

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

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1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMS/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	No	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No

Youth Advocates	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No	No
Domestic Violence Advocates	Yes	No	No
Street Outreach Team(s)	Yes	No	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	No
LGBT Service Organizations	No	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Private non-profit landlords	Yes	No	Yes

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
 - 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
 - 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
 - 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.**
- (limit 2,000 characters)**

The CoC uses several strategies to solicit opinions from many organizations.

- Decisions about CoC policy and procedures are developed at open meetings that are advertised using a mailing list of more than 70 nonprofit, municipal, housing authority and state government partner agencies (well in excess of 100 persons, including homeless persons) as well as announcements on the twitter at @MABoSCoC.
- Annual outreach to a wide range of interested persons, i.e. mailings to every state funded Community Veteran Services Officer and municipal library in the CoC reminding them of what the CoC is, the work it does, and inviting them to call, e-mail or attend meetings with questions or feedback.
- An annual needs assessment includes the partners mentioned above participating in 4 public meetings across the CoC. Feedback is requested about unmet housing, services, and training needs. Those needs are considered in the CoC's RFP for projects and in making changes to CoC policies /

procedures.

-Provides electronic communications in a variety of formats including Not just word or excel, but also PDF.

-Finally, CoC staff attend and participate in a wide variety of community based meetings throughout the CoC including the Chelsea Collaborative, the Lawrence Homelessness working group, and the Tri-City Task force. CoC staff are also active members in The Commission on Unaccompanied Homeless Youth, and the Massachusetts ICHH.

1B-2. Open Invitation for New Members.

Applicants must describe:

- 1. the invitation process;**
 - 2. how the CoC communicates the invitation process to solicit new members;**
 - 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
 - 4. how often the CoC solicits new members; and**
 - 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

The CoC uses several strategies to solicit new members. 1) All monthly Planning Group meetings are advertised in advance via an extensive e-mail list with requests for receivers of the e-mail to forward it onto interested parties. 2) Annual outreach to a wide range of interested persons, i.e. mailings to every state funded Community Veteran Services Officer and municipal library in the CoC reminding them of what the CoC is, the work it does, and inviting them to call, e-mail or attend meetings with questions or feedback. 3) All monthly Planning Group and many monthly / quarterly committee meetings are advertised in advance on twitter at @MABoSCoC inviting participation and membership. 4) Homeless Service providers are asked to invite homeless persons they are working with to the meetings. 5) The CoC is actively engaged in merging with two other CoCs and special, individualized invitations to remain engaged in specific pieces of work are being made to each member of the CoCs that are joining us.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
- 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
- 3. the date(s) the CoC publicly announced it was open to proposal;**
- 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
- 5. if the CoC does not accept proposals from organizations that have not**

**previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.
(limit 2,000 characters)**

The Collaborative Applicant (CA) issues a competitive procurement (RFR) seeking project proposals. The RFR was posted to the Commonwealth's public procurement website in PDF, format to assure accessibility, on March 14, 2019. On the same day, the CA notified organizations who had inquired about CoC/ESG funds in the past, including those who were not previously funded. An announcement about the RFR was sent to every person and agency that serves on a standing or ad hoc committee, every CAP agency within the CoC's geography and the leads of all surrounding CoCs were asked to share it with their providers. The public procurement website is public and interested parties are able to set up alerts to receive notices when new opportunities become available

The RFR details the submission criteria, the review process, and scoring/selection criteria including proposal compliance with allowable scopes of the project as outlined in the NOFA, consistency with the CoC's priorities, and demonstration of capacity and understanding of the needs of and complexity in working with chronically homeless persons. The CA established a procurement review team who evaluated each proposal based on the criteria established in the procurement. After careful analysis, the proposals were ranked and those that met the criteria were included in the CoC's FY 2019 CoC Program Competition process.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	No
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:

- 1. consulted with ESG Program recipients in planning and allocating ESG funds;**
- 2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and**
- 3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.**

(limit 2,000 characters)

DHCD is the collaborative applicant and the MA recipient and the ESG Contract Manager (CM) is embedded in the same unit as CoC staff. The CoC intersects with three recipients: non-entitlement (MA), Lawrence (L), and Newton (N) participate in the Planning Group, Ranking/Review Committee, and chairs the Youth Committee. The CM provides info on funding use, program outcomes, and project participation in coordinated entry (CE). The CoC consults with L & N during their ESG planning discussions. ESG funding in the CoC is \$895k with 51% going to prev, 27% RRH, 18% shelter, and 4% outreach. Prev services are available throughout, but targeted to Framingham area, metro-Boston towns, Lawrence, and towns surrounding Lowell. RRH services are limited to Newton, Lawrence, Brookline, Lowell and surrounding towns; this was determined in consultation with recipients and is due to access to state-funded RRH resources. The CM conducts evaluations of MA funded projects and provides updates to CoC staff; L and N communicate updates to CoC staff and participate in Planning Group meetings. L & N subrecipients are participating in CE regionalization efforts to better connect participants to housing within their home communities. ESG RRH projects take referrals through CE; the CoC will invite ESG project staff to review CoC RRH policies during the upcoming year. CoC staff are working with N to improve shelter program policies on max night stays and Framingham on targeting limited outreach resources. All ESG projects utilize HMIS or comparable database and the CoC will identify a formal method to make CAPER outcomes available to the Ranking/Review Committee to improve the process in 2020. The CoC provided PIT, HIC, and CE data to all jurisdictions and updates on MA projects. At DHCD, the CM participates in writing the Plan and annual updates. CoC staff participates in community needs assessments and gaps analysis planning conducted by Planning jurisdictions and their community partners.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated

Yes

Plan Jurisdictions.

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:

- 1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)**

Trauma informed care, confidentiality, data security, and client choice are all included in the CoC's CES trainings which occur monthly and are attended by any persons who interact with the CES. Domestic Violence serving agencies and persons who have experienced domestic violence provided technical support and guidance in the creation of the system and its policies and procedures. As a result the process of acquiring housing through the CES has been developed with a trauma informed care lens. For example, in order to better understand the potential vulnerability of a homeless person, the vulnerability assessment asks questions that may trigger memories of past trauma in unexpected ways. The CoC's CES training includes strategies for noticing if this is happening, the ability to skip questions, and allowing the necessary space and time (including multiple sittings if necessary) to complete the assessment.

The CoC in consultation with DV providers, clinical staff, and VAWA experts, has developed and implemented an emergency transfer planning process into it's coordinated entry system CES. At it's core, the process allows for easy low threshold access to an emergency transfer and brings to bear the entirety of the CES's resources to quickly identify appropriate alternative housing and to assist the household in accessing that housing.

In addition to trainings listed above, the CES process includes a Housing Preference Form (included with this application in the CE policies and procedures attachment) that allows clients to identify which communities, and type of housing they would like, including the sorts of services they would find useful to them once housed.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:

- 1. CoC area project staff that addresses safety and best practices (e.g.,**

trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)

The CoC held a series of trainings related to these issues this year. On March 6th two separate trainings were conducted for the Planning Group (the large body of service providers, community members, state agency and municipal partners and consumers).

The first, presented by Kaitlyn Matthews, Director of Programs at The Second Step, a domestic violence service provider in the CoC, was entitled Accessing the DV Support system and discussed the process of how to help people fleeing, or considering fleeing homelessness, access domestic violence shelter in Massachusetts. The training also covered an introduction to Trauma Informed Care when working with people in “non-dv” settings who had experienced domestic violence.

The second, presented by Gordon Calkins, Federal Grants Manager of the Collaborative Applicant was entitled, “Domestic Violence and the CoC Coordinated Entry (CE) System” This training was designed to assure that the provider community understood how the CoC’s CE system ensured confidentiality for persons fleeing domestic violence, as well as the processes in place for those already enrolled in the CoC’s projects who might experience domestic violence. We reviewed the emergency transfer planning process and the various ways that clients could access that process, as well as requirements for assuring all clients were made aware of the process. We further discussed how individual agencies could develop victim centered policies and practices that assured ongoing compliance with the CoC’s rules and were most likely to result in preferred outcomes for persons who experienced domestic violence.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)

Starting 1 Oct 2019 the CoC will receive the HMIS Expansion grant it was awarded and will expand the number of HMIS staff by 2 FTEs, including an HMIS supervisor position that will be responsible for data analysis. Additionally, HUD has awarded the CoC an HMIS Capacity Building grant and approved tasks include data analytics software as well as training for all HMIS and CoC Lead staff to increase organizational capacity for data analysis. The newly formed Domestic Violence committee of the CoC will be working closely with the expanded HMIS team to develop processes and strategies that will assure de-identified data being aggregated can pose no risk to individual persons. A number of DV-serving agencies in this CoC do not use our HMIS system. We encourage those agencies to use their comparable systems to assess needs and inform our CoC through their very active participation in the newly formed Domestic Violence Committee. This committee will be responsible for review of aggregate and de-identified data to assess the ongoing needs of persons related to domestic violence, sexual assault and stalking. That learning will be incorporated in the bi-annual needs assessment which will, in turn, manifest as

priorities for the CoC.

***1C-4. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
MA Dept. of Housing and Comm Develop.	6.00%	Yes-HCV	No
Medford Housing Authority	8.30%	Yes-Both	No

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:

1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or

2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

The CoC has partnered with the Rental Assistance division at the Department of Housing and Community Development – the largest PHA in this CoC's geography -- to create a limited preference for the 2018 Mainstream Vouchers, for those households with an adult household member who is non-elderly, disabled and homeless or institutionalized. This preference was effective June 20, 2019.

The second largest PHA – the Medford Housing Authority – already has General Homeless and Limited Homeless Preferences in federally-funded housing for those involuntarily displaced as a result of government action, or natural disaster or fire, and for Medford veterans. State-aided Elderly Public Housing provides preference for applicants who can establish they are homeless through no fault of their own.

The Medford Housing Authority Housing Choice Voucher Program provides a priority for Medford residents. Medford Housing Authority administers vouchers for victims of Domestic Violence.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

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If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

The CoC has developed an agreement with a property manager operating 202 housing. The HUD regional office provided technical assistance in amending the tenant selection plan.

This first foray into Moving On has resulted in access to three units for disabled elders who are not in need of the intensive case management services provided by their CoC funded Permanent Supported Housing project, but would still benefit from the subsidized rent and elder related supports available in the 202 property.

This has worked quite well and we are in negotiations with a second 202 property management company. In addition, the CoC has partnered with the Rental Assistance division at the Department of Housing and Community Development in developing their response to the Mainstream Voucher NOFA. We have helped them with structuring their Moving On strategy and will, if awarded vouchers through that NOFA, be able to access them as well.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)

The CoC has an anti-discrimination policy (see page 14 of our Coordinated Entry Policies and Procedures Manual attached to this application). On September 5, 2018, the CoC conducted a training for the planning group (the large body of service providers, community members, state agency and municipal partners and consumers) entitled “Equal Access in Accordance with an Individual's Gender Identity”. In addition, the CoC's regularly conducted Coordinated Entry System training include a section on discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2).

Finally, the CoC has now conducted two analysis of racial and ethnic disparities across the CoC system. Following the conclusion of the first, processes were built into the Coordinated Entry system that would minimize the potential for discriminatory bias in offers of housing opportunities. The second analysis found a dramatic reduction in racial disparities for new intakes into CoC funded programming.

***1C-5a. Anti-Discrimination Policy and Training.**

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

***1C-6. Criminalization of Homelessness.**

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input type="checkbox"/>
4. Implemented communitywide plans:	<input type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:

- 1. demonstrate the coordinated entry system covers the entire CoC geographic area;**
- 2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and**
- 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)**

With a No wrong door approach, the Coordinated Entry System (CES) covers the entire geography of the CoC. Outreach is done to assure that a wide network of people throughout the CoC are aware of the CES and are proficient in helping people to access it. The CES conducts specific outreach to every

library, Community Action agency and PATH provider in the CoC. The state funds a veteran's services officer in every municipality who also receives regular information and guidance about the system. In addition, the following list of partners are offered and provided regular training in helping persons access the CES and ensuring that individuals and families in their community know about the CES.

