



CONTINUUM OF CARE

2007 Application

City of New Bedford, Massachusetts

2007 Continuum of Care

Section 1

Exhibit 1

Narrative and Charts

Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
New Bedford CoC	MA-505
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization:	City of New Bedford, MA		
CoC Contact Person:	Patrick J. Sullivan, Director		
Contact Person's Organization Name:	Office of Housing & Community Development		
Street Address:	608 Pleasant Street		
City:	New Bedford	State: MA	Zip: 02740
Phone Number: 508.979.1500	Fax Number: 508.979.1575		
Email Address: PatrickS@ci.new-bedford.ma.us			

B: CoC Geography Chart

Geographic Area Name	6-digit Code
New Bedford, MA	251614

Geographic Area Name	6-digit Code

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
CoC Primary Decision-Making Group (list only one group)						
Name:	Executive Committee		X			9
Role:	Develops quarterly framework for agendas for full CoC/Homeless Service Provider's Network [HSPN], sets annual goals for the HSPN's operation, etc.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Communications Workgroup		X			3
Role:	Monitors press and media communications affecting issues of homelessness relative to the CoC and HSPN while increasing public awareness and understanding of homelessness.					
Name:	Goals and Strategies Workgroup			X		5
Role:	Reviews annual goals, strategies and actions undertaken by the CoC and refining those strategies each year in relation to the current needs and identified issues within the CoC.					
Name:	Mainstream Resources Workgroup	X				5
Role:	Explores, monitors and reviews all mainstream resource opportunities available to those in homelessness including vocational training, employment, supportive services, etc.					
Name:	SuperNOFA Workgroup	X				5
Role:	Reviews SuperNOFA, application requirements and provides guidance to the HSPN on refining CoC wide strategies to bring them into compliance with HUD expectations.					
Name:	Statistics Workgroup			X		5
Role:	Monitors the status of the CoC's HMIS compliance, advising the HSPN and undertaking the annual Street Count in an effort to produce accurate and statistically reliable data.					
Name:	Chronic and Discharge SubCommittee		X			5
Role:	Reviews the practice, problems and conditions of chronic homelessness, develops performance-based strategies, works in coordinating discharge.					
Name:	Outreach and Education SubCommittee	X				5
Role:	Oversees education and outreach to homeless population, landlords and general population through collaborative relationships and public education efforts including annual <i>StreetSheet</i> .					
Name:	Performance Based Review Subcommittee		X			5
Role:	Reviews ARs and other reports submitted by McKinney funded programs and provides analysis to the HSPN as to strengths, weaknesses and ongoing program/systemic issues.					

D: CoC Planning Process Organizations Chart

1	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Department of Employment Training	251614	SA	Y
	Department of Mental Health		SMI	SA
	Department of Public Health/FOR Families		SA	HIV
	Department of Social Services		Y	SA
	Department of Transitional Assistance		SA	SMI
	MA Rehabilitation Commission		SMI	SA
	LOCAL GOVERNMENT AGENCIES			
	City of New Bedford's Department of Human Services			
	City of New Bedford's Office of Housing and Community Development			
	PUBLIC HOUSING AGENCIES			
	New Bedford Public Housing Authority			
	SCHOOL SYSTEMS / UNIVERSITIES			
	University of Massachusetts ~ Neighborhood College			
	LAW ENFORCEMENT / CORRECTIONS			
	Bristol County Sheriff's Office		SA	
	New Bedford Police Department and the NBPD Domestic Violence Project		DV	
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Greater New Bedford Career Center			
	Greater New Bedford Workforce Investment Board	↓		
New Directions				

Planning Process and Organizations Chart continued on following page.

2	Specific Names of All CoC Organizations, Continued	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PRIVATE SECTOR,	NON-PROFIT ORGANIZATIONS			
	ADCARE, Inc.	251614	SA	
	American Red Cross			
	Better Community Living, Inc.		SMO	
	Coastline Elderly Services			
	Community Care Services, Inc.		SMI	SA
	Community Mental Health Services, Inc.		SMI	
	Fellowship Health Resources		SMI	SA
	Greater New Bedford Women's Center		DV	
	High Point Treatment Center		SA	SMI
	Horizons for Homeless Persons		Y	
	Immigrants Assistance Center			
	MA Society for the Prevention of Cruelty to Children		Y	
	My Turn, Inc.		Y	
	New Bedford Council on Addiction		SA	
	People Acting in Community Endeavors [PACE]		SA	
	Positive Action Against Chemical Addiction [PAACA]		SA	Y
	Project HOME			
	Reflections, Inc.		SA	
	S.E. MA Center for Independent Living		SMI	SA
	S.E. MA Veteran's Transition House		V	
	Seven Hills Behavioral Health		SMI	
	Steppingstone, Inc.		SA	
	Tenancy Preservation Program			
	Treatment on Demand		SA	HIV
	Tri-City Mental Health		SMI	
	United Way of Greater New Bedford			
	VNA of Cape Cod		HIV	
	Welcome Home Veterans Program, Inc.		V	
	YWCA of Southeastern MA		Y	DV
	FAITH-BASED ORGANIZATIONS			
	Catholic Social Services		DV	SMI
Community Action for Better Housing [CABH] Inc. [Non Profit Developer]				
Inter Church Council of Greater New Bedford		SMI		
Market Ministries		SA	SMI	

