

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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: Commonwealth of Massachusetts

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	No	No	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	No	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	No	Yes
30.	State Sexual Assault Coalition	Yes	No	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

By selecting "other" you must identify what "other" is.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;	
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1. The CoC uses several strategies to encourage new membership in an open and transparent way. It holds monthly meetings referred to as Planning Group meetings for organizations, interested parties, and homeless or formerly homeless individuals from across the CoC geography. During these meetings we regularly encourage attendees to invite others who might wish to become members, and in every meeting we request that our partners help identify Persons With Lived Experience and Expertise of Homelessness (PLEE) to join us. These meetings are advertised in advance via an extensive e-mail list in which we also encourage additional organizations or individuals interested in addressing homelessness including homeless and formerly homeless persons to join us. This is reiterated through a description of the CoC with a public invitation to become involved and how to do so on the CoC's public webpage, <https://www.mass.gov/info-details/continuum-of-care-programs-coc>.

2. CoC meetings are conducted virtually using platforms that allow for text communication, closed captioning, and video, they are also accessible via telephone without the need for an internet connection. The CoC can be contacted via TYY. A link to a recording of the meeting is made available through the email list after every Planning meeting.

3. The Racial Equity Committee has invited, and includes, representatives of organizations serving culturally specific communities experiencing homelessness to address equity, and a priority task they are working on now is to increase participation of other organizations who also serve these communities. Our intention is to continue making more authentic progress toward addressing racial inequities by inviting these partners into our homeless work. We are confident there has been some success as one of our subrecipients in our DV project, New Dawn, focuses its outreach on those of middle eastern and southeast Asian heritage. A key partner in the Racial Equity Committee leads an organization serving Caribbean immigrants and another leads a church from a marginalized community in the CoC geography.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. The CoC uses many strategies. Decisions about CoC policy and procedure are developed in committee meetings which are advertised using a mailing list of more than 70 nonprofit, municipal, PHA and state government agencies (over 200 people, including PLEE). Annually, we undertake outreach to a wide range of interested persons. In June this year, it resulted in a workshop about engaging with LGBTQ+ population. We sent a recording of the workshop and the accompanying information to our CoC list encouraging them to share it in their own networks. We also have an open invitation to attend our monthly meetings on the CoC web page. We have embarked on a concerted effort to understand and address YHA homelessness and have engaged YHA from the YAB to participate in the governmental structure of the CoC, and in the PLEE Committee to better understand the needs within this population. The Advisory Board is structured to include diverse experiences and areas of expertise.

2) In Planning meetings which include the full membership of the CoC and are open to the public, we consistently encourage members to invite other organizations and PLEE to participate in the CoC - in committees, meetings, and/or providing input regarding need in their area. This has been particularly beneficial in two of our communities, Lowell and Lawrence, and our experiences have inspired our approach with other cities and towns in the CoC. I also helped as one of our YHDP projects was having difficulty filling the YHDP position and received a referral from another organization in the CoC.

3. Unless there are issues of privacy such as case conferencing, we record all CoC meetings which also have closed captioning, and most committee meetings, which are then shared with all CoC members. Links are also included in the newsletter, and we have a TTY process that is advertised on our webpage. We also utilize surveys to provide another avenue of input. This year, we developed a survey to identify housing and healthcare resources that could be used as leverage, and different ways of engaging our PLEE partners to expand our approach as a CoC.

4. We have improved our PLEE Committee based upon input from the survey. Our Racial Equity Committee has developed a DEI survey for all CoC to identify the education needs related to equity, and many of the questions were inspired by the survey referenced in 3, and a Racial Equity survey last

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. In May of this year we developed a procurement specifically for new projects that was made available on the Commonwealth's procurement platform CommBUYS. This platform is specifically designed to solicit responses from anyone in the Commonwealth. The procurement clearly encouraged new CoC participation. We announced this in the recorded monthly planning meeting and a link was available on the CoC webpage before it was published and again afterward. There was a public bidders conference also announced on CommBUYS that was recorded and available upon request. All communications to existing members requested that they post on their website to broaden distribution.

2) On July 12 and August 2, we held virtual meetings that were recorded and made available as a link on the public CoC webpage and through email communications after each one. These meetings included detailed guidance on submitting an application in esnaps, relevant deadlines, and the calendar for the entire NOFO process along with contact information for additional questions.

3) The virtual meeting on August 2 included a PPT presentation that discussed the specific attributes of the Ranking and Review Process, including the Ranking Tool being used for every submission and the calendar for the full CoC process. This was followed by an email with a link to the recording and copies of the tool and PPT. A link to each of these was also provided on the CoC public facing webpage.

4) The process described in 1-3 above includes recordings of virtual meetings that are distributed via links in email and on the CoC webpage along with relevant attachments.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	No
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	No
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1) EOHLC is the collaborative applicant and the MA non-entitlement recipient of ESG. The ESG Contract Manager (CM) is embedded in the same unit as CoC staff, facilitating ongoing collaboration. The CoC intersects with 4 recipients: non-entitlement (MA) already referenced, as well as entitlements, Lowell (L), Newton (N) and Somerville (S). Members of these communities and municipal staff are active participants in Planning, Project Evaluation, Coordinated Entry Committee, CE Committee, YHDP, Racial Equity Committee and HIC/PIT planning.

2) The CM provides info on funding use, program outcomes, and project participation in coordinated entry (CE). Last year, CoC and ESG project staff worked together to strengthen participation in CE as some RRH recipients were not. Policies and processes have been updated to ensure full participation. The CM conducts evaluations of MA funded projects and provides updates to CoC staff; L, S, and N communicate updates to CoC staff and participate in Planning Group meetings. S also participates in the CE Committee. The CoC HMIS team is actively assisting L to update their policies and procedures due to HUD monitor findings.

3) The CoC provided PIT, HIC, and CE data to all jurisdictions and updates on MA projects.

4) At EOHLC, the CM participates in writing the Plan and annual updates. CoC staff participate in community needs assessments and gaps analysis planning conducted by Planning jurisdictions and their community partners. The CoC consults with entitlement communities during their ESG planning discussions through virtual meetings and providing relevant HMIS data. The ESG and CoC leads worked together to update written standards which are not on the mass.gov website.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The Massachusetts Dept. of Elementary and Secondary Education (DESE) via the Homeless Education State Coordinator (HESC) was a full participant in the development of the YHDP Community Plan and continues her involvement as programs are being implemented and in the CQI process being developed for implementation in 2024. As required by the CoC's Governance Charter, she is also a member of the CoC Advisory Board where she ensures the CoC is aware of changes and opportunities at DESE. The Balance of State CoC communicates regularly with the Commonwealth's HESC on issues relating to homeless youth and young adults.

The Collaborative Applicant operates the family shelter system across the entire CoC and requires that every family shelter ensures children are in school and that each shelter is connected with the LEA and local McKinney Vento liaison to identify and assist homeless and at-risk families.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The Collaborative Applicant operates the family shelter system and requires, by contract, that every family shelter ensures children are in school. This is also a requirement in all CoC project contracts. They have a joint process with the McKinney-Vento Liaisons to identify and assist homeless and at-risk families. In addition, each CoC service provider must designate staff to ensure that homeless children have access to all educational resources for both pre-school and school-age children. Each designated staff person is required, at minimum, to ensure that children are enrolled in school and connected to the appropriate services within the community; that each family is provided with information in a language they understand, about their rights to assistance from the McKinney-Vento Act as amended by the HEARTH Act. This information should include the rights to: have school age children enrolled immediately in school; and have children attend their school of origin and receive transportation to and from their school of origin. Each family receives the name and contact information for the district's McKinney-Vento homeless Liaison, and any assistance needed to contact the liaison. The liaison will work with each family with a school age or preschool age member to ensure students who are homeless with disabilities have access to resources available through both the Individuals with Disabilities Education Act, and McKinney-Vento. The liaison and CoC project staff member must be familiar with the educational resources in the community, particularly those for pre-school age children with disabilities and other special needs children so that they can access HEALTHY START, HEAD START, IDEA, Early Education, and Care. Compliance with this requirement is confirmed when CoC staff conduct their annual monitoring of each project service households with children.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	No
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	No

8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. Funding for our DV projects, in particular New Dawn which is over \$2 million, has made it imperative that we take a hard look at our policies related to the survivors we serve. We have done this in partnership with our DV Committee which meets monthly and includes members from CoC-funded and non-funded Victim Service Providers (VSPs) as well as the Massachusetts Department of Public Health (DPH). Among the actions taken are: development of a paper process for DV CE which our VSPs requested to ensure privacy, safety, and confidentiality of our survivors; update of our Emergency Transfer Plan and Policy to reflect updated VAWA guidance; update of our CE Policies and Procedures to include amended criteria for qualifying as homeless per section 605 of VAWA 2022. In addition, we are in the initial stages of a pilot DV CE process that is integrated into our existing CE. We have requested funding using the DV Bonus in this NOFO to fully fund that project.

2. Our pilot DV CE process is being undertaken through a partnership with VSPs. With their assistance and guidance, we are implementing policies that require every CE Navigator has participated in training related to the safety of our survivors and that they have undertaken VSP-approved, trauma-informed training annually. This pilot is victim-centered and designed to empower victims/survivors, while taking every action possible not to inadvertently re-traumatize victims. Our DV Committee, in partnership with DPH, has also presented a trauma-informed training to the full CoC annually for the last two years to the full CoC. As with all trainings and planning meetings in the CoC, this was recorded and is available to others who were not able to attend. In their monthly report to the full CoC, the DV Committee also makes the CoC aware of any other training related to survivors that may be available outside of CoC meetings.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1. Coordinated training and best practice implementation go hand-in-hand with the actions described in 1C-5a. The DV Committee and our VSPs are at the center of all activities related to these actions. This includes the development of training provided to the full CoC membership annually, sharing resources to enable other agencies to develop and implement their own training (particularly those without a DV focus who sometimes encounter survivors), and communicating updates to VAWA or other legislation governing service to survivors/victims. All of our VSP agencies undertake regimented monthly trainings, while many other organizations do them quarterly, or at-minimum, annually. All CoC agencies are aware of the Emergency Transfer Plan and associated protocols to ensure the safety and effective planning when needed. This policy came into play last month and we were able to provide a quick and seamless transition from one CoC unit to another. Through implementation of our DV CE process, we will continue to ensure staff in CoC projects have access to trauma-informed, victim-centered best practices on safety and planning protocols.

2) Our CE Lead incorporates best practices in compliance with VAWA in CE trainings throughout the CoC, as do each of the CE Housing Navigators in the four Regions of the BoS CoC geography. Our pilot DV CE project will continue to focus on this, building best practices into every policy.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1. and 2. Strategies to provide safe and confidential access to coordinated entry (CE) include virtual intake, creating physical spaces that promote privacy and confidentiality, using trauma-informed interviewing, and including those with lived experience in updates to policies and procedures, thus ensuring a victim-centered approach. We have updated our Emergency Transfer Plan (ETP) and ETP policies and procedures in compliance with VAWA 2022 updates and distributed them among those who use the CE process. An additional resource available throughout the CoC is the Commonwealth's DV process to safely access shelter and transitional housing via SafeLink, a confidential resource for DV survivors and victims. Each call is answered by a trained advocate who provides support, assistance with safety planning, and information on resources including CE and VSPs within the CoC to whom referrals can be made.

The CoC CE process in particular has undergone significant modification in the last year in partnership with our VSPs to create a process that is victim-centered, and trauma-informed including development of a paper application process and a parallel DV CE process to the CoC's regular CE process.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1. The BoS CoC has partnered with its DV Service Providers to get aggregate data from their comparable HMIS databases, as well as any other sources they maintain. We also use the aggregate DV data we have in our own HMIS and in the state Rehousing Data Collective (RDC), a statewide database that includes factors related to homelessness from all the CoCs in the state. Additionally, we have access to aggregate data from Emergency Assistance family shelter system applications for emergency housing, which collects information related to the reason for homelessness, including domestic violence. We have also met with and gotten input from the Department of Public Health, which administers federal DV funding such of OVW and OFVPS directly to our VSPs.

2. Data from Emergency Assistance family shelter system applications for emergency housing show that 19% of households entering EA shelter were made homeless due to domestic violence, which is nearly double the amount that report they are fleeing in HMIS, which highlights just how under-reported DV experiences are, and a need for greater services. This data has been very useful in identifying challenges to Coordinated Entry and ensuring available housing is communicated to our VSPs, and that CoC-funded DV projects have not been made widely available to survivors being served in the mainstream homeless system. Because of this, we have undertaken a full redesign of CE process for survivors and for CoC-funded VSPs to ensure full and equal access for survivors, regardless of what door they enter CES from.

&nbsp;

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

1. In consultation with the DV Committee and VSPs, the CoC developed and implemented an Emergency Transfer Plan (ETP) process using CE to quickly identify and access alternative housing. Because our DV providers were an integral part of developing this plan, they are aware of it, and every funded members of the CoC, regardless of whether they are DV service providers, receive a copy of it with their annual contract. It is also included in the CE training that is provided by the CE Lead.

2. and 3. To utilize the ETP, the tenant submits a written request to the program lead including either a statement expressing why the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains in the current dwelling unit; OR that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-day period preceding the tenant's request for an emergency transfer. This can be written by the case manager if needed due to language or other barriers, and may also request case manager assistance or the case manager may accompany the tenant to meetings or other engagement related to their request for ET. The CoC ensures that any information the tenant submits in requesting an ET is kept anonymous, unless the tenant gives the housing project written permission to release the information. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person or persons that committed the act or acts of domestic violence, dating violence, sexual assault, or stalking against the tenant.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1. The CoC, CE Lead, and DV Committee have worked together over the past two years to ensure access to housing and services in all CoC projects, regardless of project focus on DV, for survivors/victims. This includes development of a DV CE process that makes referrals for this population to any project in the CoC while ensuring safety and confidentiality. Recognizing that for some survivors, moving to another region of the CoC will provide the greatest level of safety, a cross-regional referral is available to every participant which is not the case for those who are not survivors/victims. Our pilot DV CE process further ensures access to every project, including those operated by VSPs using a paper process designed in partnership with our VSPs and DV Committee.

2. The pilot DV CE process is the result of collaboration with the VSPs and DV Committee and an analysis of where there were challenges in meeting the needs of this population. DV CE includes funding specifically for VSP participation in advising on CQI and facilitating placement of DV households.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1. Members of the DV Committee include persons who have lived experience of homeless, those who are survivors/victims, and in some cases, both. These members have taken leadership roles in the Committee, and one also participates in other committees, thus ensuring an ongoing awareness of the needs of our survivors. Recruiting and engaging participants with lived experience is largely the result of one-on-one conversations along with an open request during CoC Planning meetings. The contributions of these members of the CoC are reflected in policies and procedures which have been developed with their input and creative ideas for resolving challenges.

2. An excellent example of this is the development of the paper application process in CE which allows participants to disclose as little PII as they wish, pseudonyms determined by the agency serving them, and password protected communications with the Regional CE Housing Navigators. In public, virtual meetings, every attendee is encouraged to go off screen if they prefer and does not have to identify themselves in any way. If they have concerns about being identified by their voice, they can also participate in the meeting via the chat function which is monitored carefully.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section V.B.1.f.	
	Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;	

2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. and 2. Over the past year, the CoC has undertaken an aggressive review of policies tied to equity including our anti-discrimination policy. Among these is partnership with agencies that have programming that focuses on the LGBTQI+ population. In addition to providing input on our anti-discrimination policy, one of these agencies provided an inspiring presentation in the CoC Planning Meeting on June 07, 2023 to further inspire agencies in anti-discrimination practices and provide information on trauma-informed practices and resources for developing strengthening their own efforts. A direct result has been agency participation in the Justice at Work program, presentations by Framingham State University professor, Justice Resource Institute, and social identities training for staff at one of our VSP organizations. The CoC works with individual agencies to expand training opportunities to the whole CoC whether in a planning meeting or through broader invitation.

3. and 4. Compliance with anti-discrimination policies is part of annual monitoring of every CoC-funded project. This includes a review of organizational policies and procedures as well as the reasons for declining CE referrals if that occurred. Should noncompliance be identified, it will be reflected in the monitoring report and the CoC monitoring staff will work with the agency to address it. Should it continue, it could be grounds for reallocation of the project.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Executive Office of Housing and Livable Communities	12%	Yes-HCV	Yes
Lowell Housing Authority	18%	Yes-Public Housing	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. This CoC operates within and also in partnership with the Executive Office of Housing and Livable Communities (EOHLC) the largest PHA in the CoC geography. EOHLC has not yet established a homeless admission preference, but the CoC and EOHLC continue to engage in discussions to advance the likelihood of a preference being established in the future. The Lowell Housing Authority has established a limited homeless preference and a significant portion of those admitted are homeless.
2. N/A

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	

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1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FYI, EHV, Stability Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
Executive Office ...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Executive Office of Housing and Livable
Communities

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	40
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	38
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	95%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. and 3. The CoC has embarked on a more stringent monitoring process this year which includes a Housing First Evaluation using the Housing First Assessment tool found at the HUD Exchange. Monitoring occurs annually for each project separately from the CoC competition. When the first request for information in monitoring is sent to a CoC project, this tool is included. The responses are evaluated during the monitoring process. The results of this assessment are included in the monitoring report which is included in the ranking process during the CoC competition.

2. Using the Housing First Assessment Tool, we evaluate fidelity to Housing First principles with these standards: access, evaluation, services and housing, leases, and project specific standards such as ensuring RRH projects quickly move participants to permanent housing. Each project is evaluated with the tool based upon the kind of project it is: CE, street outreach, permanent supportive housing, rapid rehousing, transitional housing, or joint component TH-RRH. Staff consult with projects that have a DV focus prior to evaluation to ensure safety and confidentiality are maintained. For each standard, scoring criteria include "Say It", "Document It", and "Do It". A project that does not make progress toward "Do It", is at risk of being determined non-compliant.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1. Across the CoC geography, case managers and outreach staff go into the increasing number of encampments, work with police, first responders and area hospitals to identify and build relationships with unsheltered persons. Service and housing assistance is advertised in both English and Spanish on agency websites, the mass.gov website (which also has TYY capability), and follows the fair housing guidance presented at 24 CFR 578.93(c). Any person needing additional assistance such as large print or sign-language interpreters can access that assistance. The CoC continues to use EHV's to create opportunities through a

Moving On approach and has distributed an EHV Guide through the CoC email list to market this resource. It has partnered with the rental assistance division of EOHLC to reach out via the EHV Coordinator and regional navigators. These are just some of the examples of how we work to quickly identify and engage people experiencing unsheltered homelessness.

2. Street outreach covers 100% of the CoC geography.

3. Outreach is undertaken 5-7 days per week. In the Mystic River valley, we have two teams of people conducting street outreach under bridges, in libraries, parks, abandoned buildings, vehicles, soup kitchens and along river edges to connect people living in places not meant for human habitation with other resources, including shelter and housing. DPH has funded a full-time outreach worker in Lawrence working with persons living under the bridges there and struggling with opiate addiction.

4. Across the CoC geography, Project in Assistance to Transition from Homelessness (PATH) staff work with unsheltered persons who are least likely to request assistance because they are struggling with mental health and substance use issues. This year we have begun a new project funded through the FY22 NOFO specifically using street outreach to engage those who are least likely to request assistance who are also the most likely to be experiencing chronic homelessness.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	No	No
4.	Implemented community wide plans	No	No
5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.i.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	306	347

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	No
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. EOHLC is responsible for overseeing the CoC's strategy related to mainstream benefits. This strategy includes use of the monthly newsletter which is distributed to all CoC subrecipients, service providers, a wide array of state agencies and any others who have expressed interest in the CoC. The newsletter includes information and updates about mainstream resources available for program participants. When the CoC becomes aware of updates, it also includes this information in the monthly CoC meeting, and contract managers notify subrecipients of changes as they become aware of them.
2. The CoC and EOHLC as the CA have close relationships with the MA Dept of Public Health (DPH) and Dept of Mental Health (DMH) who are also partners in some of our renewal applications. DPH and DMH also provide funding for some of our projects. In addition, PATH is a significant resource in the CoC, which has as one of its fundamental goals, connecting people to healthcare and behavioral health resources that they may be in need of. Eliot, our subrecipient in E-Nav and a significant partner in other projects, utilizes this resource daily.
3. EOHLC has staff specifically dedicated to the SOAR program and ensuring projects are aware of this resource and able to use it effectively. Organizations within the CoC make it possible for staff from multiple organizations to attend SOAR certification training together to reduce the cost and improve cross-agency collaboration.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The total percentage of non-congregate emergency shelter beds in our CoC is 92.8%. This is split between the Emergency Assistance (EA) Family Shelter System, which makes up the bulk of ES in the state, and the Individual Shelter System (adults only), which is significantly smaller, but still sizable.

A positive result of the pandemic is a commitment to developing more non-congregate emergency shelter beds. This year in the BoS CoC, State appropriations added the following ES adult-only beds 40, year-round beds in Malden and 50 in Chelmsford which also received funding for 37 winter beds. These additions bring the number of adult-only non-congregate shelter beds in the CoC geography to 502, a quarter of which are non-congregate. HLC, the CoC CA, also funds the entire EA Family Shelter in the state, and 100% of those beds are non-congregate. Due to the recent influx of asylum seekers entering the state, the number of non-congregate beds in our CoC has increased drastically, up to approximately 4,674 beds in 1,615 units.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:

1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
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2.	prevent infectious disease outbreaks among people experiencing homelessness.
----	--

(limit 2,500 characters)

1. and 2. The MA Department of Public Health (DPH) is a key partner for the CoC and for its individual members. DPH holds seats on the DV and Coordinated Entry Committees as well as one on the Advisory Board (the CoC governing body). In the BoS, policies and procedures are the result of work in committees which then go through the Advisory Board for approval. Having DPH play roles in both stages of policy and procedure development continues to be fundamental to our ability to develop them with an awareness of best practices related to infectious disease outbreak and ensuring that we are not unintentionally creating circumstances that could endanger the health and safety of our program participants. In addition, because DPH is a party to contracts and MOUs with many of our funded and non-funded members, CoC projects already adhere to strict protocols related to responding to, and preventing the spread of, infectious diseases among people experiencing homelessness.

The increased development of non-congregate shelter also contributes to this. As stated in 1D-7, three CoC providers also operate non-congregate shelters for individuals, and each has formal arrangements with DPH.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
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NOFO Section V.B.1.o.

Describe in the field below how your CoC:

1.	shared information related to public health measures and homelessness, and
----	--

2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.
----	---

(limit 2,500 characters)

1. Along with the partnership with DPH described in 1D-8 above, the CoC system and its individual partners have an extensive network with state and local public health agencies. These relationships represent a true system of connections in which information and resource-sharing are inherent to all CoC engagement. For example, three of our organizations work closely with the Lowell General Hospital to ensure that information related to infectious disease, as well as standard mental and physical health care, are made available at multiple sites, in various languages, and at different access points such as street outreach, emergency shelter intake, and day shelters. This same kind of relationship exists between two CoC agencies and the Lawrence General Hospital. This partnership also includes sexual assault resources for homeless persons that includes counseling and advocacy services. These regional networks also work across the CoC which has a large geographic footprint, in monthly meetings to share information that may be unique to the region, but also provides approaches or methodology that can be duplicated throughout the CoC. HLC ESG staff are also active participants in monthly meetings in Lawrence convened by Lawrence General Hospital and help inform the agendas for those meetings. These meetings include public health staff from across the CoC.