State agency partners and their providers, including
the Department of Mental Health,
the Department of Public Health's bureau of Substance Use
the Department of Public Health's bureau of Infectious Disease,
the Department of Public Health's Domestic Violence Unit,
homeless shelters,
food pantries,
and other nonprofits partners

In addition to the above marketing the CES is advertised via twitter, and is readily available to the public at the continuum website.

The CES uses a vulnerability assessment that allows the system to compare the vulnerabilities of different people experiencing homelessness. As described in the CES policies and procedures attached to this application which incorporate HUD's "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status", those most vulnerable are offered housing opportunities first. Robust connections, including connections between people currently working with the new project participant and the new project to which they have been referred are made at the time of referral, assuring a "warm handoff" and expediting the transition into the housing opportunity.

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. Discharge Planning Coordination.

Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

1E. Local CoC Competition

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***1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.**

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

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Applicants must describe:

1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and

2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.

(limit 2,000 characters)

1. The Continuum considered the following vulnerabilities experienced by program participants in its ranking and selection process: Domestic Violence Victims, Unaccompanied Minors

2. The CoC uses an objective scoring tool (attached to this application) as part of the ranking and review procedures. Projects which specifically serve the above listed vulnerable populations are given additional points. Additionally, rather than weigh every possible vulnerability that a project is designed to serve, the Continuum chose a third way to reward projects that serve more vulnerable households. Since all enrollments in projects now come from the coordinated entry system, any project where the average vulnerability score of any new project participants in the last year was greater than the average score of new project participants in ALL projects, received additional points, improving their ranking and counteracting the potential for poorer outcomes resulting from serving more vulnerable people.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:

1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or

2. check 6 if the CoC did not make public the review and ranking process; and

3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or

4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>

5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 7%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:

- 1. describe the CoC written process for reallocation;**
 - 2. indicate whether the CoC approved the reallocation process;**
 - 3. describe how the CoC communicated to all applicants the reallocation process;**
 - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
 - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

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 described below.

The CoC substantially revised its reallocation process this year, formally adopting the new process via governing body approval at their 1/2/19 meeting after significant discussion by the project evaluation committee as well as solicitation and incorporation of feedback from the full CoC body. The revised process was distributed at a full membership meeting and included in the January electronic newsletter distributed to state agency partners, CAP agencies, faith based organizations, dozens of service providers and any individual person that has expressed interest.

The process (attached to this application) establishes a concrete and objective decision tree that results in decisions to reallocate. While no projects were found to be less needed, we engaged in a careful monitoring of all projects, including site visits, performance outcome reviews, and an analysis of expenditures over the last three years. A number of projects this year were found to be operating in ways that are contrary to HUD regulations or otherwise low performing. A few were either unable or unwilling to resolve those issues, and were reallocated.

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1 DV Bonus Projects.

**Applicants must indicate whether the CoC is Yes
requesting DV Bonus projects which are
included on the CoC Priority Listing:**

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	<input checked="" type="checkbox"/>
2. Joint TH/RRH	<input checked="" type="checkbox"/>
3. SSO Coordinated Entry	<input type="checkbox"/>

Applicants must click “Save” after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

Need Housing or Services	220.00
--------------------------	--------

the CoC is Currently Serving

91.00

1F-2a. Local Need for DV Projects.**Applicants must describe:**

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
 - 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**
- (limit 500 characters)**

The CoC calculated the # of DV survivors in the area needing housing by adding persons currently in DV shelters, as reported by those shelters, to persons NOT in DV shelters but report having experienced DV and appearing on the CoC's coordinated entry registry. The # of persons served were calculated by adding the people in CoC DV PH programs, as reported by the providers who extracted it from the comparable HMIS, to the people fleeing domestic violence in ALL CoC programs as queried in HMIS.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

Applicant Name	DUNS Number
The Second Step	028016942
Department of Hou...	824848162

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	028016942
Applicant Name:	The Second Step
Rate of Housing Placement of DV Survivors–Percentage:	82.60%
Rate of Housing Retention of DV Survivors–Percentage:	94.70%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

Housing placement was calculated by the number of survivors who exited the program between 7/1/2017 and 6/30/2018 divided by the number of survivors who exited to permanent housing during that time period. Housing retention was calculated by the number of survivors who retained permanent housing between 7/1/2017 and 6/30/2018 divided by the number of survivors who retained that permanent housing between 7/1/2018 and 6/30/2019. This data was compiled through a HMIS comparable database, Clarity.

1F-4b. DV Survivor Housing.

**Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)**

The Second Step (TSS) has been serving homeless individuals and families impacted by domestic violence through our transitional housing program since 1992. While the proposed rapid rehousing component is new and therefore has yet to yield data, our transitional housing program has produced successful outputs since 1992.

In the most recent APRs for our TH projects, we have had 23 new participants access transitional housing, with 25 total participants leaving the project for permanent housing, and 10 total participants leaving for situations other than permanent housing (most often with friends and family). All of these clients – as well as stayers from previous reporting periods, a total of 72 persons - have been connected to additional resources, both within TSS through our Community Programs, Youth Programs, and Steps to Justice legal services program, as well as with mainstream resources in the broader community. With the addition of a Housing Advocate in 2017, we were able to streamline housing support services which resulted in shorter stays in Transitional Housing and quicker transition to permanent housing. With the streamlined support and wraparound services, survivors have been able to access more housing

resources and get connected to housing providers more quickly and efficiently. In addition to our internal collaborations, TSS readily partners with local housing providers and housing authorities in order to meet the needs of our survivors. One of the most important collaborations that TSS has is with Newton Housing Authority (NHA), who specializes in affordable housing. Partnering with NHA not only allows us to refer clients to apply there, but it also allows advocates to attend trainings and workshops that can better inform advocates about the complexities of housing.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

1. ensured the safety of DV survivors experiencing homelessness by:

- (a) training staff on safety planning;**
 - (b) adjusting intake space to better ensure a private conversation;**
 - (c) conducting separate interviews/intake with each member of a couple;**
 - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
 - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
 - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
- 2. measured its ability to ensure the safety of DV survivors the project served.**

(limit 2,000 characters)

At TSS, the safety of our survivors is our top priority. TSS offers two confidential congregate living spaces and utilizes post office boxes to further ensure confidentiality of the residences. Across the agency, our staff undergo a comprehensive 25 hour training that spans across all areas of domestic violence. Additionally, staff regularly attend trainings specifically designed for advocates working with survivors. These training topics include, but are not limited to, safety planning, conducting danger assessments, motivational interviewing, and providing trauma-informed care. Additionally, survivors entering our program complete their intakes in a separate meeting space within the TH program and white noise machines are used outside of the door in order to ensure more privacy. Once a survivor enters the program, they are able to begin working with an advocate to work on their self-identified needs and goals. The Housing Advocate is also available to discuss their safe zones in regards to housing and inquire as to what the survivors would need to feel safe and successful. In regards to the facilities themselves, our Facilities team takes every precaution to ensure the safety of the survivors we serve. We make sure that light fixtures, door handles, and locks on doors and windows, both inside and outside of the residences, are always in good, working condition. For additional security measures, each resident is given a unique key code to get into the residences. TSS frequently solicits feedback from our survivors in the TH program in regards to safety. Residents are also able to reach out directly to their advocate and the Director of Residential Programs should they have concerns about safety and security. Should a safety issue arise when staff is not present, residents are able to call the on-call number to be immediately connected with an advocate and/or the Director of Residential Programs.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

- 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
 - 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
 - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
 - (b) 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;**
 - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
 - (d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
 - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
 - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
 - (g) offering support for parenting, e.g., parenting classes, childcare.**
- (limit 4,000 characters)**

Through our integration of residential and community-based services within a service milieu that stretches from childhood to adulthood, TSS has been a leader in the field of domestic violence response and prevention, developing and implementing best practices in transitional housing and long-term stabilization for survivors of domestic violence and their children. We operate all of our programs based on a trauma-informed, survivor-centered approach where we meet the survivors where they are at and focus the advocacy and case management services around their self-identified goals. Additionally, we provide strengths-based advocacy and help survivors to re-focus on their accomplishments, big or small, and the strides they have made towards their goals. We often find that it can be difficult for survivors to identify their strengths when they have faced overwhelming adversity, thus it is crucial to our work to emphasize those strengths.

We also understand that the transition between shelter living and Permanent Housing can be a difficult, and seemingly impossible, one. The ability to provide a literal second step between shelter living and Permanent Housing can be life-altering and life-saving. For many survivors, the needs that they enter into shelter living with, such as an extensive criminal background, prior homelessness history, substance use, and the like, are not always remedied during their shelter stay. Thus, the services and programming at TSS are voluntary and are always made readily available to survivors.

If funded, TSS will continue to partner with survivors to ensure that their self-identified needs and goals are met appropriately and efficiently. Due to the survivor-driven nature of our advocacy, survivors will continue to lead the conversation and action steps towards accomplishing their goals and obtaining

permanent housing. TSS will offer supportive services and advocacy, while consistently prioritizing the survivor's choice. Our Housing Advocate will continue to be available to discuss all housing options available to each survivor, work with the survivor to ensure safe placement, and focus the housing search process around the survivor. TSS will also ensure that all participants are met with mutual respect and unconditional positive regard. Our survivors come from various backgrounds with various trauma histories and it is important for our advocates to create a dynamic that allows the survivor to feel empowered to make their own decisions without judgment. Additionally, TSS will continue to provide both in-house and external trainings to staff around working with traumatized populations, creating trauma-informed programming, and the like. By prioritizing staff development and building capacity, we will be better equipped to serve our survivors and provide necessary, up-to-date, information around trauma, trauma responses, coping skills, and healing practices.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

The organization provides wraparound services to all clients through specialized housing advocacy, comprehensive advocacy and case management through both Residential and Community Programs, and legal assistance through our Steps to Justice Program. Our clients have been able to receive comprehensive advocacy and case management around many of their self-identified needs, which may include healthcare, substance use treatment, childcare, employment, and budgeting, all while continuing to address safety needs. Our Steps to Justice Program has assisted clients with varying legal concerns ranging from restraining orders to child support. Our Community Advocates and Residential Advocates work in partnership with the survivors to provide services that are specific to each individual and their needs. Additionally, TSS has an established Therapeutic Afterschool Program that works with children from Kindergarten to fifth grade, within the TH component of the program, around coping skills, behavior, and relationship building all through a trauma-informed lens. In addition to our internal collaborations, TSS readily partners with local agencies to offer additional services and support to the individuals and families we serve. TSS partners with Greater Boston Legal Services,

helping to support clients who are discriminated against while searching for housing, or if tenancy issues arise once they are housed. TSS has established partnerships with a variety of local providers, such as financial planning firms, youth-serving organizations, and housing providers, and is able to coordinate these external resources to best meet the survivors' self-identified needs. Similarly to how TSS tailors each service plan, we are able to call on our extensive network for additional resources that are best equipped to support the family while in our TH/RRH program, which can continue to work with the family when they enter into permanent housing.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	824848162
Applicant Name:	Department of Housing and Community Development
Rate of Housing Placement of DV Survivors–Percentage:	78.30%
Rate of Housing Retention of DV Survivors–Percentage:	92.60%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

Housing placement was calculated by the number of survivors who exited emergency shelters between 7/1/2017 and 6/30/2018 divided by the number of survivors who exited our non-DV shelters to permanent housing during that time period. Housing retention was calculated by the number of survivors who retained permanent housing between 7/1/2017 and 6/30/2018 divided by the number of survivors who retained that permanent housing between 7/1/2018 and 6/30/2019. This data was compiled through HMIS.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

DHCD's Coordinated Entry system works in tandem with the state's domestic violence hotline and the hotline's associated shelters. Through the development of Domestic Violence specific transitional and permanent housing options and policies providing prioritization of persons fleeing domestic violence, the CoC is able to quickly move people into permanent housing.