	Salvation Army		SA	
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3	Specific Names of All CoC Organizations, Continued	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PRIVATE SECTOR, CONTINUED	FUNDERS / ADVOCACY GROUPS			
	AIDS Housing Corporation	251614	HIV	
	MA Coalition for the Homeless			
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Citizens Bank of MA			
	Countrywide Loans, Inc.			
	Greater New Bedford Association of Realtors			
	Greater New Bedford Chamber of Commerce			
	Women's Institute			
	HOSPITALS / MEDICAL REPRESENTATIVES			
	Greater New Bedford Community Health Center		SA	HIV
	South Coast Hospitals Group			
	HOMELESS / FORMERLY HOMELESS PERSONS			
	D. Hall	▼		
	C. Sullivan			
	OTHER: PRIVATE, NON-AFFILIATED GROUPS			
	MA Tenant and Landlord Association			
	Students for the Homeless			
	OTHER: LEGAL SERVICES			
	New Center for Legal Advocacy			
S.E. MA Housing Court				
S.E. MA Legal Assistance Corporation				

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in the past year to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation			
a. Newspapers	<input checked="" type="checkbox"/>	d. Outreach to Faith-Based Groups	<input type="checkbox"/>
b. Letters/Emails to CoC Membership	<input checked="" type="checkbox"/>	e. Announcements at CoC Meetings	<input type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	f. Announcements at Other Meetings	<input type="checkbox"/>
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input type="checkbox"/>
b. Review CoC Monitoring Findings	<input checked="" type="checkbox"/>	k. Assess Cost Effectiveness	<input type="checkbox"/>
c. Review HUD Monitoring Findings	<input checked="" type="checkbox"/>	l. Assess Provider Organization Experience	<input type="checkbox"/>
d. Review Independent Audit	<input type="checkbox"/>	m. Assess Provider Organization Capacity	<input type="checkbox"/>
e. Review HUD APR for Performance Results	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input type="checkbox"/>
f. Review Unexecuted Grants <i>Not applicable</i>	<input type="checkbox"/>	o. Review CoC Membership Involvement	<input type="checkbox"/>
g. Site Visit(s)	<input checked="" type="checkbox"/>	p. Review Match	<input type="checkbox"/>
h. Survey Clients	<input type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements)	<input type="checkbox"/>
i. Evaluate Project Readiness	<input type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	d. One Vote per Organization	<input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote	<input checked="" type="checkbox"/>	e. Consensus (general agreement)	<input type="checkbox"/>
c. All CoC Members Present Can Vote	<input type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest	<input checked="" type="checkbox"/>

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	

Part II: CoC Housing and Service Needs

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
ADCARE, Inc.											X							
AIDS Housing Corporation									X					X				
American Red Cross		X	X	X			X					X						
Better Community Living, Inc.									X	X		X				X		
Bristol County Sheriff's Office				X				X	X	X		X	X	X	X			
Catholic Social Services, Inc.	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X
Citizen's Bank of MA	X			X														
Coastline Elderly Services, Inc.		X	X	X	X				X	X		X	X		X	X		X
Community Action for Better Housing, Inc.		X																
Community Care Services, Inc.		X	X	X					X	X	X	X			X	X	X	X
Community Mental Health Services, Inc.									X	X	X	X	X	X	X			X
Countrywide Loans, Inc.	X																	
Dept of Employment Training, MA				X					X						X	X		
Dept of Human Services, City of NB				X											X			
Dept of Mental Health, MA				X		X			X	X		X	X		X			
Dept of Public Health/FOR Families, MA				X					X	X	X	X	X	X	X		X	X
Dept of Social Services, MA		X	X	X	X				X	X	X	X	X	X	X	X	X	X
Dept of Transitional Assistance, MA		X	X	X					X						X	X	X	X
Fellowship Health Resources									X	X	X	X	X					X
GNB Assoc of Realtors	X																	
GNB Career Center																X		
GNB Community Health Center				X		X	X		X			X	X	X	X			
GNB Women's Center				X	X				X	X	X	X	X	X	X	X	X	X
GNB Workforce Investment Board															X			
High Point Treatment Center									X	X	X	X	X	X	X			X