2. The CoC developed a survey for funded and non-funded CoC members to discern the level of housing and healthcare leverage that is occurring. 100% of the 28 respondents reported partnership with public health agencies that supports their work with program participants. We are creating a resource list from this survey for all CoC members that will also be placed on our public facing web page. Our newest project is uniquely suited to ensuring street outreach providers and shelter and housing providers are connected to the information and resources they need to prevent or limit infectious diseases among program participants. It has relationships with almost every CoC provider and the public health agencies in the CoC. The project, E-Nav, uses street outreach to reach the most vulnerable and hardest-to-house in the CoC to connect them with this vast network of resources the agency has built, and as a member of the CoC, is further building its portfolio of public health and homeless service providers.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. The BoS CoC CE system covers 100% of its geographic area.
2. The standardized assessment process and tool have been developed in partnership with the CoC agencies served and as part of the HUD Equity Initiative we participated in last year. In addition, we gained information from HMIS, and for our VSPs, APR data and conversations with them and with the DV Committee. We also reviewed the updated tool with the CE Committee as it was being created to gain on-the-ground input from those who engage directly with our program participants. We also integrated our HMIS and CE processes this year, and as of December 01, 2022, all CE (except for DV projects) is undertaken in VESTA, our HMIS platform. Our DV CE process is being developed as a pilot currently using a paper process requested by our VSPs. We have requested funding in this NOFO to fully fund that effort.
3. We have monthly CE Committee meetings that include agencies who use CE and have undertaken a formal CQI process that includes our PLEE Committee members and front-line staff of funded agencies who can help ensure those who have participated in CE are able to provide feedback. As this is a new approach to CE, the CQI process includes maintaining an ongoing list of items that need to be addressed immediately, those that should be addressed within 6 months, and those that would be "nice to have". Our CE Lead, Housing Navigators, HMIS staff, CoC project staff, and committee members are all able to contribute to this list which is reviewed at minimum, weekly.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1. The CoC does have a process for special outreach. Our CE Regional Navigators in each of the CoC regions case conference with various stakeholders within their regions focusing on the individuals and households most difficult to serve. Our newest project, E-Nav is specifically designed to reach this population and does so through the project and provides guidance to other organizations in the CE Committee meetings.

2. The first step in the CE process is a Quick Screen that provides an initial assessment of an applicant's need of assistance and if the CoC resources are the best resource for their situation. Within this Quick Screen are specific questions that will immediately move someone to the next phase due to the high level of their need. Everyone assessed (the second step) is evaluated on the same questions in which the point scale is tied to level of need resulting in the highest scorers at the top of the CE list.

3. To minimize delays in placing households into permanent housing, the CoC has developed training for case managers in emergency shelters and homeless service organizations so that they can help clients begin to gather necessary documentation from the moment they use the Quick Screen. This has made a significant difference in ensuring participants are "document ready" when they are referred to a housing resource.

4. Converting our CE system to an entirely electronic one that can be accessed in the field or in the office has made a significant difference. The process is designed to eliminate redundant questions that can be carried from one stage to the next. For our DV participants, we are instituting mandatory training for our Navigators to ensure these victims are not re-traumatized through the CE process.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1. CE marketing includes flyers that are distributed throughout the CoC in locations homeless persons go such as day shelters, food pantries, emergency shelters, and health centers. They are available in languages other than English and include a phone number and weblink should other methods of communication be needed due to different abilities. An annual Fair Housing workshop is advertised through emails, meeting announcements, and asking our members to put it on their websites. A link to the meeting recording is available on the CoC webpage during the month following the workshop. The CoC incorporates the guidance at 24CFR 578.93(c) in all marketing materials to clearly communicate that non-discrimination is a fundamental tenet of all CoC activities. This is reinforced in our policies and procedures, and in our annual project monitoring.

2. Program participants receive information when they are completing their initial assessment, and again when they receive a housing referral. This information includes the CoC Fair Housing Marketing Plan as well as links to information on filing a complaint, <https://www.mass.gov/how-to/file-a-civil-rights-complaint> and HLC's Fair Housing and Civil Rights webpage <https://www.mass.gov/info-details/eohlc-fair-housing-and-civil-rights-information>. Our CE Assessment also has a reminder check box for those completing it to provide this information to participants.

3. Depending upon where the impediment occurred, we will follow either the agency's grievance process, or, if it is at an organizational level, the HLC process defined in 2. If the agency grievance process is not implemented promptly or does not address the impediment, we will immediately move to the remedies available as a state agency. If impediments are identified during monitoring, a Finding will be recorded and we will work with the agency to properly address it.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/19/2022

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. Data we used to analyze racial disparities includes HMIS data, US Census data, LSA data as analyzed in Stella P, Point in Time data, CoC Racial Equity Analysis Tool, and CoC survey responses. The CoC participated in the CE Equity Initiative last year which was instrumental in evaluating racial disparities within the CoC, and we continue to submit quarterly data to the CE Equity Initiative. We expect to undergo a final analysis for that initiative (ongoing analysis will continue independently thereafter). Through a number of activities including use of the CoC Racial Equity Analysis Tool, a review of Stella data, a mapping exercise undertaken with the full CoC membership, a survey developed by the Racial Equity Committee and distributed to the full CoC membership, and engagement with the People with Lived Experience and Expertise (PLEE) Committee, we have performed several analyses in the last two years to determine whether racial disparities are present in the provision or outcomes of homeless assistance, and these were included in the development of the new CE Assessment tool.

2. The results were mixed, but all led us to make changes within our CoC. Some are ongoing, and some will be evaluated on a regular basis as described in 1D-10c below. The three most significant disparities identified were: A) the percentage of black persons in the homeless system is 2.5 times higher than the percent of black persons living in poverty within the BoS; B) The percentage of Hispanic persons in homelessness is also higher than those who identify as Hispanic who are in poverty in the CoC; and C) the percentage of CoC placements into housing for persons of color was disproportionate to the percentage of white households placed. It was unclear if Item C was the result of landlord decisions or those made at the case management level, but steps are being taken to address this (see 1D-10d. below).

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	
Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.		

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes

10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Our participation in the CE Equity Initiative last year continues to inform our approach to addressing disparities, while continuing to interrogate our system to identify and address them. We revised our CE Assessment tool significantly to ensure that factors which are often tied to screening out persons of color, such as previous incarceration, were addressed to provide a way to screen households IN. We are in the process of rolling the new assessment process and tool out and have developed a schedule for CQI to ensure our modifications have the intended result.

We've also embarked on a CoC-wide initiative to provide greater education related to racial equity. In order to track the progress in this area, the Racial Equity Committee has developed a DEI assessment for all CoC members, both funded and non-funded, to ascertain the level of concrete actions, awareness, and ongoing activities they are each taking. The results of that assessment will be evaluated this fall to define an education curriculum for the coming year. We have already begun conversations with the Technical Assistance Collaborative (TAC) to provide training that a fellow MA CoC is utilizing successfully. In addition, we developed a survey for CoC members upon release of the NOFO to get input on what they have done individually to become Equity Based Organizations, and those responses have been incredibly enlightening and will be included in the analysis of the DEI assessment developed by the Racial Equity Committee.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(limit 2,500 characters)

1. Last year the CoC worked with our CoC partners and Equity coaches to redesign our CES with the goal of eliminating disparities in the provision of CoC resources. Our new CES was designed to use data as part of a CQI plan whereby our CES will be evaluated at 3 months, 6 months and 1 year after implementation, and a min of every 6 months thereafter. Our new CES was implemented this year and we already undertook the 3 and 6 month evaluations, which resulted in further improvements to the system that were recently deployed in HMIS, and some that will be deployed soon. In the process of overhauling our CE, we have taken the following steps:

1A. Our CE Assessment was designed through an equity lens last year; this year we made further improvements and clarifications to wording that could result in inequitable answers/scoring.

1B. We are strengthening our CES by making sure all CE applicants understand their rights under Fair Housing Laws; that all CE applicants whose referral/placement is rejected by the housing provider receive a clear letter, written with readability in mind, stating the specific reason(s) for the rejection and what the appeal process is. These changes are being implemented in HMIS so that adherence can be monitored electronically.

2. Our CoC uses a variety of tools as described in 1D-10a. (Stella P, CoC Racial Equity Analysis Tool, and surveys) as well as HMIS data analyzed through said tools. Further, we have contracted with our HMIS vendor to implement the following in our HMIS:

2A. An equity report which shows various data points and outcome measures broken down by race or ethnicity; it can be run for all projects in the CoC, subsets of projects, or individual projects.

2B. A CES Referral Rejection report which will show the reason(s) for CE referral rejections and will also include information such as race, ethnicity, age, gender, veteran status, household makeup, disability type, etc. both of those whose referrals were rejected and of those whose placements were successful.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	
Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.		

(limit 2,500 characters)

In the past year HLC has worked diligently to strengthen the PLEE Committee created last year. We were having trouble maintaining a strong membership and asked an HLC staff member with lived experience of homelessness to take the lead. This has had an incredibly positive outcome as the PLEE Committee is larger, is developing its own agenda, and is moving toward creating its own initiatives for CoC improvement. Immediately upon accepting this responsibility, she sent out an email to the entire CoC membership describing the commitment and need to recruit new members. The response was prodigious and included staff from subrecipient agencies as well as program participants. We continue to reach out monthly in our full CoC membership Planning meeting to invite new participants. We are working now on a flyer to ask our subrecipients to display and make available to their clients. Invitation to participate in this committee will also be included in the CoC newsletter which will be linked on the public facing CoC webpage.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	8	4
2.	Participate on CoC committees, subcommittees, or workgroups.	15	10
3.	Included in the development or revision of your CoC's local competition rating factors.	10	3
4.	Included in the development or revision of your CoC's coordinated entry process.	10	8

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC and membership organizations support professional development and employment opportunities for people with lived experience through many different avenues. Beginning with staff trainings that provide staff the opportunity to bring vital information back to the participants through in-house trainings. The preference for people w/ lived experience in hiring practices has become the rule rather than the exception in human/homeless service agencies. One would be hard pressed to find a human/homeless service agency within the Balance of State whose staff is not comprised of a large percentage of people with lived experience. Many agencies offer a preference for PLEE in their hiring practices. There are also income maximization and financial literacy programs offered throughout the CoC. There are various peer support and housing navigation programs, which require lived experience to facilitate. In the consumer groups, people with lived experience have the opportunity to gain additional skills and explore interests by participating in working groups and learning to lead and facilitate trainings and peer gatherings. Most outside groups' membership requirements are low threshold and accessible, creating an opportunity for people experiencing homelessness w/ limited professional or employment experience to participate. Additionally, consumer group members have the opportunity to attend local conferences and trainings that connect them with potential employers, mentors, and peers. There are programs within the CoC that work with currently homeless individuals to place them in jobs, improve their resumes and references, and obtain or increase benefits (SSI SDI VA etc.). Lastly, the BoS CoC recognizes peer programs are an effective way to engage participants and people with lived experience. In addition to existing peer programs in shelters in the CoC, there have been new peer navigation programs launched in the last year which the BoS CoC are very anxious to learn more about and institute in the continuum of our governance structure.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	
	Describe in the field below:	
1.	how your CoC routinely gathers feedback from people experiencing homelessness;	
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and	
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.	

(limit 2,500 characters)

One of the major ways that the Balance of State CoC gathers feedback is from conducting needs assessments at our subrecipient sites. Both staff and participants are invited to come and share their feedback, each from their own perspective. We are always interested in hearing input as to how to make our projects more comfortable and useful for the people who live in them. Many agencies ask for Exit Interviews when an individual or family is moving on to independent housing. These interviews provide feedback on the project, positive and negative, which gives the agencies an opportunity to make changes they did not necessarily know about. The Balance of State CoC has taken some steps and there are many more on our agenda, to address the challenges raised by people with lived experience of homelessness. We are looking forward to getting more feedback on these challenges and both our Persons with Lived Experience and Expertise as well as the revamped Youth and Young Adult Committee build up their memberships and provide us with more of this information that is vital to the integration of PLEE into every level of our governance structure. In addition, when HLC staff monitor projects they also have conversations with tenants to gain their input on experiences with the CoC; what they like and what they would like to see changed.

A member of the PLEE Committee was instrumental in this as he was a person with lived experience of homelessness and addiction. He worked for the City of Revere specifically to outreach to those with SUD and homelessness and shared their feedback with us. Sadly, we lost him to his addiction the weekend before submitting the NOFO, hence his name is on the letter from the Committee, but he did not sign.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. HLC has actively engaged city and Commonwealth governmental leaders to address zoning, land use, and reducing regulatory barriers. As a Commonwealth entity, these actions have taken place across the state, but many have also occurred within the BoS geography, contributing to an addition 1,202 affordable housing units in the last year. Among these is the Multifamily Zoning Requirement for MBTA (Massachusetts Bay Transit Authority) Communities which affects 175 communities in the Commonwealth; 110 of which are in the BoS. This legislation requires that an MBTA community (one that has commuter rail, rapid transit, or is adjacent to a community with these public transportations sources) shall have at least one zoning district of reasonable size in which multi-family housing is permitted "as of right" meaning that the construction and occupancy of multi-family housing is allowed in that district without the need for a special permit, variance, zoning amendment, waiver, or other discretionary approval. This legislation requires that the district has a minimum gross density of 15 units per acre, is located not more than 0.5 miles from a commuter rail station, subway station, ferry terminal or bus station, if applicable, and has no age restrictions and is suitable for families with children.

2. This new law removes barriers that exist in the local zoning for 175 Massachusetts communities by requiring communities to allow more transit oriented multi-family housing in the years and decades ahead. Communities that don't have transit stations must also allow for multi-family, but there are higher requirements for transit rich municipalities. Most multi-family housing is subject to a complex, time-consuming process that can become untenable. It often requires special permits or rezoning. By removing these barriers, housing near transit centers, services, and other community amenities creates a level of affordable housing that is greatly needed in the Commonwealth and the BoS CoC. Communities that don't have transit stations must also allow for multi-family, but there are higher requirements for transit rich municipalities.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/18/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition—meaning the date your CoC published the deadline.	07/21/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	215
2.	How many renewal projects did your CoC submit?	39
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1. and 2. The project evaluation/ranking tool relied heavily on project APRs and HMIS data. One question for our DV projects was not available in HMIS, and that question was excluded for DV projects, resulting in a pro-rating of those scores to ensure fair comparison in ranking. The CoC SPM report provided the baseline for scoring, and every SPM was used, including those that reflect success in placing people in permanent housing. This is an area our CoC consistently struggles with, and we have worked with our projects in the past year to identify ways to improve our SPM scores. This will continue to be a focus for the CoC and CoC project ranking.

3. and 4. In addition to the SPMs, the ranking tool includes 4 questions tied to Serving High Need and Priority Populations. These questions served two purposes: ensuring that the most severe needs and vulnerabilities are taken into consideration when placing project participants in permanent housing, and providing an opportunity for projects that serve the hardest to serve to gain points even though that focus could result in lower performance levels. These questions represented 30% of the maximum score.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1. and 2. The CoC is using a progressive approach to ensuring racial equity is a component in ranking and review by increasing the points available in ranking. This year, there are 15 points tied to equity, an increase of 10 points from last year. Questions tied to how well projects and agencies are advancing equity come directly from our Racial Equity Committee. Black and Hispanic persons are overrepresented in our CoC by 56% and 32% respectively. Our Racial Equity Committee is comprised of 20 people, 50% of whom identify as persons of color. Six are Black, and 4 are Hispanic. One Black member and one Hispanic member also participate in the Project Evaluation Committee which created the Ranking Tool and develop the ranking list options that comprise the Priority Listing for the Advisory Board to approve. Our Hispanic member is also a member of the Advisory Board, thus ensuring that the voice of persons of different races and ethnicities carries through from one committee and activity to another.

3. The Ranking tool this year included 15 points that evaluate the degree to which agencies ensure their projects are mindful of barriers to participation faced by persons of different races and ethnicities. Recognizing that the overrepresentation of persons of different races and ethnicities exists in our CoC, we also included points tied to whether organizations included PLEE as decision-makers in their organizations. We also took this opportunity to gain a broader understanding of how all agencies are working to become Equity Based Organizations by including that in the survey distributed to all CoC members upon release of the NOFO that allowed for bonus points on the ranking tool.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	

- | | |
|----|---|
| 4. | why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable. |
|----|---|

(limit 2,500 characters)

1. Projects may be reallocated for chronic underperformance, unresolvable regulatory non-compliance, determination that the project no longer meets the needs of the CoC, or chronic underutilization of CoC provided resources. All reasons for complete, or for partial reallocation are objective, measurable and included in the public process which establishes a concrete and objective decision tree that determines if reallocation is needed. Projects may also choose to reallocate and inform the CoC of this decision.
2. and 3. The CoC and one of its subrecipients determined together that one project needed to be reallocated as it was not effectively using the TH-RRH joint component option. Another chose on its own to reallocate and submit an application for a new project to better allow them to serve the homeless population.
4. N/A

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
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	NOFO Section V.B.2.f.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
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	NOFO Section V.B.2.g.	
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	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	
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1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
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2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
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3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
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4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	
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1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
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	NOFO Section V.B.2.g.	
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	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/11/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank—if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/22/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/22/2023
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	The Partnership Center, Ltd.
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/28/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

In the field below:

1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

MA-516 has taken great pains to ensure that all CoC and ESG-funded VSPs in our continuum are utilizing an HMIS Comparable Database that is truly in compliance with HMIS Data Standards. The Collaborative Applicant includes information about the HMIS Comparable Database requirement in RFRs, as well as contracts, and also encourages grantees to review their requested budget to ensure enough funding has been requested to cover HMIS costs. In 2018 the HMIS Lead implemented a process by which we review software for compliance with HMIS Data Standards and HUD's reporting requirements, and in 2020 developed a standardized tool to do so, ensuring that all software is measured in exactly the same way. Our certification process is dynamic and living; perfection is not required. It allows for provisional certification, allowing a software vendor to enter into an MOU with the VSP to correct minor compliance issues within a timeframe, as well as a level of certification failure which allows the software vendor to be reviewed again in 12 months, and any VSPs utilizing that software may continue using the software in anticipation that it will pass certification at the 12-month mark.

In late 2020 and into 2021 our efforts to ensure our VSPs utilize HMIS Comparable Databases came to HUD's attention by way of a software vendor. We worked collaboratively with HUD to ensure that our standards were fair and fairly applied; the vendor did concede that their software was not in compliance and declined assistance from HUD to come into compliance. From there, in the summer of 2021, we held webinars with all our VSPs (and allowed VSPs outside our CoC to attend as well) to clearly communicate HMIS requirements, expectations, timelines, and to make clear the assistance we could provide. We are pleased to confirm that all CoC and ESG-funded VSPs in our Continuum are utilizing HMIS Comparable Databases. MA-516 is fully compliant with the 2022 HMIS Data Standards.

2A-5. Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.

NOFO Section V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:
--

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	3,133	83	3,002	98.43%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	352	131	117	52.94%
4. Rapid Re-Housing (RRH) beds	347	30	313	98.74%
5. Permanent Supportive Housing (PSH) beds	1,961	32	1,748	90.62%
6. Other Permanent Housing (OPH) beds	907	11	815	90.96%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

Our CoC has shown a commitment to improve our HMIS bed coverage rates - last year our RRH bed coverage was at 41% and PSH was at only 57% - we have brought RRH up to 98% and PSH up to 90%!

TH bed coverage is still a struggle for our CoC, but we have gained agreement from the operator of a 22-bed TH project for veterans to begin participating via HMIS data transfers - we will continue to work with them to determine the logistics. There is also a project of 58 non-participating beds, which are all from one project run by a faith-based provider that has historically been strongly opposed to HMIS participating due to client privacy concerns - an attempt to reach out to them this spring was ignored. This year we have engaged another faith-based provider that is very enthusiastically utilizing HMIS; we plan to connect these two providers in hopes that HMIS-participating Eliot Presbyterian Church can help ease the concerns of non-participating Lazarus House.

We would like to provide clarification regarding the response to question 1D-5. Rapid Rehousing Beds as Reported in the Housing Inventory Chart: What looks like a massive drop in the number of RRH beds available in our CoC was actually the result of correcting a major reporting error by a provider in our CoC (incorrectly reported 399 SSVF beds to us when the real number was only 4). The SSVF numbers reported by this provider were incorrect for the past several years (they reported all SSVF voucher holders to us, regardless of what CoC they were located in or whether or not they'd actually even been housed!), so this is not a reduction in capacity, but a correction to report accurate inventory.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?		Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/28/2023
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.

(limit 2,500 characters)

1. Through our YHDP projects and YAB, the CoC has gained considerable leverage to effectively engage unaccompanied youth and youth-serving organizations in PIT planning. We rely on them to help us get the word out about the count, identify appropriate incentives for participation, and to gain volunteers on the night of the PIT.
2. Throughout the planning process, we communicated with our youth and young adult (YYA) organizations and the YAB, as well as our YHDP subrecipients to ensure we knew where to go for the unsheltered count, to garner volunteers, and how to best communicate the details of the Count.
3. The CoC uses incentives for YYA who wish to participate in gathering surveys and meeting with unsheltered YYA to complete them and will continue to do so. Our YHDP Youth Navigators are a key partner in helping us identify these young people.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(limit 2,500 characters)

1. The CoC made no changes to the sheltered PIT count implementation or methodology.
2. As we continue to move out of the pandemic, our ability to engage fully with those who are unsheltered has increased significantly. This year, there was a more ardent effort to speak with those who are unsheltered in encampments across the CoC geography, and we used the Observation Methodology only when safety could be in jeopardy. This was important to helping us understand the true need and determine if new projects or reallocations are needed in the CoC to most effectively serve this population. We also had a more robust response from municipalities as they, too, worked to gain a more authentic understanding of the needs of those who are unsheltered. This partnership has carried forward beyond the PIT to the updated CE development undertaken in the CoC.
3. We believe we are gaining a better understanding of not only the number of those who are unsheltered, but their unique circumstances.
4. Addressed in 3.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless--Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1) and 2) HLC oversees prevention efforts within the CoC as well as many statewide efforts including TPP in the courts. HLC works with other systems of care, including Veterans and Elders services and our statewide family shelter (EA), to analyze data identifying the factors that lead households to homelessness. This information is used to target and identify eligibility for statewide prevention services including State programs RAFT, HCEC, and HomeBASE diversion. Diversion and prevention services in the CoC include assessment, housing search, mediation, financial assistance, support services, and discharge planning. The CoC's prevention providers actively participate in the CoC's planning group and advisory board. ESG RRH and prevention are being incorporated into CE.

3) The Department of Housing and Livable Communities (HLC) is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	
	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	Yes

(limit 2,500 characters)

1. N/A

2. Massachusetts has seen an unprecedented number of asylum seekers enter our state in the past year and a half, our family shelter system alone has seen an increase of more than 2,500 families statewide over a year ago. The impact the influx of asylum seekers has had is felt heavily in our homeless system, as Massachusetts is a right-to-shelter state, and we are obligated by law to shelter every eligible household with children or a pregnant person – immigration status is not a factor in eligibility.

Governor Healey has declared a state of emergency due to rapidly rising numbers of migrant families arriving in Massachusetts in need of shelter and services and a severe lack of shelter and housing availability in the state. She and our state's federal delegation have sent letters urging the Biden administration to expedite the processing of employment authorization documents for migrants from Cuba, Haiti, Nicaragua, and Venezuela (see attachment numbered 2C-1a.).