A review of our coordinated entry data shows in the last year an average of 91 days between the CoC knowing about a person reporting domestic violence who is homeless and their connection to an actual permanent housing situation.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

- 1. ensured the safety of DV survivors experiencing homelessness by:**
 - (a) training staff on safety planning;**
 - (b) adjusting intake space to better ensure a private conversation;**
 - (c) conducting separate interviews/intake with each member of a couple;**
 - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
 - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
 - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
 - 2. measured its ability to ensure the safety of DV survivors the project served.**
- (limit 2,000 characters)**

DHCD hosted a CoC wide training at its planning group meeting on safety planning. This is an annual training that occurs for the large group of the CoC, and to which are invited program staff rather than agency managers.

Coordinated Entry System trainings which happen on average monthly and occur throughout the CoC's geography to assure everyone is easily able to attend, include a component in trauma informed care and appropriate interviewing of people. This included assuring privacy, separate interviews for couples, and safety planning.

All of DHCD domestic violence program locations are confidential.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

- 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
- 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
 - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
 - (b) 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;**
 - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
 - (d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants**

strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
(limit 4,000 characters)

If this project is funded, DHCD intends to identify a subrecipient that has extensive experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors. These will be threshold criteria during the project subrecipient procurement process.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

The Balance of State project subrecipients provide wraparound services to all clients through specialized housing advocacy, advocacy, legal assistance and case management through both residential and community based programs. Our clients are able to receive comprehensive advocacy and case management around many of their self-identified needs, which may include healthcare, substance use treatment, childcare, employment, and budgeting, all while continuing to address safety needs.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

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2A-1. HMIS Vendor Identification. Social Solutions

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,517	49	1,278	87.06%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	284	162	20	16.39%
Rapid Re-Housing (RRH) beds	412	0	17	4.13%
Permanent Supportive Housing (PSH) beds	1,146	9	626	55.06%
Other Permanent Housing (OPH) beds	266	9	56	21.79%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

**1. steps the 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 the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)**

All CoC-funded projects are in MAHMIS. The BoS CoC has a clear plan to increase bed coverage for all project types within calendar year 2019. First, the CoC has been awarded an HMIS Expansion grant to increase HMIS staff capacity by over 230%. The addition of 2 new staff will significantly boost our ability to work with homeless service providers who are not currently utilizing MAHMIS. Also, The Commonwealth is building a statewide HMIS Data Warehouse (HDW). This project will be implemented by Dec 2019. The HDW will give us the ability to incorporate the data of projects utilizing an alternative HMIS into HUD reporting.

There were 1417 non-participating non-DV beds in the HIC. 16 TH beds were incorrectly reported as not participating. Of the remaining beds, one third are using another HMIS/equivalent and we are confident they will participate in the HDW. Another third are VASH beds whose providers have historically been very resistant to HMIS participation. The final third of non-participating beds are made up of a mixture of providers who will not use HMIS due to low organizational capacity or distrust of the government.

We are pleased to report that our ES bed coverage rate is now over 87%, up from 71% the prior year.

PSH is below the 85% coverage rate because VASH providers are not participating in HMIS and have declined to participate.

We expect the TH coverage will rise to at least 53% next year once the 16 excluded beds and the 41 beds in an alternate HMIS are included.

We expect that the OPH coverage will rise to at least 85% once the beds in an alternate HMIS are included in our warehouse.

HomeBASE includes beds that meet HUDs definition of RRH AND beds that don't. They are not separated in HMIS. We are exploring solutions to this such as importing lists of RRH beds and applying that filter before report generation. The CoC will reach out at least annually to nonparticipating projects to stress the importance of HMIS.

***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

***2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)** 04/30/2019

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2B-1. PIT Count Date. 01/30/2019

Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/30/2019

Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:

1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and

2. how the changes affected the CoC's sheltered PIT count results; or

3. state "Not Applicable" if there were no changes.

(limit 2,000 characters)

Not Applicable

***2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

Applicants must select whether the CoC added or removed emergency shelter, No

transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
 - 2. how the changes affected the CoC's unsheltered PIT count results; or**
 - 3. state "Not Applicable" if there were no changes.**
- (limit 2,000 characters)**

While there were no significant changes in the overall implementation strategies this year, we discovered 11 fewer unsheltered people on the streets of Lawrence. We believe this is directly related to the creation and implementation of a new rapid rehousing strategy in Lawrence.

The majority of our increase in unsheltered people is related to a new warming center in Malden MA. Malden is a suburb of Boston, and has no emergency shelters. People have traditionally used the subway system to travel from Malden into Boston to access shelter at night and we typically find fewer than 10 people sleeping outside in Malden each year. The new warming center seems to have allowed more people to shelter out of the elements in Malden, their city of origin, rather than traveling into Boston.

***2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count. Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

- 1. plan the 2019 PIT count;**
 - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
 - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

The annual MA Youth Count and ongoing statewide efforts to understand youth and young adult (YYA) homelessness along with previous PIT counts and HIC reports tell us that YYAs experiencing homelessness under Category 1 of HUDs definition in the Balance of State are most likely sheltered. Therefore, in

preparation for the 2019 PIT count, the Youth Committee dedicated time to informing YYA stakeholders (providers and youth), including the two drop-in centers located in our CoC geography (Tempo in Framingham and YouForward in Lawrence), on the differences between the PIT count and the annual MA Youth Count, who the PIT is intending to count, the importance of both efforts, and why they occur on different dates. Every emergency shelter in the CoC participates in HMIS and their data is captured in our PIT count. Based on information gathered through conversations with youth stakeholders and YYA who are or have experienced homelessness during CoC committee and other statewide systems improvements meetings, along with previous PIT survey efforts and youth-centered focus groups, we believe that our PIT unsheltered data for youth is accurate. The CoC continues to build relationships with YYA throughout our geography and will reassess our efforts for identifying unsheltered YYA in preparation for the 2020 PIT count.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:

- 1. individuals and families experiencing chronic homelessness;**
- 2. families with children experiencing homelessness; and**
- 3. Veterans experiencing homelessness.**

(limit 2,000 characters)

1. Individuals: A new warming center was created in Malden MA this year. It is not, technically, a shelter and does not appear in HMIS. We coordinated with the warming center, and sent additional staffing resources on the night of the count to assure that all people staying there were included in the PIT.

2. Families with Children: The Balance of state leveraged its relationships built during the statewide count of unaccompanied homeless youth last year and coordinated across those other systems of care (McKinney Liasons in schools, street workers, etc) to assure that all persons sleeping in a place not meant for human habitation, or in shelter were counted. This coordination included assuring human resources on the ground were familiar with the unsheltered count tool

3. Veterans: The CoC has achieved functional zero for homeless veterans. Great care was taken to assure that the few veterans on our registry were spoken with and counted the night of the PIT. In addition, Massachusetts funds a Veterans Services Officer for every municipality in the Commonwealth. This year, the CoC expanded its PIT count outreach and marketing to include these Veterans Services Officers. While we had a few questions from different people, it is not clear that we actually found veterans that we otherwise would have missed.

3A. Continuum of Care (CoC) System Performance

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.
--

2,551

3A-1a. First Time Homeless Risk Factors.

Applicants must:

1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC's strategy 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 the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.
(limit 2,000 characters)

DHCD oversees prevention efforts within the CoC as well as many statewide efforts including TPP in the courts. DHCD 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 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 incorporated into CE.

The Department of Housing and Community Development is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.

***3A-2. Length of Time Homeless as Reported in HDX.**

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.

288

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:

- 1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
 - 2. describe how the 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 the CoC's strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

The Collaborative Applicant, DHCD, is the sole funder of emergency shelter (ES) for families and the primary funder of ES for individuals in the state. DHCD is engaged in significant systems change in the way it provides ES. DHCD is currently re-procuring the entire family shelter system and in doing so, is reframing the system from one that frequently pathologizes families and fosters their floundering in ES to a system that focuses on housing first. It is our hope that these changes will begin to reduce the length of time households with children remain homeless from its current average of 313 days.

DHCD is developing 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 unit that manages the Balance of State CoC. The intention here too, is to reframe the work in ES toward housing first. DHCD and the CoC have developed substantial RRH resources, both HUD and state funded that helps to reduce the length of time homeless. This includes new 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.

DHCD, in collaboration with the Boston Housing Authority, has created the Leading the Way Home project which is issuing state permanent housing vouchers to Boston households with children who have been in the ES system the longest. Some Boston family households are sheltered in Balance of State Communities.

Separately, 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.

The Coordinated Entry Specialist at DHCD is responsible for overseeing these

strategies.

***3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	36%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:

1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
 2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
 3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
 4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
- (limit 2,000 characters)**

DHCD, as the collaborative applicant, and the Federal Grants Unit within it have developed and are responsible for overseeing strategies to increase the rate at which households in 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 a new CoC funded project during the last NOFA cycle. We have requested funding in this cycle for two additional RRH projects (one specifically for persons experiencing domestic Violence) that we think will further expedite households' moves from homelessness into housing. In addition, we are providing training and support of programmatic staff across the CoC, as well as being focused on data quality.

DHCD, as the collaborative applicant, and the Federal Grants Unit within it, have developed and are responsible for overseeing strategies to increase the rate at which households retain their permanent housing. 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 of site to another when a move will prevent a return to homelessness.

***3A-4. Returns to Homelessness as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	1%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	2%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:

1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the 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 the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
(limit 2,000 characters)

The CoC is engaged in an initial analysis of households that have returned 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 predicative capacity, or suggest better strategies with specific households with similar underlying issues.

DHCD, as the collaborative applicant, and the Federal Grants Unit within it, have developed and are responsible for overseeing strategies to increase the rate at which households retain their permanent housing. 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.

***3A-5. Cash Income Changes as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	15%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	35%

3A-5a. Increasing Employment Income.

Applicants must:

1. describe the CoC's strategy to increase employment income;
2. describe the CoC's strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and

4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.

(limit 2,000 characters)

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.

The CoC has informal (though no contractual) relationships with a variety of mainstream employment readiness resources. The primary employment organizations for persons in our CoC programs are: Mass Rehab helping persons with disabilities access job training and support; One Stop Career Centers providing assessment, career information and job search; and Jewish Vocational Services providing skills development, job readiness training and, and job search.

DHCD's two contract management 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. DHCD's Federal Grant's Manager is responsible for oversight of these responsibilities.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:

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

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. Case managers aid participants in accessing other income, including assisting with applications, scheduling, transportation to appointments,

and collecting documentation. DHCD, who 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.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:

1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and

2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.

(limit 2,000 characters)

The CoC has informal (though not contractual) relationships with a variety of mainstream employment readiness resources. The primary employment organizations for persons in our CoC programs are: Mass Rehab helping persons with disabilities access job training and support; One Stop Career Centers providing assessment, career information and job search; and Jewish Vocational Services providing skills development, job readiness training and, and job search.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

3A-6. System Performance Measures 05/30/2019 Data-HDX Submission Date

Applicants must enter the date the CoCs

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**submitted its FY 2018 System Performance
Measures data in HDX. (mm/dd/yyyy)**

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

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3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of previous homeless episodes	<input checked="" type="checkbox"/>
3. Unsheltered homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input type="checkbox"/>
5. Bad credit or rental history	<input type="checkbox"/>
6. Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:

1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;

2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and

3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.

