

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration): MA-505 - New Bedford CoC

CoC Lead Organization Name: City of New Bedford, MA

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Homeless Service Providers' Network

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 95%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

Specify "other" process(es):

Potential HSPN members are identified and recruited, then asked to sign a written membership agreement outlining their duties and responsibilities for participation.

Briefly describe the selection process including why this process was established and how it works.

The Continuum has an active recruitment and outreach process that identifies potential and appropriate members, cultivates relationships with such members and provides invitations for membership. Members, then, are not elected but are rather "identified."

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Note: Executive leadership is elected but subcommittee leadership is appointed or the result of volunteering.

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Yes. As the lead entity for the SHP application, the New Bedford Office of Housing and Community Deveopment already provides a great deal of administrative and technical support to the HSPN. As the agency responsible for the administration of CDBG, HOME, and ESG funding, OHCD has demonstrated great capacity to manage and monitor federally funded projects and programs. The additional administrative funds would allow OHCD to hire additional staff to manage HUD homeless service money with the same efficiency and level of accomplishment. The present lack of administrative funds compromises the Continuum's ability to fully address issues of homelessness within the community.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Chronic and Disch...	Quarterly
Performance Based...	Quarterly
Elder Homeless Su...	Quarterly
Outreach and Educ...	Quarterly
Emergency Shelter...	Bi-monthly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Chronic and Discharge Subcommittee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

1. Reviews the practice, problems, and conditions of chronic homelessness, develops performance-based strategies; works in coordinating discharges.
2. Reviews NOFA, application requirements and provides guidance to the HSPN on refining CoC-wide strategies to bring them into compliance with HUDs expectations.
3. Explores, monitors, and reviews all mainstream resource opportunities available to those in homelessness including vocational training, employment, supportive services, etc.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Performance Based Review Subcommittee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

1. Reviews APRs and other reports submitted by McKinney-Vento funded programs and provides analysis to the HSPN as to strengths, weaknesses and ongoing program/systemic issues.
2. Reviews and rates annual SHP application for submittal to HUD
3. Monitors the status of the CoCs HMIS compliance, advising the HSPN and undertaking THE ANNUAL Street Count in an effort to produce accurate and statistically reliable data.)

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Elder Homeless Subcommittee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

1. Identifies particular need areas in the city's elderly population
2. Develops strategies for addressing these needs
3. Presents strategies to HSPN and City officials

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Outreach and Education Subcommittee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

1. Oversees education and outreach to the homeless population, landlords, and the general population through collaborative relationships and public education efforts (including the annual StreetSheet.)
2. Is responsible for the recruitment of new HSPN members

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Emergency Shelter Working Group

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This is a newly-formed ad-hoc committee tasked with evaluating the performance of the existing shelter system in the CoC and recommending changes to improve its efficacy and bring it in line with state and national priorities.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Department of Employment Training	Public Sector	State g...	Committee/Sub-committee/Work Group	Substance Ab...
Department of Mental Health	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Department of Public Health/For Families	Public Sector	State g...	Committee/Sub-committee/Work Group	Substance Ab...
Department of Transitional Assistance	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Massachusetts Rehabilitation Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
City of New Bedford Department of Community Ser...	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of New Bedford Office of Housing and Commu...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
New Bedford Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
City of New Bedford Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Bristol County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
New Bedford Police Dept. and the NBPD Domestic ...	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Greater New Bedford Career Center	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
American Red Cross	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Coastline Elderly Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Community Care Services, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Greater New Bedford Women's Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
High Point Treatment Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...

New Bedford COC			COC_REG_v10_000401	
Horizons for Homeless Children	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Immigrants Assistance Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
New Bedford Council on Addiction	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
People Acting in Community Endeavors (PACE)	Private Sector	Othe r	Committee/Sub-committee/Work Group	Substan ce Abuse
Positive Action Against Chemical Addiction (PAACA)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Ab...
Reflections, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Southeast Center for Independent Living	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Southeastern Massachusetts Veterans Housing Pro...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Ab...
Seven Hills Behavioral Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Steppingstone, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Tenancy Preservation Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Treatment on Demand	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Ab...
YWCA of Southeastern Massachusetts	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Catholic Social Services, Inc. Diocese of Fall ...	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Seriousl y Me...
Community Action for Better Housing (CABH, Inc.)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Interchurch Council of Greater New Bedford	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Market Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Seriousl y Me...
D.E.A.F, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Eliot Community Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...

