

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

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

CoC Lead Agency Name: City of New Bedford, MA

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- 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

If less than bi-monthly, please explain (limit 500 characters):

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 of group members. Description should include why this process was established and how it works (limit 750 characters):

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 administrative funds were made available 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 a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. As the lead entity for the SHP application, the New Bedford Office of Housing and Community Development 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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Committees and Frequency

| Name of Group | Role of Group (limit 750 characters) | Meeting Frequency |
|------------------------------------|---|-------------------------------|
| Performance Based Review Committee | Reviews Annual Performance Reports of Supportive Housing Program project sponsors to ensure they are complying with program requirements and meeting goals. Reviews annual McKinney-Vento funding applications before submission. | quarterly (once each quarter) |
| Outreach and Education | Coordinates HSPN member recruitment and communication, education, and outreach with the media and the community at large. Also organizes the yearly publication of the "Street Sheet" resource guide. Explores, monitors, and reviews all mainstream resource opportunities available to those in homelessness. | quarterly (once each quarter) |
| Discharge Planning | Reviews established discharge protocols and maintains ongoing contact and coordination with points of discharge (i.e. Dept. of Corrections, Sheriff's Dept., Department of Mental Health and mental health facilities, substance abuse treatment facilities, Department of Children and Families, Department of Public Health and healthcare facilities, etc.). | quarterly (once each quarter) |
| Data and HMIS | Ensures that activities related to HMIS growth and use are developed, reviewed regularly, and in accordance with the CoC's goals. Ensures that data is being assembled, disseminated regularly for use in CoC planning. Develops and enforces community level data quality plan and standards. | quarterly (once each quarter) |
| Self-Sufficiency | Develops partnerships and activities aimed at improving client outcomes related to employment, income, and access to mainstream resources | quarterly (once each quarter) |

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

| Organization Name | Membership Type | Organization Type | Organization Role | Subpopulations |
|--|-----------------|-------------------|--|-----------------|
| Department of Mental Health | Public Sector | State g... | Committee/Sub-committee/Work Group, Attend Consolidated P... | Seriously Me... |
| 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, Attend Consolidated P... | NONE |
| City of New Bedford Office of Housing and Commu... | Public Sector | Local g... | Primary Decision Making Group, Lead agency for 10-year pl... | NONE |
| New Bedford Housing Authority | Public Sector | Public ... | Committee/Sub-committee/Work Group | NONE |
| City of New Bedford Public Schools | Public Sector | School ... | Primary Decision Making Group, Committee/Sub-committee/Wo... | 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, Attend Consolidated P... | Domestic Vio... |
| Greater New Bedford Career Center | Public Sector | Local w... | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| Coastline Elderly Services | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| Community Care Services, Inc. | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Youth |
| Greater New Bedford Women's Center | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Domestic Vio... |
| High Point Treatment Center | Private Sector | Non-pro.. | Primary Decision Making Group, Committee/Sub-committee/Wo... | Seriously Me... |
| Horizons for Homeless Children | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Youth |

| | | | | |
|--|----------------|----------------|--|------------------------|
| Immigrants Assistance Center | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| New Bedford Council on Addiction | Private Sector | Non-pro.. | Primary Decision Making Group, Committee/Sub-committee/Wo... | Substan ce Abuse |
| People Acting in Community Endeavors (PACE) | Private Sector | Othe r | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Positive Action Against Chemical Addiction (PAACA) | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Youth, Subst... |
| Southeast Regional Network (SRN) | Private Sector | Non-pro.. | Primary Decision Making Group, Committee/Sub-committee/Wo... | Seriousl y Me... |
| Southeast Center for Independent Living | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Seriousl y Me... |
| Southeastern Massachusetts Veterans Housing Pro... | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Veteran s, Su... |
| Seven Hills Behavioral Health | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Seriousl y Me... |
| Steppingstone, Inc. | Private Sector | Non-pro.. | Primary Decision Making Group, Committee/Sub-committee/Wo... | Seriousl y Me... |
| Tenancy Preservation Program | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| YWCA of Southeastern Massachusetts | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Youth, Domes.. |
| Catholic Social Services, Inc. Diocese of Fall ... | Private Sector | Faith -b... | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Community Action for Better Housing (CABH, Inc.) | Private Sector | Faith -b... | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| Interchurch Council of Greater New Bedford | Private Sector | Non-pro.. | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Eliot Community Services | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Seriousl y Me... |
| May Institute | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Seriousl y 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, Attend Consolidated P... | Substan ce Ab... |