(limit 2,000 characters)

DHCD is the provider of all state funded shelter for families and is responsible for oversight of rapid rehousing strategies within the CoC. Families falling into homelessness are immediately assessed for services through the statewide family EA system including diversion, shelter, and RRH. Between July 1, 2018 and June 30, 2019, 23% of families were diverted from shelter entry or rehoused with state RRH, HomeBASE, and housing search at or very near intake. Additionally, CoC partners work with highly vulnerable families sheltered in our CoC for coordinated entry assessment. Families over-income for EA and state funded RRH services, are referred to ESG RRH funds.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	<input type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input checked="" type="checkbox"/>
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input checked="" type="checkbox"/>
4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	<input checked="" type="checkbox"/>

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	No
3. LGBT youth homelessness	No
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes

6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	No
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3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
3. Unsheltered Homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input type="checkbox"/>
5. Bad Credit or Rental History	<input type="checkbox"/>

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
- (limit 3,000 characters)**

In 2018, the MA Executive Office of Health and Human Services (EOHHS) in partnership with the MA Interagency Council on Housing and Homelessness (MAICHH) built upon previous efforts and identified ten Youth Regions to deliver common core services to unaccompanied homeless youth across the Commonwealth; each region is funded to deliver ongoing services and appropriate and timely interventions to unaccompanied homeless youth under all 4 categories of homelessness established by HUD. The Balance of State geography overlaps with five of the Youth Regions and CoC staff participated in the process of identifying and contracting with each region. This effort has greatly improved access to youth-specific and youth-inclusive programming throughout the CoC. In 2019 the CoC completed a youth-specific community needs assessment in partnership with each Youth Region, hosted a meeting on how to apply for CoC funding for youth specific provider organizations, conducted a training on how to use coordinated entry specifically targeted to youth-providing agencies, participated in planning sessions in Lawrence on developing a youth-specific transitional housing program, reviewed coordinated entry (CE) data to assess the effectiveness of CE for youth, funded a CoC

partners attendance at a national conference on improving access to housing for youth and ensured that the information learned was distributed to our CoC partners, and increased our Youth Committee active membership. Ongoing work includes the development of a youth-specific CoC work plan which includes establishing a youth-specific coordinated entry, conducting trainings and establishing peer to peer mentors for existing CoC programs to become more youth-inclusive, considering rewriting our RRH policies to prioritize youth, re-evaluating our ranking and review scoring process to prioritize youth funded projects, formalizing partnerships and outlining roles between the CoC and youth-providers through MOUs, further developing our Resource Capacity List and Crisis Response Chart, and merging with two CoCs (Lowell and Somerville) who operate youth-specific housing programs. Community level work also includes efforts in Lawrence to organize churches and offices to provide for daily needs (water, hygiene, laundry) for all youth, training program staff at SMOG to identify YYA in need and provide more inclusive services through adult programming, outreaching to YYA about access to RAFT a state-funded house resource, and collaborating with Chelsea school district and organizations to better connect YYA to resources. Finally, DHCD supported the creation of Guidance on Creating Young Adult Protocols in Individual Adult Shelters to encourage more youth-specific and youth-inclusive emergency shelter and services for unsheltered youth.

3B-1d.1. Youth Experiencing Homelessness—Measuring Effectiveness of Housing and Services Strategies.

Applicants must:

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;**
- 2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)**

In the past the CoC has used the PIT and the MA Youth Count to measure the effectiveness of our housing strategies for youth and young adults (YYA). Over the past year, we've re-evaluated our measures and are adapting our strategies as we move forward for a few reasons; 1. The PIT only provides information on sheltered and unsheltered youth who meet category 1 homelessness, 2. Neither strategy actually counts the number of units available for youth, 3. Neither strategy effectively measured the action steps that have been taken to improve existing services and our coordinated entry (CE) process. Our new measures were identified in our community needs assessment (CNA) which was informed by the MA Youth Count, HMIS, and developed in conjunction with our Youth Region partners, gives us with the following baseline numbers – number of YYA identified in PIT count (149), number of YYA experiencing homelessness over the course of the year based on HMIS data (208), combined to provide an estimated total number of YYAs that flow through our homelessness system (357). The CNA also identifies the number of youth-specific units available in our CoC: shelter, rapid rehousing, transitional, PSH, other permanent housing, and host homes; in total there are currently 19 youth-specific units. The development of a youth work plan with specific actionable steps and

measurable outputs such as number of trainings to providers, number of YYA enrolled in our coordinated entry system, number of peer to peer connections, number of resources tracked on our resource capacity list, number of MOUs with partner agencies, and number of community events will help us to measure our progress towards increasing the availability of housing and services for youth. Comparing these two measurements (number of YYA that flow through our homelessness system to number of youth-specific units) is how we will measure the effectiveness of our strategies for increasing the availability of housing and services for youth; an improvement in the ratio of the number of YYA vs youth-specific units will demonstrate effectiveness. An annual comparison of the number of YYA enrolled in non-youth specific CoC-funded permanent housing will tell us how effective our strategies for making our projects more youth-inclusive are. We are working with our state partners, Youth Regions, and consultants to develop an effective methodology for identifying the number of YYA who are homeless under categories 2-4, including establishing criteria for using HMIS to capture youth who are homeless under these categories and receiving services through non-CoC funded programs. We believe these are appropriate measures based on the information and data that we have available.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:

- a. youth education providers;**
- b. McKinney-Vento LEA or SEA; and**
- c. school districts; and**

2. how the CoC collaborates with:

- a. youth education providers;**
- b. McKinney-Vento Local LEA or SEA; and**
- c. school districts.**

(limit 2,000 characters)

The CoC works to coordinate, identify, and provide to person's eligible for homeless and educational services through a variety of formal and informal relationships with SEA and LEA representatives. The MA Dept. of Elementary and Secondary Education, Homeless Education State Coordinator is a member of our CoC Advisory Board, the CoC lead sits on the Homeless Youth Commission in partnership with state educational representatives, and CoC staff are participating in statewide efforts led by Dept. of Public Health, Office of the Child Advocate, and Dept. of Mental Health to improve identification and connection efforts for YYA. Additionally, the collaborative Applicant operates the family shelter system and requires every family shelter to ensure children are in school and that each shelter is connected with their LEA and local liaison to identify and assist homeless and at-risk families. CoC staff also attend and participate in a wide variety of community based meetings with LEA reps throughout the CoC including the Chelsea Collaborative, the Lawrence Homelessness Working Group, and the Tri-City Task force. Our relationships with provider partners who are active in local schools include: Wayside/Tempo (Framingham), JRI's Youth Harbors Program's (Tri-City), My Life My Choice (Metro-Boston), Roxbury Youth Works (Metro-Boston), JRI's Children's Friends

and Family (Lawrence), a developing partnership with YouthBuild in Lowell and ABCD as Head Start provider for 9 of the districts in the CoC. CoC staff also attend meetings of the Mass Municipal Association Human Services Council which includes librarians, human service workers, and school representatives from smaller municipalities throughout the CoC.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

**Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

The Collaborative Applicant operates the family shelter system and requires, by contract every family shelter ensure children are in school, and they have a joint process with the M-Vs to identify and assist homeless and at-risk families.

In addition, each CoC service provider serving families must designate staff to ensure that homeless children have equal access to all the educational resources available to non-homeless students, and to make sure the educational needs of pre-school age and school age children are met. Each designated staff person is required, at a minimum, to:

- Ensure that children are enrolled in school and connected to the appropriate services within the community.
- Ensure that each family with school age or pre-school age children is provided with understandable 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 right to have school age children enrolled immediately in school, the right to have child(ren) attend their school of origin, the right to transportation to and from their school of origin.
- Provide each family with the name and contact information for the district's McKinney Vento homeless liaison, and assist the family if needed to contact the liaison. The liaison will work with each family with a school age or pre-school age member to ensure students who are homeless with disabilities have access to both IDEA and McKinney-Vento.
- Be familiar with 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, and other appropriate resources.

Compliance with this requirement is confirmed when CoC staff conduct their annual monitoring of each project serving households with children.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC **Yes**
uses an active list or by-name list to identify
all veterans experiencing homelessness in
the CoC.

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC **Yes**
actively working with the U.S. Department of
Veterans Affairs (VA) and VA-funded
programs to achieve the benchmarks and
criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC **Yes**
has sufficient resources to ensure each
veteran experiencing homelessness is
assisted to quickly move into permanent
housing using a Housing First approach.

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial
Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input checked="" type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input checked="" type="checkbox"/>

3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input checked="" type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare—Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits.

Applicants must:

1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;

4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and

5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.

(limit 2,000 characters)

The CoC publishes a monthly newsletter distributed to all CoC subrecipients, service providers, a wide array of state agencies and any other person who has expressed interest in the workings of the CoC. The newsletter includes information and updates about mainstream resources available for program participants.

The CoC hosted a planning group (the full body of the CoC) meeting with Senior Care Option health care providers providing a training in access to their services. In addition, DHCD, the CoC's collaborative applicant is also the sole funder of family shelter in the Commonwealth. All persons who are seeking access to the shelter system are screened, at intake, for eligibility for food stamps, WIC, and Mass Health, and if found to be eligible, enrolled in those programs.

DHCD is responsible for overseeing the CoC's strategy for mainstream benefits.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	40
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	37
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	93%

4A-3. Street Outreach.

Applicants must:

1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;

2. state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;

3. describe how often the CoC conducts street outreach; and

4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

The CoC's street outreach covers 100% of its geographic area 5-7 days per week, depending on the community. In the Mystic River valley, our most densely populated area made up of six cities, 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 the city of Lawrence working with an influx of persons living under the bridges there and struggling with opiate addiction. Across the entire geography, the PATH staff work on the street with unsheltered persons that are least likely to request assistance because they are struggling with mental health and substance use issues. Finally, the CoC outreaches to police, library and other municipal staff making sure they know how to contact the CoC and outreach teams.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	340	412	72

4A-5. Rehabilitation/Construction Costs–New Projects. No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes. No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
FY 2019 CoC Competition Report (HDX Report)	Yes	2019 HDX report	08/09/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No		
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA plans	09/20/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	CE Assessment wit...	09/06/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Notice of accepta...	09/05/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Reallocation noti...	09/05/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Screen capture fr...	09/05/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Evidence of ranki...	09/20/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No		
3A. Written Agreement with State or Local Workforce Development Board.	No		
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity ...	09/06/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No	CoC Reallocation ...	08/09/2019
Other	No		

Other	No		
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2019 HDX Competition Report

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

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	2008	2080	2296	1918
Emergency Shelter Total	1695	1,609	1,834	1499
Safe Haven Total	0	0	9	0
Transitional Housing Total	252	302	283	238
Total Sheltered Count	1947	1911	2126	1737
Total Unsheltered Count	61	169	170	181

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	281	144	205	212
Sheltered Count of Chronically Homeless Persons	274	107	158	194
Unsheltered Count of Chronically Homeless Persons	7	37	47	18

2019 HDX Competition Report

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

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	555	526	547	439
Sheltered Count of Homeless Households with Children	555	526	547	439
Unsheltered Count of Homeless Households with Children	0	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	8	5	19	65	42
Sheltered Count of Homeless Veterans	8	5	18	56	42
Unsheltered Count of Homeless Veterans	0	0	1	9	0

2019 HDX Competition Report

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

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1359	49	1158	88.40%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	284	162	20	16.39%
Rapid Re-Housing (RRH) Beds	412	0	17	4.13%
Permanent Supportive Housing (PSH) Beds	1146	9	626	55.06%
Other Permanent Housing (OPH) Beds	266	9	56	21.79%
Total Beds	3,467	229	1877	57.97%

2019 HDX Competition Report

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

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	384	546	511	560

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

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	37	93	112	136

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	105	316	340	412

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

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

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2018 DATA: If you provided revised FY2018 data, the original FY2018 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

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.