New Bedford COC			COC_REG_v10_000401	
May Institute	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
SouthCoast Hospitals Group	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	NONE
Greater New Bedford Community Health Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	Substan ce Ab...
Sovereign Bank	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
New Center for Legal Advocacy	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Bristol Elder Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Downtown New Bedford, Inc.	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
G. McCoy	Individual	Hom eles..	Committee/Sub-committee/Work Group	NONE
First Citizens Federal Credit Union	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Greater New Bedford Chamber of Commerce	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Betty Ann Dasher	Individual	Hom eles..	Committee/Sub-committee/Work Group	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods:
(select all that apply)

b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s):
(select all that apply)

a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

Voting/Decision Method(s):
(select all that apply)

a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

Last year the year-round beds at the Market Ministries shelter were over-counted by 9, and an additional 10 seasonal and O/V beds were reported. The total number of beds at the shelter is 32--25 year-round and 7 O/V.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

Three programs reduced bed counts by 1 (Market Ministries), 10 (WRAP House), and 27 beds (Reflections). The reduction in Reflections beds is due to the closure of two programs--Renewal House and the women's program at Reflections Housing. This occurred as part of a restructuring of the organization when it became a wholly owned affiliate program Southeast Regional, Inc., which also operates High Point. However, the CoC increased beds in three other programs by 2 (Veterans Transition House, Donovan House), and 3 beds (Community Emergency Program). Also, an additional 21 beds came on line in 2007 at Monarch House and an additional 10 beds are classified as under development at the new Women's Veterans Transition House. These beds are expected to come on line in August or September of 2008. Not counting these under development beds, the net loss in transitional beds is 14.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The CoC has had a net gain of 21 permanent supportive housing beds. We lost 13 PAACA Housing beds, but gained 6 through the Step Up Program, 17 at St. Anne's SRO, and included in this year's count are 11 beds at High Point's Unity House. They are located in New Bedford, but are funded through the state of Massachusetts. In addition, Reflections, Inc. has a request in process to transfer operations and services money into leasing to add 3 more units to its Family Preservation Program.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2008 e-HIC	10/22/2008

Attachment Details

Document Description: 2008 e-HIC

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/24/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: Housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: HUD unmet need formula
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: MA-505 - New Bedford CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: HousingWorks

What is the name of the HMIS software company? HousingWorks

Does the CoC plan to change HMIS software within the next 18 months? No

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): 07/01/2004
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: None
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

The initial startup of HMIS was challenging, requiring a paradigm shift for staff members tasked with completing intakes and entering data. However, once the entire population was entered, staff time devoted to completing this task was decreased and less training time for new staff was required. Currently HMIS is in the process of expanding to include additional reports and housing search options. Other planned enhanced features of the HMIS include pre-filled mainstream benefit applications and a new domestic violence data reporting system designed by the state's leading DV advocacy group along with this applicant's HMIS vendor.

Briefly describe the CoC's plans to overcome challenges and barriers:

Attachment Details

Document Description:

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name City of New Bedford, Office of Housing and
Community Development

Street Address 1 608 Pleasant St.

Street Address 2

City New Bedford

State Massachusetts

Zip Code 02740
Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government
If "Other" please specify

2C. Homeless Management Information System (HMIS) Contact Person

Prefix: Mr
First Name Patrick
Middle Name/Initial J.
Last Name Sullivan
Suffix Sr
Telephone Number: 508-979-1500
(Format: 123-456-7890)
Extension
Fax Number: 508-979-1575
(Format: 123-456-7890)
E-mail Address: Patrick.Sullivan@newbedford-ma.gov
Confirm E-mail Address: Patrick.Sullivan@newbedford-ma.gov

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	1%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	1%	2%
* Zip Code of Last Permanent Address	0%	38%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

Our vendor provides a weekly training over the internet for new staff or turnover staff. Additionally, the vendor also provides a weekly class on how to monitor the quality of data entry and a third class on how to catch mistakes or reverse low quality data entry. The quality assessment takes place during the actual training so that by the end of the class, the agencies know exactly which data files to correct and also have a plan to train the staff making consistent mistakes. As a result, year end APRs are at - or close to - hundred percent accuracy before final clean up. Additionally, the HMIS interface we use catches most inconsistencies as they are committed, by popping up notes explaining the mistake that has been made and jumping the person automatically to the field that needs correcting. This prevents the mistakes and seems to be the most effective way to educate the staff - they only need to learn what they're doing wrong, rather than try to learn everything (which generally results in them learning less well).