Provider Organizations [Continued]	Prevention					Outreach			Supportive Services								
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care
Horizons			X		X			X	X	X	X	X	X	X	X		X
Immigrants Assistance Center			X		X			X	X			X		X	X		
Inter-Church Council of Greater New Bedford			X								X						
MA Coalition for the Homeless			X														
MA Rehabilitation Commission			X					X	X					X			
MA Society for the Prvntn of Cruelty 2 Child			X					X	X	X	X	X		X		X	
MA Tenant & Landlord Association			X											X			
Market Ministries		X						X	X	X	X	X	X	X	X		X
My Turn, Inc.								X	X	X	X	X	X	X	X	X	X
New Bedford Chamber of Commerce															X		
New Bedford Child and Family Services			X					X	X	X	X	X	X	X	X	X	X
New Bedford Council on Addiction								X	X	X	X	X	X	X			
New Bedford Housing Authority		X	X														
New Bedford Police Department					X		X										
New Center for Legal Advocacy			X	X										X			
New Directions														X	X		
Office of Housing/Communtiy Devt, City NB	X	X	X											X			
People Acting in Community Endvr. [PACE]	X	X	X	X		X		X				X					X
Posit. Action Agst Chem Addctn [PAACA]			X					X	X	X	X	X	X	X	X	X	X
Project Home								X	X								
Reflections, Inc.		X	X	X		X		X	X	X	X	X	X	X	X	X	X
Salvation Army			X					X		X	X						
SE MA Center for Independent Living			X					X	X		X	X		X			X
SE MA Housing Court			X	X													
SE MA Legal Assistance Corp			X	X													
SE MA Veteran's Transition House			X					X	X	X	X	X	X	X	X		X
Seven Hills Behavioral Health			X					X	X	X	X	X	X	X			
SouthCoast Hospitals Group			X			X		X		X	X	X	X	X			
Steppingstone, Inc.								X	X	X	X	X	X	X	X	X	X

Provider Organizations [Continued]	Prevention				Outreach			Supportive Services										
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Students for the Homeless															X			
Tenancy Preservation Program				X	X			X							X			
Treatment on Demand				X		X		X		X		X	X	X				X
Tri-City Mental Health Center				X		X		X	X		X							X
UMASS Dartmouth Neighborhood College														X				
United Way of Greater New Bedford				X														
VNA of Cape Cod								X				X	X					X
Welcome Home Veterans Program, Inc.								X										
Women's Institute		X						X										
YWCA of Southeastern MA				X					X			X	X	X				

CoC Housing Inventory and Unmet Needs

Chart I Housing Inventory is presented on the following pages.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name*	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code X	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas- onal	O/V
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
Diocese of Fall River	Missionary Sisters of Charity	D	0	0	251614	FC	-	0	14	0	14	0	0
GNB Women's Center	Domestic Violence Program*	DV	4	15		FC	DV	5	15	4	19	0	0
HighPoint	Harbour House*	PA	0	50		FC	-	14	50	0	50	0	0
Market Ministries	Market Ministries Shelter*	PA	32	0		SM	-	0	0	32	32	6	4
Market Ministries II	Market Ministries Shelter	PA	2	0		SM	-	0	0	2	2	0	0
Mariner's Association	Mariner's Home & Assistance	D	0	0		SM	-	0	0	4	4	0	2
SE MA Vets Trsns Hse	Community Emergency Program*	PA	0	0		SM	-	0	0	0	0	0	0
SUBTOTALS:			38	65	SUBTOTAL CURRENT INVENTORY:			19	79	42	121	6	6
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
Not Applicable			0	0		-	-	0	0	0	0	0	0
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
None at this time			Not Applicable			-	-	0	0	0	0	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0	0	0
Unmet Need			UNMET NEED TOTALS:					0	0	7	7	0	0

Total Year-Round Beds—Individuals		Total Year-Round Beds—Families	
1. Total Year-Round Individual Emergency Shelter (ES) Beds:	42	6. Total Year-Round Family Emergency Shelter (ES) Beds:	79
2. Number of DV Year-Round Individual ES Beds:	4	7. Number of DV Year-Round Family ES Beds:	15
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):	38	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):	64
4. Total Year-Round Individual ES Beds in HMIS:	38	9. Total Year-Round Family ES Beds in HMIS	65
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	100%	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	102%

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name*	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code X	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Catholic Social Services	Donovan House*	PA	2	16	251614	FC	-	6	16	2	18
GNB Women's Center	Artemis II*	DV	14	0		SF	DV	0	0	14	14
HighPoint	Trans. Support Program*	PA	36	0		SMF	-	0	0	36	36
Market Ministries	Transitional. House*	PA	8	0		SM	-	0	0	8	8
NeBCOA; Inc.	Harmony House*	PA	26	0		SM	-	0	0	26	26
NeBCOA, Inc.	Wrap House*	PA	21	0		SF	-	0	0	21	21
Reflections, Inc.	Reflections Housing*	PA	37	0		SMF	-	0	0	37	37
SE MA Veteran's Trans. House	Veteran's Trans. Housing*	PA	50	0		SM	VET	0	0	50	50
SE MA Veteran's Trans. House	Network House*	PA	10	0		SM	-	0	0	10	10
SE MA Veteran's Trans. House	Graduate [Trans] Housing*	PA	17	0		SM	VET	0	0	17	17
Steppingstone, Inc.	The Graduate Program*	PA	9	0		SF	-	0	0	9	9
SUBTOTALS:			226	16	SUBTOTAL CURRENT INVENTORY:			6	16	230	252
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
Reflections, Inc.	Renewal House*	PA	11	0		SM	-	0	0	11	11
SUBTOTALS:			11	0	SUBTOTAL NEW INVENTORY:			0	0	11	11
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
Reflections, Inc.	Renewal House [Additional Units]		July 2007			SM	-	0	0	9	9
SE MA Veteran's Trans. House	Women's Veteran's House		Sept.2007			SW	-	0	0	10	10