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2017	Revised FY 2017	FY 2018	Submitted FY 2017	Revised FY 2017	FY 2018	Difference	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	3835	3836	3316	252	267	286	19	139	145	154	9
1.2 Persons in ES, SH, and TH	3918	3962	3356	256	268	288	20	142	146	156	10

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added 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.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2017	Revised FY 2017	FY 2018	Submitted FY 2017	Revised FY 2017	FY 2018	Difference	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3905	3897	3497	353	456	455	-1	219	268	259	-9
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	3934	3970	3516	355	461	456	-5	220	277	259	-18

2019 HDX Competition Report

FY2018 - 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.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	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	
	Revised FY 2017	FY 2018	Revised FY 2017	FY 2018	% of Returns	Revised FY 2017	FY 2018	% of Returns	Revised FY 2017	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	0	0	0	0		0	0		0	0		0	
Exit was from ES	696	928	12	12	1%	12	5	1%	18	4	0%	21	2%
Exit was from TH	63	47	2	0	0%	2	0	0%	2	0	0%	0	0%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	99	96	1	1	1%	5	0	0%	3	1	1%	2	2%
TOTAL Returns to Homelessness	858	1071	15	13	1%	19	5	0%	23	5	0%	23	2%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report

FY2018 - 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 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2080	2296	216
Emergency Shelter Total	1609	1834	225
Safe Haven Total	0	9	9
Transitional Housing Total	302	283	-19
Total Sheltered Count	1911	2126	215
Unsheltered Count	169	170	1

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	3947	3991	3378	-613
Emergency Shelter Total	3864	3865	3338	-527
Safe Haven Total	0	0	0	0
Transitional Housing Total	87	131	40	-91

2019 HDX Competition Report

FY2018 - 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 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	302	344	360	16
Number of adults with increased earned income	21	23	17	-6
Percentage of adults who increased earned income	7%	7%	5%	-2%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	302	344	360	16
Number of adults with increased non-employment cash income	77	83	91	8
Percentage of adults who increased non-employment cash income	25%	24%	25%	1%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	302	344	360	16
Number of adults with increased total income	87	95	100	5
Percentage of adults who increased total income	29%	28%	28%	0%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	93	117	82	-35
Number of adults who exited with increased earned income	12	17	12	-5
Percentage of adults who increased earned income	13%	15%	15%	0%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	93	117	82	-35
Number of adults who exited with increased non-employment cash income	26	37	29	-8
Percentage of adults who increased non-employment cash income	28%	32%	35%	3%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	93	117	82	-35
Number of adults who exited with increased total income	37	48	34	-14
Percentage of adults who increased total income	40%	41%	41%	0%

2019 HDX Competition Report

FY2018 - 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 2017	Revised FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2578	2592	2237	-355
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.	465	477	346	-131
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)	2113	2115	1891	-224

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2686	2707	2551	-156
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.	481	498	381	-117
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.)	2205	2209	2170	-39

2019 HDX Competition Report

FY2018 - 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 FY2018 (Oct 1, 2017 - Sept 30, 2018) 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 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	29	29	77	48
Of persons above, those who exited to temporary & some institutional destinations	2	2	10	8
Of the persons above, those who exited to permanent housing destinations	7	7	7	0
% Successful exits	31%	31%	22%	-9%

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

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2977	2878	2347	-531
Of the persons above, those who exited to permanent housing destinations	754	762	840	78
% Successful exits	25%	26%	36%	10%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	561	667	693	26
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	537	638	669	31
% Successful exits/retention	96%	96%	97%	1%

2019 HDX Competition Report

FY2018 - SysPM Data Quality

MA-516 - Massachusetts Balance of State CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	1215	1307	1271	1185	142	171	150	142	1106	1286	1443	1474		105	316	340				
2. Number of HMIS Beds	1102	1269	1220	1031	77	75	66	18	718	803	848	615		105	46	14				
3. HMIS Participation Rate from HIC (%)	90.70	97.09	95.99	87.00	54.23	43.86	44.00	12.68	64.92	62.44	58.77	41.72		100.00	14.56	4.12				
4. Unduplicated Persons Served (HMIS)	6908	5789	3869	3340	132	92	131	40	395	619	689	713	68	21	13	229	143	324	49	104
5. Total Leavers (HMIS)	4454	4086	2579	2030	89	41	100	22	87	136	98	105	28	19	7	137	11	95	19	64
6. Destination of Don't Know, Refused, or Missing (HMIS)	2856	1913	1190	762	21	7	13	5	14	45	6	2	7	7	0	2	10	92	10	49
7. Destination Error Rate (%)	64.12	46.82	46.14	37.54	23.60	17.07	13.00	22.73	16.09	33.09	6.12	1.90	25.00	36.84	0.00	1.46	90.91	96.84	52.63	76.56

2019 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 2019 PIT Count	1/30/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/30/2019	Yes
2019 HIC Count Submittal Date	4/30/2019	Yes
2018 System PM Submittal Date	5/30/2019	Yes

Coordinated Entry Vulnerability Assessment Tool

Demographic Information		Total Score
Date:	Interviewer/Advocate/Case Manager's Name:	
Referring Agency/Organization Name:	Interviewer/Agency Contact Phone #	
Preferred (Primary) Language:	Secondary Language:	
Full Name of Head of Household	SSN (Optional- last 4 ONLY)	
Date of Birth (xx/xx/xxxx)	Household Description:	
	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Couple	
How do you prefer to be contacted?	Phone Number:	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Email:	Address:	
Alt. Contact Name & Relationship to you:	Alt. Contact Information (Phone/Email/Address):	
Are you fleeing a domestic violence situation?	Gender you identify as:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Agender <input type="checkbox"/> Other	

Household Composition (Use back of page section if more room is needed)			
Name	Gender	Relationship	DOB
		Head of Household	

Coordinated Entry Vulnerability Assessment Tool

Please complete all 7 sections included in this assessment.

Section 1: Misc. Vulnerability Points	
Have you ever served in the military? (for placement and veteran's services referral only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Town or Zip code of last permanent address? (do not include shelter/other programs)	
Score 1 point if household had 6 or more members	
Score 1 point if Domestic Violence is the cause of the homelessness (within 1 year)	
Score 1 point if applicant is over 60 years old	
Score 1 point if applicant is 18-24 years old	
Section 1 Total:	

Section 2: Housing/Homelessness	
In this section choose only ONE answer in each Part	
Part A.	Tell me about where you have been staying at night (Choose where you have been sleeping most often)
5	Homeless in a place not meant for human habitation
4	Homeless in a shelter
3	In Transitional Housing
2	In substandard housing and/or rent is not affordable (over 30% of income)
1	In stable housing that is only marginally adequate
0	Housing is safe, adequate, and affordable

Part B.	If in Shelter or a place not meant for human habitation, how long have you been staying there?
3	More than 1 year
2	6 months to 1 year
1	1 to 6 months
0	Less than 30 days

Part C.	**Answer Part C ONLY if Part B is Less than 1 year**
If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?	
1	Yes
0	No
Section 2 Total:	

Coordinated Entry Vulnerability Assessment Tool

Section 3: Income/Employment		
<i>In this section choose only ONE answer in each Part</i>		
Part A.	Do you have a steady income?	
4	No Income	
2	Some income, not stable, insufficient to afford unsubsidized housing	
1	Income from mainstream benefits, insufficient to afford unsubsidized housing	
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing	

Part B.	Do you have a job?	
5	No, I can't work due to disability	
4	No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc.	
2	Yes, but only a few hours a week and sometimes there is no work available/ No, but seeking a job	
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income	
1	Yes, I work part-time and have regular hours	
0	Yes, I work full-time	
Section 3 Total:		

Section 4: Mental Health/Substance Abuse		
<i>In this section choose only ONE answer in each Part</i>		
Part A.	Have you been diagnosed with a mental illness?	
3	Yes, I am not currently being treated for it	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a mental illness	

Part B.	Please tell us if you have a history of substance use disorder (SUD)	
4	Yes and I am currently using alcohol or drugs and not in recovery	
3	Yes, but I have been in recovery for less than 6 months	
2	Yes, but I have been in recovery for 6 months to 1 year	
1	Yes, but have been in recovery for more than 1 year	
0	I do not have a substance abuse problem	
Check the box if you wish to be referred ONLY to programs providing substance abuse services <input style="float: right;" type="checkbox"/>		

Part C.	Please tell us if you have overdosed on drugs or alcohol.	
2	I have had an overdose (OD) or alcohol poisoning within the past 12 months.	
Section 4 Total:		

Coordinated Entry Vulnerability Assessment Tool

Section 5: Physical Health		
<i>In this section choose only ONE answer in each Part</i>		
Part A.	Do you have any chronic health conditions?	
3	Yes, I am not currently being treated for it/them	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a chronic health condition	
Part B.	Do you have trouble getting around due to a chronic health condition?	
3	Yes, I am in a wheelchair	
2	Yes, I depend on a cane / crutches for mobility	
1	Yes, I can walk a short distance without assistance, but with difficulty	
0	No, I don't have any trouble getting around	
Part C.	Have you ever been diagnosed with HIV/AIDS? (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)	
2	Yes	
0	No	
Part D.	How many times have you visited a hospital emergency room in the past 12 months?	
3	10 or more times	
2	5 to 9 times	
1	1 to 4	
0	I have not gone to the emergency room in the past 12 months	
Section 5 Total:		
Section 6: Sexual Orientation/Gender Identity		
Do you identify as LGBTQ?		
2	Yes	
0	No	
Section 6 Total:		
Total Vulnerability Score:		

Coordinated Entry Vulnerability Assessment Tool

Section 7: Any Further Comments

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel. (617) 573-11370, TTY (617) 573-1140 for the deaf or hard-of-hearing.

**MA BALANCE OF STATE CONTINUUM OF CARE COORDINATED ENTRY SYSTEM FOR HOMELESS SERVICES
CONSENT TO PARTICIPATE IN A SCREENING AND
AUTHORIZATION TO SHARE PROTECTED HEALTH INFORMATION**

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Interviewer's Name and Title	Interviewer's Organization	Date of Interview

We are asking you to participate in an interview and screening to enable us to share information about you with the Massachusetts Balance of State Continuum of Care (the **CoC**) for the purpose of enrolling you in the CoCs Coordinated Entry System.

Information about the Coordinated Entry System for Homeless Services: In the Massachusetts Balance of State Continuum of Care, homeless services, transitional housing, and other homeless resources are accessed through the Coordinated Entry System administered by the CoC. Services and housing in the CoC are prioritized for individuals and families who have been homeless for long period of time and have high service needs. The Coordinated Entry System allows for speedy matching of homeless individuals with the most appropriate housing resources. In addition to housing, supportive case management services are available to help individuals get the services they may need, such as primary health care, substance use treatment, and substance abuse recovery support services, to successfully stay in housing.

The CoC is a collaborative of state, county and local government agencies, social service providers, housing agencies, businesses, law enforcement and other organizations that serve homeless and formerly homeless persons in the Area. **Attached to this Authorization is a list of organizations that are currently members of the Network.** The organization conducting the interview is a member of the CoC. The CoC membership may change over time. **At any time you may ask for a complete list of participating members by contacting the CoC at (617) 573-1390.**

Screening: With your authorization, you will be interviewed today about your health and housing for the purpose of entering you into the CoC Coordinated Entry System. This should take about 20-30 minutes. You will be asked questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system. Most of the questions only require a "yes" or "no". Some questions require one-word answers.

Participation is Voluntary: Participation in the screening and the CoC Coordinated Entry System are completely voluntary. If you decide not to participate in the screening or to sharing your information, those decisions will: (1) not impact the services you may be receiving from the organization wanting to conduct your interview today; or (2) prevent you from participating in the Coordinated Entry System, but the ability of the Coordinated Entry System to help you will be substantially limited. To participate in the Coordinated Entry System without participating in the screening, contact the CoC at **(617) 573-1390** or by writing to DHCDcocapplications@mass.gov

If you agree to participate in the interview, you may ask to take a break or stop the interview at any time. If at any point you do not understand what is being asked, let the interviewer know and they will help you.

Enrollment in to the Coordinated Entry System - Who Will Be Receiving the Information from the Interview: With your authorization, the information collected from the interview will be enroll you into CoC Coordinated Entry System, determine your eligibility for various housing programs, and make referrals for other services on your behalf.

Important Rights and Other Information You Should Know.