This statewide increase has been born out in our large, metro CoC – our 2023 PIT showed 917 HH with children containing 2,976 people (an increase of 286 new HH w/CH and 872 new people over the 2022 PIT), and an increase of 975 persons in emergency shelter overall. This number continues to rise steeply – as of September 13th the number of households with children in ES in our CoC has skyrocketed to over 1,030 with over 3,227 people. This these families could legally seek work many of them would be able to move up and out of homelessness, but without the proper authorization documents they are left in a holding pattern.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1. and 2. Our CE system re-design resulted in reducing the number of persons on the CE waiting list this year from more than 3,000 to 407. In addition, the CA, HLC, is the sole funder of emergency shelter (ES) for families and the primary funder of ES for individuals in the state. It is engaged in significant systems change in the way it provides ES including re-procuring the entire family shelter system and in doing so, reframing the system from one that frequently pathologizes families and fosters their floundering in ES to a system that focuses on housing first. This will reduce the length of time households with children remain homeless from the current average of 313 days. HLC developed a similar procurement for the ES system that serves households without children. To that end, it has folded the oversight of the ES system for individuals into the same team that manages the Balance of State CoC thus facilitating greater collaboration in meeting the needs of this population. HLC and the CoC have developed substantial RRH resources, both HUD and state funded, that helps to reduce the length of time homeless including flexible state RRH resources and a realignment of ESG RRH resources that are awarded directly to ES that can be used to resolve a wide array of barriers to households ending their homelessness.

2. The CoC has developed a partnership with non CoC funded housing that accepts only eligible persons from the Coordinated Entry registry who have been homeless the longest. While this is not the manner in which our CE system typically operates, it addresses the length of time homeless for some persons. HLC has entered into new contracts for the Emergency Assistance (EA) family shelter system, which explicitly focuses on reducing length of stay and uses creative funding combinations to rapidly rehouse families including converting HomeBASE to a 2-year \$20,000 benefit.

3. The CE Specialist at HLC is responsible for overseeing these strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	
	In the field below:	
	1. describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1. HLC, as the CA and sole funder of emergency shelter in the CoC has developed numerous strategies to increase the rate at which households in emergency shelter, safe havens, and transitional housing exit to permanent housing. Primarily, we have added significant RRH resources to our portfolio through State funded resources and the addition of RRH projects, including 3 in the YHDP. In this NOFO, we have also requested an expansion of our DV project New Dawn to add RRH beds.

2.HLC has also developed strategies to increase the rate at which households retain their permanent housing. We have partnered with ESG in its efforts to realign ESG resources to provide prevention resources when that is the best option for retaining PH. We have also conducted trainings for programmatic staff in trauma-informed care and motivational interviewing.

3. The BoS CoC Supervisor at HLC is responsible for overseeing these strategies.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1. The CoC reviewed APRs and data from HMIS and the CES to identify possible gaps that could lead to returns to homelessness. By reviewing HMIS and Coordinated Entry system data on households whose initial placement from housing was unsuccessful, as well as an analysis on the efficacy of the CoC funded projects within the continuum, we hope to better understand any underlying similarities or structural issues that might offer predictive capacity or suggest better strategies with specific households with similar underlying issues.

2. We have focused on realigning the ESG resources available to us to be able to provide prevention resources when necessary. We have also conducted trainings for programmatic staff in trauma informed care, motivational interviewing. Finally, we have organized our Coordinated Entry processes to a) make better matches for placement the first time and b) be able to accommodate moves from one project or site to another when a move will prevent a return to homelessness.

3. The BoS CoC Supervisor at HLC is responsible for overseeing these strategies.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	

- | | |
|----|--|
| 3. | provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment. |
|----|--|

(limit 2,500 characters)

1. All CoC programs assess each project participant for any income, including employment income they currently receive as the first step in each household's service plan. While most project participants are substantially disabled and unable to work at the time of project enrollment, some stabilize over time and are able to take on work. Each project's case management staff work with all participants to regularly review their ability to work and to overcome their anxiety about a potential loss of benefits if they return to work.
2. HLC's contract management and monitoring staff carry direct responsibility for overseeing the CoC's strategy to increase income from employment and can provide TA during monitoring for projects that are underperforming in this measure.
3. The Balance of State CoC Supervisor at HLC is responsible for oversight of these responsibilities. It should be noted that despite the efforts described above, the continuum's ongoing processes to ensure the most vulnerable are prioritized for the CoC's projects works against our ability to obtain dramatic increases in employment income. Since the vast majority of our project participants are quite disabled, substantive employment can be difficult.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	

In the field below:

- | | |
|----|--|
| 1. | describe your CoC's strategy to access non-employment cash income; and |
| 2. | provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income. |

(limit 2,500 characters)

1. All CoC programs assess each project participant for the benefits they currently receive as the first step in each household's service plan. Potential new sources are identified, and case managers aid participants in accessing other income, including assisting with applications, scheduling, transportation to appointments, and collecting documentation. HLC, which is responsible for overseeing these outcomes, provides access to SOAR trained persons to aid projects without one, and provide TA during monitoring for projects that are underperforming in this measure. The CoC also works very closely with the SAMHSA funded Path teams who are both embedded in area shelters and conducting street outreach. PATH workers strive to connect the people they come into contact with both in shelters and in place not meant for human habitation to a variety of mainstream resources for which they may be eligible. Some of those resources are cash benefits including food stamps, unemployment and general welfare. As a consequence, many program participants referred to PSH are already enrolled in mainstream resources. HLC also participates in the Commonwealth-wide Learn to Earn (LTE) initiative, designed to address cliff effects in state-funded or administered programs.
3. HLC's BoS CoC Supervisor is responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
Welcome Home Expa...	PH-PSH	37	Both
Crossroads 1	PH-PSH	14	Housing

3A-3. List of Projects.

1. What is the name of the new project? Welcome Home Expansion 2.5

2. Enter the Unique Entity Identifier (UEI): G9PBNNBRK2N9

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 37

5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Crossroads 1

2. Enter the Unique Entity Identifier (UEI): G9PBNNBRK2N9

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 14

5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section I.B.3.I(3)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1.	Applicant Name	Commonwealth of Massachusetts
2.	Project Name	DV CE
3.	Project Ranking on Priority Listing	3
4.	Unique Entity Identifier (UEI)	G9PBNNBRK2N9

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5. Amount Requested	\$261,465
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4A-2a. Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
NOFO Section I.B.3.I.(3)(c)	

Describe in the field below:

1.	the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1 of this question.

(limit 2,500 characters)

1. Our current CES can only accommodate referrals through a parallel system which creates a risk of re-traumatization and severely limits the ability of other projects to participate when they have a DV client. We are working to create a DV CE process that is integrated with the existing CE process and ensures that "survivors/victims who are experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to violence against the individual or a family member in the individual's or family's current living situation, including where the health and safety of children are jeopardized", have equal access to every CoC resource available. Our DV projects have been self-referring between themselves due to concerns about safety, confidentiality and re-traumatization. This is contrary to our CE Policies and Procedures as well as HUD regulations, and we are putting a pilot DV CE process in place to address that. This project will solidify that process and allow us to adequately fund it.

2. Through this pilot, we have created paper applications, VSP-designed password and encryption processes, and a significant focus on collaboration between CES and VSPs in design and implementation that significantly improves CE accessibility for ALL survivors in the CoC, not just those connected to our VSPs. This process prioritizes survivors by associating additional vulnerability points when DV is the cause of homelessness. In addition to DV-associated points in the CE Assessment, which impact placements to mainstream CoC housing opportunities, our COC-funded DV projects prioritize those who are currently fleeing and who's last DV experience was within the prior 12 months.

4A-2b. Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New SSO-CE DV Bonus Project.	
NOFO Section I.B.3.I.(3)(d)	

Describe in the field below how the new project will involve survivors:

1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1. This project incorporates lived experience of homelessness and survivorship of all categories of DV described in 4A-2a above in all aspects of design and implementation. This includes hiring a CE Navigator with experience in homelessness and DV, including members of our DV Committee with experience-based knowledge and skills gained from living as homeless and as a survivor to review the assessment tool and process, and including a role for VSP agencies in the assessment process to facilitate referral to housing opportunities in a manner that minimizes the risk of retraumatizing participants.

2. The tool being used initially, has been vetted by our VSP partners which include those who have lived expertise of homelessness and DV. Any changes needed as the program progresses will be made in consultation with these partners. This project has a permanent, paid role for partner VSP agencies to assist in program policy development and implementation, and our DV Committee will continue to have a role in policy development through monthly meetings. An initial decision made in the pilot program, on the advice of our VSPs is that every CE Navigator must participate in VSP-approved trauma-informed, client-centered training annually. We look forward to other activities that will further our objective to serve survivors/victims in a way that is defined by them and their experiences.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	891
2.	Enter the number of survivors your CoC is currently serving:	81
3.	Unmet Need:	810

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	

	Describe in the field below:
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

1. The number of survivors who need housing was calculated by figuring out the total number of adults currently in the CoC's homeless system (residential projects, street outreach, homelessness prevention, and Coordinated Entry projects only --- all unduplicated) who reported that they were currently fleeing DV at project entry. The number of survivors whom the CoC is currently serving is a subset of those above, but only those currently enrolled in a CoC housing project and reported that they were currently fleeing at project entry. We only looked at data from the project types listed above because participants in those projects are specifically seeking assistance with housing or housing-related services (such as homelessness prevention). We only used the number of those who reported they are currently fleeing so as to not artificially inflate the number by including those with any experience at all. Children were not counted.

2. Data sources include the CoC's HMIS; and VSPs HMIS comparable databases (aggregate, as reported to us). Additionally, for those in the state-funded Emergency Assistance (EA) family shelter system data from the EA Eligibility Application was used, as the rate of those who reported being homeless due to DV in the EA application was much higher than what was later recorded for those same clients once placed into an EA shelter (19% vs. 11%). We believe this rate is accurate, as Homeless Coordinators (the state employees who take EA applications) are thorough and conduct a Health and Safety Assessment to make a determination when homelessness due to DV is reported. The 19% rate of those fleeing DV was only applied to that population - only adults in EA shelters, and was not applied to other projects. Those in EA shelters were not double-counted (they were excluded from the calculation taken from the CoC's HMIS).

3. We believe that the number of survivors being served by our CoC is higher than 81 due to under-reporting (both due to survivors being unwilling to report this information to shelter providers and because at the time of placement into a CoC-funded housing project, some survivors no longer view themselves as "currently fleeing"). Additionally, the majority of our CoC-funded beds are PSH, for which only a small segment of those fleeing DV are eligible. Over the past several years we have expanded (and continue to expand) our CoC's portfolio of RRH & TH projects, especially RRH projects for survivors and for youth.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Commonwealth of M...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Commonwealth of Massachusetts
2.	Project Name	New Dawn Expansion
3.	Project Rank on the Priority Listing	43
4.	Unique Entity Identifier (UEI)	G9PBNNBRK2N9
5.	Amount Requested	\$339,119
6.	Rate of Housing Placement of DV Survivors—Percentage	100%
7.	Rate of Housing Retention of DV Survivors—Percentage	86%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. The Housing Placement rate was calculated by utilizing APR Q22c: Length of Time between Project Start Date and Housing Move-in Date. This showed that all clients served by the sub-recipients were housed during the reporting period. This figure included both project stayers and leavers.

2. The Housing Retention Rate was calculated by utilizing APR Q23c: Exit Destination, which uses the total number of persons exiting, the total exiting to a permanent housing destination, and those excluded from the calculation to arrive at a percentage of those who exited to a positive destination. This figure included only project leavers. Only leavers were counted for this measure because the projects being evaluated were TH and RRH, thus leavers who remain permanently housed when exiting project types where participation is time-limited have retained their permanent housing placement (or moved on to one that is more favorable).

3. The data used to calculate the rates of Housing Placement and Housing Retention above was the most recently submitted APRs of the providers (sub-recipients) of the New Dawn survivor grant and this expansion.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1. Once a client is enrolled our program, we begin working towards identifying safe, affordable housing immediately. We begin to help them gather all documents they will need to be housed and to identify and address safety concerns related to housing, and other challenges/barriers to safety, self-sufficiency, and support them through the housing search, landlord advocacy, and application processes. We work to build relationships with housing authorities and landlords to ensure our clients can access viable housing options as quickly as possible.

2. The CoC is switching from a parallel DV CE process to one that is unified with mainstream CE; this improves accessibility for survivors. Our CE process prioritizes survivors by associating additional vulnerability points with DV being the cause of homelessness, currently fleeing, being stalked, and experiences of violence. In addition to DV-associated points in the CE Assessment, which impact placements to mainstream CoC housing opportunities, our COC-funded DV projects prioritize those who are currently fleeing and who's last DV experience was within the prior 12 months. The CoC also has an emergency transfer policy in place which was utilized several times in the past year.

3. We conduct needs assessments with survivors to identify areas they have indicated are barriers where support services are needed. As goals are developed and support areas are identified, staff work with survivors and community partners to make a warm referral, thus ensuring that survivors are being appropriately connected to services in a timely manner. These include obtaining mainstream benefits, finding gainful employment, education plans, childcare, identifying medical providers, financial literacy and planning, as well as mental health and trauma support.

4. Through the development of community partnerships, we have cultivated numerous meaningful relationships with local and regional providers which allow us to expedite referrals into their programs, thus preventing survivors from waiting on waitlists for an indeterminate amount of time.

5. Throughout their enrollment staff work diligently with survivor households around stability needs (see #3 above). In doing so, we have seen significant success as the subsidy comes to an end. Additionally, our wraparound services within the org allow survivors whose subsidies have ended to continue to access case management and supportive services through our community-based program

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. Our process is survivor-driven; through our intake/interview process we offer survivors many options to address their safety/comfort. Options include providing info translated into multiple languages; having their referring advocate present at intake; conducting the intake/interview over Zoom or in person; not requiring responses as a contingency for eligibility. Survivors are encouraged to share their needs, barriers, and goals at intake, but are not required to, as not all survivors will feel safe and comfortable to share until they have entered the program and built rapport with staff.
2. All our work with survivors puts them at the forefront of decision-making, particularly when it comes to housing placements. Survivors work with staff to identify cities, towns, or regions that are safe for them and staff assist in identifying potential units through the housing search process.
3. Staff will not release any info to a prospective landlord, property manager, or housing provider without a completed ROI from the survivor. Further, survivors' CE records are entered into HMIS in a completely anonymized way that does not contain their name, SSN, or DOB. Other demographic info such as gender, race/ethnicity, and veteran status are completely optional (as is the case for all CE applicants, however, it is made exceptionally clear to survivors that they may opt out of providing this info to the CES). Data encryption and VPNs are used.
4. At hire and throughout their time with VSPs, staff receive comprehensive safety, confidentiality, and privacy practices training to ensure client safety, including adherence to requirements put in place by VOCA, VAWA, and FVPSA. VSP staff are also required to comply with M.G.L. Ch. 233, Sec. 20K which codifies the requirement that DV victims' counselors not disclose confidential communication without prior written consent of the client, with very narrow exception.
<https://malegislature.gov/Laws/GeneralLaws/PartIII/TitleII/Chapter233/Section20K>
5. Survivors never go to congregate locations directly on their own. Unit locations are never shared w/ anyone outside of the VSP housing agency and the client themselves, no one else in the CoC is ever able to access this info, including CES staff. Congregate locations have cameras outside and individual keypad entry. All locations have strong, working locks. Scattered site units are selected to meet client preference for safety (units not on the first floor, barred windows, etc.)

4A-3d.1. Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.

NOFO Section I.B.3.I.(1)(d)

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

We solicit feedback from survivors and staff around our policies and procedures, particularly with regard to safety. We also have a comprehensive grievance process that allows survivors to express concerns about the project, policies, or decisions made within the project. We evaluate these grievances against our practices and make necessary changes as needed. Our culture is one that embraces ongoing improvement so we are constantly evaluating and adjusting to ensure that survivors are safe and their needs are met. We also keep abreast of the latest Best Practices and compare them against our own internal policies and procedures, making improvements as necessary.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
	1. prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
	2. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
	3. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
	4. emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
	5. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
	6. providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
	7. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

1.We utilize a survivor-led model for service delivery; we work with survivors from the time of intake to identify their individual needs and goals. When identifying permanent housing options, staff work with survivors to identify safe cities, towns, and regions, as well as affordable options and accessibility needs, if any.

2.Because we partner with survivors, our goal is to create a culture of support, empowerment, and mutual respect between staff and survivors. We aim to provide a supportive environment in which survivor voice and choice is paramount. operates with an equity mindset. At its core, domestic violence is about the power of an abuser over another, and we address the inequities that allow abuse to thrive. Our work was borne from a desire to address domestic violence against women, but our sub-recipients now views abuse from a perspective of intersectionality. Staff and volunteers complete a mandatory 25-hour training covering: intersectionality, inequities, diversity, LGBTQIA+ specific survivor concerns, mental health, empowerment, and trauma-informed interaction with survivors.

3.We run programming throughout the year that focuses on trauma, healthy relationships, and healthy boundaries. Additionally, our staff receive training at hire and throughout their employment to develop and hone skills to support survivors around trauma and the effects of trauma. Staff receive weekly and biweekly group and individual clinical supervision to support them in their work with survivors.

4.From intake, we work with survivors where they are at and develop a survivor-centered goal plan that focuses on their individual needs, goals, and priorities. These strengths-based measures are evaluated with survivors on a quarterly basis where staff and survivors will meet to update progress towards goals, adapt or change goals, or identify new goals as their circumstances and priorities change.

5.We have prioritized diversity, equity, and inclusion across our services and organization at-large. We seek to make our services linguistically accessible and have recently translated our intake and assessment forms into multiple language and frequently employ a simultaneous translation service in order to provide counseling and case management in survivors' preferred language. (For more, please refer to #2 above.)

6.We offer a wide range of community-building opportunities for survivors including weekly community meals during community meeting and support groups. We also offer different modalities of support to truly meet survivors where they are. This takes on many forms: our office offers meeting space with couches and others with tables; we run programming over Zoom, over the telephone, and in person. Our programs include psycho-social education, peer support groups, and art groups that emphasize creativity and play, in addition to more traditional crisis safety planning support and comprehensive case management around housing.

7.Sub-recipients work with every survivor based on their individual needs, of which include parenting, childcare, and legal services. They run multiple programs across their organizations, including Prevention, Intervention, and Education programs and legal advocacy. They offer a wide range of supportive services such as a 3 series parenting workshop and legal services. Alternative House operates a supervised children's visitation center which offers supervised visits, semi-supervised visits, as well as monitored exchanges.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Sub-recipients support survivors of domestic violence and help them meet their unique goals for safety, justice, self-sufficiency, and self-fulfillment.

Our Housing Program, for which we receive CoC funding and seek to expand under this DV Bonus NOFO, provides transitional apartments, rental assistance, and housing search assistance that enable survivors to work toward safe, affordable, permanent housing while they rebuild their lives.

Specifically, clients accessing our housing program have access to the following services:

- Housing Search: On a weekly basis, Housing Specialists meet with clients to conduct housing search using internet resources and contacting collaborating housing providers. The housing team helps survivors complete housing applications, and we assist with moving costs, security deposits and last month's rent as needed.
- Safety planning and brainstorming for enhanced safety planning.
- Self-Sufficiency Services: Upon intake, Housing Specialists conduct an individualized needs assessment to determine what supportive services may benefit each survivor to guide a) bi-weekly case management meetings and b) planning to achieve individual or family housing and safety goals. Housing team builds a support network around each survivor to ensure long-term housing stability through warm referrals to community partners who provide education services, employment assistance, food, legal services, mental health services, outpatient health services, and substance abuse treatment services. Housing Specialists provide additional services, or connect survivors to partner programs to meet a variety of needs, including childcare, life skills training, transportation, safety planning, and counseling.
- Counseling and support groups
- Children's services including: after school and vacation camp programming; one-on-one support for children; referrals to community support for children; information for school enrollment; and a supervised children's visitation center which offers supervised visits, semi-supervised visits, as well as monitored exchanges.
- Referrals to Mainstream Programs: Housing Specialists assist survivors in obtaining mainstream benefits (SNAP, housing vouchers, Medicare, Medicaid, SSI).
- Housing Stability Support: Housing team advocates on behalf of survivors to local housing authorities and landlords. we leverage other funding sources to deliver long-term supportive services.

In addition, the following programming is open to all survivors:

- The law enforcement partnership program embeds advocates at six police departments to field calls from survivors, connect them with services, and screen them for signs of high risk. We founded and co-founded four High Risk Teams to monitor and hold offenders accountable while providing direct services to increase victim safety.
- A trauma specialist is embedded within the Suffolk County House of Correction to provide trauma-informed victim services to survivors of domestic violence who are detained or incarcerated there, in order to reduce the likelihood of further abuse and recidivism upon release. Because of changes to the Commonwealth's carceral system, our SAFER program now serves survivors from four Eastern Massachusetts counties.
- Trained counselors provide individual and group counseling and answer our Support Line.
- Our Community Intervention and Education Program brings healthy relationships and domestic violence curricula into middle and high schools, onto

college campuses, and into board rooms. We are also active participants in community events.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	
	Describe in the field below examples of how the new project(s) will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;	
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

This expansion project will fund additional RRH units and services for a sub-recipient already funded by the New Dawn survivor grant, thus their experience and plan overlap a great deal. Our plan for this coming year is to maintain and grow existing programming (detailed above), employing the same survivor- and equity-centered, trauma-informed practices, as we detail in the answers to your questions above.

During their time in our program, survivors will meet regularly with a case manager, who will help identify areas of service to offer and, if chosen by the survivor, help coordinate those services. Supportive services offered include the following:

- Emotional support for the guest and their children.
- Safety planning and brainstorming for enhanced safety planning.
- Self-Sufficiency Services: Upon intake, Housing Specialists will conduct an individualized needs assessment to determine what supportive services may benefit each survivor to guide a) bi-weekly case management meetings and b) planning to achieve individual or family housing and safety goals.
- Housing team will build a support network around each survivor to ensure long-term housing stability through warm referrals to community partners who provide education services, employment assistance, food, legal services, mental health services, outpatient health services, and substance abuse treatment services. Housing Specialists provide additional services, or connect survivors to partner programs to meet a variety of needs, including childcare, life skills training, transportation, safety planning, and counseling.
- Information for school enrollment for guests and children.
- Counseling & Support Groups
- Housing Search: On a weekly basis, Housing Specialists will meet with clients to conduct housing search using internet resources and contacting collaborating housing providers. The housing team helps survivors complete housing applications, and we will assist with moving costs, security deposits and last month's rent as needed.
- Support and referrals for transportation, childcare, household furnishings, etc.
- Referrals to Mainstream Programs: Housing Specialists assist survivors in obtaining mainstream benefits (SNAP, housing vouchers, Medicare, Medicaid, SSI).
- Self-care and holistic healing: yoga, art classes, movie tickets, etc.
- Self-defense classes
- Resume building and interview training
- Legal advocacy and court accompaniment

Check-in meetings: Available whenever needed during stay, although weekly meetings are recommended.

An initial service plan will be developed within the first week of residency to assess immediate needs. Service plans as well as case management will then be updated monthly.

Children's services: While guests are in the program, their children can choose to take part in the following services:

- After school & vacation camp programming
- One on one support for children
- Referrals to community support for children
- The supervised children's visitation center will continue to offer supervised visits, semi-supervised visits, as well as monitored exchanges.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

We have a service model based on an eclectic mix of best practices for trauma-informed services, survivor feedback, and local data and demographics. We have the capacity and infrastructure in place to measure the impact of our programs and services. Staff collect detailed quantitative data, including number of victims served, demographic data, services accessed, and client goals and progress towards those goals. We also elicit qualitative feedback from clients and community partners in order to assess and adapt programming. We are constantly tracking not only who we are serving, but also who we are not reaching, in order to amend and fine-tune our outreach and engagement activities to reach the most vulnerable and marginalized survivors in the communities we serve.

In recent years, we have used data to identify service gaps and create new programming to fill these gaps. For instance:

- a. Client feedback about poor housing outcomes after exiting shelter led to creation of our Housing Program; now 95% of housing clients leave for an independent housing option within 5-7 months;
- b. In response to the reduction in shelter beds statewide, we created additional High Risk Teams to better support survivors at high risk of abuse who cannot obtain a shelter bed;
- c. Survivor feedback about inaccessibility of services led to the placement of Civilian Advocates at local courts and police stations to better connect survivors with legal services and non-emergency police assistance;
- d. Recognizing the role of previous trauma for incarcerated women and men, we developed the first domestic violence program in a Massachusetts jail or prison. Now, Survivors of Abuse Feeling Empowered for Re-Entry (SAFER) serves ~200 survivors who are detained or incarcerated per year, with 12-24 post-release clients also receiving wrap-around case management services.