SUBTOTAL INVENTORY UNDER DEVELOPMENT:		0	0	19	19
Unmet Need		UNMET NEED TOTALS:			
		14	42	10	52
Total Year-Round Beds—Individuals		Total Year-Round Beds—Families			
1. Total Year-Round Individual Transitional Housing Beds:	226	6. Total Year-Round Family Transitional Housing Beds:	16		
2. Number of DV Year-Round Individual TH Beds:	14	7. Number of DV Year-Round Family TH Beds:	0		
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):	212	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):	16		
4. Total Year-Round Individual TH Beds in HMIS:	212	9. Total Year-Round Family TH Beds in HMIS	16		
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	100%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100%		

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code X	Target Pop.		Year-Round			Total Year-Round Beds		
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv./CH Beds			
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.									
Catholic Social Services, Inc.	Coming Home*	PA	0	70	251614	FC	-	14	70	0	70		
Catholic Social Services, Inc.	Housing First*	PA	24	29		FC	-	8	29	24/10	53		
Catholic Social Services, Inc.	Journey to Independence*	PA	0	41		SMF	-	15	41	0	41		
CSS/GNB Women's Center	New Beginnings	PA	0	18			DV	0	18	0	18		
NeBCOA, Inc.	Graduate House*	PA	17	0		SM	-	0	0	17/8	17		
PAACA, Inc.	PAACA Housing	PA	1	12		FC	-	7	12	1/1	13		
PAACA, Inc.	Step-Up*	PA	22	10		FC	-	5	10	22/9	32		
Reflections, Inc.	Family Preservation Program*	PA	0	25		SF	-	9	25	0	25		
SUBTOTALS:			64	205	SUBTOTAL CURRENT INVENTORY:			58	205	64/28	269		
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
Not applicable.			0	0				0	0	0	0		
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0		
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
Community Action for Better Housing, Inc.	St. Anne's		July 2007					0	0	17/5	17		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	17/5	17		
Unmet Need								UNMET NEED TOTALS:		23	122	219	341

Total Year-Round Beds—Individuals		Total Year-Round Beds—Families	
1. Total Year-Round Individual Permanent Housing Beds:	64	6. Total Year-Round Family Permanent Housing Beds:	205
2. Number of DV Year-Round Individual PH Beds:	0	7. Number of DV Year-Round Family PH Beds:	0
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):	64	8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):	205
4. Total Year-Round Individual PH Beds in HMIS:	64	9. Total Year-Round Family PH Beds in HMIS	205
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	100 %	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100%

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time (PIT) count during the last week of January 2007.

(1) Indicate date on which Housing Inventory count was completed: 01/30/2007	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
100%	Emergency shelter providers
98%	Transitional housing providers
100%	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	

*The HUD Unmet Need Guide and Worksheet can be found by going to:
<http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count: 01/30/2007				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households with Dependent Children:	19	4	0	23
1a. Total Number of Persons in these Households (adults and children)	70	11	0	81
2. Number of Households without Dependent Children**	78	197	34	309
2a. Total Number of Persons in these Households	78	197	34	309
Total Persons (Add Lines 1a and 2a):	148	208	34	390
Part 2: Homeless Subpopulations below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	78		n/a	78
b. Severely Mentally Ill	179		12	191
c. Chronic Substance Abuse	206		33	239
d. Veterans	58		0	58
e. Persons with HIV/AIDS	4		1	5
f. Victims of Domestic Violence	92		4	96
g. Unaccompanied Youth (Under 18)	4		0	4

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time (PIT) count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
<input checked="" type="checkbox"/>	Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
<input checked="" type="checkbox"/>	Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/>	Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input type="checkbox"/>	Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/>	Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input type="checkbox"/>	HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.	
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/>	Other –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: January 2008	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:	
100%	Emergency shelter providers
98%	Transitional housing providers

*Please refer to ‘A Guide to Counting Sheltered Homeless People’ for more information on unsheltered enumeration techniques.

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: X ALL persons were interviewed OR <input type="checkbox"/> Sample of persons were interviewed
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input checked="" type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input checked="" type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people or for subpopulation information.
<input type="checkbox"/>	Other – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input checked="" type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input checked="" type="checkbox"/>	Homeless and/or formerly homeless persons
<input checked="" type="checkbox"/>	Other – specify:
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted training(s) for PIT enumerators.
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.
<input type="checkbox"/>	Other – specify:
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – specify:
(6) Month and Year of next PIT count of unsheltered homeless persons: January 2008	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: City of New Bedford OHCD	Contact Person: Patrick J. Sullivan, Director
Phone: 508.979.1500	Email: PSullivan@ci.new-bedford.ma.us
Organization Type: State/local government <input checked="" type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other <input type="checkbox"/>	

M-2: List HUD-defined CoC Name(s) and Number(s) for *every* CoC in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
New Bedford CoC	MA-505		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy)	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
07/2004	

Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS Implementation. We're working hard at reaching a point where staff understand the value of this data entry; it helps to see actual reports that are a result of their work. We have frequent staff turnover meaning each agency begins again and again as such we continue to work closely with our agencies and vendor in providing all of the tech support possible to assure continuity, competence and consistency in the face of staffing changes and capacity issues.