- You may revoke your authorization to share the information with the CoC at any time by contacting the CoC at (617) 573-1390. If you revoke this authorization, the revocation will not apply to information that has already been used or disclosed.
 - You may stop your participation in the Coordinated Entry System at any time by contacting the CoC at (617) 573-1390.
 - The information shared with the CoC based on this authorization may be re-disclosed and may no longer be protected by federal or state privacy laws. Not all organizations and persons have to follow these laws.
 - You have a right to a copy of this authorization once you have signed it. To obtain a copy, please ask the person who is interviewing you or contact the CoC at **(617) 573-1390**.
-

SIGN BELOW IF AGREEING TO BE INTERVIEWED AND TO SHARING YOUR INFORMATION

I have read (or have been read) the authorization and I agree to and understand the following:

1. My responses to this interview, which consists solely of the completion of the Assessment Tool that is attached to this authorization, namely, the Coordinated Entry Vulnerability Tool. The last 4 digits of my Social Security number, collected for identification purposes, will be shared by the Interviewer with the CoC and the referral agency.
2. My participation in this interview and the Coordinated Entry System does not guarantee that I will be eligible for a service or program, such as a housing program. I understand that if I am eligible for a service or program, it does not guarantee that I will receive them.
3. The information I provide in the interview is true and complete to the best of my knowledge. I understand that the information I provide may be verified.
4. This authorization will remain in effect until it is otherwise revoked or terminated.

My signature (or mark) below indicates that I have read (or have been read) and agree to the statements above and I agree to be interviewed and for my information to be shared with the Network. It also indicates that I have received a copy of this Authorization Form.

Date

Signature (or mark) of Participant

Signature of Interviewer

IMPORTANT: The additional Authorization for Release of Confidential Information for Individuals and Families with Histories of Substance Use Disorders, which is below, needs to be completed for the entry of any drug or alcohol information in the Balance of State Coordinated Entry System or the release of such information to the Network.

List of Organizations that make up the Massachusetts Balance of State Continuum of Care

Action for Boston Community Development (ABCD)
Advocates Inc.
Bay Cove
Boston Community Capital
Bread of Life
Brookline Community Mental Health Center
Brookline Housing Authority
Cambridge Health Alliance (CHA)
CAPIC Chelsea
Caritas Communities
CHA/Everett Community Health
Commonwealth Land Trust
Community Health Link
Community Service Network
Community Teamwork Inc. (CTI)
Massachusetts Department of Housing and Community Development (DHCD)
Massachusetts Department of Mental Health (DMH)
Massachusetts Department of Public Health (DPH)/Bureau of Substance Abuse (BSAS)
Massachusetts Department of Veterans Services (DVS)
Massachusetts Department of Children and Families (DCF)
Eliot Community Human Services
Emmaus
Father Bills & Mainspring
Family Promise Metrowest
Greater Lawrence Community Action
HAP Housing
Hallmark Health
HarborCOV
Heading Home
HomeStart
Housing Families
Just – A - Start
Justice Resources Institute Inc.
Massachusetts Housing and Shelter Alliance (MHSA)
Merrimac Valley YMCA
Metropolitan Boston Housing Partnership (MBHP)
Middlesex Human Service Agency including Bristol Lodge
Navicore Solutions
New England Communities, Inc.
North Charles, Inc.
North Shore Community Action Program
Pine Street Inn
Psychological Center
Resources for Communities and People (RCAP)
Seven Hills Behavioral Health
South Middlesex Opportunity Council (SMOC)
South Shore Housing Development Corporation
The Neighborhood Developers
The Second Step
Veterans Administration
Veterans Inc.
Veterans Northeast Outreach Center
Vinfen
Wayside Youth
Youth Harbors
YWCA of Greater Lawrence

COORDINATED ENTRY SYSTEM

BALANCE OF STATE CONTINUUM OF CARE

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

ABOUT THE COORDINATED ENTRY SYSTEM

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

Your participation in the Coordinated Entry System is strictly voluntary.

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

COLLECTION AND USE OF INFORMATION

SCREENING AND ASSESSMENT

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

42 CFR PART 2 REQUIREMENTS

When the Coordinated Entry System collects information on you, the government requires that information to be protected. When that information includes information about substance abuse, a diagnosis of substance use disorder, or treatment for substance use disorder, then there are special requirements to protect your substance-use information. Those special requirements are described on the next page. Your information can be shared with other organizations only with your permission. It will be used only to help place you in housing. To do that, your information will be entered into DHCD's Coordinated Entry System's data system. If you consent, we would like you also to provide us with the name, address, and phone number of another individual who will know how we can get in touch with you.

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

I, _____,
(Print the name of the person giving consent to this release of information on the line above)
have read and fully understand this consent form and I wish to participate in the BoS CoC Coordinated Entry System.

I agree to the following:

- I authorize the BoS CoC Coordinated Entry System to do screening and assessment in order to refer me to appropriate housing programs;
- I understand that the BoS CoC Coordinated Entry System is required to collect information and enter that information into DHCD's Coordinated Entry System's data system; I agree to allow the BoS CoC Coordinated Entry System to collect my information and enter it into DHCD's Coordinated Entry System's data system;
- I also agree to provide my contact information and the contact information of someone else who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs;
- I understand my information and records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164); I understand my information cannot be shared without my written consent unless otherwise provided for in the laws and regulations;
- I agree information about my substance use disorder can be released and shared with the designated staff persons at the Coordinated Entry System and at one or more of the following organizations only to the extent that information is necessary for the referral System to housing programs appropriate for me:
 - Bay Cove Human Services/Kit Clark Senior Services;
 - High Point/SEMCOA;
 - The Institute for Health and Recovery;
 - Massachusetts Sober Housing Corporation;
 - South Middlesex Opportunity Council;
- I understand that I may cancel this consent at any time, except to the extent that action has been taken in reliance on it. I also understand that, in any event, this consent automatically expires 90 days upon the completion of my participation in the BoS CoC Coordinated Entry System. If I decide to cancel this consent before the automatic expiration date, I can do so by contacting the CoC Grants Coordinator at DHCD at:
1-617-573-1390.

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

Participant's Signature

Date

Staff Person's Signature

Date

Staff Person's Printed Name and Title: _____

Optional Contact Information: I authorize the CoC to contact the person whose contact information I have provided below who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs.

Print Name: _____

Print Address: _____

Phone Number: _____

Email Address: _____

**Balance of State Continuum of Care Coordinated Entry System
Housing Preference Form**

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Interviewer's Name and Title	Interviewer's Organization	Date of Interview

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

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

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

- | | | | |
|-------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> SROs | <input type="checkbox"/> Congregate | <input type="checkbox"/> Clustered units | <input type="checkbox"/> Scattered Site |
|-------------------------------|-------------------------------------|--|---|

Rapid Rehousing helps with rent, security deposit and other financial needs as well as supportive services to help people enter into an apartment. Both the financial assistance and supportive services end within six months of entering the apartment. **Check the box if you would be interested in Rapid Rehousing** ☐

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

- | | |
|---|--|
| <input type="checkbox"/> Handicapped Accessible Unit | <input type="checkbox"/> First Floor unit |
| <input type="checkbox"/> Devices for the hearing Impaired | <input type="checkbox"/> Devices for the Visually Impaired |

A detailed map of Massachusetts, color-coded by county. The counties and their colors are: Franklin (blue), Hampshire (orange), Worcester (light blue), Middlesex (red), Essex (teal), Suffolk (dark blue), Barnstable (yellow), Dukes (green), and Nantucket (green). The map also shows major cities and towns within each county.

Calkins, Gordon (OCD)

From: Calkins, Gordon (OCD)
Sent: Thursday, September 5, 2019 12:46 PM
To: mcollins@commteam.org; Valley, Joseph (DMH); OKeefe, Stephen (DPH); jgrasberger@advocatesinc.org; Mullen, Amy (DCF); Calkins, Gordon (OCD); Makrinikolas, Claire (VET); Kourou@harborcov.org; jtavon@mhsa.net; richard.hung@umb.edu; jason.gilbert@northeastveterans.org; director@familypromisemetrowest.org; Dionne_robinson@waysideyouth.org; Yolanda_ortiz@waysideyouth.org; kmatthews@thesecondstep.org; maria.davis@pinestreetinn.org; Calkins, Gordon (OCD); cain@homestart.org; Clougherty, Kim (DMH); melissa.mcwhinney@state.ma.us; joanna.bowen@state.ma.us; lynn@harborCOV.org; carla.richards@bostonabcd.org; josh.young@bostonabcd.org; aaron.blythe@bostonabcd.org; tabitha.gaston@bostonabcd.org; alexia.laynelomon@bostonabcd.org; charyn.perdomo@bostonabcd.org; jgrasberger@advocatesinc.org; jim@allthingshomeless.com; Mahan, Nancy; kmchugh@bostoncommunitycapital.org; cechevarria@bhchp.org; daycinena@bhchp.org; egold@bhchp.org; tfeagley@gmail.com; cindyprice@brooklinecenter.org; ianlang@brooklinecenter.org; rachaelhennessy-crowell@brooklinecenter.org; chernandez@brooklinehousing.org; mbaronas@brooklinehousing.org; jam_cando@msn.com; mwinkeller@caritascommunities.org; TNee@caritascommunities.org; krobrien@challiance.org; connie@chelmsfordha.com; AAckroyd@childrensfriend.net; peoplesame2012@gmail.com; carolyn.lightburn@ci.everett.ma.us; sfink@cityoflawrence.com; sguerrier@cityoflawrence.com; cthomas@lowellma.gov; csamaras@lowellma.gov; khayes@cityofmalden.org; rpowers@newtonma.gov; tleung@newtonma.gov; aberman@newtonma.gov; brosa@revere.org; hburbridge@somervillema.gov; KElam@somervillema.gov; amason@city.waltham.ma.us; dflanagan@city.waltham.ma.us; jshirley@city.waltham.ma.us; etan@commonwealthlandtrust.org; eranger@commonwealthlandtrust.org; swilkins@commonwealthlandtrust.org; director@communitydaycenter.org; ebenezer.iring.forbes@gmail.com; O'Connell, Christine; brynadavis@csninc.org; chowell@commteam.org; mcollins@commteam.org; kross@commteam.org; Banks, Jane (OCD); Bresnahan, Elisa (OCD); Calkins, Gordon (OCD); Bokor, Charles (OCD); Mullarkey, Ita (OCD); Bowen, Joanna (OCD); Schlabach, Kelly (OCD); Wooden-Wade, Ditzah (OCD); McWhinney, Melissa (OCD); Fahey, Tamara (OCD); Pape, Andrew (OCD); Zabik, Christopher (DMH); Tagliaferri, David (DMH); Comeau, Gary N. (DMH); Chasse, Jeffrey (DMH); Valley, Joseph (DMH); Clougherty, Kim (DMH); Bilton, Mark (DMH); Kennedy-Perez, Cheryl (DPH); OKeefe, Stephen (DPH); Butler, Rebecca (DPH); Makrinikolas, Claire (VET); Cooper, Emily (ELD); leslie@emmausinc.org; Director@familypromisemetrowest.org; Connolly, April (SNAP Provider); Irogers@helpfbms.org; efriedman@glcac.org; jcarter@glcac.org; m.martinez@glcac.org; edern@hallmarkhealth.org; claudia@harborcov.org; Kourou@harborcov.org; lynn@harborcov.org; dferrier@headinghomeinc.org; Ikaplan@headinghomeinc.org; dparilla@headinghomeinc.org; mantelo-ovando@headinghomeinc.org; mamshoff@headinghomeinc.org; jeaton@heroinpreventionmass.org; cain@homestart.org; Irosi@housingfamilies.org; asagarin@housingfamilies.org; eguerrero@housingfamilies.org; kfacchini@housingofsolutionssema.org; Stephanie.j.harrington@hud.gov; Samantha.Graves@hud.gov; elizabethwinston@justastart.org; sbuoncuore@jri.org; apratt@maldenredevelopment.com; jbarnes@maldenredevelopment.com; Torto, Linn (EHS); naniebonner202@gmail.com; krozzi@mvymca.org; kdesbois@mvymca.org; makennacampbell@mvymca.org; John.Hillis@mbhp.org; cburbidge@mhsa.net; jtavon@mhsa.net; mregueiro@mhsa.net; apoirier@mhsainc.org; gsears@mhsainc.org; akishbaugh@mhsainc.org; courtney.hunt@nechv.org; michael.medur@nechv.org; norfolkha@verizon.net; angela.giordano@pinestreetinn.org; april.stevens@pinestreetinn.org; maria.davis@pinestreetinn.org; Ralph.Hughes@pinestreetinn.org; deb@reachma.org; iandrade@roxburyyouthworks.org; cmimoso@sevenhills.org; jimc@smoc.org; rwadda@smoc.org; llee@smoc.org; susang@smoc.org; todedele@smoc.org; cfoley@shcinc.org; carln-k@southshorehousing.org; Carina.Pappalardo@psychologicalcenter.com; mbuckley@thesecondstep.org; MSwoveland@thesecondstep.org; shovasapian@thesecondstep.org; kmatthews@thesecondstep.org; acook@sevenhills.org; ezwirko@town.arlington.ma.us; JWayman@town.arlington.ma.us; emy@framinghamma.gov; nsaj@framinghamma.gov; aadams@watertown-ma.gov; katherineperson@veteransinc.org; johnperson@veteransinc.org; jasonpalitsch@veteransinc.org; ecurrier@veteranbenefits.us; jason.gilbert@northeastveterans.org; dennism@vinfen.org; daria@watchcdc.org; clachance@wayfindersma.org; jvigo@wayfindersma.org;