Feedback from clients will be sought throughout the expansion of this program and will be central to ongoing program evaluation.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/22/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/22/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/26/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/26/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/22/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/22/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/22/2023
1E-5b. Local Competition Selection Results	Yes	Local Competition...	09/22/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting CoC A...	09/26/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/26/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HDX Competition R...	08/16/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/22/2023
3A-2a. Healthcare Formal Agreements	No	Healthcare Levera...	09/22/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No	2C-1a. Emergency ...	09/15/2023

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: Web Posting CoC Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Leveraging Commitment

Attachment Details

Document Description:

Attachment Details

Document Description: 2C-1a. Emergency Declaration Letter

Submission Summary

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

Page	Last Updated
1A. CoC Identification	08/30/2023
1B. Inclusive Structure	09/26/2023
1C. Coordination and Engagement	09/26/2023
1D. Coordination and Engagement Cont'd	09/26/2023
1E. Project Review/Ranking	09/26/2023
2A. HMIS Implementation	09/26/2023
2B. Point-in-Time (PIT) Count	09/22/2023
2C. System Performance	09/22/2023
3A. Coordination with Housing and Healthcare	09/22/2023
3B. Rehabilitation/New Construction Costs	09/22/2023
3C. Serving Homeless Under Other Federal Statutes	09/22/2023

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4A. DV Bonus Project Applicants	09/22/2023
4B. Attachments Screen	09/26/2023
Submission Summary	No Input Required



Commonwealth of Massachusetts
**EXECUTIVE OFFICE OF HOUSING &
LIVABLE COMMUNITIES**

Maura T. Healey, Governor ♦ Kimberley Driscoll, Lieutenant Governor ♦ Edward M. Augustus Jr., Secretary

September 21, 2023

Ms. Karen R. Byron
MA Balance of State Continuum of Care, MA-516
Executive Office of Housing and Livable Communities
100 Cambridge St. 3rd Floor
Boston, MA 02114

RE: BoS CoC Mission to Include Persons with Lived Experience fully into the CoC Governance Structure

Dear Ms. Byron,

Please accept this letter as our approval and support of the MA Balance of State Continuum of Care's mission to make sure that Persons with Lived Experience have a voice in all efforts that the CoC makes to provide housing and services to the homeless and formerly homeless individuals and families within the BoS CoC. We support the following priorities for those who are homeless and unsheltered or living in an emergency shelter, as well as those who are fleeing domestic violence.

- ❖ The CoC will continue to pursue the creation of new housing opportunities with the use of CoC funding and collaboration with other funding sources including state and federal agencies.
- ❖ The CoC will seek funding for any available outreach opportunities prioritizing those that hire Persons with Lived Experience and Expertise of Homelessness (PLEE) as paid partners in outreach teams.
- ❖ The CoC will continue to support and encourage the use of CSPECH and PATH within the BoS CoC and will continue to build partnerships with other healthcare providers who have expertise in serving those who are homeless.
- ❖ The CoC will continue to identify new avenues to create programs that reach the homeless population in every corner of our vast Continuum of Care and provide housing and services to all in need of them.

We are all members of the BoS CoC PLEE Committee. We look forward to continuing to guide the CoC on policies, procedures, and priorities from the perspective of those who have expertise and experience in homelessness.

Sincerely,
The PLEE Committee Membership

Jonathan N. Bowen-Leopold
Jonathan Bowen-Leopold

Samantha Hernandez

Diamond Redding

Christian Alba



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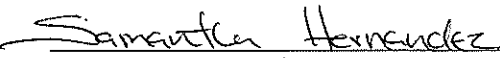
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Jonathan Bowen-Leopold

Samantha Hernandez

 Recoverable Signature

X Diamond Redding

Diamond Redding

Signed by: 7e8913fe-6015-4857-80e8-24ce8b5163cb

Christian Alba



Housing First Standards Assessment Tool

Overview: This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system's fidelity to Housing First. In addition to the universal best practice standards identified in this tool, Continuums should also take into account their local community context and local written standards pertaining to Housing First when assessing projects. A Continuum of Care can use this tool to prompt discussion and to

Provider Info tab: The Provider Information tab should be completed *prior* to beginning the assessment. Specifically, the **Project Name, Project Type, Target Sub-Population served, and Date of Assessment** fields need to be completed in order to populate the assessment standards and report summary with questions that are specific to the project type and population. Please complete this section prior to printing any standards for assessment.

Standards: The standards have been arranged into the following categories: *Access, Evaluation, Services, Housing, Leases, and Project-Specific*. The "Tab" chart at the bottom of this page describes each of the categories in more detail. Some of the categories are not applicable for all project types, and those standards do not need to be completed,

Project Type	Applicable Standards
Coordinated Entry	Access & Evaluation; Project-specific
Street Outreach	Access & Evaluation; Project-specific
Emergency Shelter	Access & Evaluation; Service & Housing; Project-specific
Transitional Housing	Access & Evaluation; Service & Housing; Leases; Project-specific
Rapid Rehousing	Access & Evaluation; Service & Housing; Leases; Project-specific
Permanent Supportive Housing	Access & Evaluation; Service & Housing; Leases; Project-specific

Safeguarding: Please keep in mind safeguarding concerns when assessing projects. In particular, we advise Continuums of Care to work with projects with victims of domestic violence to make sure that adequate safety and confidentiality policies and practices are in place before beginning assessments.

Scoring: For each standard, there are three scoring criteria: "Say It", "Document It", and "Do It" (as explained further below). To show that a project is in full compliance with each standard, the assessor should mark "Always" for each scoring criteria. Use the drop down in the three columns to the right to select "Always" or "Somewhat" or "Not at

- "Say It" means that project and agency staff can describe verbally what they do concerning each standard. The assessor should be able to identify that the organizational culture supports the standard by how staff talks about what is done.

- "Document It" means that there is written documentation that supports the project's compliance with each standard. Written documentation could include

Document It means that there is written documentation that supports the project's compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.

- **"Do It"** means that the assessor was able to find evidence that supports the project's compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports implementation of the standard, etc.

Assessor Notes: A cell below each individual standard allows the assessor to add optional notes about the information collected for that particular standard. The notes can include where information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as

Tab	Description	Purpose
Instructions	Tool overview and aim	Offers instruction to users on the assessment tool
Provider Info	Input provider, project and general assessment information	Determines project-specific standards for consideration
Standards - Access & Evaluation	Input compliance with standards concerning participant access to the project and input, project evaluation and performance management	Assesses whether access and evaluation are compliant with Housing First principles
Standards - Leases	Input compliance with standards concerning the lease and occupancy agreements, where applicable	Assesses whether leases and occupancy agreements are compliant with Housing First principles
Standards - Services & Housing	Input compliance with standards concerning the service and housing models and structure, where applicable	Assesses whether services and housing are compliant with Housing First principles
Standards – Project-Specific	Prompts assessment standards based on project type and targeted sub-populations served by the project, where applicable	Assesses whether specific project standards are compliant with Housing First principles
Report Summary	Displays assessment scores and conclusions, and highlights non-compliant standards	Printable summary of the assessment



Provider Information

Please complete the information below on the organization being assessed.

Provider Information

Provider's Legal Name

Action Inc.

Acronym (If Applicable)

Year Incorporated

1965

EIN

04-2389332

Street Address

180 Main Street Gloucester MA

Zip Code

01930

Project Information

Project Name

Welcome Home I Expansion

Project Budget

\$788,033.00

Grant Number

MA0442L1T162210

Name of Project Director

Erin George

Project Director Email Address

egeorge@actioninc.org

Project Director Phone Number

978-282-1000

Which best describes the project *

Permanent Supportive Housing

If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing

Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.

None of the above

*Please note that when you select a project type, particular standards may not be relevant.

Management Information

Name of CEO

Peggy Hegarty-Steck

	CEO Email Address	psteck@actionin.org
	CEO Phone Number	978-282-1000
	Name of Staff Member Guiding Assessment	Erin George
	Staff Email Address	egeorge@actioninc.org
	Staff Phone Number	978-282-1000
	Assessment Information	
	Name of Assessor	
	Organizational Affiliation of Assessor	
	Assessor Email Address	
	Assessor Phone Number	
	Date of Assessment	



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

No.	Standard	Access Definition / Evidence	Say It	Document it	Do it
Access 1	Projects are low-barrier	<p>Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, "housing readiness," history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Access 2	Projects do not deny assistance for unnecessary reasons	<p>Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Access 3	Access regardless of sexual orientation, gender identity, or marital status	<p>Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one's sexual orientation or marital status, and in accordance with one's gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Access 4	Admission process is expedited with speed and efficiency	<p>Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Access 5	Intake processes are person-centered and flexible	<p>Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project.</p>	Always	Always	Always

<i>Optional notes here</i>					
Access 6	The provider/project accepts and makes referrals directly through Coordinated Entry	Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities' existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.	Always	Always	Always
<i>Optional notes here</i>					
Access 7	Exits to homelessness are avoided	Projects that can no longer serve particular households utilize the coordinated entry process, or the communities' existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies' regulation-adherent policies.	Always	Always	Always
<i>Optional notes here</i>					
Name		Participant Input Definition / Evidence	Say It	Document it	Do it
Participant Input 1	Participant education is ongoing	Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.	Always	Always	Always
<i>Optional notes here</i>					
Participant Input 2	Projects create regular, formal opportunities for participants to offer input	Input is welcomed regarding the project's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services.	Always	Always	Always
<i>Optional notes here</i>					



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

	Standard	Lease and Occupancy Definition / Evidence	Say It	Document It	Do It
Leases 1	Housing is considered permanent (not applicable for Transitional Housing)	Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party. <i>Optional notes here</i>	Always	Always	Always
Leases 2	Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit. <i>Optional notes here</i>	Always	Always	Always
Leases 3	Leases are the same for participants as for other tenants	Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants' and owner's choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market. <i>Optional notes here</i>	Always	Always	Always
Leases 4	Participants receive education about their lease or occupancy agreement terms	Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities. <i>Optional notes here</i>	Always	Always	Always
Leases 5	Measures are used to prevent eviction	Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.	Always	Always	Always

Optional notes here					
Leases 6	Providing stable housing is a priority	Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit.	Always	Always	Always
Optional notes here					
Leases 7	Rent payment policies respond to tenants' needs (as applicable)	While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.	Always	Always	Always
Optional notes here					



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

Standard	Services Definition / Evidence	Say it	Document it	Do it
Services 1 Projects promote participant choice in services	Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services. <i>Optional notes here</i>	Always	Always	Always
Services 2 Person Centered Planning is a guiding principle of the service planning process	Person-centered Planning is a guiding principle of the service planning process <i>Optional notes here</i>	Always	Always	Always
Services 3 Service support is as permanent as the housing	Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing. <i>Optional notes here</i>	Always	Always	Always
Services 4 Services are continued despite change in housing status or placement	Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays. <i>Optional notes here</i>	Always	Always	Always
Services 5 Participant engagement is a core component of service delivery	Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time.	Always	Always	Always

<i>Optional notes here</i>					
Services 6	Services are culturally appropriate with translation services available, as needed	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them).	Always	Always	Always
<i>Optional notes here</i>					
Services 7	Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)	Services support a participant's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices.	Always	Always	Always
<i>Optional notes here</i>					
Standard		Housing Definition / Evidence	Say It	Document It	Do It
Housing 1	Housing is not dependent on participation in services	Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants.	Always	Always	Always
<i>Optional notes here</i>					
Housing 2	Substance use is not a reason for termination	Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing brief here: https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/	Always	Always	Always
<i>Optional notes here</i>					
Housing 3	The rules and regulations of the project are centered on participants' rights	Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets.	Always	Always	Always

<i>Optional notes here</i>					
Housing 4	Participants have the option to transfer to another project	Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.	Always	Always	Always
<i>Optional notes here</i>					



Housing First Standards

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	Standard	Project -Specific Standards	Say It	Document it	Do it
Project 1	Quick access to RRH assistance	A permanent supportive housing project ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability. <i>Optional notes here</i>	Always	Always	Always
Project 2	PSH is focused on ending homelessness for those with the most severe barriers to maintaining housing	Participants and staff understand that a primary goal of permanent supportive housing is to end homelessness for people with the most severe service needs and help participants stay housed, regardless of other perceived barriers. <i>Optional notes here</i>	Always	Always	Always
Project 3	Property Management duties are separate and distinct from services/case management	In order to provide clear roles of staff for participants in terms of lease and rules enforcement as well as tenant advocacy, property management and service provider staff should be separate roles. However, they should work together on a regular basis through regular communications and meetings regarding Participants to address tenancy issues in order to preserve tenancy. <i>Optional notes here</i>	Always	Always	Always
		No additional standards <i>Optional notes here</i>			
		No additional standards			

Optional notes here

No additional standards

Optional notes here

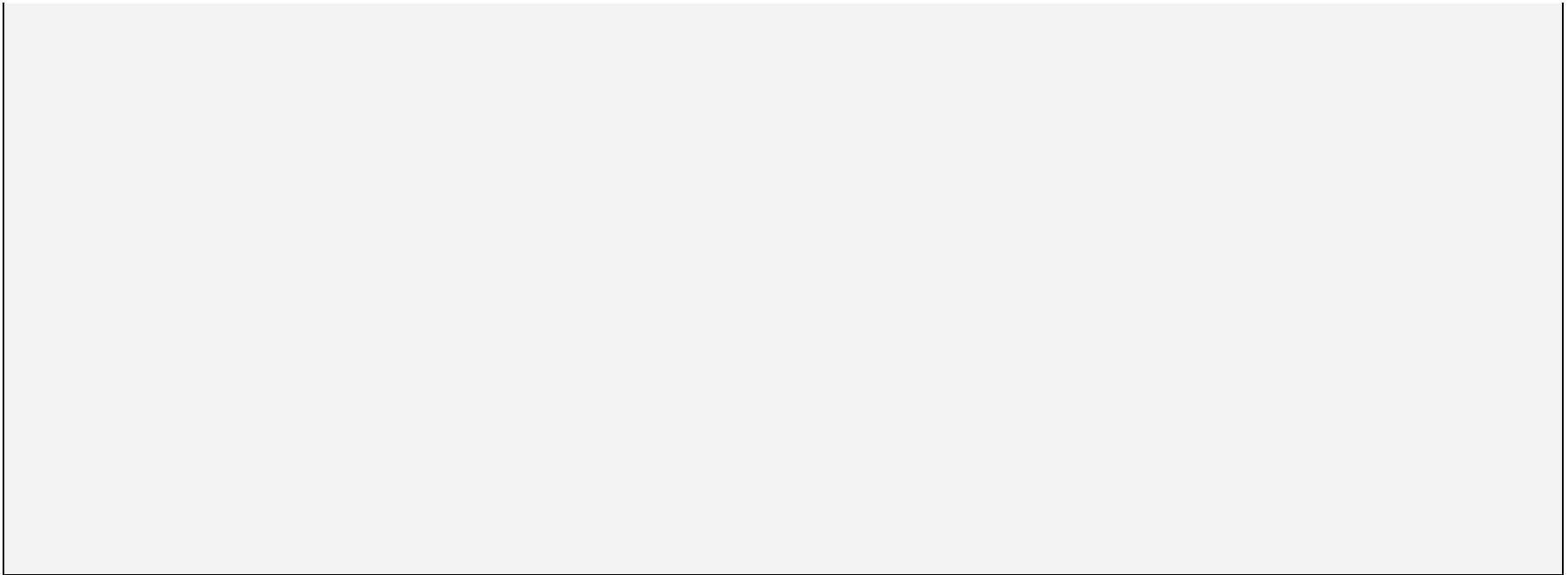
No additional standards

Optional notes here

No additional standards

Optional notes here

Section is not applicable. Please see following section.





Measuring First Standards: Assessment Summary

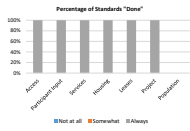
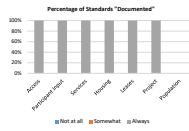
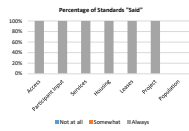
Action Inc.
9-Jan-20

Some standards have not been evaluated. Please return and complete all standards before finalizing report.

Final score: 180

Max potential score: 200

Score is calculated by awarding 1 point for standards assessed 'sometimes' and 2 points for standards assessed 'always'. Companies that are not applicable for your project are not included in the maximum potential score.



OCD - DHS - GFS - 2023 x FY23 NOFO Work Plan x Grantium™ - Submission x mass.gov coc - Search x Continuum of Care Prog x

https://www.mass.gov/info-details/continuum-of-c...

Timesheet CoC Program Com... FY 2023 CoC Progr... esnaps OCD - DHS - GFS - ... Welcome to HUD E... HDX HDX 2.0 Homelessn... Sage: Log in

Funding

Much of the funding for the CoC programs comes from the US Department of Housing and Urban Development.

As part of the process for accessing this funding, HUD asks us to rank projects for funding priority.

CoC Program Competition and Renewal or Replacement YHDP Grants FY2023 Funding Availability

August 11, 2023

The Massachusetts Balance of State Continuum of Care (MA-516) is pleased to announce the opportunity to apply for projects under the [FY23 HUD Continuum of Care NOFO](#). Existing sub recipients as well as organizations who have not received CoC funding before are welcome to apply.

For more information on the FY23 NOFO as it pertains to the Balance of State CoC, please find it

- 07/12/2023 - FY23 NOFO Overview

Feedback

4:05 PM 8/18/2023

https://www.mass.gov/info-details/continuum-of-c...

Important dates.

- 08/16/ 2023 – Project applications due in [ESNAPS](#).
- 08/24/2023 – Final submissions with attachments due in [ESNAPS](#).
- 09/12/2023 – All applications accepted or rejected by CoC. Notification of acceptance, rejection, or reduction of project applications, and ranking position in the Priority Listing in writing.
- 09/22/2023 – Full NOFA response available on CoC and partner websites for public review.

Additional meeting resources:

[Working Calendar](#)

[FY2023 Ranking Tool](#)

How to Get Involved

The Balance of State Continuum of Care hosts a general membership meeting, virtually, the first Wednesday of every month at 10:00 AM. There are also several committees that work to address unique issues of subpopulations within the Continuum of Care. Membership is open to anyone interested in preventing and ending homelessness in the CoC's geographic area. New participation is always welcome. Individuals with lived expertise and experience of homelessness are encouraged to become involved. We seek to maintain a diverse membership with representation and participation from the Black, Latino, Indigenous, LGBTQ+, and persons with disabilities communities.

For more information on general membership or committee membership please contact the

Feedback

4:10 PM
8/18/2023

FY 23 NOF Ranking Tool Instructions

1. Go to the project name on the GIW tab to determine which component it is. (PH-PSH for example)
2. Go to the tab for the appropriate component.
3. Using the drop down at project name, choose the project.
4. Some of the answers in the tool will auto-fill.
5. Review Threshold Criteria. If any answers are “No”, contact your team lead before moving forward.
6. Performance Measures – you will be using the APR and a VESTA report that came in your packet for these answers.

Question	Source
1	APR 23c, percentage in last row. If there were no exits or all exits were excluded from the calculation, award maximum points.
2a	APR 19a1, row 1, last cell
2b	APR 19a1, row 3, last cell
2c	APR 19a2, row 1, last cell (if no leavers, use same amount as 2a)
2d	APR 19a2, row 3, last cell ((if no leavers, use same amount as 2ab)
3	VESTA report
4a	Enter the numbers from Q07b, enter the beds from 4B in the application, this will give you the percentage. Choose the appropriate answer from the dropdown.
4b	Enter the numbers from Q08b, enter the units from 4B in the application, this will give you the percentage. Choose the appropriate answer from the dropdown.

7. Project Effectiveness – To determine the amount of reversions, go to the % of funds reverted and answer Reversions based upon that answer. To determine if this is a rental assistance project, please go to 6A, question 5 of the application. The remainder of the answers are auto-filled.
8. Equity Factors and PLEE Involvement are auto-filled.
9. Serving High Need and Priority Populations – you will be using the APR and VESTA report to answer these questions.

Question	Source
1	APR 16, Divide the number in column 1, No income by the Total Adults at the bottom of column 1. Choose the appropriate answer from the dropdown.
2	13a2: Using rows c. 2 conditions, d. 3+ conditions, & h. Total; and columns a. Without children & b. Adults in households with children and adults, 1) find the total number of adults with 2 and 3+ conditions, 2) find the total number of adults. 3) Divide the number of those with more than one condition (step 1) by the total number of adults (step 2).
3	APR 15 Divide the third answer in column A by the Total at the bottom of the column. Choose the appropriate answer from the drawdown.
4	Please answer based on the report.

10. Monitoring – Due to the new monitoring process this year, please answer No to the first question, and <1 to the second.
11. Bonus – This is auto-filled.