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

Every week, we have the option, with our vendor's assistance, to run a worksheet that shows, among other things, the intake and exit information for every client. We then make all corrections as needed, together with the vendor. This usually involves 10-30 minutes and ensures high data quality at reporting time.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Monthly

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Monthly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 05/30/2007

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Monthly
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Annually
HMIS software training	Annually

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/24/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	36	27	0	63
Number of Persons (adults and children)	74	42	0	116
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	49	149	81	279
Number of Persons (adults and unaccompanied youth)	49	149	81	279
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	85	176	81	342

New Bedford COC			COC_REG_v10_000401	
Total Persons	123	191	81	395

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	176	0	176
* Severely Mentally Ill	147	20	167
* Chronic Substance Abuse	164	21	185
* Veterans	83	9	92
* Persons with HIV/AIDS	3	0	3
* Victims of Domestic Violence	31	11	42
* Unaccompanied Youth (under 18)	0	0	0

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/29/2008
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):**

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The Point-in-Time Count coordinators, through the Homeless Service Providers' Network, distributed survey forms to all emergency, transitional, and permanent housing facilities in the continuum. All sheltered adults and unaccompanied youth were counted and interviewed to gather subpopulation information. While the unsheltered population count was 138% higher this year over last, the sheltered homeless population saw a 12% decrease over last year. The slight decrease in the sheltered count is likely due to normal fluctuations in the numbers of people entering and exiting programs.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	<input type="checkbox"/>
Provider Expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Agencies complete paper intake forms and transfer data into HMIS. Although the applicant's HMIS vendor offers a bed register, it is not used since it restricts the quantity of data collected and also requires an upheaval of the night staff and actual data intake process. The use of paper intake and data transfer into HMIS has proven most efficient and effective, requiring fewer staff and less on-the-spot data entry. Use of this system has also allowed for expanded data collection from the majority of shelters in the CoC other than just the 'universal elements'.

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information. The most dramatic changes from last year's count occurred among the chronic homeless population, which saw a 125% increase over last year, and victims of domestic violence, which saw a 66% decrease. Other subpopulations saw smaller decreases (18% for severely mentally ill, 20% for chronic substance abuse), while the number of sheltered homeless veterans increased by 43%. The dramatic increase in the chronic population is likely due to better methods of identifying the population--more accurate and detailed survey questions--and an increase in the number of programs specializing in serving the chronically homeless. Other increases and decreases are likely due to normal fluctuations in subpopulations accessing services. The marked decrease in the DV population may also be due to consumers' reluctance to report because of confidentiality and safety concerns.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Our vendor sends out automatic emails on a monthly and bi-monthly basis, on a number of topics. These automated reminders indicate the program year dates, provide digestible bits of educational information, contain links to "request for training forms" and also contain contact information for Technical Support. Since each individual email only covers one topic, it increases the chances that the email is read and understood. Further if an email bounces, it alerts the vendor that new staff may be in place.

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

The main method of de-duplication is the first survey instrument question, which asks if the clients have filled out the survey previously and advises them to stop if they have. Also, the CoC has instituted additional methods of identifying clients who are likely accessing more than one program at a given time and tossing out the likely duplicate numbers. For example, PAACA clients who list transitional housing as one of their services on the survey instrument are assumed to be counted already by TSS High Point staff, so are not counted again.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

The main method of de-duplication is the first survey question which asks respondents if they have filled out the survey previously and advised them to stop if they have.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