| | | | | |
|---|----------------|------------|--|------|
| New Center for Legal Advocacy | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| Bristol Elder Services | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| Downtown New Bedford, Inc. | Private Sector | Businesses | Committee/Sub-committee/Work Group | NONE |
| G. McCoy | Individual | Homeless | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| First Citizens Federal Credit Union | Private Sector | Businesses | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| United Way of Greater New Bedford | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | NONE |
| Community Foundation of Southeastern Massachus... | Private Sector | Non-pro.. | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Gifts to Give | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | NONE |
| Massachusetts Attorney General's Office | Public Sector | State g... | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| St. Anthony of Padua Church | Private Sector | Faith-b... | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| Pilgrim United Church of Christ | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | NONE |
| Greater New Bedford COAST | Private Sector | Funder... | Committee/Sub-committee/Work Group | NONE |
| South Coastal Counties Legal Services | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| Department of Housing and Community Development | Public Sector | State g... | Attend Consolidated Plan focus groups/public forums durin... | NONE |
| South Coast Regional Network to End Homelessness | Private Sector | Other | Committee/Sub-committee/Work Group | NONE |

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Department of Mental Health

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Mental health, Alcohol/Drug Abuse
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Department of Transitional Assistance

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Massachusetts Rehabilitation Commission

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Mental health, Alcohol/Drug Abuse
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 - Services provided, if applicable

Name of organization or individual: City of New Bedford Department of Community Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: City of New Bedford Office of Housing and Community Development

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: New Bedford Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: City of New Bedford Public Schools

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Transportation
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bristol County Sheriff's Office

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Bedford Police Dept. and the NBPD Domestic Violence Project

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

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- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Greater New Bedford Career Center

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local workforce investment act boards
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Employment
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Coastline Elderly Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Community Care Services, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Greater New Bedford Women's Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Mental health, Rental Assistance, Alcohol/Drug Abuse
(select all that apply)

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: High Point Treatment Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Horizons for Homeless Children

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Child Care
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Immigrants Assistance Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: New Bedford Council on Addiction

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: People Acting in Community Endeavors (PACE)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Child Care, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Positive Action Against Chemical Addiction (PAACA)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southeast Regional Network (SRN)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southeast Center for Independent Living

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southeastern Massachusetts Veterans Housing Program

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Seven Hills Behavioral Health

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Mental health, Alcohol/Drug Abuse, HIV/AIDS
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Steppingstone, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Tenancy Preservation Program

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: YWCA of Southeastern Massachusetts

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Social Services, Inc. Diocese of Fall River

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Mental health, Transportation, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Action for Better Housing (CABH, Inc.)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Interchurch Council of Greater New Bedford

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Eliot Community Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: May Institute

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Education, Life Skills, Mental health, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: SouthCoast Hospitals Group

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Greater New Bedford Community Health Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Mental health, HIV/AIDS
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Center for Legal Advocacy

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Bristol Elder Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Downtown New Bedford, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: G. McCoy

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: First Citizens Federal Credit Union

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of Greater New Bedford

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Foundation of Southeastern Massachusetts

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Gifts to Give

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Massachusetts Attorney General's Office

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Anthony of Padua Church

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Soup Kitchen/Food Pantry
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pilgrim United Church of Christ

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Soup Kitchen/Food Pantry
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Greater New Bedford COAST

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: South Coastal Counties Legal Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Department of Housing and Community Development

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: South Coast Regional Network to End Homelessness

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply) e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

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

Voting/Decision-Making Method(s):
(select all that apply) c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

There has been a net gain of 6 emergency beds overall. 14 domestic violence beds formerly classified as transitional were reclassified as emergency, but 8 beds associated with a faith-based program were removed from the inventory.