Project Name					
Grant Number					
Project Type					
DV Project?					
Renewal Amount					
Threshold Criteria					
1. Does the project participate in Coordinated Entry?					
2. Does the project practice Housing First/Low Barrier Implementation?					
3. Is the applicant an active CoC participant?					
Performance Measures					
Max ScoreMetricScoreComments					
1. Exits to Permanent Housing25<9610					
2. New or Increased Income and Earned Income					
2a. New or increased income or earned income - Minimum percent of participants with new or increased earned income for project stayers					
2b. New or increased income or earned income - Minimum percent of participants with new or increased non-employment income for project stayers					
2c. New or increased income or earned income - Minimum percent of participants with new or increased earned income for project leavers					
2d. New or increased income or earned income - Minimum percent of participants with new or increased non-employment for project leavers					
3. Returns to Homelessness (Unless DV)					
4. Vacancies					
Bed Utilization Q07b APR					
January19					
April20					
July22					
October20					
Average bed utilization20.25					
Total beds from 4B in application24					
Percentage84.38%					
4a. Bed Utilization7.5<86.42					
Unit Utilization Q08b APR					
January19					
April20					
July22					
October20					
Average unit utilization20.25					
Total units from 4B in application24					
Percentage84.38%					
4b. Unit Utilization7.5<89.42					
Project Effectiveness					
Reversions15<10%15					
Is this a rental assistance projectNo					
Are we measuring for the first complete grant year?The last two digits of the grant number515FALSE0					
Amount of Grant Funds Spent\$768,099					
Amount of Grant Funds Reverted\$25,138					
% of Funds Reverted3%					
APR submitted on time - 30 days after the close of the grant10Yes10					
APR submitted on time - 90 days after the close of the grant10Yes10					
Was the APR rejected by HUD?5No5					
Equity Factors					
Has project staff participated in diversion, equity and inclusion training in the last 18 mo?10No0					
Is DEI a component in staff and program evaluations?5No0					
PLEE Involvement					
Are Persons with Lived Experience and Expertise of Homelessness (PLEE) decision-making partners in your organization?5No0					
Serving High Need and Priority Populations					
1. Percent of participants with zero income at entry10<262					
2. Percent of participants with more than one disability type1567-9010					
3. Percent of participants entering project from a place not meant for human habitation20<215					
4. Did all new referrals between January 1, 2023 and July 31, 2023 come through CE?20Yes20					
CoC Monitoring Score					
Were there any findings in the most recent monitoring?5No5					
Were there any concerns in the most recent monitoring?5<15					
Bonus					
Survey related to additional resources submitted5Yes5					
Total Available Points					
Maximum available215Total Score126					

Project Name			Brookline Rental Assistance for the Chronically Homeless																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										</
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Project Name	Grant Number	GIW Funding	Application Amount	Component	DV?	CE Participation	Hsng 1st?	Active?	Amount Spent	APR on time 30	APR on time 90	APR rejected	DEI Training	DEI Staff	PLEE	Survey Submitted
Advocates Supported Housing Consolidation	MA02871T162215	\$793,237	\$793,237	PH-PSH	No	Yes	Yes	Yes	\$768,098.62	Yes	Yes	No	No	No	No	Yes
Alternative House, Transitional Housing Program	MA01461T162215	\$169,754	\$0	TH	Yes	Yes	Yes	Yes	\$169,754.00	Yes	Yes	No				
Alternative House, Transitional Housing Program Expansion	MA0740D1T162201	\$169,365	\$0	Joint TH & PH-RRH	Yes	Yes	Yes	Yes	\$124,000.00							
Brookline Rental Assistance for the Chronically Homeless	MA03961T162212	\$73,132	\$73,132	PH-PSH	No	Yes	Yes	Yes	\$46,492.00	No	Yes	Yes	Yes	Yes	Yes	Yes
Burlington YHDP RRH	MA0748Y1T161900	\$301,059		PH-RRH	No	Yes	Yes						No	No	No	No
Burlington YHDP Youth Navigator	MA0749Y1T161900	\$90,118		SSO	No	Yes	Yes	Yes					No	No	No	No
Campus Apartments Consolidation	MA04131T162210	\$720,845	\$720,845	PH-PSH	No	Yes	Yes	Yes	\$128,346.00	No	Yes	No	No	No	No	Yes
Community Housing Initiative	MA02421T162215	\$128,400	\$128,400	PH-PSH	Yes	Yes	Yes	Yes	\$128,400.00	Yes	Yes	No	Yes	Yes	Yes	No
Community Housing S+C	MA02431T162215	\$954,343	\$954,343	PH-PSH	No	Yes	No	Yes	\$474,759.00	Yes	Yes	No	No	No	No	No
Coordinated Entry	MA05841T162206	\$1,366,560	\$1,366,560	Y	No	Yes	Yes	Yes	\$1,366,560.00	Yes	Yes	No				
Crossroads 1 (Reallocated PDPR)	Reallocation	\$0	\$204,522	PH-PSH	No	Yes	Yes	Yes	\$620,789.00	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CTI PH-PSH for People Experiencing Chronic Homelessness	MA06741T162203	\$84,556	\$0	PH-PSH	No	Yes	Yes	Yes	\$58,918.00	No	No	Yes	Yes	Yes	Yes	Yes
CTI PH-RRH	Reallocation-New	\$0	\$84,556			Yes	Yes	Yes	\$58,918.00	No	No	Yes	Yes	Yes	Yes	Yes
CTI YHDP Crisis Transitional	MA0743Y1T161900	\$1,139,551	\$1,139,551	TH	No	Yes	Yes	Yes					Yes	Yes	Yes	Yes
CTI YHDP TH RRH	MA0744Y1T161900	\$753,158	\$594,149	Joint TH & PH-RRH	No	Yes	Yes	Yes					Yes	Yes	Yes	Yes
CTI YHDP Youth Navigation	MA0745Y1T161900	\$466,970	\$466,970	SSO	No	Yes	Yes	Yes					Yes	Yes	Yes	Yes
CTI Youth TH-RRH	MA06061T162205	\$201,468	\$201,468	Joint TH & PH-RRH	No	Yes	Yes	Yes	\$180,486.00	No	Yes	No	Yes	Yes	Yes	Yes
Disabled Family Leasing	MA03421T162211	\$695,203	\$695,203	PH-PSH	No	Yes	Yes	Yes	\$458,129.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Disabled Family Leasing Expansion	Expansion	\$0	\$985,002	PH-PSH	No	Yes	Yes	Yes	\$458,129.00	Yes	Yes	No	Yes	Yes	Yes	Yes
DV CE	New - DV Bonus	\$0	\$261,465			Yes			\$261,465.00							
Emerson Street Shelter Plus Care	MA01861T162215	\$130,157	\$130,157	PH-PSH	No	Yes	Yes	Yes	\$87,895.00	Yes	Yes	No	Yes	Yes	Yes	No
Emmaus Rapid Rehousing Program	MA06401T162204	\$285,142	\$285,142	PH-RRH	No	Yes	Yes	Yes	\$260,056.00	Yes	Yes	No	Yes	Yes	Yes	No
E-Nav BoS	MA07721T162200	\$1,496,930	\$1,496,930	PH-RRH	No	Yes	Yes	Yes	\$1,496,930.00	Yes	Yes	No	No	No	No	No
Greater Boston Mobile Stabilization Team	MA02441T162215	\$198,955	\$198,955	SSO	No	Yes	Yes	Yes	\$169,744.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Greater Boston Rental Assistance for the Chronically Homeless	MA02771T162215	\$455,490	\$455,490	PH-PSH	No	Yes	Yes	Yes	\$142,264.00	No	Yes	No	Yes	Yes	Yes	Yes
Greater Boston Sponsor Based S+C	MA02451T162215	\$347,508	\$347,508	PH-PSH	No	Yes	Yes	Yes	\$292,681.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Greater Boston Tenant Based S+C	MA02461T162215	\$1,499,882	\$1,499,882	PH-PSH	No	Yes	Yes	Yes	\$1,182,178.00	Yes	Yes	No	No	No	No	No
HMS Dedicated	MA06141T162205	\$608,490	\$608,490	HMS	No	Yes			\$608,490.00	Yes	No	No				
Home Again/Fresh Start	MA03411T162210	\$242,541	\$242,541	PH-PSH	No	Yes	No	Yes	\$190,513.00	Yes	Yes	No	Yes	Yes	Yes	No
Housing Pronto - this includes an expansion; 77% of previous award expa	MA06131T162205	\$875,577	\$875,577	PH-PSH	No	Yes	Yes	Yes	\$674,194.00	No	Yes	No	No	Yes	Yes	No
Journey to Success	MA02491T162215	\$862,142	\$862,142	PH-PSH	No	Yes	Yes	Yes	\$434,550.00	Yes	Yes	No	Yes	Yes	Yes	Yes
JRI Supportive Housing-Hope for Families Program	MA03851T162211	\$144,598	\$144,598	PH-PSH	No	Yes	Yes	Yes	\$128,113.00	Yes	Yes	No	Yes	Yes	Yes	No
Julie House	MA03951T162212	\$136,250	\$136,250	PH-PSH	No	Yes	Yes	Yes	\$96,016.00	Yes	Yes	No	No	No	No	Yes
LINCOLN ST	MA02271T162215	\$109,727	\$109,727	PH-PSH	No	Yes	Yes	Yes	\$71,124.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Metrowest Leased Housing Consolidation	MA03441T162212	\$554,841	\$554,841	PH-PSH	No	Yes	Yes	Yes	\$496,792.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Mystic Valley Homeless to Housing Consolidation	MA02201T162215	\$2,252,091	\$2,252,091	PH-PSH	No	Yes	Yes	Yes	\$1,621,230.00	Yes	Yes	No	No	No	No	No
NEW BEGINNINGS	MA02291T162215	\$146,748	\$146,748	PH-PSH	No	Yes	Yes	Yes	\$139,774.00	Yes	Yes	No	No	Yes	Yes	Yes
New Dawn	MA0741D1T162201	\$2,160,222	\$2,160,222	Joint TH & PH-RRH	Yes	Yes	Yes	Yes	\$2,160,222.00	Yes	Yes	No	Yes	Yes	Yes	Yes
New Dawn Expansion	Expansion	\$0	\$339,119	Joint TH & PH-RRH	Yes	Yes	Yes	Yes	\$2,160,222.00	Yes	Yes	No	Yes	Yes	Yes	Yes
North East Scattered Site Tenancy S+C	MA02521T162215	\$234,958	\$234,958	PH-PSH	No	Yes	Yes	Yes	\$161,830.00	Yes	Yes	No	No	No	No	Yes
North Star Housing	MA06121T162205	\$705,034	\$705,034	PH-PSH	No	Yes	Yes	Yes	\$614,667.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Pathfinder PH Program	MA01501T162215	\$289,945	\$289,945	PH-PSH	No	No	Yes	Yes	\$288,097.00	Yes	Yes	No	Yes	No	No	Yes
Post Acute Treatment Services / Pre-Recovery Services (PDPR)	MA02541T162215	\$204,522	\$0	PH-PSH	No	Yes	Yes	Yes	\$620,789.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Proyecto Opciones	MA02561T162215	\$311,787	\$311,787	PH-PSH	No	Yes	Yes	Yes	\$230,177.00	Yes	Yes	No	Yes	Yes	Yes	No
Respond PH-RRH DV Bonus	MA0685D1T162203	\$488,978	\$488,978	PH-RRH	Yes	Yes	Yes	Yes	\$221,787.00	No	No	Yes	Yes	No	Yes	Yes
RESPOND YHDP TH-RRH	MA0746Y1T161900	\$318,735		Joint TH & PH-RRH	Yes	Yes	Yes	Yes					Yes	No	Yes	Yes
Tri-City Rental Assistance Project	MA02231T162215	\$192,596	\$192,596	PH-PSH	No	Yes	Yes	Yes	\$152,071.00	Yes	Yes	No	No	No	No	No
TSS TH-RRH Combined	MA06451T162204	\$609,365	\$0	Joint TH & PH-RRH	Yes	Yes	Yes	Yes	\$459,515.00	Yes	Yes	No	Yes	Yes	Yes	Yes
TSS PH-RRH Transition	Transition	\$0	\$609,365	PH-RRH	Yes	Yes	Yes	Yes	\$459,515.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Turn the Key	MA02581T162215	\$1,589,472	\$1,589,472	PH-PSH	Yes	Yes	Yes	Yes	\$1,117,461.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Wayside Shortstop Transitional Housing Program	MA02751T162215	\$232,500	\$232,500	TH	No	Yes	Yes	Yes	\$232,499.00	No	Yes	No	No	No	No	No
Welcome Home 1 Expansion	MA04421T162210	\$788,033	\$788,033	PH-PSH	No	Yes	Yes	Yes	\$788,033.00	Yes	Yes	No	Yes	Yes	Yes	Yes
Welcome Home Expansion 2.5	Expansion	\$0	\$933,362	PH-PSH	No	Yes	Yes	Yes	\$788,033.00	Yes	Yes	No	Yes	Yes	Yes	Yes
YWCA Fina House Project	MA02151T162215	\$146,465	\$146,465	PH-PSH	No	Yes	Yes	Yes	\$27,697.00	No	Yes	No	Yes	Yes	Yes	Yes
		\$26,727,399	\$28,038,308													
	Not ranked															

Project Name
Grant Number
Project Type
DV Project
Renewal Amount

Advocates Supported Housing Consolidation
MA0287L1T162215
PH-PSH
No
\$793,237

Threshold Criteria

- Does the project participate in Coordinated Entry?
- Does the project practice Housing First/Low Barrier Implementation?
- Is the applicant an active CoC participant?

Yes
Yes
Yes

Performance Measures	Max Score	Metric	Score	Comments
1. Exits to Permanent Housing	25	98+	25	
2. New or Increased Income and Earned Income	10			
2a. New or increased income or earned income - Minimum percent		<12.5	0	
2b. New or increased income or earned income - Minimum percent		58.9-75	1.5	
2c. New or increased income or earned income - Minimum percent		<10.6	0	
2d. New or increased income or earned income - Minimum percent		>75	2.5	
3. Returns to Homelessness (Unless DV)	20	<5.2	20	
4. Vacancies	15			
<i>Bed Utilization Q07b APR</i>				
January			24	
April			24	
July			24	
October			21	
Average bed utilization			23.25	
Total beds from 4B in application			25	
Percentage			93.00%	
4a. Bed Utilization	>88		7.5	
<i>Unit Utilization Q08b APR</i>				
January			22	
April			22	
July			22	
October			21	
Average unit utilization			21.75	
Total units from 4B in application			22	
Percentage			98.86%	
4b. Unit Utilization	>91		7.5	
Project Effectiveness				
Reversions	15	11-25	7.5	
Is this a rental assistance project		No		
Are we measuring for the first complete grant year?				
The last two digits of the grant number	15		FALSE	0
Amount of Grant Funds Spent		\$768,099		
Amount of Grant Funds Reverted		\$25,138		
% of Funds Reverted		3%		
APR submitted on time - 30 days after the close of the grant	10	Yes	10	
APR submitted on time - 90 days after the close of the grant	10	yes	10	
Was the APR rejected by HUD?	5	no	0	
Equity Factors				
Has project staff participated in diversion, equity and inclusion	10	No	0	
Is DEI a component in staff and program evaluations?	5	No	0	
PLEE Involvement				
Are Persons with Lived Experience and Expertise of Homelessness	5	No	0	
Serving High Need and Priority Populations				
1. Percent of participants with zero income at entry	10	26-45	5	
2. Percent of participants with more than one disability type	15	67-90	10	
3. Percent of participants entering project from a place not meant	20	21-35	10	
4. Did all new referrals between January 1, 2023 and July 31, 2023	20	Yes	20	
CoC Monitoring Score				
Were there any findings in the most recent monitoring?	5	No	5	
Were there any concerns in the most recent monitoring?	5	<1	5	
Bonus				
Survey related to additional resources submitted		Yes	5	

Project Name
Grant Number
Project Type
DV Project
Renewal Amount

Advocates Supported Housing Consolidation
MA0287L1T162215
PH-PSH
No
\$793,237

Threshold Criteria

- Does the project participate in Coordinated Entry?
- Does the project practice Housing First/Low Barrier Implementation?
- Is the applicant an active CoC participant?

Yes
Yes
Yes

Performance Measures	Max Score	Metric	Score	Comments
1. Exits to Permanent Housing	25	98+	25	
2. New or Increased Income and Earned Income	10			
2a. New or increased income or earned income - Minimum percent of participants with new or increased earned income for project stayers		<12.5	0	
2b. New or increased income or earned income - Minimum percent of participants with new or increased non-employment income for project stayers		58.9-75	1.5	
2c. New or increased income or earned income - Minimum percent of participants with new or increased earned income for project leavers		<10.6	0	
2d. New or increased income or earned income - Minimum percent of participants with new or increased non-employment for project leavers		>75	2.5	
3. Returns to Homelessness (Unless DV)	20	<5.2	20	
4. Vacancies	15			
Bed Utilization Q07b APR				
January		24		
April		24		
July		24		
October		21		
Average bed utilization		23.25		
Total beds from 4B in application		25		
Percentage		93.00%		
4a. Bed Utilization		>88	7.5	
Unit Utilization Q08b APR				
January		22		
April		22		
July		22		
October		21		
Average unit utilization		21.75		
Total units from 4B in application		22		
Percentage		98.86%		
4b. Unit Utilization		>91	7.5	
Project Effectiveness				
Reversions	15	11-25	7.5	
Is this a rental assistance project		No		
Are we measuring for the first complete grant year?				
The last two digits of the grant number	15		FALSE	0
Amount of Grant Funds Spent		\$768,099		
Amount of Grant Funds Reverted		\$25,138		
% of Funds Reverted		3%		
APR submitted on time - 30 days after the close of the grant	10	Yes	10	
APR submitted on time - 90 days after the close of the grant	10	Yes	10	
Was the APR rejected by HUD?	5	No	0	
Equity Factors				
Has project staff participated in diversion, equity and inclusion training in the last 18 mo?	10	No	0	
Is DEI a component in staff and program evaluations?	5	No	0	
PLEE Involvement				
Are Persons with Lived Experience and Expertise of Homelessness (PLEE) decision-making partners in your organization?	5	No	0	
Serving High Need and Priority Populations				
1. Percent of participants with zero income at entry	10	26-45	5	
2. Percent of participants with more than one disability type	15	67-90	10	
3. Percent of participants entering project from a place not meant for human habitation	20	21-35	10	
4. Did all new referrals between January 1, 2023 and July 31, 2023 come through CE?	20	Yes	20	
CoC Monitoring Score				
Were there any findings in the most recent monitoring?	5	No	5	
Were there any concerns in the most recent monitoring?	5	<1	5	
Bonus				
Survey related to additional resources submitted		Yes	5	

Project Name
Grant Number
Project Type
DV Project
Renewal Amount

Advocates Supported Housing Consolidation
MA0287L1T162215
PH-PSH
No
\$793,237

Threshold Criteria

- Does the project participate in Coordinated Entry?
- Does the project practice Housing First/Low Barrier Implementation?
- Is the applicant an active CoC participant?

Yes
Yes
Yes

Performance Measures	Max Score	Metric	Score	Comments
1. Exits to Permanent Housing	25	98+	25	
2. New or Increased Income and Earned Income	10			
2a. New or increased income or earned income - Minimum percent of participants with new or increased earned income for project stayers		<12.5	0	
2b. New or increased income or earned income - Minimum percent of participants with new or increased non-employment income for project stayers		58.9-75	1.5	
2c. New or increased income or earned income - Minimum percent of participants with new or increased earned income for project leavers		<10.6	0	
2d. New or increased income or earned income - Minimum percent of participants with new or increased non-employment for project leavers		>75	2.5	
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4b. Unit Utilization		>91	7.5	
Project Effectiveness				
Reversions	15	11-25	7.5	
Is this a rental assistance project		No		
Are we measuring for the first complete grant year?				
The last two digits of the grant number	15		FALSE	0
Amount of Grant Funds Spent		\$768,099		
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Equity Factors				
Has project staff participated in diversion, equity and inclusion training in the last 18 mo?	10	No	0	
Is DEI a component in staff and program evaluations?	5	No	0	
PLEE Involvement				
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Serving High Need and Priority Populations				
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4. Did all new referrals between January 1, 2023 and July 31, 2023 come through CE?	20	Yes	20	
CoC Monitoring Score				
Were there any findings in the most recent monitoring?	5	No	5	
Were there any concerns in the most recent monitoring?	5	<1	5	
Bonus				
Survey related to additional resources submitted		Yes	5	

Project Name
Grant Number
Project Type
DV Project
Renewal Amount

Advocates Supported Housing Consolidation
MA0287L1T162215
PH-PSH
No
\$793,237

Threshold Criteria

- Does the project participate in Coordinated Entry?
- Does the project practice Housing First/Low Barrier Implementation?
- Is the applicant an active CoC participant?

Yes
Yes
Yes

Performance Measures	Max Score	Metric	Score	Comments
1. Exits to Permanent Housing	25	98+	25	
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4. Did all new referrals between January 1, 2023 and July 31, 2023 come through CE?	20	Yes	20	
CoC Monitoring Score				
Were there any findings in the most recent monitoring?	5	No	5	
Were there any concerns in the most recent monitoring?	5	<1	5	
Bonus				
Survey related to additional resources submitted		Yes	5	



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MA Balance of State Continuum of Care

September 22, 2023

Department of Housing and Urban Development
45 7th Street S.W.
Washington, DC 20410

To Whom It May Concern,

The Massachusetts Balance of State Continuum of Care, MA-516 did not reject or reduce any project applications submitted during out local competition for funding under NOFO FR-670-N-25.

Sincerely,

Karen R. Byron
Supervisor, MA Balance of State Continuum of Care

From: [Byron, Karen \(EOHLC\)](#)
To: [Ackroyd, Amy \(EXT\)](#); [Aconnor \(DTA\)](#); [Al Hanscom \(al@emmausinc.org\)](#); [Alex Pratt](#); [alexa white](#); [Allison Lex](#); [Alonzo Dukes](#); [Amanda Berman](#); [Amanda Cook](#); [Amanda Kaszuba](#); [Amanda Sagarin](#); [Amy Weatherbee](#); [Angela Giordano](#); [Anne Corbin](#); [Annette Poirier](#); [April Stevens](#); [Ashley Cruz](#); [Audrey Beare](#); [Awilda Pimentel](#); [Baniszewski, Carl \(DPH\)](#); [Barbara Warren \(she, her, hers\)](#); [Beatrice Suggspawch](#); [Beth Ann Schmitt](#); [Bianca Jones-Ruiz](#); [Bilton, Mark \(DMH\)](#); [Bokor, Charles \(EOHLC\)](#); [Bowen, Joanna \(EOHLC\)](#); [Brevard, Alvina \(EOHLC\)](#); [Brielle Calderan](#); [Brigham, Thomas \(DPH\)](#); [Bryna Davis](#); [Caitlin Golden](#); [Calkins, Gordon \(EOHLC\)](#); [Calpurnia Roberts](#); [Carina Pappalardo](#); [Carl Howell](#); [Carla Richards](#); [Carlos Hernandez](#); [Carolyn Lightburn](#); [Cary Havey](#); [Charles Horenstein](#); [Charyn Perdomo](#); [Chasse, Jeffrey \(DMH\)](#); [Cheryl LaChance](#); [Chris Moskal](#); [Christian Alba](#); [Cintron, Jonathan \(EOHLC\)](#); [Claudia Carias](#); [Clougherty, Kim \(DMH\)](#); [cmimoso](#); [Comeau, Gary N. \(DMH\)](#); [Connie Donahue](#); [Cooper, Emily \(ELD\)](#); [Cory Mills-Dick](#); [Cross Woodfield](#); [Curley, Donna \(EOHLC\)](#); [Danielle Conti](#); [Danielle Ferrier](#); [Danielle Osterman](#); [Darcie DeLuca](#); [Darlene Mathews](#); [David \(dfields@gloucester-ma.gov\)](#); [David Parilla](#); [Deb Heimel](#); [Dennis Doris](#); [dfondeur@glcac.org](#); [Diamond Redding](#); [Dimond, Melissa \(SNAP Provider\)](#); [Dottie Bailey](#); [Eben Forbes](#); [egeorge@actioninc.org](#); [Eileen Dern](#); [Elaine White](#); [Eliot Yoffa](#); [Elise Ranger](#); [Elizabeth Winston](#); [Ellie Greenler](#); [Erica Schwartz](#); [Erin Sullivan](#); [Esther Rogers](#); [Eunice Zeigler](#); [Evelyn Friedman](#); [Everett Farris \(everettfarris06@gmail.com\)](#); [Fahey, Tamara \(EOHLC\)](#); [Fernandes, Troy \(EOHLC\)](#); [Frank Nakashian](#); [Gilbert, Jason \(Snap Provider\)](#); [Gisele Sears](#); [Graves, Samantha](#); [Gretchen Arntz](#); [Griffin, Virginia K \(EOHLC\)](#); [Halstrom, Jennifer \(DPH\)](#); [Heidi Williams](#); [Herzig, Emily](#); [Hiram Wiggins](#); [Huntington, Joanna \(DMH\)](#); [Ian Gendreau](#); [Isabel Rivera](#); [Isabelle Ruiz de Luzuriaga](#); [Isabelle Sarra](#); [Iva Comey](#); [Jaimie Corliss](#); [Jennifer Beloff](#); [Jesse French](#); [Jessica Brayden](#); [JGrasberger@advocatesinc.org](#); [Jilliann](#); [Jim Cuddy](#); [Jim Salvador](#); [Jim Smith](#); [Josh Vlahakis](#); [Josh Young](#); [Joshua Grant](#); [Joyce Tavon](#); [Judith Liben](#); [Julia Newhall](#); [June Messina](#); [Kaitlyn Matthews](#); [Katherine Person](#); [Kathleen O'Brien](#); [Kathryn McHugh](#); [Katie Desbois](#); [Katie Johnson](#); [Keith Wales](#); [Kelly Frazier](#); [Kelly Schlabach](#); [Kevin Hurley](#); [khanton@revere.org](#); [Kim Shellenberger](#); [Kourou Pich](#); [Kretcha Roldan](#); [Sagna, Lamine \(EOHLC\)](#); [Larry Seamans](#); [Laura MacNeil](#); [Laura Rosi](#); [Leslie Lawrence](#); [Leslie Lee](#); [Liam Connolly](#); [Lisa Greene](#); [Lisa Schorr Kaplan](#); [Liz Rogers](#); [Liz Sundquist](#); [Lopez, Eunice](#); [Lornece Tull](#); [Lucy Costa](#); [Makrinikolas, Claire \(VET\)](#); [Mallory Sullivan](#); [Maria Carrasquillo](#); [Maria Crooker](#); [Maria Davis](#); [Marilyn Lee-Tom](#); [Mark Dennis](#); [Mark White](#); [Mary Shannon Thomas](#); [Matt Baronas](#); [Matt Hennigan](#); [McEachron, Tyler \(EOHLC\)](#); [Meaghan O'Donnell](#); [Michael Libby](#); [Michael Mayer](#); [Miranda Allan](#); [mmarrano@voamass.org](#); [Monica Requeiro](#); [Monica Vaello](#); [Mullen, Michael \(Snap Provider\)](#); [Neelam Wali](#); [Nicole Silvestri](#); [Nikia Bodden](#); [Nina Lordi](#); [Nina Lordi](#); [Noah Frigault](#); [Noyes, Amber \(EOHLC\)](#); [Nunez, Jazmin](#); [Ortiz, Yolanda \(EOHLC\)](#); [Pape, Andrew \(EOHLC\)](#); [Patel, Suraj S \(VET\)](#); [Patricia Sullivan](#); [Paul Goldstein](#); [Paul Jean, Sr](#); [Priya Murali](#); [Renee Cammarata-Hamilton](#); [Reverend Whitley](#); [Richard Hung](#); [Rita Paulino](#); [Robertson, Laura \(EOHLC\)](#); [Rohey Wadda](#); [Rourke, Brent \(DMH\)](#); [rrourke@commteam.org](#); [Sara McCabe](#); [Sarah Anderson](#); [Sarah Bartley](#); [Sarah Cloutier](#); [Shannon Secrist](#); [Sharon Cullins](#); [Shaylyn Davis](#); [Sheila Farrell](#); [Shenieka B.](#); [Stephanie Harrington](#); [Steve Wilkins](#); [Steven Jackson](#); [Sue Crossley](#); [Sue Fink](#); [Sue Staples](#); [Susan Bonner](#); [Susan Gentili](#); [Susan Hegel](#); [Susan Ross](#); [Susan Stoker](#); [Tagliaferri, David \(DMH\)](#); [Talia Pique](#); [Tirrell Edwards](#); [Tom Feagley](#); [Tom Nee](#); [Torto, Linn \(EHS\)](#); [Townsend, Kelly](#); [Troy Fernandes](#); [Usha Vakil](#); [Valerie Sweeney](#); [Vallely, Joseph \(DMH\)](#); [Vigo, Janette \(SNAP\)](#); [Vilma Uribe](#); [Walsh, Gerald](#); [Yesenia Valentin](#); [Zabik, Christopher \(DMH\)](#); [zzzButler, Rebecca \(DPH\)](#)
Subject: Final Project Listing for FY23 NOFO
Date: Monday, September 11, 2023 3:54:00 PM

Good afternoon,

As we close in on the final NOFO submission, I'm pleased to share the list of projects we will be submitting in the FY23 NOFO.