2. HMIS Data and Technical Standards Final Notice Requirements. We have been in 100% compliance with the data standards since we came on line in October of 2004. Our intake forms and HMIS software contain all the required questions and our HMIS software contains explanations of terms that data entry staff view every time they enter the data. Our vendor holds weekly trainings via the internet that covers all aspects of HMIS including security practices and privacy concerns. The vendor proactively sends position papers on a monthly basis on HMIS related topics to data entry persons in addition to providing monthly reminders, etc. as part of their ongoing and exceptional user support. Because of such diligence, staff turnover, while a potential barrier, does not cause a temporary loss of compliance.

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	1810	1752
2005	2462	2193
2006	1635	1401

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.

We run our HMIS years from July 1st to June 30th, so the 2006 data entry is incomplete at this point. We anticipate the 2006 total will be lower than the 2005 totals once all client records are entered. This is largely because of three factors:

1. In previous years the individual agency calculated unduplicated clients by counting rows of data in each agency's data base; if the same client was submitted twice for the same agency, he/she was counted twice even at the same agency. Now agencies are "unduplicating" in-house before submitting their numbers. While the same client may be present at multiple agencies he/she is not being counted twice at the same agency
2. There have been major improvements made on universal elements—most particularly in the collection and recording of birthdates. This change, in large part brought about by an improvement in the capacity of emergency shelters in attaining this data and recording it, has significantly improved the CoC's accuracy and thus, reduction in duplications.
3. There are no longer any domestic violence counts included in the totals.

The New Bedford CoC is careful and conscientious about its data collection. The HMIS vendor offers live trainings via the web. Additionally; the CoC's HMIS software also examines all dates for validity, doing so, for instance, by checking if the date type is in the future or significantly in the past. If this occurs, the system will now alert the data entrant at the moment of data input. Also, the length of stay in program shows instantly on each client record. The worksheets produced by the system serve as a final catch for inaccuracies.

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	Less than 1%	Gender	Less than 1%
Social Security Number	Less than 1%	Veteran Status	Less than 1%
Date of Birth	Less than 1%	Disabling Condition	Less than 1%
Ethnicity	Less than 1%	Residence Prior to Program Entry	Less than 1%
Race	Less than 1%	Zip Code of Last Permanent Address	16%

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

The New Bedford CoC's programs that participate in the HMIS must go through a system of three checks to ensure that the data is correct and dates are being properly and completely recorded in the system. The first check is through internal monitoring of data that is conducted by the participating agency's intake and data entry staff. This is followed by a second check when the City's Office of Housing and Community Development reviews ESG and APR reporting for each program. The final check comes through the HMIS vendor, HousingWorks, through internal software devices and cooperative reviews with both agencies and the City as grantor. In so doing we ensure that all data is present and accurate.

The Zip Codes have been the only difficult piece of data with which intake staff/data entry personnel have struggled in the participating agencies. Largely this relates to a client no knowing or not remembering their zip code and staff being unable to access that information through the internet either due to capacity or time constraints. Additional training support will be provided to address this issue.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	Yes		
Transitional Housing	Yes	Not applicable	
Permanent Supp Hsg	Yes		
(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why. Not applicable			

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

For each item listed below, place an “X” in the appropriate box to indicate your response: Yes (Y), No (N) or Planned/In Progress (P). Check *only one column* per item.

Chart is found on the next page.

	Y	N	P
1. Training Provided:			
Basic computer training	X		
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least annually?	X		
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
3. Security—Participating agencies have:			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?	X		
4. Security—Agency responsible for centralized HMIS data collection and storage has:			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.	X		
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?	X		
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?	X		
Does each participating agency have a privacy policy posted on its website (if applicable)?	X		
6. Data Quality—CoC has process to review and improve:			
Client level data quality (i.e. missing birth dates etc.)?	X		
Program level data quality (i.e. data not entered by agency in over 14 days)?	X		
CoC bed coverage (i.e. percent of beds)?	X		
7. Unduplication of Client Records—the CoC:			
Uses only HMIS data to generate unduplicated count?	X		
Uses data integration or data warehouse to generate unduplicated count?	X		
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:			
Point-in-Time Count		X	
Project/Program performance monitoring	X		
Program purposes (e.g. case management, bed management, program eligibility screening)	X		
Statewide data aggregation (e.g. data warehouse)			X

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Chart is found on the following page.