To: ddorvilier@jri.org; jvalverde@ywcawlawrence.org; sstaples@ywcawlawrence.org; judy.m.perlman@gmail.com; Karen Byron; darlene@darlenemathewsinc.com; lucygarnetcosta@gmail.com; Mike Libby (mlibby@shcinc.org); Bresnahan, Elisa (OCD); Bowen, Joanna (OCD); sbuoncuore@jri.org; Irosi@housingfamilies.org; McWhinney, Melissa (OCD); Yolanda_Ortiz@waysideyouth.org; cgolden@mhsa.net; Calkins, Gordon (OCD); Vallely, Joseph (DMH); Mullarkey, Ita (OCD); brynadavis@csninc.org; tfeagley@gmail.com; ddorvilier@jri.org; asnyder@bridgeotw.org; AAckroyd@childrensfriend.net; tdriscoll@smoc.org; lucygarnetcosta@gmail.com; Kanter, Laura; kmatthews@thesecondstep.org; pbronder-giroux@everett.k12.ma.us; abonds@CRC-Mass.org; ftoro@chelseama.gov; McWhinney, Melissa (OCD); Calkins, Gordon (OCD); Mullarkey, Ita (OCD); Bowen, Joanna (OCD); Bokor, Charles (OCD); Makrinikolas, Claire (VET); eford@lhand.org; courtney.hunt@nechv.org; lauren.ayube@nechv.org; Liam.connolly@va.gov; Rita.Paulino@va.gov; timothy.driscoll2@va.gov; Kathryn.Cochrane@va.gov; johnperson@veteransinc.org; katherineperson@veteransinc.org; johnmonopoli@veteransinc.org; erikwintturi@veteransinc.org; Irogers@helpfbms.org; Anne-Marie.Powers@pinestreetinn.org; mlibby@shcinc.org; Doyle, Brooke (DMH); rwadda@smoc.org; jtavon@mhsa.net; Ralph.Hughes@pinestreetinn.org; Tabitha.Gaston@bostonabcd.org; ddorvilier@jri.org; OKeefe, Stephen (DPH); dreis@northsuffolk.org; dmendes@headinghomeinc.org; swilkins@commonwealthlandtrust.org; dennism@vinfen.org; John.Hillis@mbhp.org; CSamaras@lowellma.gov; hburbridge@somervillema.gov; elizabethwinston@justastart.org; susang@smoc.org; sfink@cityoflawrence.com; Bowen, Joanna (OCD); Bokor, Charles (OCD); McWhinney, Melissa (OCD); Carol.Kulesza2@va.gov; aadams@watertown-ma.gov; asagarin@housingfamilies.org; aackroyd@childrensfriend.net; clachance@wayfindersma.org; jvigo@wayfindersma.org; Makrinikolas, Claire (VET); emy@framinghamma.gov; elizabethwinston@justastart.org; Cooper, Emily (ELD); bianca@reachma.org; maria.davis@pinestreetinn.org; mregueiro@mhsa.net; peoplesame2012@gmail.com; dmendes@headinghomeinc.org; jgarcia@headinghomeinc.org; todedele@smoc.org; kmatthews@thesecondstep.org; McWhinney, Melissa (OCD); Bokor, Charles (OCD); Calkins, Gordon (OCD); leslie@emmausinc.org; Bresnahan, Elisa (OCD); aackroyd@childrensfriend.net; kmchugh@bostoncommunitycapital.org; dennism@vinfen.org; nsaj@framinghamma.gov; rpowers@newtonma.gov; OKeefe, Stephen (DPH)

Cc: Christopher Samaras; cthomas@lowellma.gov

Subject: Balance of State CoC Project Ranking and a job posting

Good afternoon All:

I wanted to thank you for your hard work in drafting and submitting project applications for our various CoC projects. Your dedication to the people your agencies serve is readily evident in each project application. All project applications submitted to the CoC through E-SNAPS have been accepted to be included in the continuum’s response to this year’s NOFA. The final ranking of your projects is below, and in the coming days we will be sending out the ranking forms associated with each project application so you can see exactly how your project fared on every measure. We are also happy to debrief with any applicant if you would like. Please request a debriefing by contacting me directly at Gordon.calkins@mass.gov.

We have posted a detailed explanation of the entire process on [the CoC website](#). Just follow the FFY19 Ranking Process link to the document.

Separately, DHCD is seeking candidates for a position that is fairly new to the Federal Grants and Individual Shelter unit. This is the same unit that provides the administrative support to the CoC. The position, Individual Shelter Contracts Coordinator, oversees the entire portfolio of individual shelter contracts and associated rapid rehousing resources. You can read more about the position [here on MassCareers](#). Please forward this onto anyone who may be interested.

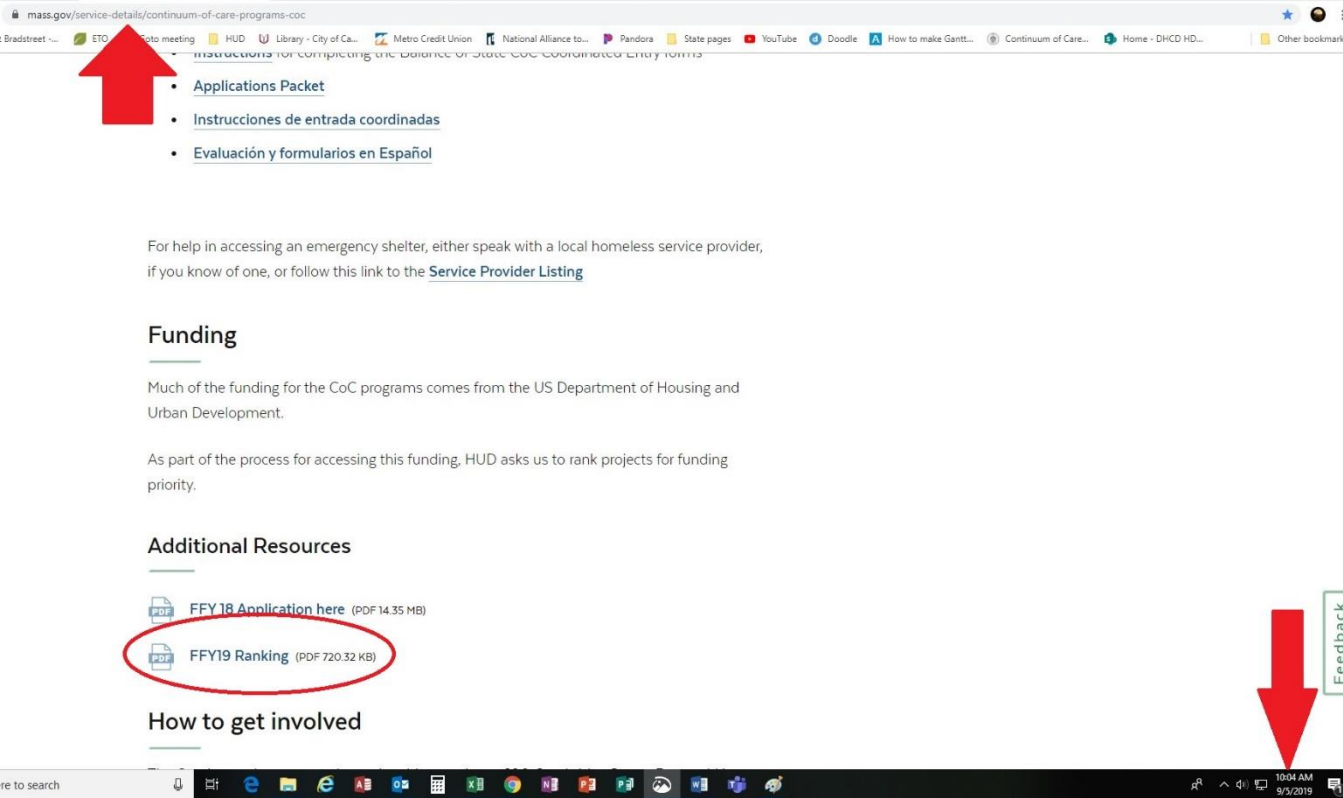
And now for the final ranking. Projects not highlighted are in Tier 1. Projects highlighted in blue are in Tier 2. The Project highlighted in gold is partially in Tier 2.

Rank	Project Name
1	Disabled Family Leasing
2	Advocates Supported Housing
3	Julie House
4	Metrowest SH
5	Greater Boston Rental Assistance for the Chronically Homeless
6	Journey to Success