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

There was a net loss of 11 beds from 2009 to 2010. This was due to two factors: 3 beds in a veterans graduate program which were erroneously classified as permanent beds in 2009, and are now classified as transitional, and 14 DV beds which were reclassified as emergency shelter, so are no longer in the transitional inventory.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The HIC indicates a net increase of 17 permanent supportive housing beds from 2009 to 2010. 15 of these are attributed to the Family Preservation Program, for which we undercounted 5 beds in last year's HIC. And the program has since added another 4 units and 10 beds by moving money from operations into leasing. The New Beginnings program for survivors of domestic violence added 2 beds to its inventory.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Single CoC
- Select the CoC(s) covered by the HMIS: (select all that apply)** MA-505 - New Bedford CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** Yes
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Not Applicable
- 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
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 07/01/2004
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** None
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**

Our detailed HMIS intake form itself has become a training tool for those staff who perform intakes, providing term definitions where they are needed, and aiding in data accuracy and completeness. With the help of our vendor, our CoC has been able to get many non-HUD funded programs to participate in HMIS. We have done this by: 1. offering a second software product that allows housing advocates to instantly locate and apply to any subsidized or special needs housing; 2. implementing XML import standards, which allows agencies using an in-house, non-HMIS compliant software to continue to use that software but to then export their data to our system. 3. providing HMIS access to voluntary participants for free. Our HMIS vendor also offers 3 trainings a week every week of the year held over the internet so that every single staff person receives a live training, and can take a retraining as often as desired.

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name City of New Bedford

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

Is this organization the HMIS Lead Agency in more than one CoC? No

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

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:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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 additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

| | |
|----------------------------------|----------------|
| * Emergency Shelter (ES) Beds | 86%+ |
| * Safe Haven (SH) Beds | No beds in CoC |
| * Transitional Housing (TH) Beds | 65-75% |
| * Permanent Housing (PH) Beds | 76-85% |

How often does the CoC review or assess its HMIS bed coverage? At least 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:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

| Universal Data Element | Records with no values (%) | Records where value is refused or unknown (%) |
|--------------------------------------|----------------------------|---|
| * Social Security Number | 3% | 1% |
| * Date of Birth | 0% | 0% |
| * Ethnicity | 0% | 0% |
| * Race | 1% | 1% |
| * Gender | 0% | 0% |
| * Veteran Status | 0% | 0% |
| * Disabling Condition | 0% | 0% |
| * Residence Prior to Program Entry | 0% | 0% |
| * Zip Code of Last Permanent Address | 1% | 1% |
| * Name | 0% | 0% |

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

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

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Last year's required HMIS changes gave the vendor an opportunity to re-program and re-design the site to make it more user friendly and intuitive, with more built-in checks for entry mistakes. Some additional changes: the "HMIS worksheet," allowing any column of this worksheet can be sorted, making it possible to instantly locate unlikely birth dates, entry dates etc. It is also possible for the CoC administrators to see, at a glance, which programs have done no work in the HMIS system in the last 30 days. Finally our COC will institute a data quality tool modeled on the one provided at the recent Denver HMIS conference 2010.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Every week, we have the option, with our vendor's assistance, to run a worksheet or report 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.

Indicate which reports the CoC or subset of the CoC submitted usable data: None
(Select all that apply)

Indicate which reports the CoC or subset of the CoC plans to submit usable data: 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
(Select all that apply)

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? No

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

| | |
|--|------------------------|
| Integrating or warehousing data to generate unduplicated counts: | At least Monthly |
| Point-in-time count of sheltered persons: | At least Annually |
| Point-in-time count of unsheltered persons: | Never |
| Measuring the performance of participating housing and service providers: | At least Quarterly |
| Using data for program management: | At least Semi-annually |
| Integration of HMIS data with data from mainstream resources: | At least Monthly |