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	1. Expand the roster of SRO units dedicated to chronically homeless persons.	Arlene McNamee, CSS, COC Chair	28 beds	35 Beds	50 Beds	100 Beds
	2. Work with New Bedford Public Housing Authority in developing a Shelter Plus Care application for the 2008 CoC round.	Arlene McNamee, CSS, COC Chair				
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	1. Analyze reasons for tenants moving out of PH in less than six months.	Carl Alves, PAACA, CoC Executive Committee	67% Ret. Rate	70% Ret. Rate	75% Ret. Rate	80% Ret. Rate
	2. Provide more intensive case management and counseling to tenants.	Carl Alves, PAACA, CoC Executive Committee				
	3. Review policies regarding the discharge of non-compliant tenants.	Carl Alves, PAACA, CoC Executive Committee				
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	1. Review programs to increase the numbers of people moving from TH to PH.	Dennis Allen, VTH, CoC Executive Committee	40% TH To PH Rate	45% TH To PH Rate	50% TH To PH Rate	75% TH To PH Rate
	2. Monitor treatment plans on a long term basis.	Dennis Allen, VTH, CoC Executive Committee				
	3. Review discharge policies to maximize stay in permanent housing.	Dennis Allen, VTH, CoC Executive Committee				
4. Increase percentage of homeless persons employed at exit to at least 18%.	1. Improve educational programs	Steve Montembault, NBCOA, CoC Exec Committee	12.6%	14%	18%	25%
	2. Add case management and support services to increase employability of homeless	Steve Montembault, NBCOA, CoC Exec Committee				

	3. Partner with local career center workforce investment board initiative	Steve Montebault, NBCOA, CoC Exec Committee				
5. Ensure that the CoC has a functional HMIS system.	1.Contract with HMIS vendor for ongoing training to ensure consistency in HMIS usage	Patrick Sullivan, Director, City of New Bedford Office of Housing/ Community Development	100% Bed Cover- age	100% Bed Cover- age	100 % Bed Cover- age	100% Bed Cover- age
	2.Bring any new McKinney funded housing programs immediately online with HMIS through CoC's HMIS vendor					
	3.Purchase additional computers as may be necessary for participating agencies					
	4.Improve relevance and uniformity of results in reported APR figures by ensuring consistency in user understanding of APR and HMIS terminology	John LaBella, HousingWorks HMIS Vendor				
	5.Evaluate HMIS data collection practices on an ongoing basis and provide ongoing training to HMIS intake					
	6.Offer housing search and mainstream benefits applications features free to voluntary participants.					
Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).						
Objective #4: While the Continuum of Care did not meet the HUD goal to increase the number of homeless employed at exit to at least 18%, the 12.6% achievement demonstrates a significant improvement from the 2006 goal of 8%. New Bedford faces continued disinvestment and has an unemployment rate almost double the state average. New Bedford's service and industrial sectors, the sectors most likely to employ formerly homeless people, are very competitive because New Bedford's population overall has a very low educational attainment (50% of the population lacks a high school level education). It is unlikely that the 18% goal will be met in the next five years.						

O: CoC Discharge Planning Policy Chart

For each category of publicly funded institution or system of care in your CoC, check a box to indicate the level of development of a discharge planning policy. Check **only one** box per category. Use the space provided to describe the discharge planning policy for each category, or the status of development. For detailed instructions for filling out this section, see the Instructions section.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

Foster Care:

For all discharges, provider must:

- (1) Develop a discharge plan. The discharge plan must:
 - (a) include the date and reason for discharge;
 - (b) identify any referrals by the provider to other appropriate service providers for any health or social services required by the member;
 - (c) ensure continuity of needed care by the member;
 - (d) be dated and signed by the registered nurse and the AFC caremanager; and
 - (e) require at least one follow-up telephone call within 30 business days after discharge to determine the members post-discharge status and condition;
- (2) Arrange for the member to be discharged to a more appropriate setting;
- (3) Coordinate the discharge with the member, member's family or legal guardian, and staff of the program or agency to which the member is to be transferred; and
- (4) Not discharge the member until appropriate services are available

Health Care:

The Commonwealth has determined that the discharging of consumers into homeless shelters is not an appropriate discharge plan. It is the Commonwealth's goal, through the implementation of aggressive and comprehensive discharge planning efforts, to reduce the number of inmates/clients who go into shelters after having been in residential programs. Formal policies are in place and implemented through the service procurement process.

In addition, many health care facilities are now using the housing search feature of the HMIS while the individual is still institutionalized in order to assist with a search for both housing and the appropriate mainstream resources needed to support discharge and reentry into housing.

Mental Health:

1) Discharge Procedures.

- (a) A facility shall arrange for necessary post-discharge support and clinical services. Such measures shall be documented in the medical record.
- (b) A facility shall make every effort to avoid discharge to a shelter or the street. The facility shall take steps to identify and offer alternative options to a patient and shall document such measures, including the competent refusal of alternative options by a patient, in the medical record. In the case of such discharge, the facility shall nonetheless arrange for or, in the case of a competent refusal, identify post-discharge support and clinical services. The facility shall keep a record of all discharges to a shelter or the street in a form approved by the Department and submit such information to the Department on a quarterly basis.
- (c) When a patient in a facility operated by or under contract to the Department is a client of the Department pursuant to 104 CMR 29.00, the service planning process outlined in 104 CMR 29.00 shall be undertaken prior to discharge.
- (d) A facility shall keep a record of all patients discharged there from, and shall provide such information to the Department upon request.