If members of the Homeless Service Provider Network hear of families living on the street or recognizes a tell-tale sign of homelessness, providers seek them out to place them in shelter. The HSPN has been very successful in providing shelter in these cases due, in part, to its emergency e-mail alert system which to date has a 100% success rate. The CoC also asks to be informed by the Mass. Department of Transitional Assistance of DTA-sanctioned families (those whom DTA can't serve) so that they do not end up on the street. Often, the first place a homeless child will present is at school. Therefore a central component of the CoC's outreach plan to homeless households with dependent children is through regular contact between designated members of the Homeless Service Providers' Network and the New Bedford Public School Department's homelessness liaison, who is an HSPN member. Overall, CoC members are alert and well-trained to recognize homeless families in the places where they are likely to present (soup kitchens, aid agencies, etc.), and will immediately engage the family in order to assess their situation and, if need be, to get them shelter and other appropriate services. Finally, the Street Sheet resource guide, which the HSPN publishes and distributes widely every year, helps many families access services that can help them avoid becoming homeless.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

Service providers throughout the CoC are trained to canvass areas known to be frequented by homeless individuals and will engage people living on the street to place them in shelter. Also, the HSPN collaborates closely with the New Bedford Police Department and provides training in recognizing signs of homelessness. Lastly, as with homeless families, CoC members are trained to identify homeless individuals at service locations such as soup kitchens and aid agencies, and will engage them and place them in shelter if needed. There has been a dramatic 138% increase in the number of unsheltered persons from last year's PIT to the 2008 PIT. This is likely due to a combination of economic factors--job losses, an increase in foreclosures, an influx of at-risk tenants migrating to New Bedford from expensive housing markets and failing to maintain tenancy--and better counting methods. This year's PIT count involved more volunteer enumerators and more formerly homeless volunteers who knew where to look for unsheltered people.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Expand the roster of SRO units dedicated to chronically homeless persons.	Arlene McNamee, Executive Director, CSS
Action Step 2	Form regional network with neighboring CoCs in Greater Attleboro/Taunton and Fall River to develop a permanent housing innovation in response to a funding opportunity from the Massachusetts Interagency Council on Housing and Homelessness	Arlene McNamee, Executive Director, CSS
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	37
Numeric Achievement in 12 months	43
Numeric Achievement in 5 years	50
Numeric Achievement in 10 years	100

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to analyze reasons for tenants moving out of PH in less than six months.	Carl Alves, PAACA, CoC Executive Committee
Action Step 2	Continue to provide more intensive case management and counseling to tenants	Carl Alves, PAACA, CoC Executive Committee
Action Step 3	Continue to review policies regarding the discharge of non-compliant tenants	Carl Alves, PAACA, CoC Executive Committee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	70
Numeric Achievement in 12 months	75
Numeric Achievement in 5 years	80
Numeric Achievement in 10 years	85

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Employ more referral and coordination between transitional and permanent housing providers.	Kathleen Schedler-Clark, Executive Director Steppingston, Inc.; HSPN Exec. Committee
Action Step 2	Monitor treatment plans on a long term basis. Continue to employ early intervention strategies to ameliorate factors contributing to tenancy problems.	Kathleen Schedler-Clark, Executive Director Steppingston, Inc.; HSPN Exec. Committee
Action Step 3	Review discharge policies to maximize stay in permanent housing. Continue to provide intensive basic living skill development.	Kathleen Schedler-Clark, Executive Director Steppingston, Inc.; HSPN Exec. Committee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	40
Numeric Achievement in 12 months	45
Numeric Achievement in 5 years	50
Numeric Achievement in 10 years	75

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Collaborate with local educational institutions to come up with strategies to improve access to the most basic educational services such as literacy and math.	Bruce Morell, Executive Director , PACE; HSPN Exec. Committee
Action Step 2	Continue to provide management and support services to increase employability of homeless	Bruce Morell, Executive Director , PACE; HSPN Exec. Committee
Action Step 3	Partner with New Directions, the City's primary job training entity to get CoC clients into the Commonwealth's Work Certification Program and other work-readiness programs. Foster greater coordination with larger employers and economic development agencies.	Bruce Morell, Executive Director , PACE; HSPN Exec. Committee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	16
Numeric Achievement in 12 months	17
Numeric Achievement in 5 years	18
Numeric Achievement in 10 years	25

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Exhibit 1	Page 46	10/23/2008