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Annually

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

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

If 'Yes' indicate date of last review or update by CoC: 07/15/2009

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

| | |
|---|--------------------|
| * Privacy/Ethics training | At least Annually |
| * Data Security training | At least Annually |
| * Data Quality training | At least Monthly |
| * Using Data Locally | At least Quarterly |
| * Using HMIS data for assessing program performance | At least Quarterly |
| * Basic computer skills training | At least Monthly |
| * HMIS software training | At least Monthly |

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

How frequently does the CoC conduct a point-in-time count? annually (every year)

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/27/2011
(mm/dd/yyyy)

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

There was a decrease of 26% in our overall homeless population, with the largest percentage declines occurring in the number of individual sheltered homeless (23%) and in the number of unsheltered individuals (64%). The number of sheltered families actually increased slightly(4%). We believe it is reasonable to attribute the decline in sheltered individuals to a concerted CoC-wide effort to move these individuals out of emergency shelter and transitional housing into permanent housing. Also, Market Ministries, the city's principal emergency shelter for individuals set a policy of adhering to its funded bed capacity of 25 and was taking in fewer overflow guests in 2010 as compared to 2009. Those men were likely sheltered in neighboring communities. The reasons for the dramatic decrease in the unsheltered count are more difficult to pinpoint, but some likely explanations are: 1.increased prevention activities due to the availability of HPRP dollars 2.increased success in street outreach and intervention and better utilization of resources 3. more unsheltered homeless squatting in the city's extensive stock of abandoned and foreclosed properties.

2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guessimates*. CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand 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 checked="" type="checkbox"/> |
| Extrapolation: | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).

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. Also, at the time of reporting in the HUD HDX, the CoC Lead Agency cross checked survey information with HMIS population counts for that same 24-hour period.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

| | |
|---|---|
| HMIS | X |
| HMIS plus extrapolation: | |
| Sample of PIT interviews plus extrapolation: | |
| Sample strategy: | |
| Provider expertise: | |
| Interviews: | X |
| Non-HMIS client level information: | X |
| None: | |
| Other: | X |

If Other, specify:

Most agencies complete paper intake forms and transfer data into HMIS. 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 the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count: (select all that apply)

| | |
|--|---|
| Instructions: | X |
| Training: | X |
| Remind/Follow-up | X |
| HMIS: | X |
| Non-HMIS de-duplication techniques: | X |
| None: | |
| Other: | X |

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.

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

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 likley 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.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand 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 type="checkbox"/> |
| Other: | <input type="checkbox"/> |

If Other, specify:

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: Non-Shelter Services

If Other, specify:

Point-in-time count volunteer enumerators also went to locations where the homeless are known to sleep.

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population 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 by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

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 to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

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 that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

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.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

Through Catholic Social Services, a current member of our CoC and project sponsor for four existing SHP projects, we are applying for Permanent Housing Bonus money, with all of the beds in the project (10) set aside for the chronically homeless. Our plan to create these beds in the next year is contingent upon approval of this project.

Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

Using a variety of funding sources and other resources--including HUD CoC funds, the MA Department of Mental Health's Facilities Consolidation fund, HOME funding, MA Housing and Shelter Alliance's Home and Healthy for Good program, and other available private and public resources, the CoC will work with key agencies to add more low-barrier permanent housing units with intensive supports to serve those whose substance abuse, mental health, and/or tenant histories have traditionally been obstacles to successful tenancy.