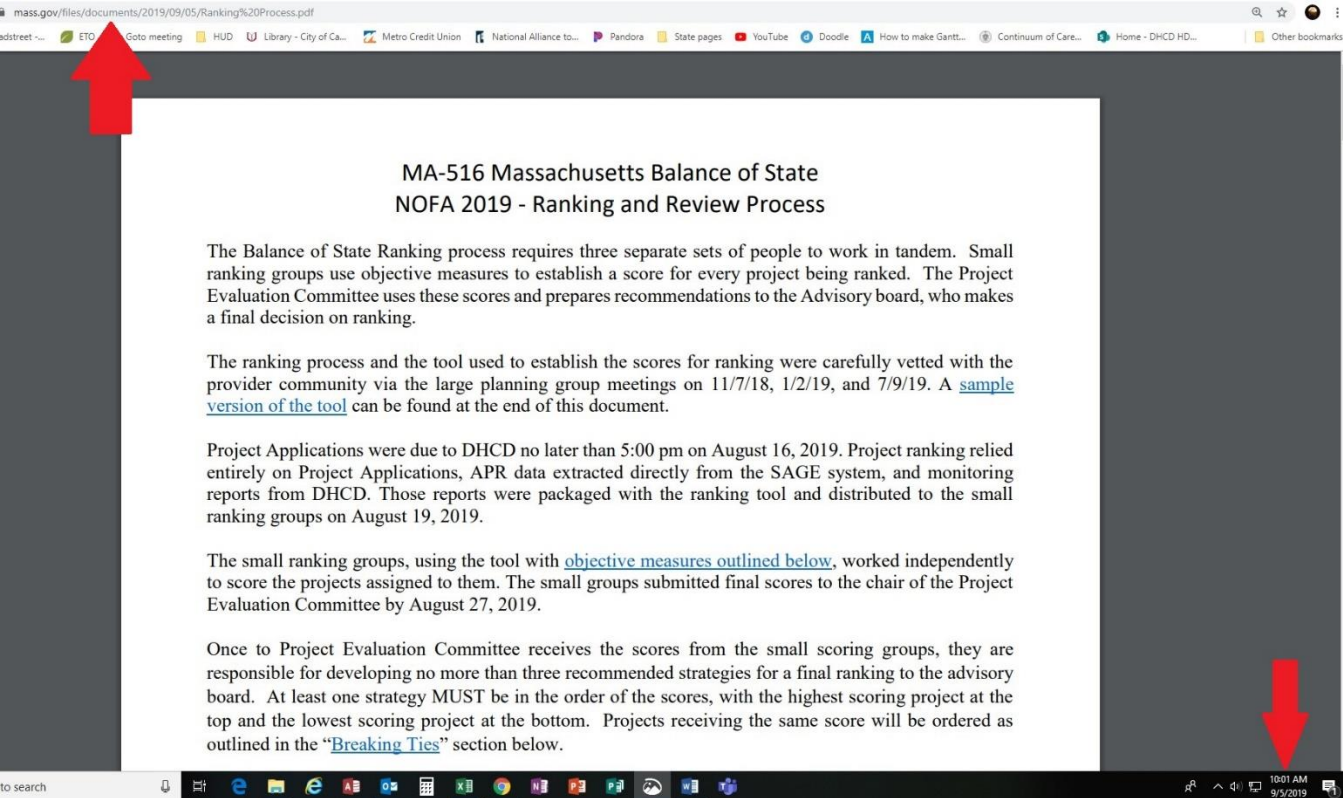
7	LINCOLN ST
8	Home Again/Fresh Start
9	METROWEST LEASED HOUSING
10	Chelsea-Revere Homeless to Housing
11	NEW BEGINNINGS
12	Proyecto Opciones
13	Mystic Valley Homeless to Housing
14	Tri-City Rental Assistance Project
15	Greater Boston Tenant Based S+C
16	North East Scattered Site Tenancy S+C
17	Greater Boston Mobile Stabilization Team
18	HMIS Continuous Quality Improvement
20	MA-516 Coordinated Entry Grant New
21	North Star Housing (First Year Incomplete)
22	SMOC Metrowest Permanent Supportive Housing Program
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24	Scattered Site Transitional Apartment Project
25	Community Housing Initiative
26	Brookline Rental Assistance for the Chronically Homeless
27	JRI Supportive Housing-Hope for Families Program
28	YWCA Fina House Project
29	Community Housing S+C
30	Post-Acute Treatment Services / Pre-Recovery Services (PDPR)
31	Aggressive Treatment and Relapse Prevention Program (ATARP)
32	Brookside Terrace S+C
33	TSS TH-RRH
34	TSS TH-RRH Expansion New
35	Greater Boston Sponsor Based S+C
36	HOAP S+C
37	Bedford Veterans Quarters
38	HomeRISE
39	MA-516 South and West PSH New
40	Metro-Boston East PSH New
41	Metro-Boston West PSH New
42	Upper Merrimack Valley PSH New
43	MA-516 DV RRH New
Projects Not Requiring Ranking	
	Advocates Supported Housing Consolidation
	Mystic Valley Homeless to Housing Consolidation
	MA-516 Planning Grant
	TSS TH-RRH Combined

Gordon Calkins
Federal Grants & Individual Shelter System Manager
Massachusetts [Balance of State CoC](#) Lead
617-573-1384

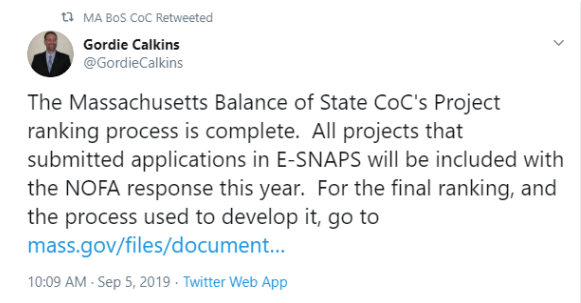
The Document below that outlines the ranking process and results has been posted on the CoC’s website which is located at <https://www.mass.gov/service-details/continuum-of-care-programs-coc>. Below is a screen capture of the link.



The link takes you directly to the document at <https://www.mass.gov/files/documents/2019/09/05/Ranking%20Process.pdf>. Here is a screen capture of the document when you click the link on the site.



Below is a screen capture of the social media posting alerting people to the ranking on the website



MA-516 Massachusetts Balance of State NOFA 2019 - Ranking and Review Process

The Balance of State Ranking process requires three separate sets of people to work in tandem. Small ranking groups use objective measures to establish a score for every project being ranked. The Project Evaluation Committee uses these scores and prepares recommendations to the Advisory board, who makes a final decision on ranking.

The ranking process and the tool used to establish the scores for ranking were carefully vetted with the provider community via the large planning group meetings on 11/7/18, 1/2/19, and 7/9/19. A [sample version of the tool](#) can be found at the end of this document.

Project Applications were due to DHCD no later than 5:00 pm on August 16, 2019. Project ranking relied entirely on Project Applications, APR data extracted directly from the SAGE system, and monitoring reports from DHCD. Those reports were packaged with the ranking tool and distributed to the small ranking groups on August 19, 2019.

The small ranking groups, using the tool with [objective measures outlined below](#), worked independently to score the projects assigned to them. The small groups submitted final scores to the chair of the Project Evaluation Committee by August 27, 2019.

Once the Project Evaluation Committee receives the scores from the small scoring groups, they are responsible for developing no more than three recommended strategies for a final ranking to the advisory board. At least one strategy MUST be in the order of the scores, with the highest scoring project at the top and the lowest scoring project at the bottom. Projects receiving the same score will be ordered as outlined in the “[Breaking Ties](#)” section below.

- The Project Evaluation Committee MAY recommend a different strategy to the advisory board for final ranking in certain specific examples. They may recommend:
- Moving new project proposals lower in the ranking to preserve well-functioning renewal projects.
- Moving project expansion proposals next to, but lower in the ranking than the project they are expanding.
- Move individual projects in the ranking to adjust for exceptional circumstances that are outside the project’s or the project’s subrecipient’s or sponsor’s ability to address. Examples of this may include natural disaster or other unexpected / unpreventable loss of a large percentage of the project’s units.

On August 27, 2019, the Project Evaluation Committee met to review the projects as a whole and to assign ranking. All projects submitting applications in E-SNAPS were included in the ranking and will be attached to the CoC’s NOFA response.

After careful consideration, the Project Evaluation Committee prepared a recommendation to the Advisory Board to alter the ranking of the projects. They offered three specific recommendations, one of which was, “Move new projects (excepting the Coordinated Entry, and the TSS TH/RRH Expansion to the bottom of Tier two in the order of scoring, and in doing so, preserve already existing housing and services resources.”

On September 4, 2019, the Advisory Board met and adopted the Ranking and Review Committee’s recommendation as written above. [The final ranking](#) can be found below.

Objective Measures in the tool

There are four threshold criteria for the ranking process. Failure to meet these threshold criteria results in the project not being ranked by the small groups and reallocated. Those criteria are:

- Compliance with Coordinated Entry
- Documenting the minimum match
- Being an active member of the CoC (for renewal projects only)
- The application being complete and understandable.

All project proposals met the minimum threshold criteria this year and so were subsequently scored and ranked.

The objective measures from the tool and the points assigned them are outlined in the table below

MA-516 Massachusetts Balance of State
NOFA 2019 - Ranking and Review Process

Performance Measures (max 40)	
% of participants successful in obtaining or retaining permanent housing (max 20)	
>90%	20 points
85%-90%	10 points
<85%	0 points
% of households served in comparison to those promised (max 10)	
>90%	10 points
85%-90%	5 points
<85%	0 points
% of persons served in comparison to those promised (max 10)	
>90%	10 points
85%-90%	5 points
<85%	0 points
Serving Vulnerable Persons (max 20)	
Chronic Homelessness – project designation (max 10)	
Dedicated	10 points
Dedicated Plus	10 points
Nor Dedicated	0 points
Does the project serve exclusively youth or those fleeing domestic violence (max 5)	
Yes	5 points
No	0 points
Is the Project “Housing First”? (max 5)	
Yes	5 points
No	0 points
Fiscal (max 15)	
Project billing submitted on time? (max 5)	
Consistently on time	5 points
Late one or two times	3 points
Late more than two times	0 points
Rental Assistance Project? (max 5)	
Yes	5 points
No	0 points
% of funds awarded that were reverted (max 5)	
Less than 5%	5 points
5% to 10%	3 points
10% to 15%	2 points
More than 15%	0 points
Compliance (max 30)	
Data Quality (max 10)	
1 point for each of select data elements with less than 10% null	Up to 10 points
APR submission (max 10)	
Submitted to DHCD on time	5 points
Submitted to DHCD late	0 points
Submitted to HUD on time	5 points
Submitted to HUD late	0 points
APR accepted by HUD	0 points
APR rejected by HUD	- 5 points
Monitoring (max 10)	
No findings, no concerns	10 points
No findings, some concerns, all resolved	8 points
1 or more findings, all resolved	5 points
Unresolved concerns	3 points
Unresolved findings	0 points

Breaking Ties

Projects will sometimes receive the same score. In those cases ties will be broken in the following way to determine which project is placed higher than the other in the ranking.

- Where the projects receiving the same score are different project types, projects will be prioritized in the following order:
 - HMIS
 - Coordinated Entry
 - Permanent Supported Housing
 - Permanent Housing / Rapid Rehousing
 - Joint Transitional Housing / Rapid Rehousing
 - Transitional Housing
 - Supportive Services Only
- Where projects receive the same score, and are of the same project type, renewal projects shall be prioritized over new projects
- Where projects receive the same score, and are of the same project type, and are both either renewal or new, the project that will serve the most people shall be prioritized.
- Where projects receive the same score, and are of the same project type, and are both either renewal or new, and will serve the same number of people, the project utilizing the least funds, as a measure of cost per household, shall be prioritized.

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NOFA 2019 - Ranking and Review Process

Sample Tool

Project name:				
Grant Number:				
Project Type	PH			74
Last Year's Grant \$	\$748,744			
Total Units	55			
Threshold Criteria				
A. Does the Project Participate in Coordinated Entry?	Yes			
B. Has the project documented minimum match?	Yes			
C. Is the Applicant an Active CoC member?	N/A			
D. Is the Application Complete with consistent data?	Yes			
Performance Measures				
1. Permanent Housing Outcomes				
1a. Total # of Stayers in the last reporting period				44
1b. Total Persons Exiting				9
1c. Total Persons exiting to Positive Outcomes				5
1d. Total Persons excluded from outcome				0
1e. % of participants successful in this measure	92%			20
2. Total Households Served				
2a. Number of Households Served				49
2b. Number the project is supposed to have				55
2c. % of households served to those proposed	89%			5
3. Persons Served over time				
3a Enter number of Beds Proposed				55
3a. Enter number of participants served on the last day in January				40
3b. Enter number of participants served on the last day in April				40
3c. Enter number of participants served on the last day in July				45
3d. Enter number of participants served on the last day in October				46
3e. Average % of participants served over time	78%			0
Serving Vulnerable Persons				
4. Prioritizing Chronic Homelessness: The project is designated in the application as:				
	Dedicated Plus			10
5. Coordinated Assessment Scores				
5a. Average Coordinated Entry System Score				23
5b. Project Average Coordinated Entry Score				34
5c. % of project average vs system average	148%			10
6. Does the project exclusively serve unaccompanied youth or those fleeing Domestic violence?				
		No		0
7. Does the Project meet the threshold for "Housing First"?				
		No		0
Fiscal				
8. Project's billing was submitted on time?	Consistently on Time			5
9. Reversions				
9a. Is this a rental assistance project (AKA as Shelter Plus care?)	No			0
9b. Are we measuring for the first complete grant year?				
The last two digits of the grant number:	10			FALSE
9c. Amount of Grant Funds Spent	\$534,743	Reverted:	\$214,001	40%
9d. % of funds reverted	More than 15%			0
Compliance				
10. Data Quality: 1 point for each universal data element with <10% null. Elements include last name, social security number, date of birth, race, ethnicity, gender, veteran status, disabling condition, project entry date, and client location				
	9			9
11. APR submitted to DHCD on time - 30 days after the close of the grant?	No			0
12. APR submitted to HUD on time - 90 days after the close of the grant?	Yes			5
12a. Was the most recent APR reviewed by HUD rejected by them?	No			0
13. Monitoring Score?	No findings and no concerns			10
Total				74

MA-516 Massachusetts Balance of State
NOFA 2019 - Ranking and Review Process
Final Ranking

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