In addition, many Massachusetts DMH facilities are now using the housing search feature of the HMIS while the individual is still institutionalized in order to assist with a search for both housing and the appropriate mainstream resources needed to support discharge and reentry into housing.

Corrections:

The title of the program is the *Public Safety Transition Program* which outlines a detailed process of transition and risk reduction strategies encompassing all aspects of the inmate's life. Each element must be completed prior to release and fully documented in with the prison system. This process and planning ensures that inmates have a recorded plan and monitoring as they re-enter the community.

In addition, many prisons are now using the housing search feature of the HMIS while the individual is still institutionalized in order to assist with a search for both housing and the appropriate mainstream resources needed to support discharge and reentry into housing.

*Please note that "corrections" category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

	YES	NO
1. Consolidated Plan Coordination		
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	n/a	
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

Column (1): New this year, check the box in this column if the first project listed is a proposed Samaritan bonus project. **Column (5):** The requested project amount must not exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the project budget will be reduced to the amount shown on the CoC Project Priorities Chart. **Column (7):** Place the component type under the appropriate program for each project in column 7. Acceptable entries include PH, TH, SH-PH, SH-TH, SRO, SSO, HMIS, TRA, SRA, PRA, or PRAR. Do not simply enter an "X" in the box provided. **Column (9):** For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please do not restart S+C project priority numbering from 1. For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:* New Bedford CoC						CoC #: MA-505			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input type="checkbox"/> ** City of New Bedford	Catholic Social Services, Inc.	Coming Home	1	\$272,490	1		PH		
City of New Bedford	Catholic Social Services, Inc.	Journey to Independence	2	\$187,933	1		PH		
City of New Bedford	Reflections, Inc.	Family Preservation Program	3	\$245,065	1		PH		
City of New Bedford	PAACA, Inc.	Step Up	4	\$265,079	1		PH		
City of New Bedford	Catholic Social Services, Inc.	Donovan House	5	\$199,346	1		TH		
City of New Bedford	SE MA Veteran's Transition House	Network House	6	\$96,819	1		TH		
City of New Bedford	City of New Bedford on behalf of the HSPN	Homeless Management Information Systems Project	7	\$29,524	1		HMIS		
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$1,296,256					
(9) Shelter Plus Care Renewals:						S+C Component Type			
None			7		1				
			8		1				
			9		1				
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$ 0					
(11) Total CoC Requested Amount (line 8 + line 10):				\$1,296,256					

R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2007 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These reallocation project(s) may be for SHP (1, 2, or 3 years), S+C (5 years), and Section 8 SRO (10 years) projects and their respective eligible activities.

***Reallocation projects WILL be funded if all of the following apply:**

1. Reallocation project is for permanent supportive housing (SHP-PH, SHP-Safe Haven PH, S+C, Section 8 SRO).
2. Reallocation project is not rejected by HUD (meets all “threshold” requirements)
3. CoC scores at least 65 points in the CoC competition.
4. Reallocation project is **not** the Samaritan bonus project.

Reallocation projects may have a 1-year grant term when they are SHP-PH or SHP-Safe Haven PH projects.

NOTE: Reallocated funds placed in the Samaritan bonus project will lose their reallocation status. Therefore, if the CoC scores below the funding line, the CoC will lose the reallocated funds included in the Samaritan bonus project.

1a. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have verified with your field office:					\$1,296,256
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: <i>(In this example, the amount proposed for new PH project is \$140,000)</i>					\$ n/a
4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
N/A			0	0	0
(7) TOTAL:			0	0	0
5. Newly Proposed Permanent Housing Projects in the 2007 Competition*					
(8) 2007 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts		
N/A					
(12) TOTAL:					

*No project listed here can be a #1 priority Samaritan Bonus project

S: CoC Project Leveraging Summary Chart

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do *not* add any rows). Provide information *only* for contributions for which you have a *written commitment in hand at the time of application*.

Name of Continuum	Total Value of Written Commitment
New Bedford CoC	\$ 2,325,992.00

T: CoC Current Funding and Renewal Projections Chart

Chart is found on the following page.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		\$296,165		\$393,887		\$393,887		\$393,887		\$393,887		\$393,887	
Safe Havens-TH		\$0		\$0		\$0		\$0		\$0		\$0	
Permanent Housing (PH)		\$970,567		\$970,567		\$1,268,641		\$1,268,641		\$1,268,641		\$1,268,641	
Safe Havens-PH		\$0		\$0		\$0		\$0		\$0		\$0	
SSO		\$0		\$0		\$0		\$0		\$0		\$0	
HMIS		\$29,524		\$29,524		\$29,524		\$29,524		\$29,524		\$29,524	
Totals		\$1,296,256		\$1,692,052		\$1,692,052		\$1,692,052		\$1,692,052		\$1,692,052	
Shelter Plus Care (S+C) Projects:													
Number of S+C Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
		Units	\$0	Units	\$0	Units	\$0	Units	\$0	Units	\$0	Units	\$0
SRO		0	0	0	0	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0	0	0	0	0	0
1		0	0	0	0	0	0	0	0	0	0	0	0
2		0	0	0	0	0	0	0	0	0	0	0	0
3		0	0	0	0	0	0	0	0	0	0	0	0
4		0	0	0	0	0	0	0	0	0	0	0	0
5		0	0	0	0	0	0	0	0	0	0	0	0
Totals		0	0	0	0	0	0	0	0	0	0	0	0