All projects submitted to the CoC through e-snaps have been accepted and are included in the final ranking table below.

This year, we have

- 39 renewal projects
- 1 CE (coordinated entry) renewal, 1 HMIS (homeless management information system) renewal
- 1 DV CE (domestic violence coordinated entry) project – this is a new project requested using domestic violence bonus funds
- 4 New project requests
 - 1 for TH-RRH for survivors of domestic violence using domestic violence bonus funds to expand New Dawn
 - 1 to expand Welcome Home to provide new PH-PSH units for individuals and families

- through bonus funding
 - 1 to expand Disabled Family Leasing to provide new PH-PSH for families through bonus funding
 - 1 new project for PH-PSH for individuals out of reallocation funds, Crossroads 1
- 2 Transition requests –
 - 1 to convert TSS TH-RRH Combined to TSS PH-RRH Transition
 - 1 to convert CTI PH-PSH for People Experiencing Chronic Homelessness to CTI PH-RRH
- 6 YHDP grants renewals – not ranked
- 1 Planning grant – not ranked

This was a particularly daunting process this year, and the Project Evaluation Committee met for nearly three hours carefully evaluating the scores and projects to ensure that our ranking prioritizes projects that have the greatest potential for meeting the needs within the CoC. Our Advisory Group was presented with two options, and chose the ranking below. We will be sending out the individual ranking sheets to projects, and the list below can also be found on the CoC's webpage at [Continuum of Care Programs \(COC\) | Mass.gov](#) where you can also find a detailed description of the NOFO process and final collaborative application when it is ready. If you would like a debriefing discussion, please contact me at karen.byron@mass.gov, and we will arrange one after the NOFO submission.

My sincere thanks for the many hours our committees and membership have put in over the last few months developing a new ranking tool, creating a DEI evaluation structure, participating in the PLEE (persons with Lived Expertise and Experience of Homelessness) Committee, reviewing and submitting renewal project applications, creating new project applications, participating in the ranking and review process, and contributing information to assist us in developing the collaborative application.

Karen

Project Name	Application Amount	Component	Rank
Tier 1			
Coordinated Entry	\$1,366,560	CE	1
DV CE	\$261,465	CE	2
HMIS Dedicated	\$608,490	HMIS	3
E-Nav BoS	\$1,496,930	PH-RRH	4
New Dawn	\$2,160,222	Joint TH & PH-RRH	5
Emmaus Rapid Rehousing Program	\$285,142	PH-PSH	6
Welcome Home 1 Expansion	\$788,033	PH-PSH	7
Home Again/Fresh Start	\$242,541	PH-PSH	8
LINCOLN ST	\$109,727	PH-PSH	9
Brookline Rental Assistance for the Chronically Homeless	\$73,132	PH-PSH	10
JRI Supportive Housing-Hope for Families Program	\$144,598	PH-PSH	11

Emerson Street Shelter Plus Care	\$130,157	PH-PSH	12
Proyecto Opciones	\$311,787	PH-PSH	13
Crossroads 1 (Reallocated PDPR)	\$204,522	PH-PSH	14
Julie House	\$136,250	PH-PSH	15
YWCA Fina House Project	\$146,465	PH-PSH	16
Advocates Supported Housing Consolidation	\$793,237	PH-PSH	17
Housing Pronto	\$875,577	PH-PSH	18
Journey to Success	\$862,142	PH-PSH	19
TSS PH-RRH Transition	\$609,365	PH-RRH	20
Greater Boston Mobile Stabilization Team	\$198,955	SSO	21
Greater Boston Sponsor Based S+C	\$312,681	PH-PSH	22
Turn the Key	\$1,589,472	PH-PSH	23
Disabled Family Leasing	\$695,203	PH-PSH	24
North Star Housing	\$705,034	PH-PSH	25
Tri-City Rental Assistance Project	\$192,596	PH-PSH	26
Wayside Shortstop Transitional Housing Program	\$232,500	TH	27
Metrowest Leased Housing Consolidation	\$554,841	PH-PSH	28
Community Housing Initiative	\$128,400	PH-PSH	29
Community Housing S+C	\$954,343	PH-PSH	30
Respond PH-RRH DV Bonus	\$488,978	PH-RRH	31
Greater Boston Tenant Based S+C	\$1,499,882	PH-PSH	32
CTI Youth TH-RRH	\$201,468	Joint TH & PH-RRH	33
Mystic Valley Homeless to Housing Consolidation	\$2,245,732	PH-PSH	34
Tier 2			
Mystic Valley Homeless to Housing Consolidation	\$6,359		34
Greater Boston Rental Assistance for the Chronically Homeless	\$455,490	PH-PSH	35
Campus Apartments Consolidation	\$720,845	PH-PSH	36
Welcome Home Expansion 2.5	\$839,136	PH-PSH	37
North East Scattered Site Tenancy S+C	\$234,958	PH-PSH	38
NEW BEGINNINGS	\$146,748	PH-PSH	39
Pathfinder PH Program	\$289,945	PH-PSH	40
CTI PH-RRH	\$84,556	PH-RRH	41
Disabled Family Leasing Expansion	\$985,002	PH-PSH	42
New Dawn Expansion	\$339,119	Joint TH & PH-RRH	43

Not Ranked

YHDP

Burlington YHDP RRH	\$277,587
Burlington YHDP Youth Navigator	\$90,118
CTI YHDP Crisis Transitional	\$1,139,551
CTI YHDP TH RRH	\$594,153
CTI YHDP Youth Navigation	\$466,970
RESPOND YHDP TH-RRH	\$299,331

Planning - \$1,315,814

My working hours may not be your working hours. Please do not feel obligated to reply outside of your normal work schedule.

Karen R. Byron ([she/her](#)) [Why These](#)
Executive Office of Housing and Livable Communities
Commonwealth of Massachusetts
MA Balance of State CoC Supervisor
100 Cambridge Street, 3rd Floor
Boston, MA 02114
617.872.0712

Project Name	GIW Funding	Application Amount	Component	Comments/Concerns from Ranking Teams	Score	Rank	Accepted/Rejected
Coordinated Entry	\$1,366,560	\$1,366,560	CE	CE not in ranking in MA BoS CoC, but is in Tier 1	215	1	Accepted
DV CE	\$0	\$261,465	CE	CE not in ranking in MA BoS CoC - new CE project	215	2	Accepted
HMIS Dedicated	\$608,490	\$608,490	HMIS	HMIS not in ranking in MA BoS CoC, but it is in Tier 1	215	3	Accepted
E-Nav BoS	\$1,496,930	\$1,496,930	PH-RRH	This is the first renewal so there was no APR. The project began 08.01.23	215	4	Accepted
New Dawn	\$2,160,222	\$2,160,222	Joint TH & PH-RRH	This project began 11.01.22 so has not completed the first full year.	215	5	Accepted
Emmaus Rapid Rehousing Program	\$285,142	\$285,142	PH-PSH		181	6	Accepted
Welcome Home 1 Expansion	\$788,033	\$788,033	PH-PSH		178	7	Accepted
Home Again/Fresh Start	\$242,541	\$242,541	PH-PSH		170	8	Accepted
LINCOLN ST	\$109,727	\$109,727	PH-PSH		168	9	Accepted
Brookline Rental Assistance for the Chronically Homeless	\$73,132	\$73,132	PH-PSH		167.5	10	Accepted
JRI Supportive Housing- Hope for Families Program	\$144,598	\$144,598	PH-PSH		158	11	Accepted
Emerson Street Shelter Plus Care	\$130,157	\$130,157	PH-PSH		156.5	12	Accepted
Proyecto Opciones	\$311,787	\$311,787	PH-PSH		155.5	13	Accepted
Crossroads 1 (Reallocated PDPR)	\$0	\$204,522	PH-PSH		154.5	14	Accepted
Julie House	\$136,250	\$136,250	PH-PSH		153.5	15	Accepted
YWCA Fina House Project	\$146,465	\$146,465	PH-PSH		152	16	Accepted

Advocates Supported Housing Consolidation	\$793,237	\$793,237	PH-PSH		151.5	17	Accepted
Housing Pronto	\$875,577	\$875,577	PH-PSH		151.5	18	Accepted
Journey to Success	\$862,142	\$862,142	PH-PSH		151.5	19	Accepted
TSS PH-RRH Transition	\$0	\$609,365	PH-RRH	This transition moves the project from TH-RRH to RRH only.	151.5	20	Accepted
Greater Boston Mobile Stabilization Team	\$198,955	\$198,955	SSO		149.5	21	Accepted
Greater Boston Sponsor Based S+C	\$347,508	\$312,681	PH-PSH		149.5	22	Accepted
Turn the Key	\$1,589,472	\$1,589,472	PH-PSH		149	23	Accepted
Disabled Family Leasing	\$695,203	\$695,203	PH-PSH		147.5	24	Accepted
North Star Housing	\$705,034	\$705,034	PH-PSH		145.5	25	Accepted
Tri-City Rental Assistance Project	\$192,596	\$192,596	PH-PSH		142.5	26	Accepted
Wayside Shortstop Transitional Housing Program	\$232,500	\$232,500	TH		137	27	Accepted
Metrowest Leased Housing Consolidation	\$554,841	\$554,841	PH-PSH		134.5	28	Accepted
Community Housing Initiative	\$128,400	\$128,400	PH-PSH		133	29	Accepted
Community Housing S+C	\$954,343	\$954,343	PH-PSH		129.5	30	Accepted
Respond PH-RRH DV Bonus	\$488,978	\$488,978	PH-RRH		128	31	Accepted
Greater Boston Tenant Based S+C	\$1,499,882	\$1,499,882	PH-PSH		124	32	Accepted
CTI Youth TH-RRH	\$201,468	\$201,468	Joint TH & PH-RRH		120.5	33	Accepted

Mystic Valley Homeless to Housing Consolidation	\$2,252,091	\$2,245,732	PH-PSH		117	34	Accepted
	Tier 1	\$21,606,427					Accepted
Mystic Valley Homeless to Housing Consolidation	\$2,252,091	\$6,359				34	Accepted
Greater Boston Rental Assistance for the Chronically Homeless	\$455,490	\$455,490	PH-PSH		114	35	Accepted
Campus Apartments Consolidation	\$720,845	\$720,845	PH-PSH	Insufficient occupancy	98.5	36	Accepted
Welcome Home Expansion 2.5	\$0	\$839,136	PH-PSH	These are all new units	178	37	Accepted
North East Scattered Site Tenancy S+C	\$234,958	\$234,958	PH-PSH		135.5	38	Accepted
NEW BEGINNINGS	\$146,748	\$146,748	PH-PSH	Insufficient occupancy	170	39	Accepted
Pathfinder PH Program	\$289,945	\$289,945	PH-PSH	Past CE noncompliance	136	40	Accepted
CTI PH-RRH	\$0	\$84,556	PH-RRH	Insufficient occupancy; this is a transition from PH-PSH to RRH	113.5	41	Accepted
Disabled Family Leasing Expansion	\$0	\$985,002	PH-PSH	This expansion includes occupied units previously in Mystic Valley	147.5	42	Accepted
New Dawn Expansion	\$0	\$339,119	Joint TH & PH-RRH	DV; no HMIS data		43	Accepted
Project	GIW Amount	Application Amount	Component	Why No Ranking			

Burlington YHDP RRH	\$277,587	\$277,587	PH-RRH	YHDP not in ranking per NOFO			
Burlington YHDP Youth Navigator	\$90,118	\$90,118	SSO	YHDP not in ranking per NOFO			
CTI YHDP Crisis Transitional	\$1,139,551	\$1,139,551	TH	YHDP not in ranking per NOFO			
CTI YHDP TH RRH	\$744,182	\$594,153	Joint TH & PH-RRH	YHDP not in ranking per NOFO *There was an error in leasing on the GIW, so the request is less and HUD was notified.			
CTI YHDP Youth Navigation	\$466,970	\$466,970	SSO	YHDP not in ranking per NOFO			
RESPOND YHDP TH-RRH	\$308,403	\$299,331	Joint TH & PH-RRH	YHDP not in ranking per NOFO			
	\$3,026,811	\$2,867,710					

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Additional meeting resources:

[FY23 HUD Continuum of Care NOFO](#)

[Working Calendar](#)

[FY2023 Ranking Tool](#)

FY2023 Collaborative Application and Priority Listing

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How to Get Involved

The Balance of State Continuum of Care hosts a general membership meeting, virtually, the first Wednesday of every month at 10:00 AM. There are also several committees that work to address unique issues of subpopulations within the Continuum of Care. Membership is open to anyone interested in preventing and ending homelessness in the CoC's geographic area. New participation is always welcome. Individuals with lived expertise and experience of homelessness are encouraged to become involved. We seek to maintain a diverse membership with representation and participation from the Black, Latino, Indigenous, LGBTQ+, and persons with disabilities communities.

For more information on general membership or committee membership please contact the following:

- General Membership – Karen.Byron@Mass.Gov
- Persons with Lived Expertise and Experience of Homelessness (PLEE) Committee – Joanna.Bowen@Mass.Gov

Feedback


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[Executive Office of Housing and Livable Communities](#)

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Continuum of Care Programs (COC)

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

Across the Commonwealth there are 12 CoCs eligible to apply for money from HUD to help homeless people.

Each of the 12 CoCs serves a unique geographic area with HUD asking the state (EOHLC) to be responsible for addressing homelessness in their area.

The Executive Office of Housing and Livable Communities (EOHLC) manages 1 of the 12 HUD approved Continuums of Care across the Commonwealth and applies for homeless assistance funds annually in what is known as the Balance of State CoC. CoC membership is open to anyone interested in ending homelessness in the CoCs area. Members include other state agencies, many private non-profit homeless service provider organizations, other private non-profit organizations, faith based organizations, and individuals.

[Continuum of Care Service Areas](#)

About Our Continuum of Care

The Balance of State CoC works to address homelessness in a number of ways including Permanent Supportive Housing, Rapid Rehousing and Transitional Housing, Supportive Services for those who are homeless, and by collaborating with the many organizations serving this population throughout our CoC geography. One of the ways we identify this population is through an annual survey most often undertaken in the last week of January. Each year EOHLC counts all of the homeless people reported by homeless service providers together with collected counting of homeless people on the streets by local police departments and volunteer groups. This is our annual Point in Time Count of homeless people in the 115 Balance of COC communities to identify the most important needs for services and types of housing. Generally, the most important need identified is determined to be to move homeless people from the streets and emergency shelters into safe permanent housing with ongoing support services.

Through the CoC, EOHLC and its partners, in endeavoring to end homelessness:

CONTACT

EOHLC Contact

[Online](#)

EOHLC on Mass.gov +

Phone

Main Office (617) 573-1100
Please listen for phone menu options for EOHLC divisions

TTY (617) 573-1140

[more contact info](#) +

RELATED

[Department of Housing and Community Development](#) +

Feedback

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Through the CoC, EOHLHC and its partners, in endeavoring to end homelessness:

- Fund permanent supported housing for over 800 formerly homeless individuals and families.
- Conduct street outreach to homeless people living in places people would not normally live (abandoned buildings, under bridges, in their cars, etc.) in an effort to get them into a safer environment.
- Work with CoC members in an effort to help better coordinate homeless services in the CoC jurisdiction.
- Increase the number of housing units to be made available by leveraging other local and state resources to provide the services.

Additional Resources

 [Written Standards and Policies and Procedures for ESG and CoC Funded Programs](#)
(English, DOCX 136.73 KB)

Who is Eligible?

Homeless individuals and families who are homeless, living in shelter, or living in places not meant for human habitation.

How Can CoC Resources Be Accessed?

To apply for housing in a CoC-funded program within the Balance of State, applicants need to access the Coordinated Entry System (CE). This process ensures that access to the finite resources available is equitable and provided to those who are most vulnerable first. Applicants can begin with their local homeless service provider. If it is unclear who that might be, click [HERE](#) to reach out to the CE Regional Navigator who oversees the access point in your region.


For help in accessing an emergency shelter, either speak with a local homeless service provider, if you know of one, or follow this link to the [Service Provider Listing](#).

Funding

Much of the funding for the CoC programs comes from the US Department of Housing and Urban Development.

As part of the process for accessing this funding, HUD asks us to rank projects for funding priority.

Feedback



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This was a particularly daunting process this year, and the Project Evaluation Committee met for nearly three hours carefully evaluating the scores and projects to ensure that our ranking prioritizes projects that have the greatest potential for meeting the needs within the CoC. Our Advisory Group was presented with two options, and chose the ranking below. Please see the [2023 NOFO Review Brief](#) with additional details about the 2023 applications and review process.

Project Name	Application Amount	Component	Rank
Tier 1			
Coordinated Entry	\$1,366,560	CE	1
DV CE	\$261,465	CE	2
HMIS Dedicated	\$608,490	HMIS	3
E-Nav BoS	\$1,496,930	PH-RRH	4
New Dawn	\$2,160,222	Joint TH & PH-RRH	5
Emmaus Rapid Rehousing Program	\$285,142	PH-PSH	6
Welcome Home 1 Expansion	\$788,033	PH-PSH	7
Home Again/Fresh Start	\$242,541	PH-PSH	8
LINCOLN ST	\$109,727	PH-PSH	9
Brookline Rental Assistance for the Chronically Homeless	\$73,132	PH-PSH	10
JRI Supportive Housing-Hope for Families Program	\$144,598	PH-PSH	11
Emerson Street Shelter Plus Care	\$130,157	PH-PSH	12
Provenza Outcomes	\$311,787	PH-PSH	13

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JRI Supportive Housing-Hope for Families Program	\$144,598	PH-PSH	11
Emerson Street Shelter Plus Care	\$130,157	PH-PSH	12
Proyecto Opciones	\$311,787	PH-PSH	13
Crossroads 1 (Reallocated PDPR)	\$204,522	PH-PSH	14
Julie House	\$136,250	PH-PSH	15
YWCA Fina House Project	\$146,465	PH-PSH	16
Advocates Supported Housing Consolidation	\$793,237	PH-PSH	17
Housing Pronto	\$875,577	PH-PSH	18
Journey to Success	\$862,142	PH-PSH	19
TSS PH-RRH Transition	\$609,365	PH-RRH	20
Greater Boston Mobile Stabilization Team	\$198,955	SSO	21
Greater Boston Sponsor Based S+C	\$312,681	PH-PSH	22
Turn the Key	\$1,589,472	PH-PSH	23
Disabled Family Leasing	\$695,203	PH-PSH	24
North Star Housing	\$705,034	PH-PSH	25
Tri-City Rental Assistance Project	\$192,596	PH-PSH	26
Wayside Shortstop Transitional Housing Program	\$232,500	TH	27
Metrowest Leased Housing Consolidation	\$554,841	PH-PSH	28
Community Housing Initiative	\$128,400	PH-PSH	29

Feedback

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Community Housing S+C	\$954,343	PH-PSH	30
Respond PH-RRH DV Bonus	\$488,978	PH-RRH	31
Greater Boston Tenant Based S+C	\$1,499,882	PH-PSH	32
CTI Youth TH-RRH	\$201,468	Joint TH & PH-RRH	33
Mystic Valley Homeless to Housing Consolidation	\$2,245,732	PH-PSH	34
Tier 2			
Mystic Valley Homeless to Housing Consolidation	\$6,359		34
Greater Boston Rental Assistance for the Chronically Homeless	\$455,490	PH-PSH	35
Campus Apartments Consolidation	\$720,845	PH-PSH	36
Welcome Home Expansion 2.5	\$839,136	PH-PSH	37
North East Scattered Site Tenancy S+C	\$234,958	PH-PSH	38
NEW BEGINNINGS	\$146,748	PH-PSH	39
Pathfinder PH Program	\$289,945	PH-PSH	40
CTI PH-RRH	\$84,556	PH-RRH	41
Disabled Family Leasing Expansion	\$985,002	PH-PSH	42
New Dawn Expansion	\$339,119	Joint TH & PH-RRH	43
Not Ranked			

Application Process

Please Note, the 2023 Application Deadline has passed.