How many permanent housing beds do you currently have in place for chronically homeless persons? 29

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 39

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 42

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 45

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

Under the leadership of the CoC Lead Agency--the New Bedford Office of Housing and Community Development (OHCD)--and the Executive Committee of the Homeless Service Providers' Network (HSPN), the agencies who currently operate permanent supportive housing in our CoC (Catholic Social Services, Southeast Regional Network, and P.A.A.C.A) will continue the successful strategies that have yielded such positive results in this area: intensive case management and skill building services for families, specialized services for the substance abuse and mentally ill population, and ever-increasing efforts to connect permanent supportive housing residents to employment, mainstream resources, and self-sufficiency. To this end, program managers and staff will participate in regional training programs offered by area career centers, community colleges, and SOAR trainers, and coordinated through the HSPN and the South Coast Regional Network to End Homelessness.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

The CoC, through the partners identified above, will continue to advocate for longer term case management strategies, connect with other private and public resources to leverage innovative approaches, and center policy and planning initiatives around reducing barriers to permanent housing entry and retention for persons with substance abuse and mental health issues, employing such best practices as harm reduction and assertive community treatment on a larger scale, and creating more low-barrier housing first units. CoC-funded agencies and programs will also extend their strategy of continuously improving efforts to connect tenants to employment, training, and mainstream benefits such as SSI, SSDI, health insurance, and housing vouchers.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 74

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 77

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 85

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

As of 9/1/2010, the CoC added 4 units (10 beds) to its PSH inventory, when the Family Preservation Program shifted additional money from operations to leasing, enabling more movement from transitional into permanent housing and in some cases facilitating family reunification. Southeast Regional Network (SRN, the organization that operates FPP) is using NSP funds to develop a multi-family property into 11 beds of permanent supportive housing for women coming out of their transitional programs. The CoC, through Catholic Social Services, has applied for Permanent Housing Bonus funds to create 5 additional PSH units (10 beds) for chronically homeless individuals, and will be able to use 25 additional VASH vouchers for our homeless veterans, many of whom reside in transitional housing. Existing transitional programs will also utilize available rehousing resources to place eligible and ready clients in permanent units.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

Under the leadership of OHCD and the HSPN Executive Committee, and through key partner agencies such as CSS, SRN, PAACA, and Steppingstone, will continue to add permanent housing units to our inventory by applying for PH bonus funds and by utilizing other state, federal and private resources. Moreover, the ongoing process of regionalization of CoCs put in place by the Commonwealth of Massachusetts' Regional Network system will improve coordination of housing resources between and among the three continua in our Network, opening up more opportunity to move people out of transitional housing. The HSPN and the Regional Network will also focus on increasing training for providers in helping clients access employment and mainstream resources to facilitate self-sufficiency, and will strengthen relationships and communication between TH and PH providers as well as the quality and availability of case management services to facilitate movement through the continuum.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 68
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 70
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 75
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 80

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

Case managers at all CoC-funded programs will continue to place an emphasis on accessing resources at the local career center, will make sure work-readiness goals are routinely incorporated into to ISPs, with the commensurate training provided, and will ensure that their work-ready clients access jobs and job training programs to the greatest extent possible. The Exec. Cmtee. of the HSPN and OHCD will also work to ensure better communication and coordination with the local WIB and their designated career service provider New Directions, Inc., as well as with the MA Rehabilitation Commission, Welfare to Work, Project HELP at Salvation Army, Ser-Jobs for Progress, GED completion programs, and local educational institutions. To facilitate these collaborations, the HSPN has recently formed a Self-Sufficiency Subcommittee, chaired by the Executive Director of New Directions, which brings together providers, funders, employers, trainers, and representatives of educational institutions.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The long-term plan will simply be an extension of the short-term strategy, with an emphasis on connecting program participants to job training in emerging job sectors with strong growth potential (such as the environmental, energy efficiency, and alternative energy sectors). The CoC will also explore innovative projects that combine permanent housing with opportunities for employment and entrepreneurship. The Self-Sufficiency Committee of the HSPN will spearhead all efforts related to increasing employment for program participants.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 24
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 25
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 30
- In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 35

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)

Under the leadership of the HSPN Executive Committee and OHCD, and through our non-profit housing providers, the CoC will accomplish this by increasing the number of family permanent housing units, and by using state and federal money for prevention, diversion, and rapid re-housing. Within the CoC, money has shifted from operations to leasing, increasing the number of PSH units available. A 19-unit PSH project for families will be brought on line in 2011, and a minimum of 6 more scattered site units will be created within months. CoC member agencies will use remaining funds and resources from the South Coast Regional Network to End Homelessness to coordinate services and to provide direct financial assistance to families currently in the shelter system or about to enter the shelter system in Bristol County.

Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)

In the coming years, the CoC will continue to apply for permanent housing bonus funds to create new PSH units for homeless families. The State of MA has implemented a policy of incenting developers of large subsidized affordable housing projects to set aside units for homeless families. As a matter of policy, the City, through OHCD, will do the same for projects located here. Several of these large affordable projects will come on line in the next 1-2 years and provide an opportunity to increase the stock of permanent housing units for families. Also, we anticipate that the systems change taking place now in the state and nationally, emphasizing creating housing opportunities for very low income persons, shifting the focus from shelter to housing, providing greater flexibility in the use of homelessness funds, and encouraging regional cooperation and coordination will have the long term effect of greatly reducing family homelessness over time, particularly as the economy recovers.

- What is the current total number of homeless households with children, as reported on the most recent point-in-time count?** 35
- In 12-months, what will be the total number of homeless households with children?** 32
- In 5-years, what will be the total number of homeless households with children?** 25
- In 10-years, what will be the total number of homeless households with children?** 20

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

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 youth's 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 State's 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:

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:

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:

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.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, 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 local needs.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

1. Provide various types of support services and assistance to 2,500 households threatened with homelessness including fuel assistance, legal assistance, employment and training, access to mainstream resources, counseling, etc.
2. Provide rental assistance to 135 households to avoid eviction and homelessness.
3. Support food assistance for 6,000 individuals.
4. Provide loans and assistance to develop 25 permanent housing units for individuals and families previously homeless and/or disabled
5. Provide funding for a variety of supportive services to enable 2,500 homeless households to obtain and sustain permanent housing.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

The City of New Bedford, through the Office of Housing and Community Development began the process of determining the use of HPRP funds by meeting with CoC members. As a result of those two meetings, the CoC and OHCD determined that about 70% of funds would be used for prevention activities and 30% for rapid re-housing, and that about 75% of the money would be used for direct financial assistance. The 7 agencies that received HPRP funding have been integrally involved in CoC planning activities since the inception of the Homeless Service Providers' Network, have a deep understanding of the needs and priorities of our Continuum, and have good working relationships with each other that have allowed for the coordination of HPRP activities and services. The 7 providers meet regularly to discuss how to effectively and efficiently administer HPRP funds systematically, and frequently refer clients to each other if the need arises. HPRP subrecipients also provide regular monthly reports at the regular CoC meeting to keep CoC members apprised of any issues or trends, and to update them on the availability of resources, where to refer clients, and program guidelines. At the time of this application, HPRP resources have helped over 850 people avoid homelessness, and have rehoused an additional 60 people. These resources have integrated seamlessly into our Continuum's overall system of care.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

1. The City of New Bedford, through the Office of Housing and Community Development, has partnered with Southeast Regional Network, a regional housing and service provider, and active CoC member with representation on the Exec. Cmtee., to buy and rehabilitate a three-family house in one of our NSP target areas, The project, which is nearly complete, will house 11 homeless women from SRN's transitional housing programs. The City gave SRN \$250,000 of its \$1 million NSP allocation for the project. In addition, SRN's SHP-funded Family Preservation Program (FPP) will benefit from the ARRA TCAP program by being able to consolidate 11 of its scattered site units to a single project site funded primarily with TCAP funds. This project, which includes a total of 19 units of housing for very low-income families, will provide onsite case management (by SRN staff) for both FPP and non-FPP residents. 2.The CoC (particularly those programs currently serving homeless veterans) have partnered with the New Bedford Housing Authority and the VA Medical Center to identify eligible homeless veterans and appropriate housing resources within our CoC to house 35 veterans using the City's allocation of VASH vouchers. The VA's VASH coordinator was colocated at the local Veterans Housing agency (SEMVH, Inc.) to better coordinate this process with our local CoC. 3.The City awarded CDBG-R funds to the Harbour House family center to convert existing office space into an in-house child care center both for shelter clients and for the broader community. The project is now complete, and will soon help families attend medical and counseling appointments, access educational and training services, and go on job interviews without the worry of child care. 4. Our Regional Newtork sponsored two local CIES workshops using ARRA-funded TANF ECF money, for local shelter guests receiving TANF assistance. 5.CoC members made sure that all people in need were matched up with the appropriate ARRA resources for which they were eligible, for example ARRA-funded weatherization and fuel assistance, ARRA-funded TANF, etc.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place.

