align Interventions**—The various types of interventions that are available are aligned and used strategically.

6. **Leverage local attributes and capacity**—The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community’s context, should inform local coordinated assessment implementation.
7. **Assess program capacity**—Assess the variety and capacity of programs in the community to identify and fill critical gaps in housing and service resources and to ensure that there is a range of options needed for a coordinated assessment system to work well.
8. **Outreach**—The coordinated assessment system should ensure that connections and ongoing engagement occurs with those not accessing services and housing on their own. Often, these are the highest need and most at-risk people in communities.
9. **Privacy protections**—Protections should be in place to ensure proper use of the information with consent from the client. Assessment should also be conducted in a private location.
10. **Fair Housing and Civil Rights**—Protections should be in place to ensure compliance with all civil rights requirements, including, but not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. The assessment tool should not seek disability-related information that is unnecessary for determining the need for housing-related services. The coordinated assessment process should ensure that program participants are informed of rights and remedies available under applicable federal, state, and local fair housing and civil rights laws, in accordance with the requirement at 24 CFR 578.93(c)(3).
11. **Training**—Initial and ongoing training on the use of the assessment tool should be provided to those parties that will be administering the assessment.
12. **Accessible and well-advertised**—The assessment must be well advertised and easily accessed by people seeking services or housing. This can happen in a variety of ways: access to services can be centralized, a one-stop shop approach. Access can be coordinated, leveraging outreach capacity and linking or integrating with mainstream systems. The assessment must be conducted in a manner that is accessible for individuals with disabilities, ensures meaningful program access for persons with Limited English Proficiency, and is affirmatively marketed in order to reach eligible persons who are least likely to seek assistance in the absence of special outreach, in accordance with 24 CFR 578.93(c)(1).
13. **Prioritization**—When resources are scarce, the coordinated assessment process should prioritize who will receive assistance based on their needs. Coordinated assessment should never result in long waiting lists for assistance. Instead, when there are many more people who are assessed to receive an intervention than there are available openings, the process should refer only individuals with the greatest needs.
14. **Inform system change efforts**—Information gathered during the coordinated assessment process should identify what types of programs are most needed in the community and be used by the CoC and other community leaders to allocate resources.

## Recommended Qualities of a Good Standardized Assessment Tool

While HUD requires that CoCs use a standardized assessment tool, it does not endorse any specific tool or approach, there are universal qualities that any tool used by a CoC for their coordinated assessment process should include.

1. **Valid**—Tools should be evidence-informed, criteria-driven, tested to ensure that they are appropriately matching people to the right interventions and levels of assistance, responsive to the needs presented by the individual or family being assessed, and should make meaningful recommendations for housing and services.
2. **Reliable**—The tool should produce consistent results, even when different staff members conduct the assessment or the assessment is done in different locations.
3. **Inclusive**—The tool should encompass the full range of housing and services interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.
4. **Person-centered**—Common assessment tools put people—not programs—at the center of offering the interventions that work best. Assessments should provide options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. High value and weight should be given to clients’ goals and preferences.
5. **User-friendly**—The tool should be brief, easily administered by non-clinical staff including outreach workers and volunteers, worded in a way that is easily understood by those being assessed, and minimize the time required to utilize.
6. **Strengths-based**—The tool should assess both barriers **and** strengths to permanent housing attainment, incorporating a risk and protective factors perspective into understanding the diverse needs of people.
7. **Housing First orientation**—The tool should use a Housing First frame. The tool should not be used to determine “housing readiness” or screen people out for housing assistance, and therefore should not encompass an in-depth clinical assessment. A more in-depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service package.
8. **Sensitive to lived experiences**—Providers should recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool’s questions should be worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool should minimize risk and harm, and allow individuals or families to refuse to answer questions. Agencies administering the assessment should have and follow protocols to address any psychological impacts caused by the assessment and should administer the assessment in a private space, preferably a room with a door, or, if outside, away from others’ earshot. Those administering the tool should be trained to recognize signs of trauma or anxiety.

Additionally, the tool should link people to services that are culturally sensitive and appropriate and are accessible to them in view of their disabilities, *e.g.*, deaf or hard of hearing, blind or low vision, mobility impairments

- 9. Transparent**—The relationship between particular assessment questions and the recommended options should be easy to discern. The tool should not be a “black box” such that it is unclear why a question is asked and how it relates to the recommendations or options provided.

# Performance Measurement Module (Sys PM)

## Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		5407		226			374	
1.2 Persons in ES, SH, and TH		5608		230			135	

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

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

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

## Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	465	1	0%	4	1%	5	1%	10	2%
Exit was from TH	6	0	0%	0	0%	0	0%	0	0%
Exit was from SH	0	0		0		0		0	
Exit was from PH	30	0	0%	0	0%	0	0%	0	0%
TOTAL Returns to Homelessness	501	1	0%	4	1%	5	1%	10	2%

# Performance Measurement Module (Sys PM)

## Measure 3: Number of Homeless Persons

### Metric 3.1 – Change in PIT Counts

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

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3163	2071	-1092
Emergency Shelter Total	2757	1822	-935
Safe Haven Total	12	0	-12
Transitional Housing Total	357	230	-127
Total Sheltered Count	3126	2052	-1074
Unsheltered Count	37	19	-18

### Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		5993	
Emergency Shelter Total		5805	
Safe Haven Total		0	
Transitional Housing Total		191	

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

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		159	
Number of adults with increased earned income		2	
Percentage of adults who increased earned income		1%	

## Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		159	
Number of adults with increased non-employment cash income		20	
Percentage of adults who increased non-employment cash income		13%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		159	
Number of adults with increased total income		17	
Percentage of adults who increased total income		11%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		47	
Number of adults who exited with increased earned income		6	
Percentage of adults who increased earned income		13%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		47	
Number of adults who exited with increased non-employment cash income		2	
Percentage of adults who increased non-employment cash income		4%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		47	
Number of adults who exited with increased total income		8	
Percentage of adults who increased total income		17%	

## Performance Measurement Module (Sys PM)

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

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		4068	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		435	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		3633	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		4201	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		448	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		3753	

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

This Measure is not applicable to CoCs in 2016.

## Performance Measurement Module (Sys PM)

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

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

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

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

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		3767	
Of the persons above, those who exited to permanent housing destinations		716	
% Successful exits		19%	

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

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		490	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		457	
% Successful exits/retention		93%	