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 - Video recording – Please email Karen.Byron@Mass.Gov for a link to the recording.
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Working Calendar

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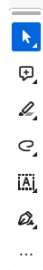
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From: Byron, Karen (EOHLC)
To: Ackford, Amy (EXT); Aconner, (DTA); Al Hanscom, (al@emmausinc.org); Alex Pratt; alexa.white; Allison Leas; Alonzo Dukes; Amanda Berman; Amanda Cook; Amanda Kaszuba; Amanda Sagario; Amy Weatherbee; Angela Giordano; Anne Corbin; Annette Poirier; April Stevens; Ashley Cruz; Audrey Beare; Awilda Fimentel; Baniszewski, Carl (DPH); Warren, Barbara (EXT); Beatrice Supposowich; Beth Ann Schmitt; Bianca Jones-Ruiz; Bilton, Mark (DMH); Bokou, Charles (EOHLC); Bowen, Joanna (EOHLC); Brevard, Alvina (EOHLC); Brielle Calderan; Brotham, Thomas (DPH); Bonna Davis; Buron, Karen (EOHLC); Caitlin Golder; Callina, Gordon (EOHLC); Calaurva Roberts; Carina Pappalardo; Carl Howell; Carla Richards; Carlos Hernandez; Carolyn Lightburn; Cary Haves; Charles Horenstein; Charyn Perdomo; Chasse, Jeffrey (DMH); Cheryl LaChance; Chris Moskal; Christian Alba; Clinton, Jonathan (EOHLC); Claudia Carias; Cloutherby, Kim (DMH); Rocha-Mimosa, Connie; Comeau, Gary N. (DMH); Connie Donahue; Cooper, Emily (ELD); Cory Mills-Diky; Cross, Woodfield; Curley, Donna (EOHLC); Danielle Conti; Danielle Ferris; Danielle Osterman; Darcie Deluca; Darlene Mathews; David (dfields@bolouester-ma.gov); David Parilla; Deb Heisel; Dennis Doris; dfondseur@gkac.org; Diamond Redding; Dimond, Melissa (SNAP Provider); Dottie Bailey; Eben Forbes; egeorge@actioninc.org; Eileen Dery; Elaine White; Eliot Yoffa; Elise Rancier; Elizabeth Winston; Ella Greenlee; Erika Schwartz; Erin Sullivan; Esther Rogers; Eunice Zeldler; Friedman, Evelyn; Everett Parris (everett@msd-bonnail.com); Fahay, Tanara (EOHLC); Fernandes, Troy (EOHLC); Frank Nakashian; Gilbert, Jason (Snop Provider); Gizele Sears; Graves, Samantha; Gretchen Arntz; Griffin, Virginia K (EOHLC); Halstrom, Jennifer (DPH); HAWC-Sara Stanley; Heidi Williams; Herzio, Emily; Hiram Wiggins; Huntington, Joanna (DMH); Ian Gendreau; Isabel Rivera; Isabelle Ruiz de Luzuriaga; Isabelle Sarra; Iva Comer; Jaime Corliss; Jennifer Beloff; Jesse French; Jessica Bravden; JGrabege@advocateinc.org; Jilliano, Jim Cuddy; Jim Salvador; Jim Smith; Josh Vlahakis; Josh Young; Joshua Grant; Joyce Tavon; Judith Liben; Julia Newhall; June Messina; Kathryn Matthews; Katherine Person; Kathleen O'Brien; Kathryn McHuab; Katie Desbois; Katie Johnson; kwales@elotchs.org; Kelly Frazier; Schlabach, Kelly (EOHLC); Kevin Hurley; khanton@rever.org; Kim Shellenberger; Kourou Pich; Kretzsch Roldan; Saghia, Lamine (EOHLC); Larry Seamans; Laura MacNeil; lozoff@housingfamilies.org; Leslie Lawrence; Lee, Leslie; Liam Connolly; Lisa Greene; Lisa Schori; Kaitlyn Rogers, Liz (EXT); Liz Sundquist; Lopez, Eunice; Lornece Tull; Lucy Costa; Makrnikolas, Claire (VET); Mallory Sullivan; Maria Carrasquillo; Maria Crooker; Maria Davis; Marilyn Lee-Tom; Mark Dennis; Mark White; Mary Shannon Thomas; Matt Baronas; Matt Hennigan; McEachron, Tyler (EOHLC); Meaghan O'Donnell; Michael Libby; Michael Mayer; Miranda Allary; mmarginal@coamass.org; Monica Riquelme; Monica Vassily; Bullen, Michael (Snop Provider); Neelam Walli; Nicole Silvestri; Nikia Rodden; Nina Lord; Nina Lord; Noah Frigault; Noves, Amber (EOHLC); Nunez, Jazmin; Ortiz, Yolanda (EOHLC); Pape, Andrew (EOHLC); Patel, Sural S (VET); Sullivan, Patricia (DMH); Paul Goldstein; Paul Jean, Sr; Priva Murali; Renee Cammarata-Hamilton; Reverend Whitley; Richard Hung; Paulino, Rita; Robertson, Laura (EOHLC); Wadda, Rohey (EXT); Roukie, Brent (DMH); rourke@comteam.org; Sara McCoy; Sarah Anderson; Sarah Bradley; Sarah Cloutier; Shannon Secrist; Sharon Collins; Shavlyn Davis; Sheila Farrell; Shenika B.; Stephanie Harrington; Steve Wilkins; Steven Jackson; Sue Crossley; Sue Fink; Sue Staples; Susan Bonner; Gentile, Susan; Susan Hegel; Susan Ross; Susan Stokes; Tagliaferri, David (DMH); Talia Pique; Tirrell Edwards; Tom Feapley; Nee, Tom (EXT); Torto, Linn (EHG); Townsend, Kelly; Trou Fernandez; Usha Vakil; Sweeney, Valerie (EXT); Valfey, Joseph (DMH); Vaso, Janette (SNAP); Vilma Uribe; Walsh, Gerald; Yessenia Valentin; Zabik, Christopher (DMH); zzzButler, Rebecca (DPH)

Subject: CoC Consolidated Application and Priority Listing on CoC Webpage
Date: Friday, September 22, 2023 5:02:45 PM

Good afternoon,

I am very pleased to tell you that the CoC Approved Consolidated Application and Priority Listing are available at our webpage [Continuum of Care Programs \(COC\) | Mass.gov](#).

If you have questions or comments, please email me directly at karen.byron@mass.gov

Thank you in advance,
Karen

My working hours may not be your working hours. Please do not feel obligated to reply outside of your normal work schedule

[illegible]

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Thank you in advance,
Karen

Karen R. Byron ([she/her](#)) [Why These](#)
Executive Office of Housing and Livable Communities
Commonwealth of Massachusetts
MA Balance of State CoC Supervisor
100 Cambridge Street, 3rd Floor
Boston, MA 02114

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2023 HDX Competition Report

PIT Count Data for MA-516 - Massachusetts Balance of State CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	2961	3102	3235	4432
Emergency Shelter Total	2,238	2,458	2,652	3627
Safe Haven Total	0	0	0	0
Transitional Housing Total	309	314	281	318
Total Sheltered Count	2547	2772	2933	3945
Total Unsheltered Count	414	330	302	487

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	181	225	226	383
Sheltered Count of Chronically Homeless Persons	181	223	194	217
Unsheltered Count of Chronically Homeless Persons	0	2	32	166

2023 HDX Competition Report

PIT Count Data for MA-516 - Massachusetts Balance of State CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	633	623	704	991
Sheltered Count of Homeless Households with Children	630	623	704	990
Unsheltered Count of Homeless Households with Children	3	0	0	1

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	8	62	36	49	46
Sheltered Count of Homeless Veterans	8	62	36	49	35
Unsheltered Count of Homeless Veterans	0	0	0	0	11

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for MA-516 - Massachusetts Balance of State CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	3,133	3,002	3,050	98.43%	63	83	75.90%	3,065	97.83%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	352	117	221	52.94%	123	131	93.89%	240	68.18%
RRH Beds	347	313	317	98.74%	30	30	100.00%	343	98.85%
PSH Beds	1,961	1,748	1,929	90.62%	32	32	100.00%	1,780	90.77%
OPH Beds	907	815	896	90.96%	0	11	0.00%	815	89.86%
Total Beds	6,700	5,995	6,413	93.48%	248	287	86.41%	6,243	93.18%

2023 HDX Competition Report

HIC Data for MA-516 - Massachusetts Balance of State CoC

2023 HDX Competition Report

HIC Data for MA-516 - Massachusetts Balance of State CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	1134	1104	1252	1352

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	250	17	42	63

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	986	367	697	347

2023 HDX Competition Report

HIC Data for MA-516 - Massachusetts Balance of State CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for MA-516 - Massachusetts Balance of State CoC

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)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	4520	5717	329	302	-27	184	164	-20
1.2 Persons in ES, SH, and TH	4685	5854	334	307	-27	196	169	-27

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.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	4771	6053	614	553	-61	345	263	-82
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	4936	6190	614	555	-59	350	264	-86

2023 HDX Competition Report

FY2022 - 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		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	24	1	4%	1	4%	2	8%	4	17%
Exit was from ES	1541	18	1%	16	1%	30	2%	64	4%
Exit was from TH	73	0	0%	0	0%	0	0%	0	0%
Exit was from SH	0	0		0		0		0	
Exit was from PH	354	2	1%	1	0%	4	1%	7	2%
TOTAL Returns to Homelessness	1992	21	1%	18	1%	36	2%	75	4%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3102	3235	133
Emergency Shelter Total	2458	2652	194
Safe Haven Total	0	0	0
Transitional Housing Total	314	281	-33
Total Sheltered Count	2772	2933	161
Unsheltered Count	330	302	-28

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	4731	5896	1165
Emergency Shelter Total	4562	5758	1196
Safe Haven Total	0	0	0
Transitional Housing Total	191	150	-41

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	493	524	31
Number of adults with increased earned income	32	32	0
Percentage of adults who increased earned income	6%	6%	0%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	493	524	31
Number of adults with increased non-employment cash income	142	121	-21
Percentage of adults who increased non-employment cash income	29%	23%	-6%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	493	524	31
Number of adults with increased total income	159	144	-15
Percentage of adults who increased total income	32%	27%	-5%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	138	168	30
Number of adults who exited with increased earned income	24	22	-2
Percentage of adults who increased earned income	17%	13%	-4%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	138	168	30
Number of adults who exited with increased non-employment cash income	40	52	12
Percentage of adults who increased non-employment cash income	29%	31%	2%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	138	168	30
Number of adults who exited with increased total income	60	68	8
Percentage of adults who increased total income	43%	40%	-3%

2023 HDX Competition Report

FY2022 - 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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2898	4016	1118
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.	610	576	-34
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)	2288	3440	1152

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3311	4665	1354
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.	695	751	56
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.)	2616	3914	1298

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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 FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	222	204	-18
Of persons above, those who exited to temporary & some institutional destinations	20	23	3
Of the persons above, those who exited to permanent housing destinations	7	27	20
% Successful exits	12%	25%	13%

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

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2878	3085	207
Of the persons above, those who exited to permanent housing destinations	1319	1217	-102
% Successful exits	46%	39%	-7%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	1198	1442	244
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1147	1385	238
% Successful exits/retention	96%	96%	0%

2023 HDX Competition Report FY2022 - SysPM Data Quality

MA-516 - Massachusetts Balance of State CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	2645	2592	2888	274	180	193	2459	2781	2941	986	353	677			
2. Number of HMIS Beds	2546	2560	2860	116	104	113	1985	2284	2677	160	176	278			
3. HMIS Participation Rate from HIC (%)	96.26	98.77	99.03	42.34	57.78	58.55	80.72	82.13	91.02	16.23	49.86	41.06			
4. Unduplicated Persons Served (HMIS)	5533	4561	5681	223	190	134	1874	1855	1599	493	596	745	115	141	87
5. Total Leavers (HMIS)	3548	2775	2943	111	98	51	264	231	204	337	319	433	96	117	45
6. Destination of Don't Know, Refused, or Missing (HMIS)	739	452	545	14	11	5	47	30	23	27	8	4	75	90	20
7. Destination Error Rate (%)	20.83	16.29	18.52	12.61	11.22	9.80	17.80	12.99	11.27	8.01	2.51	0.92	78.13	76.92	44.44

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for MA-516 - Massachusetts Balance of State CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/28/2023	Yes
2023 HIC Count Submittal Date	4/28/2023	Yes
2022 System PM Submittal Date	2/24/2023	Yes

MEMORANDUM OF UNDERSTANDING

BETWEEN

The Department of Children and Families (DCF)
600 Washington Street
Boston, MA 02111

And

South Middlesex Opportunity Council
7 Bishop Street,
Framingham, MA 01702

The parties of this Memorandum of Understanding ("MOU") hereby agree to collaborate in providing services to youth participating in the Foster Youth to Independence Initiative (FYI).

I. Background

Home Together: The Federal Strategic Plan to Prevent and End Homelessness calls for federal, state, and local partners to work together to end homelessness in America. This includes ending homelessness among unaccompanied youth and other young adults. Young adults transitioning out of foster care, or with histories of involvement with foster care, are at a high risk of homelessness. It is estimated that between approximately 20,000-25,000 youth age out of foster care every year. Of those, approximately 25% experience homelessness within four years of transitioning out, and an even higher percentage will experience some form of precarious housing. Through the FYI, HUD is investing in local, cross-system collaborative efforts to prevent and end homelessness among youth with a current or prior history of child welfare involvement. The success of this effort requires that community partners coordinate effectively to identify, target, and connect eligible youth at-risk of or experiencing homelessness to housing and related supports.

II. Purpose

The purpose of this agreement is to outline a working relationship between the parties to promote the successful operation of the Foster Youth to Independence Initiative and ensure youth receive proper supportive services.

III. Provider Agreement to Provide Services

During the term of this MOU and subject to available funding and resources, South Middlesex Opportunity Council will provide or secure a commitment for the provision of supportive services to eligible youth receiving rental assistance through FYI who reside within South Middlesex Opportunity Council service region. Supportive services include the following:

- a. Housing search and stabilization services.
- b. Direct relief assistance (pending available resources).
- c. Access to Job Training Programs.
- d. Access to Internship opportunities.
- e. Summer job placements (as applicable and depending on age of participant).
- f. Case Management services.
- g. Referrals to other South Middlesex Opportunity Council-operated supported services.
- h. Enrollment as members in Career Centers for access to career-center activities, including course trainings, workshops and job search activities.

IV. DCF Agreement to Provide Services

DCF will provide post-secondary counseling to participants upon request of the participant.

V. Duration

This MOU shall be effective upon its execution by the parties and shall remain in effect until the earliest of the following occurs:

- a. The parties mutually agree to terminate it;
- b. It is superseded by a successor Memorandum of Agreement; or
- c. Termination by either party, at any time, by providing written notice to the other party at least thirty (30) calendar days prior to such termination. Notice must be in writing and delivered to the person who signs this MOU by the respective agency.
- d. Three years from the effective date;
- e. The Foster Youth to Independence Initiative ends.

VI. Notice

Any notice required or desired to be given pursuant to this MOU shall be in writing and shall be mailed to the persons named below at the following address:

South Middlesex Opportunity Council:

Susan Gentili,
Chief Executive Officer
South Middlesex Opportunity Council
7 Bishop Street,
Framingham, MA 01702

Signature: 

Date: 5/9/22

For DCF:

Staverne Miller
Assistant Commissioner for Permanency
Department of Children and Families
Commonwealth of MA Department of Children and Families
600 Washington Street
Boston, MA 02111

Signature: _____

Date: _____

Action Inc. Welcome Home Program FY23 Grant Agreement

Grantor:	Beverly and Addison Gilbert Hospitals
Grantee:	Action Inc.
Project Title:	Welcome Home Program
Total Award: \$75,000	Year 1: \$25,000. Year 2: \$ 25,000. Year 3: \$25,000.
Award Period :	January 1, 2023 – September 30, 2025
Payment Schedule:	Annual payments of \$25,000 per year x three years: February 15, 2023 January 15, 2024 January 15, 2025

Beverly and Addison Gilbert Hospitals (BH/AGH) operates under a single license, with two acute care campuses – Beverly Hospital in Beverly, Massachusetts and Addison Gilbert Hospital in Gloucester, Massachusetts; an acute psychiatric inpatient satellite, BayRidge Hospital in Lynn, Massachusetts; and an outpatient facility, Lahey Outpatient Center – Danvers, in Danvers, Massachusetts. In addition to its commitment to clinical excellence, BH/AGH is committed to improving the health and well-being of residents throughout its Community Benefits Service Area (CBSA). Through its Community Benefits Department, BH/AGH works in collaboration with the area's stakeholders and residents to identify and address the most pressing health needs in the community. As part of that commitment, BH/AGH will award grants in the amount of \$5,000 - \$20,000 to support community organizations that can implement evidence based or evidence informed programs/services that address the priority health needs identified in the FY22 CHNA.:

- **Equitable Access to Care**
- **Mental Health & Substance Use**
- **Social Determinants of Health**

Focus Populations: Youth, Older Adults, Low-resourced Individuals/Families, Diverse Populations

In addition, priority will be given to organizations whose program/project addresses health inequities, involves community collaboration, and is aligned with Beverly and Addison Gilbert Hospitals Core Principals:

- **IMPACT:** Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations that face the greatest health inequities.
- **COMMUNITY:** Build community cohesion and capacity by actively engaging with community residents and other stakeholders, including historically underserved or underrepresented populations.
- **HEALTH AND RACIAL EQUITY:** Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic, fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.
- **SUSTAINABILITY:** Encourage sustained program impact through strategies that may include leveraging funding to continue program activities, strengthening organizational and community capacity, and forming innovative partnerships and/or cross-sector collaborations leading to permanent community change.
- **MOVING UPSTREAM:** Address the fundamental causes, or upstream factors, of poor health and racial inequities.

Funding Disbursement Schedule and Invoicing

These funds will be disbursed in annual payments of \$50,000. Per year for three years. The amount is determined by Beverly and Addison Gilbert Hospitals based on the final approved budget.

The first disbursement of \$25,000 will be made upon receipt of this fully signed agreement.

To initiate the disbursement, Grantee will provide the Grantor an invoice that includes: Payee name (who the check should be addressed to), Address, Phone number, Dates of service, Brief description with reference to this grant agreement, Invoice payment amount, unique Invoice number, F.T.I., and DUNS. See Appendix A for an example.

Grantee Requirements

Scope of Work: These funds support Action Inc.'s Welcome Home Program as per the Grant application. Any adjustments to the scope of work and budget variances must be submitted to the Grantor and authorized in writing, prior to making any changes in spending. See appendix B for details.

Metrics and Reporting Schedule

The grant reporting schedule will include one mid-year report to be entered into the Community Benefits Database (CBD) by the grantee by June 1st of each year of the award period and one fiscal year-end report (October 1-September 30), to be entered into the CBD by the grantee by November 15th of each award year. The twice-yearly reports are to include data relevant to SMART goals' progress, as defined in the grantee's RFP application, in addition to the following information:

- Brief Program Description & Updates
- Cities/towns served
- Population Served - # served, race, ethnicity, age, gender, languages, etc.
- Client Narrative – testimonial(s) of outcomes achieved as a result of participating in the program
- Referral Sources
- Community Collaboration/Partnerships
- Financial Update
- Challenges
- Publications & Presentations
- Sustainability

Optional site-visits to be considered at the discretion of the Regional Manager of Community Benefits & Community Relations

Award Conditions

The Grantee agrees and consents to the following conditions of the grant:

- The Grantee has provided Grantor with verification of the Grantee's public charity status under Sections 501(c) (3) of the Internal Revenue Code and agrees to notify the Grantor of any change in the Grantee's status that takes place during the Award Period.
- Grantee will use the grant funds exclusively for the purposes and objectives specified in the approved proposal submitted to Grantor.
- Grantee will be awarded a grant in the amount listed on page 1 of this agreement, to be disbursed based on the final approved budget.
 - Any additional costs and expenses needed to complete Grantee's participation in the Project will be the sole responsibility of the Grantee.
 - No disbursement will be made until the Grantee has provided the Grantor with a signed IRS Form W-9. The Grantor will not reimburse for expenses incurred before the start nor after the end of the Award Period.
 - Grantee shall provide to the Grantor any records relevant to the Project that the Grantor requests.
 - Grantee agrees to regular communication with Grantor and regular review of progress being made. Unsatisfactory reviews or actions not in accordance with the grant agreement may result in probationary periods and/or immediate termination of the award and this agreement.
- Grantor may terminate this agreement at any time upon thirty (30) days' prior written notice to Grantee, or immediately upon any breach of the terms and conditions of this agreement.

Transferring Funds

Grantee shall not, under any circumstance, transfer, assign or encumber any portion of the grant. The Grantee agrees that the grant funds will not be expended, transferred, or used for any purpose or in any fashion that is prohibited by an applicable law of the United States.

Communication and Publicity

Grantee agrees that in all media, such as printed materials, social media, annual reports and any press releases or articles publicizing this grant, the Grantor shall be recognized in the following manner: "Beverly and Addison Gilbert Hospitals Community Benefits Community Grant Program". No press release, advertising, sales literature or other written statements or oral statements to the public in connection with or alluding to this grant having contained any reference to Beverly and Addison Gilbert Hospitals or its affiliates, shall be made by any Party without the prior written approval of the other party. Grantee agrees to forward any draft public statements, as described above, to the Grantor at least five business days in advance.

Data Sharing and Use

Grantee agrees to grant the Grantor the right to access, possess and use (including sharing with third parties) any non-identifying information or data developed or produced by Grantee (or anyone working on Grantee's behalf) as part of the work covered by this Agreement, and any similar information or data provided to Grantee by another party for use in the work covered by this Agreement. Grantee will provide such information or data upon request, and Grantee is responsible for maintaining the confidentiality and security of such information or data, and removing any personally identifiable information (e.g., name, address, phone number, and social security number) from any such information or data provided to the Grantor.

Liability

Grantee acknowledges and agrees, in undertaking the Project, Grantee is acting on Grantee's own behalf, and the Grantor is not and shall not be liable for any acts or omissions of Grantee. Further, Grantee is solely responsible and liable to the Grantor for the actions of Grantee's employees, volunteers, contractors, subcontractors and other individuals or entities performing work on Grantee's behalf.

Choice of Law, Venue

This agreement shall be interpreted according to the laws of Massachusetts without regard to or application of choice-of-law rules or principles. Grantee hereby consents to the jurisdiction of any state or federal court of competent jurisdiction in the Commonwealth of Massachusetts for any litigation arising from this agreement.

Unspent Funds

In the event that Grantee does not expend all grant funds by the end of the Award Period or termination of this agreement, Grantee shall notify Grantor. It shall be within Grantor's sole discretion whether to direct Grantee to establish a no-cost extension to extend the amount of time for activities, return such funds, or roll the planning funds into the budget for the selected Healthy Neighborhoods Initiative project. Should Grantor require the return of the unexpended funds Grantee shall timely return such funds to Grantor.

IN WITNESS WHEREOF, this Grant Agreement is signed by:

Beverly and Addison Gilbert Hospitals

Action Inc.

[Authorized Signatory]

[Signatory Name]

[Signatory Title]

[Signatory Title]

Dated:

Dated:

Appendix A: Sample Invoice

Note: Below are the required fields for invoicing Beverly and Addison Gilbert Hospitals. Grantees are welcome to customize the invoice further per their organization's needs.

To: Beverly and Addison Gilbert Hospitals

For: Program/Project Title

Invoice #: 1589236 [must be unique]

Federal Tax ID #: XX-XXX-XXXX

DUNS #: XX-XXX-XXXX

Billing Period: 1/1/2023 - 9/30-2023

Summary of Services: [Refer to grant agreement and provide brief summary of planned activities]

Funding Amount Requested: [\$XX.00]

Make check payable to: [Your Organization's Name]

Contact: [Contact Info and Organization Name and Address, including telephone number and email]

Appendix B – Grant Proposal Information

October 31, 2022

1. Organization Overview:

- a. Please provide a brief overview of the lead organization, including its mission and the primary needs the organization addresses. (150 words maximum)

Action Inc. is a non-profit human services organization and the designated Community Action Agency for the Greater Cape Ann area. Our primary service area consists of Gloucester, Essex, Ipswich, Manchester-by-the-Sea, and Rockport. The mission of Action Inc. is to build an equitable and resilient community by creating opportunities for all on Cape Ann.