Part IV: CoC Performance

U: CoC Achievements Chart

For the five HUD national objectives in the **2006** CoC application, enter the 12-month measurable achievements that you provided in Exhibit 1, Chart N of the **2006 CoC application**. Under “Accomplishments,” enter the *numeric* achievement that your CoC attained within the past 12 months that is *directly related* to the measurable achievement proposed in 2006. Below, if your CoC did not meet one or more of your proposed achievements, please describe the reasons for this.

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	Expand roster of SRO units dedicated to chronically homeless persons [4 units in 12 months] and work with New Bedford Public Housing Authority in developing a Shelter Plus Care application for the 2007 round [6 units in 12 months].	Goal: 10 beds Achieved: 10 beds
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	Improve tenant stabilization through careful analysis as to reason for movement out of PH in less than 6 months and adopting CoC wide strategies to improve retention rates.	Goal: 65.0% ret. rate Achieved: 67.4% ret. rate
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	Review programmatic nature of existing TH programs and make systemic changes that will increase the shift of the TH population into PH.	Goal: 30.0% TH to PH Achieved: 40.5% TH to PH
4. Increase percentage of homeless persons becoming employed by 11%.	Promote educational and vocational opportunities in order to increase sustainable employment rates.	Goal: 8.0% Empl. Rate Achieved: 12.6% Empl. Rate
5. Ensure that the CoC has a functional HMIS system.	Provide [1] additional training to ensure consistency in definitions of terminology used in HMIS reporting so as to improve the relevance and uniformity of results in reported APR figures.	Maintained a 100% participation rate in HMIS and conducted multiple trainings throughout the year to all HMIS data entry staff..

Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.

1. Accomplishment achieved; goal surpassed.

2. Accomplishment achieved; goal surpassed.

Note:* Last year the New Bedford CoC reported that 56% of the participants in PH projects stayed 7 months or longer. Although this year's 67.4% level exceeds the 65% goal that was set for this year, this CoC believes that what this number still does not fully reflect the success so many of the program participants have enjoyed during the past year in both stabilizing their lives and achieving new opportunities for permanent housing beyond these SHPs. This success includes renting their own apartments and finding Section 8 housing prior to the 7 month mark. If those figures could be factored in New Bedford's rate would increase even more so.

3. Accomplishment achieved; goal surpassed.

4. Accomplishment achieved; goal surpassed.

5. Accomplishment achieved; goal surpassed.

V: CoC Chronic Homeless (CH) Progress Chart

The data in this chart should come from point-in-time counts also used for Chart K: Populations and Subpopulations Chart and Chart I: Housing Inventory Chart. For further instructions in filling out this chart, please see the Instructions section.

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.					
Year	Number of CH Persons			Number of PH beds for the CH	
2005	41			10	
2006	51			18	
2007	72			28	
Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:					
The increase experienced in the number of CH persons between 2006 and 2007 is related to several agencies having undercounted their chronic population prior to 2007. This discrepancy largely stemmed from a misunderstanding as to the definition of chronic homelessness and has been remedied through ongoing education and training of intake/data entry staff.					
2. Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:					10
3. Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2006 and January 31, 2007.					
Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$45,000
TOTAL	\$0	\$0	\$0	\$0	\$0

W: CoC Housing Performance Chart

The following chart will assess your CoC’s progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year’s competition for the applicable areas presented below, check the appropriate “No applicable renewals” box in the chart.

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	37
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	58
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	27
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	37
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	67%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	106
b.	Number of participants who moved to PH	43
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	41%

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
143	a. SSI	17	11.9%
143	b. SSDI	11	7.7%
143	c. Social Security	0	0
143	d. General Public Assistance	46	32.2%
143	e. TANF	21	14.7%
143	f. SCHIP	0	0
143	g. Veterans Benefits	1	0.7%
143	h. Employment Income	18	12.6%
143	i. Unemployment Benefits	4	2.8%
143	j. Veterans Health Care	0	0
143	k. Medicaid	29	20.3%
143	l. Food Stamps	83	58.0%
143	m Other (please specify)	17	11.9%
143	n No Financial Resources	20	14.0%

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care** as well as **any other State or Local program that may be applicable**. Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
X	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
X	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
X	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
X	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
X	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
X	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
X	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
X	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
X	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
None			
		Total:	0

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? Yes No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 100%

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply:</p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.</p> <p><input type="checkbox"/> The project has hired low- or very low-income persons.</p>		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		