New Bedford COC		COC_REG_v10_000401
Action Step 1	Increase efforts toward prevention and diversion to reduce the number of families who fall into homelessness. Use discretionary resources to address issues attendant with the risk of homelessness (rental, food, mortgage, and utility assistance).	Arlene McNamee, CSS, HSPN Executive Committee
Action Step 2	Work with local real estate developers to create new permanent housing units for families.	Arlene McNamee, CSS, HSPN Executive Committee
Action Step 3	Employ intensive intervention for people in emergency and transitional programs to move them into permanent housing with supports.	Arlene McNamee, CSS, HSPN Executive Committee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	203
Numeric Achievement in 12 months	225
Numeric Achievement in 5 years	250
Numeric Achievement in 10 years	300

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Formal Protocol Implemented
Health Care Discharge Protocol: Formal Protocol Implemented
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Standards for Independent Living Services issued by the Department of Children and Families (formerly Department of Social Services) requires that a written Notice of Intent to Discharge be issued to all youths whose Individual Service Plan (ISP) includes a Permanency Planning Goal of Independent Living within 90 days of their transition to substitute care of a DCF case closing. Prior to discharge social workers assess the youths readiness for discharge with the substitute care providers and the Discharge plan must include, among other things, "appropriate and stable housing arrangements". It is the responsibility and charge of the Department of Children and Families to ensure that all youth with a discharge plan are discharged to appropriate and stable housing. The DCF Standards for Independent Living Services specifically state that "in no case may youth be placed in inappropriate housing." If appropriate housing is not available, the youth is not eligible for discharge from the States system of care. Appropriate housing is defined as all housing except shelters, hotels/motels, and dwellings that fail to meet government health and building code standards.

Health Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Executive Office of Health and Human Services (EOHHS) has established Discharge Planning Standards, which are part of every Request for Proposal. Monitoring is carried out through site visits, annual reports, review of the Bureau of Substance Abuse Services discharge and admission data, analysis of billing data, and Risk Management analysis. Programs that are funded by the Bureau of Substance Abuse Services (BSAS) are required to submit BSAS admission and discharge data on all clients, not just clients funded through BSAS dollars, as well as billing and invoice data on all clients. Language from the Request for Proposals Template:Transition/Discharge: 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. Bidders in their response to this RFP will be required to provide a plan of action which will become a contract performance goal that will enable the Commonwealth to achieve this goal.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Facilities arrange for necessary post-discharge support, make every effort to avoid discharge to a shelter or to the street, follow Department of Mental Health policies as outlined in 104 CMR 29.00 (attached), and keep a record of all patients discharged. 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 Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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 inmates 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.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	10/22/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	10/22/2008
Corrections Discharge Protocol	No	Corrections Disch...	10/22/2008
Health Care Discharge Protocol	No	Health Care Disch...	10/22/2008

Attachment Details

Document Description: Foster Care Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Health Care Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

1. Provide loans for the development, acquisition, and rehabilitation of rental housing assisting a total of 175 units
2. Provide loans and assistance to develop 25 permanent housing units for those individuals and families previously homeless.
3. Provide rental assistance to 135 households to avoid eviction and homelessness.
4. Support advocacy and connection activities to mainstream resources for 1,300 individuals threatened with homelessness.
5. Support food assistance programming that benefits 3,000 individuals.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

1. Continue to develop the capacity of local non-profits to create permanent supportive housing for homeless individuals and families.
2. Create collaborative relationships with landlords in renting to individuals and families who are homeless or are threatened by homelessness.
3. Focus increased attention and resources towards reunification services for homeless families.
4. Provide life-skill training [budgeting, nutrition skills, etc.] for 225 individuals experiencing homelessness over the next five years.
5. Improve access for to DTA programs (Medicaid, Food Stamps, TANF) homeless individuals and families by improving communication between DTA staff and homeless clients.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	35	Beds	36	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	70	%	70	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	45	%	36	%
Increase percentage of homeless persons employed at exit to at least 18%	14	%	16	%
Ensure that the CoC has a functional HMIS system	100	%	100	%

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	51	18
2007	72	28
2008	176	36

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

16

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development		\$57,999	\$347,993		\$24,166
Operations	\$70,727	\$76,702	\$24,617		\$9,000
Total	\$70,727	\$134,701	\$372,610	\$0	\$33,166

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	63
b. Number of participants who did not leave the project(s)	85
c. Number of participants who exited after staying 6 months or longer	32
d. Number of participants who did not exit after staying 6 months or longer	71
e. Number of participants who did not leave and were enrolled for 5 months or less	8
TOTAL PH (%)	70
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	118
b. Number of participants who moved to PH	43
TOTAL TH (%)	36

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 195

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	38	19 %
SSDI	11	6 %
Social Security	1	1 %
General Public Assistance	50	26 %
TANF	36	18 %
SCHIP	0	0 %
Veterans Benefits	3	2 %
Employment Income	32	16 %
Unemployment Benefits	3	2 %
Veterans Health Care	0	0 %
Medicaid	164	84 %
Food Stamps	133	68 %
Other (Please specify below)	2	1 %
Child support		
No Financial Resources	12	6 %

The percentage values are automatically calculated by the system when you click the "save" button.