Action Inc. was established in 1965 as a result of the Economic Opportunity Act, which began the War on Poverty. For more than 50 years, Action Inc. has been instrumental in responding to our community's needs. We operate several critical programs through our four core departments: Client & Housing Services, Energy Services, Riley Education & Training Center, and Administration. We provide a broad range of services, including assistance with public benefits enrollment, eviction prevention, emergency shelter, affordable housing, weatherization, fuel assistance, adult basic education, job training programs, and High School Equivalency Test preparation for out-of-school youth.

- b. Please specifically address how your organization's leadership (Board of Directors, senior management) reflects the demographic and lived experience of the communities it serves. This may include but is not limited to: race, culture, ethnicity, disability status, religious and spiritual beliefs, gender identity, sexual orientation, and generational identity. (150 words maximum).

Action Inc.'s leadership staff and Board includes many life-long Cape Ann residents who have lived experience in the community of people that the agency serves. Action Inc. has a tripartite Board of Directors that consists of one-third low-income sector representatives, one-third private sector representatives and one-third public sector representatives. The tripartite board structure ensures that the organization has an equitable approach to serving the low-income community by welcoming members from diverse socioeconomic backgrounds. trainings, policies, and an inclusive work atmosphere.

2. Project Lead:

- a. Primary contact person for this application (Name, pronouns, and contact information)

Marina Bueno, she/her, mbueno@actioninc.org. 978-282-10000 x 131

- b. Secondary contact person (Name, pronouns, and contact information)

Kristin Macek, she/her, kmacek@actioninc.org, 978-282-1000 x 102

3. RFP Priority Areas: Please select the priority area(s) that your project will address from the list below:

- Equitable Access to Care
- ☒ Mental Health & Substance Use
- Social Determinants of Health

4. Evidence-Based/Evidence-Informed Strategies:

Please select the evidence-based/informed strategies you plan to implement (check all that apply):

- ☒ Support/provide initiatives that provide job readiness and career development opportunities to obtain employment or employment with higher wages.
- ☒ Increase access to health services and screenings for homebound individuals by reducing barriers to care such as transportation, illness, etc.
- ☒ Build capacity of community members to understand the importance of mental health and reduce negative stereotypes, bias, and stigma around mental health and substance use.
- ☒ Improve systems for management and control of substance use disorder through education and multidisciplinary efforts

Alleviate food insecurity and promote active living by providing opportunities for physical activity and/or providing healthy, low cost food resources to community members.

- ☒ Provide programs that stabilize or increase access to safe, affordable housing.

5. Project Overview:

- a. *Title:* Please provide a one sentence title that reflects the nature of the proposed project.\

Welcome Home program

- b. *Description:* Please provide a brief description of the project(s) the organization is seeking to fund (300 words maximum).

Action Inc. is seeking \$25,000 to support our Welcome Home program. Welcome Home provides permanent housing and supportive services to chronically homeless individuals and families, in accordance with the Housing First model. We provide intensive, one-on-one case management that is tailored to each client's individual needs, with the goal of helping clients remain stable in their housing and move forward in their recovery. We utilize a harm reduction model to ensure we are meeting clients where they are. We rely on regularly updated individualized service plans to keep our clients accountable for their actions and moving toward their goals.

The Welcome Home program tailors its services for each individual client, working with them to set individualized goals that will enable them to move toward stability and fulfillment. Participants have access to supportive services from case managers who check on them weekly through telephone and in person check-ins. Supportive services include access to healthcare, mental health support, access to benefits and all other services available at Action Inc.

Case management is client-centered; clients are encouraged to determine their own goals and we support them on their self-determined journey. We ensure conversations about their substance use and progress toward recovery are fully integrated into these case management sessions. Participants pay 30% of their income toward their rent. If clients have income and fall behind on paying rent, we do not terminate them for non-payment of rent. We will continue to pay rent to the landlord, as we are the leaseholder, and we will work with tenants to develop a plan to pay their rental arrearages by providing financial counseling and budgeting assistance.

Clients served through this program suffer from chronic homelessness, meaning they demonstrate long-term homelessness and have at least one disabling condition. All our clients have limited income and many of them have limited social and familial networks to rely on after struggling with years of addiction and homelessness.

Project Context:

- Describe the need the organization is addressing. (50 words max)

The Welcome Home program began as a response to the limited opportunities for homeless clients to move out of our Emergency Shelter, off the streets, and into permanent housing. These individuals benefit from supportive case management to succeed in housing, move toward a recovery path and a well-functioning life.

- Describe the specific population(s) on which the project will focus. (50 words max)

This project serves chronically homeless individuals and families. Individuals served by the program demonstrate long-term homelessness as well as at least one disabling condition. The program services those who are often considered the “hardest to serve” due to the high rates of mental illness, substance use disorder, and co-occurring disorders.

- Describe how the project will address key challenges facing these populations. (100 words max)

The Welcome Home program provides services that directly address key challenges that the chronically homeless population face such as substance use disorder, co-occurring disorders and access to mental health resources. Staff help clients access community-based supports, including primary care, specialist medical care, substance use support groups, substance use counseling, medication-assisted treatment, detox programs, recovery coach services, local needle exchange program, and anger management. Staff assist clients with accessing vocational rehabilitation counseling through Massachusetts Rehabilitation Commission, as well as computer skills training programs and adult education programs, to help clients focus their energies on future pursuits.

- c. *Project Staffing:* List the key people who will be involved in project implementation and briefly describe their roles.

Erin George: Director of Housing Services

In her role, Erin oversees and manages the operations of the Welcome Home program, Emergency Shelter, HOPWA Program and Action’s affordable housing units. Erin joined Action Inc. in 2016 as a case manager in the Welcome Home program and then worked as the Assistant Director of Housing Services before moving into her current role. Erin is a Licensed Certified Social Worker (LCSW) and recently received a certificate in Social Impact Management and Leadership through the Institute for Nonprofit Practice. Erin sits on the Balance of State Continuum of Care Advisory Board.

Sophia Douglas: Program Manager

Sophia is responsible for management of the Welcome Home program including the supervision of four case managers, filling program openings, cultivating and maintaining relationships with landlords, rent management and payment, in addition to being on call to respond to any emergencies that may arise.

Jim Noble: Case Manager

Abbey Brewer: Case Manager

Anthony DeCristoforo: Case Manager

Doug Merlin: Case Manager

All four case managers provide direct case management to a caseload of between 13 to 17 clients. Case managers complete quarterly service plans with clients where the client establishes the goals they wish to work on. These goals can include working towards and/or maintaining their recovery, engaging with a PCP, applications for benefits assistance such as SSI, SSDI or retirement, amongst others. Case managers work with each client to meet them where they are at and at the pace the client is comfortable with.

- d. *Anticipated Reach*: Please provide an expected range for the number of individuals the organization will reach or impact through the project beyond the number currently served.

The Welcome Home program currently serves 58 households and is expected to serve 64 households by the end of the grant period.

- e. How does the organization plan to ensure that project resources are deployed towards those that need them the most? (100 words max)

The Welcome Home program is designed to assist those who are already homeless and have the greatest need for these services. We intend to recruit participants through our Emergency Shelter. Every shelter guest is required to complete an in-depth intake with our Homeless Services Navigator. During this process, clients are automatically added to the waiting list for spots in our Welcome Home program. The Navigator also conducts street outreach in Gloucester, responding to community reports when homeless individuals and families are identified and identifying homeless individuals at drop-in centers and unsheltered locations (i.e., homeless campsites in wooded areas).

6. Project Goals:

Please provide up to three SMART (specific, measurable, attainable, relevant, and timely) goals for the project (See Appendix C for guidance on developing SMART goals):

The specific goals of Action Inc.'s Welcome Home program are as follows: to provide chronically homeless people with permanent housing; to help our clients maintain that housing; to ensure our clients are connected to mainstream healthcare services; to improve our clients' overall health; to improve our clients' mental and behavioral health specifically; to help our clients increase their income; and to help clients achieve their self-identified goals for the future.

We anticipate achieving the following in the next year:

- 100% of participants in the Welcome Home program will receive care from a primary care physician (PCP)
- 90% of participants will attend follow-up appointments or follow through on referrals from a PCP;
- Emergency department usage will decrease by 50% compared with the year before
- 95% of participants will maintain their housing for at least 90 days

7. Populations Served: Identify which population(s) below the project will serve (check all that apply):

Youth and Adolescents

☒ Older Adults

☒ Low Resource Individuals and Families

☒ Racially, ethnically and/or linguistically diverse populations. Please check all that apply:

☒ African

☒ American Indian/Alaskan Native

☒ Asian

☒ Black

☒ Caribbean Islander

☒ European

☒ Hispanic/Latino

☒ Middle Eastern

☒ Native Hawaiian/Pacific Islander

☒ White

☒ Other (please list)

8. Cities/Towns Served: Identify the cities/towns the project will serve (check all that apply):

- | | | |
|---|--|---|
| Beverly | <input checked="" type="checkbox"/> Gloucester | <input checked="" type="checkbox"/> Manchester by-the-Sea |
| Danvers | <input checked="" type="checkbox"/> Ipswich | Middleton |
| <input checked="" type="checkbox"/> Essex | Lynn | <input checked="" type="checkbox"/> Rockport |

Please briefly describe examples of the work your organization has done in the selected cities/towns, including any current partnerships with organizations. (100 words max)

Action Inc. has created and incubated a number of local organizations, including the Gloucester Fishermen's Wives Association, Pathways for Children, and the Cape Ann Food Bank (now known as The Open Door). We brought Meals on Wheels to Gloucester, operated Cape Ann's public transit system before the formation of the Cape Ann Transportation Authority (CATA), and were the first agency on the North Shore to provide in-home care for seniors. Action Inc. is constantly in partnership with local organizations to further the many initiatives it is involved in to create opportunities in Cape Ann for all.

9. Budget: Please provide an itemized project budget that includes all direct and indirect costs (including staffing), the total amount requested per year. Applicants may request funding for one, two, or three years. Please see Appendix E for a sample budget form.

10. Partners (if applicable): List all partner organizations that are key to the success of this project. Include the sector they represent (e.g. Workforce development, behavioral health, housing, education, etc.) and a brief description of their involvement in the project. Describe how the collaboration(s) will increase the impact of the project. (250 words max)

For this program, we collaborate with the Massachusetts Housing & Shelter Alliance, Eliot Community Human Services, the Department of Housing and Community Development, and the Department of Public Health Bureau of Substance Addiction Services.

11. Evaluation Capacity and Experience:

This section is about your organization's/partnership's existing evaluation capacity and experience with evaluation (e.g., data collection, tracking, monitoring, reporting). You may include references to past evaluations, such as recent program evaluations.

- a. Please describe your organization's/partnership's current capacity to conduct evaluation activities, including any internal staff FTEs and external contracts, as applicable (300 words maximum)
- What types of data are currently collected (if any)?

Action Inc. collects basic demographic data on all clients including gender, age, race, ethnicity, income level and town of residence. Staff also collect data on services received and relevant outcomes achieved.

- How does your organization collect data (if applicable)?

Action Inc. collects data through intake forms when clients first reach out to the organization for assistance. Data on services received and outcomes is also collected while clients are participating in the program. Additional data is collected through customer satisfaction surveys.

- How does your organization use this data to inform outcomes and improve programming?

Action Inc. uses a data-driven approach for all of its services and programs. Data is collected to measure success for all programs and to strategize on program expansions and changes. Every three years Action Inc. conducts a Community Needs Assessment and Strategic Plan to collect data on the community and ensure that our services match the needs of the Cape Ann area.

- How does your organization currently measure success?

Action Inc. measures success by collecting data on relevant measures and tracking progress towards those goals. Every quarter, Action Inc. reviews updated data on all program's goals to ensure the organization is on track to meet all pre-established goals.

- How does your organization incorporate the client/community voice in its evaluation activities?

Action Inc. includes the wider Cape Ann community in evaluation activities in diverse ways. Action Inc. conducts a variety of focus groups and stakeholder interviews during its triennial strategic planning process. During these interviews, community members are invited to share their experience and suggest improvements to the organization. Additionally, community members respond to surveys that measure community needs and are incorporated into Action Inc.'s three-year strategic plan.

- Please describe how and where your organization stores data currently. What system(s) does your organization use to manage data (e.g., Excel, Access, RedCAP, Salesforce), if any? (100 words max)

Action Inc. stores and processes data through an agency-wide case management system developed by SMC Partners that is called CMS. The software collects relevant client data and allows staff to view data and add additional case management information.

- Who will be the grantee evaluation contact for this project (150 words max)?

- Name/Title:

Kristin Macek/ Director of Marketing and Planning

- Description of current evaluation responsibilities (if any)

Evaluation responsibilities include supervision of program progress and goal attainment through oversight of program directors. Tracking and evaluating data in conjunction with the Data Reporting Specialist. Oversight of grant reporting in conjunction with the Planning and Grants Specialist.

- Relevant evaluation skills, knowledge, and experience (if any)

Kristin has a Masters degree in Social Work and has worked in different roles in the human service field for the past 17 years. Through her work, she has developed and implemented programs, tracking results to evaluate program effectiveness, meeting objectives and ensuring program recipients are being positively impacted. Marina Bueno, the Planning and Grants Specialist, will assist with evaluation through her quantitative skills, having received a Masters in Financial Analysis and through her experience working with performance analysis, being trained in Results Oriented Management and Accountability.

12. Sustainability:

BH/AGH encourages applicants to think creatively about how the funds from this request can be leveraged to create permanent community change. Please be explicit as to how metrics and outcomes will lead to sustainability beyond the grant term, aside from applying for additional funds. Indicate whether your organization is committed to building programmatic costs into the operating budget and/or if this program will create future revenue.

- Describe how the organization will leverage this funding to support the sustainability of the project(s). (100 words max)

Action Inc. will leverage Addison Gilbert & Beverly Hospital funds for the Welcome Home program by continuing to raise community support to further support the program.

As of December 1st, 2022 the program will be adding six households, bringing the total households served to 64. The expansion was possible by showing the support the program has received from local partners such as Addison Gilbert & Beverly Hospital.

Additionally, due to the demonstrated success and support of the program, made possible in part by Addison Gilbert & Beverly Hospital, the Department of Public Health Bureau of Substance Addiction Services provided an increase in the support service funding to Action Inc for this program.

- b. How will this project contribute to improved community health past the initial funding period? (100 words max)

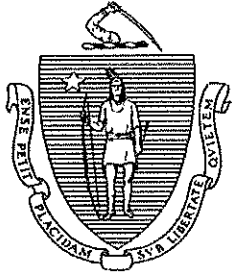
The Welcome Home program is a permanent service that clients can rely on for as long as they need in order to maintain a stable living situation with access to behavioral, mental and medical assistance. The program aims to break barriers between the chronically homeless community and medical services, which we hope will have long-term impacts for the individuals in the program and the community at large. Program metrics such as attending an initial primary care consultation indicate a tremendous paradigm shift in how this population interacts with medical institutions, which is expected to continue well after the funding period.

- c. Describe any challenges to sustainability the organization anticipates and how they might be addressed. (150 words max)

As a nonprofit, Action Inc. relies on government and foundation funds that can fluctuate and pose a challenge for the operation of certain programs. Action Inc. is fortunate to hold a private contract with National Grid to provide energy efficiency programs to the low-income community, which provides the agency with some additional revenue that can be used to offset program deficits elsewhere in the organization. The revenue from the National Grid contract is expected to be used along with individual donation funds to supplement budget deficits that the Welcome Home program experiences. The Welcome Home program ranks highly among the priorities listed in Action Inc.'s Strategic Plan. As such, Action Inc. is highly committed to ensuring that the program is fully funded and continues to make an impact in the community.

Instructions: Please complete the following program budget information by inserting applicable data in the non-highlighted cells below. Add additional rows as needed (and adjust sum formulas accordingly). Column J should be inclusive of column I and any additional funds your organization is allocating towards the project

BUDGET CATEGORIES					Budget Request Year 1	Budget Request Year 2 (if applicable)	Budget Request Year 3 (if applicable)	Total Project Budget (inc. other funds)
A. Personnel (including time spent on evaluation-related tasks)								
	Position	Effort (FTE)	Base Salary (w/ fringe)	Requested Salary (w/ fringe)				
1	Housing First Program Manager	0.05	\$ 74,786.00	\$ 4,300.00	\$ 4,300	\$ 4,300	\$ 4,300	\$ 74,786
2	Housing First Case Managers	4	\$ 245,488.00	\$ -				\$ 245,488
3				\$ -				
7				\$ -				
	Subtotal Personnel Cost				\$ 4,300	\$ 4,300	\$ 4,300	\$ 320,274
B. Contractual/Consultant Services								
1								
	Subtotal Consultant Cost				\$ -	\$ -	\$ -	\$ -
C. Non-Personnel Direct Program Costs (e.g. Travel, Supplies, Equipment, Stipends, Etc.)								
1	Client rent subsidies				\$ 18,200	\$ 18,200	\$ 18,200	\$ 1,097,508
2	Travel							\$ 6,709
3	Client needs based expenses							\$ 10,000
4	Training							\$ 1,200
5	Data processing							\$ 10,124
6	Insurance							\$ 21,000
7	Office expenses							\$ 4,613
	Subtotal Non-Personnel Direct Program Cost				\$ 18,200	\$ 18,200	\$ 18,200	\$ 1,151,154
D. Sub-Grantee / Partner Costs (if applicable)								
	Name of Sub-Grantee organization, brief							
1								
2								
	Subtotal Sub-Grantee Cost				\$ -	\$ -	\$ -	\$ -
E. Other Evaluation-Related Costs (recommend that total evaluation costs are 10% of the budget)								
1								
2								
	Subtotal Evaluation-Related Cost				\$ -	\$ -	\$ -	\$ -
F. Other Administrative and Overhead Costs (Up to 10% of Total)								
1	Admin				\$ 2,500	\$ 2,500	\$ 2,500	\$ 196,754
2								
	Subtotal Admin and Overhead Cost				\$ 2,500	\$ 2,500	\$ 2,500	\$ 196,754
	TOTAL				\$ 25,000	\$ 25,000	\$ 25,000	\$ 1,668,182



OFFICE OF THE GOVERNOR
COMMONWEALTH OF MASSACHUSETTS
STATE HOUSE BOSTON, MA 02133
(617) 725-4000

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

August 8, 2023

The Honorable Alejandro Mayorkas
Secretary of Homeland Security
Washington, DC 20528

Dear Secretary Mayorkas:

I, Maura T. Healey, Governor of the Commonwealth of Massachusetts, do hereby proclaim that there now exists in the Commonwealth a state of emergency due to rapid and unabating increases in the number of families with children and pregnant people – many of them newly arriving migrants and refugees – living within the state but without the means to secure safe shelter in our communities. This state of emergency arises from numerous factors, among them federal policies on immigration and work authorization, inadequate production of affordable housing over the last decade, and the end of COVID-era food and housing security programs. The need for action is urgent. The state of emergency arising from the shelter crisis demands that I exercise my powers as Governor to protect all the residents of Massachusetts, particularly those who lack access to safe housing.

Right now, more than 5,500 families, including very young children and pregnant people, are living in emergency shelter and receiving supportive services from the state. Many of these families are migrants to Massachusetts, drawn here because we are and proudly have been a beacon to those in need. These families require help to obtain housing, food, medical care, education, diapers, and infant formula. Some are fleeing imminent threats of violence. They all have one thing in common. They are in danger of going without the most basic of human rights in one of the most prosperous places on earth: the ability to lay their heads down in a safe place every night with a roof over their heads and with access to fundamental human necessities. They have called upon us to help give them shelter and the ability to work.

The people of Massachusetts have answered this call. Over 80 cities and towns across our state are hosting these families, including more than 1,800 families who currently are residing in hotels and motels. I am proud of the work that our administration has undertaken to keep many families safely housed. We have created thousands of new units of emergency assistance housing, launched new shelter sites, including at Joint Base Cape Cod, and we have created Family Welcome Centers to help provide services to those who need them. I am heartened that Massachusetts and our administration have used all means at our disposal to make

the right to shelter a reality and to meet our moral responsibility to house our state's most vulnerable residents safely.

But these efforts have not been enough. Over the past six months, the demand for emergency shelter has skyrocketed. In March of this year, 68 families per day were coming to our field offices seeking assistance. By July, that number had jumped to over 100 families per day. By comparison, in March of 2022, only 25 families per day came to our offices to request help. Currently, shelter entries per month are more than double the number of entries per month during the pandemic and roughly one-third higher than pre-pandemic levels. At the same time, the number of families leaving emergency shelter for safe, permanent housing has dwindled. The number of families exiting shelter has declined by nearly two-thirds since 2019. These trends are driven by many factors, including a confusing tangle of immigration laws, an inability for migrants to obtain work authorization from the federal government, an increase in the number of people coming to Massachusetts, and the lack of an affordable housing supply in our state.

Although Massachusetts is adding shelter units every week, without extraordinary measures, we fear we will be unable to add capacity fast enough to place all eligible families safely into shelter. Even though we are currently spending more than \$45 million per month on programs to help these families, our ability to create enough new shelter space and to provide necessary supportive services is falling short. Simply put, we do not currently have the tools we need to meet the rapidly rising demand for emergency shelter.

This is why I am today declaring that a state of emergency exists in Massachusetts, one that demands a response by all levels of government. I am directing members of my administration to continue to utilize and operationalize all means to secure housing, shelter, and health and human services to address this humanitarian crisis.

To our partners in the federal government, Massachusetts has stepped up to address what sadly has been a federal crisis of inaction that is many years in the making. But we can no longer do this alone. We need federal partnership, federal funding, and urgent federal action to meet this moment and to continue to serve some of our most vulnerable families. I urge you to continue pressing Congress to take meaningful legislative action and separately, and importantly, use all available executive power to remove the burdensome barriers keeping people from getting work authorizations, address our outdated and punitive immigration laws, and provide much needed financial assistance to help states like Massachusetts address this national issue. These new arrivals desperately want to work, and we have historic demand for workers across all industries.

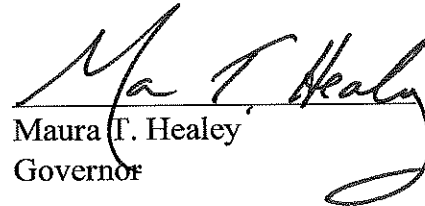
To the cities and towns across the state, many of which have a rich history tied to waves of immigrants settling within their borders, I am encouraging their communities to keep welcoming those families who wish to resettle in all corners of Massachusetts. Likewise, to charities, advocates, faith organizations, and providers, I will continue to affirm both my gratitude for their efforts and the importance of their partnership as we help these families in need through this crisis. And I will continue to commend the people of Massachusetts for

welcoming families into our community as neighbors – our collective compassion and inclusivity is what makes Massachusetts the exceptional place that it is.

While this state of emergency continues, I will use all the powers granted to the Governor to issue recommendations, directions, and orders to address the shelter crisis. These recommendations, directions, and orders will assist with the protection of persons and property; expedite the use of state resources; facilitate requests for aid and assistance from federal, state, and local partners; and enable the immediate procurement and deployment of goods and services necessary to ensure a prompt and effective response to and recovery from this moment of extraordinary need.

But such actions by the Governor, individuals, organizations, and communities are only a beginning. To respond to this crisis, we immediate federal intervention. Please heed this collective call to action. Only by working together can we resolve this humanitarian crisis.

Sincerely yours,



Maura T. Healey
Governor

cc: The Honorable Elizabeth Warren
The Honorable Ed Markey
The Honorable Richard Neal
The Honorable Jim McGovern
The Honorable Lori Trahan
The Honorable Jake Auchincloss
The Honorable Katherine Clark
The Honorable Seth Moulton
The Honorable Ayanna Pressley
The Honorable Stephen Lynch
The Honorable Bill Keating
The Honorable Andrea Joy Campbell
The Honorable Ronald Mariano
The Honorable Karen E. Spilka
Secretary Edward Augustus
Secretary Kate Walsh
Secretary Terrence Reidy