CoC programs serving families and children have policies consistent with their obligation to uphold the educational provisions of the McKinney-Vento Act. While the procedural details may vary slightly by program. All programs follow the same basic protocols:

1. Immediate intake of entering clients with school aged children to assess their current status and specific educational needs.
2. Assignment of specific staff person responsible for making sure all the necessary steps are taken to ensure immediate enrollment in whatever school the parent(s) best for the child and to arrange for the appropriate transportation.
3. Contact within 48 hours with the office of the Homeless Liaison of the relevant school system(s)
4. Referral within 72 hours to any an all school-based services to which the child and family are entitled.
5. Daily check-in with the family for the first two weeks of school enrollment to make sure educational needs are being met, and weekly check-ins thereafter.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The CoC collaborates with the LEA is through regular communication with the New Bedford Public Schools' Homeless Point Person (working under the department's Homeless Liaison). That office is responsible for upholding key provisions through consistent communication, training, and collaboration with school personnel, families and youth, shelters and housing providers, and other key community partners. CoC program staff who work with children and families also consider it one of their primary responsibilities to ensure that educational needs are met by alerting the the NBPS and the child's school of the homeless status of the child, and linking the family with school-based resources. Likewise, if school staff become aware of a homeless child or family within their system, they make referrals to CoC housing resources and services. The CoC has made a strong effort to reach out to the NBPS, primarily through the Homelessness Point Person. Because she previously worked for an area shelter provider and is a long-time CoC and Executive Committee member, she has an excellent grasp of the workings of our CoC and a strong relationship with providers. Since her hiring, NBPS has taken even more initiative to increase awareness and partner with area providers, offering regular updates on their McKinney Vento Educational Program at monthly CoC meeting, and meeting regularly with shelters to discuss how the system can work to better serve school children and their families.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

All CoC programs serving families with school-aged children follow a basic protocol. The first contact is made with the NBPS Homeless Liaison. Once all of the information is gathered such as previous school, school address, grade level, whether or not the child may have an IEP or needs any other special accommodation, the parents are free to decide if they want their child to continue in their current school or enroll the child in a New Bedford school. Shelter staff will work with the homeless liaison to ensure that the child receives adequate transportation and all other homelessness resources and services the school provides. If parents decide it's best to enroll the child in the New Bedford school system, then shelter staff advise the parent(s) to immediately request that all the necessary documentation be sent from the school of origin to the new school. If the child is to remain in the school of origin, the liaison and advocate will work with that school district to ensure that transportation needs are met so that the child may continue attending school as soon as possible. If the family chooses to remain permanently housed in the area of the emergency placement, at the end of that school year, the children will then transfer into the new school district.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

Within the New Bedford CoC, the S.E. Mass. Veterans Housing Program, Inc. d/b/a the Veterans Transition House (VTH) provides forty-five (45) transitional beds for homeless veterans. Their Graduate Program provides an additional twenty-six (26) transitional beds, for a total of seventy-one (71) transitional beds exclusively for homeless veterans. The VTH and the CoC have a close working relationship with the Veterans Administration Medical Center-Providence and the RI VASH Social Worker. Twenty-Five VASH vouchers have been assigned to the greater New Bedford area which will result in a significant increase in the number of VTH clients moving from transitional housing to permanent housing. In addition, the VTH will utilize HPRP and other resources to place additional clients into permanent housing units. Earlier this year an additional 19 units of subsidized housing for low-income returning veterans became available at the Sean Brooke House. In addition to these veteran-specific resources, the entire emergency, transitional, and permanent housing inventory in the CoC is available to homeless veterans, and all program staff work to ensure that veteran clients receive all the benefits for which they are eligible. These efforts increase the percentage of participants in CoC funded transitional housing moving into permanent housing and leverage homelessness resources with the array of mainstream resources available to all clients.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