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

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

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or 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; or 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. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

The CoC uses several mechanisms for assessing and improving access to mainstream programs. 1. Availability of and access to mainstream resources is a topic for discussion and discussion at virtually all monthly meetings of the Homeless Service Providers' Network. 2. The applicant employs a staff person responsible for reviewing SHP funded agencies APRs and providing feedback. These reviews occur throughout the year to ensure that regardless of a project's year end date they are provided with timely feedback. 3. The Homeless Service Providers Network Performance Review Subcommittee meets several times during the SHP application process to review project sponsors' APRs. One of several performance measures evaluated by the Subcommittee is agencies' success of enrolling clients in mainstream resources. 4. Project sponsors designate staff people to analyze mainstream resource data from APRs and develop action plans to address identified weak areas.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

Monthly HSPN meeting dates: January 18, February 15, March 15, April 19, May 17, June 21, September 20, October 18, November 15, December 20.
Performance Review Committee meeting dates: March 23, April 12, April 23, May 2, and May 9.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Quarterly

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
<p>HousingWorks is the vendor used for HMIS. An efficient feature of the HousingWorks software program is the ability to generate pre-filled applications to every sector of subsidized housing and also to mainstream benefit applications. When case managers visit the site to generate housing applications, they are automatically presented with mainstream benefits applications and guided through download and printing functions. This efficient and simple method of generating applications boosts HMIS participation and improves data quality (entry errors are again displayed on the application, providing case managers an additional opportunity to notice the error and correct it in HMIS in order to submit accurate housing and benefits applications.)</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
<p>MassHealth, food stamps, federal disability benefits, Veterans Worker's Compensation and benefits, and Veteran's Education Assistance</p>	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
<p>Providers regularly share changes in mainstream resources as well as work together to assure that families and individuals receive their entitlements.</p>	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	No
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	No

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)	Yes
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	Yes
The City has implemented zoning overlays in commercial and industrial areas to allow for residential use, specifically the re-use of mill buildings for affordable rental housing. The City has also adopted a zoning overlay ordinance that promotes the development of housing in the upper levels of existing commercial buildings in the downtown district while preserving commercial use on the first levels. This ordinance also includes provisions for artist live/work space.	
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	Yes

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	No
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	Yes
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	Yes

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Journey to Indepe...	2008-10-23 08:54:...	1 Year	New Bedford COC	187,933	Renewal Project	SHP	PH	F2
Donovan House	2008-10-23 10:17:...	1 Year	New Bedford COC	198,609	Renewal Project	SHP	TH	F7
Housing First	2008-10-23 10:18:...	1 Year	New Bedford COC	298,074	Renewal Project	SHP	PH	F4
Network House	2008-10-22 19:43:...	1 Year	New Bedford COC	96,819	Renewal Project	SHP	TH	F8
Graduate Program	2008-10-22 19:40:...	1 Year	New Bedford COC	97,885	Renewal Project	SHP	TH	F6
HMIS Project New ...	2008-10-23 10:15:...	1 Year	New Bedford COC	29,524	Renewal Project	SHP	HMIS	F9
Family Preservati. ..	2008-10-22 19:40:...	1 Year	New Bedford COC	245,065	Renewal Project	SHP	PH	F3
Coming Home	2008-10-22 19:38:...	1 Year	New Bedford COC	272,491	Renewal Project	SHP	PH	F1
Step Up	2008-10-22 19:46:...	1 Year	New Bedford COC	265,079	Renewal Project	SHP	PH	F5

Budget Summary

FPRN	\$1,691,479
Rapid Re-Housing	\$0
Samaritan Housing	\$0
SPC Renewal	\$0
Rejected	\$0