| Objective | 2009 Proposed Numeric Achievement: | | Actual Numeric Achievement | |
|--|------------------------------------|------------|----------------------------|------------|
| Create new permanent housing beds for the chronically homeless. | 5 | Beds | 0 | Beds |
| Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%. | 77 | % | 74 | % |
| Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%. | 76 | % | 68 | % |
| Increase percentage of homeless persons employed at exit to at least 20% | 24 | % | 24 | % |
| Decrease the number of homeless households with children. | 45 | Households | 35 | Households |

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

1. CH progress: The 5 beds our CoC proposed to create were tied to the Shelter + Care project which we proposed to establish with our Permanent Housing bonus allocation. Due to a minor procedural error in the submission of our 2009 CoC application that project was not funded, thus the beds were not created.

2. Length of Stay in PH: Once again, the CoC came very close to meeting this goal, and, as last year, achieved 90% according to the calculation used in our APR. We still contend that this number would be more meaningful if it did not include recent entrants into the program. Our APR calculations exclude this cohort from the denominator and is more reflective of our performance. 3. TH to PH: The CoC surpassed HUD's stated goal, but fell short of its own more ambitious goal primarily because of 2 of it's 3 TH programs moved under 70% into PH (66% and 63%) into PH. The 3rd program performed very well in this regard, moving 77% of its clients to permanent housing. The reasons for the lower performance relative to last year have mainly to do with the challenging nature of the clients these programs serve, many with a complex of serious substance abuse and mental health issues, as well a lack of education and skills sufficient to enable movement to and stability in PH.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ‘Exhibit 1 Detailed Instructions’ which can be accessed on the left-hand menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2008 | 72 | 18 |
| 2009 | 99 | 29 |
| 2010 | 31 | 29 |

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

| Cost Type | HUD McKinney- Vento | Other Federal | State | Local | Private |
|--------------|---------------------------|------------------|-------|-------|---------|
| Development | | | | | |
| Operations | | | | | |
| Total | \$0 | \$0 | \$0 | \$0 | \$0 |

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The Total PH % will be auto-calculated after selecting Save. Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select No to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

| Participants in Permanent Housing (PH) | |
|---|-----------|
| a. Number of participants who exited permanent housing project(s) | 52 |
| b. Number of participants who did not leave the project(s) | 91 |
| c. Number of participants who exited after staying 6 months or longer | 37 |
| d. Number of participants who did not exit after staying 6 months or longer | 69 |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 37 |
| TOTAL PH (%) | 74 |

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select *Save*. The *Total TH %* will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

| | |
|---|----|
| Participants in Transitional Housing (TH) | |
| a. Number of participants who exited TH project(s), including unknown destination | 96 |
| b. Number of SHP transitional housing participants that moved to permanent housing upon exit | 65 |
| TOTAL TH (%) | 68 |

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select *Save* and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 165

| Mainstream Program | Number of Exiting Adults | Exit Percentage (Auto-calculated) | |
|---|--------------------------|-----------------------------------|---|
| SSI | 19 | 12 | % |
| SSDI | 13 | 8 | % |
| Social Security | 1 | 1 | % |
| General Public Assistance | 35 | 21 | % |
| TANF | 40 | 24 | % |
| SCHIP | 12 | 7 | % |
| Veterans Benefits | 2 | 1 | % |
| Employment Income | 39 | 24 | % |
| Unemployment Benefits | 9 | 5 | % |
| Veterans Health Care | 2 | 1 | % |
| Medicaid | 165 | 100 | % |
| Food Stamps | 132 | 80 | % |
| Other (Please specify below) | 58 | 35 | % |
| Child support, WIC, TANF transportation and child care, Housing Voucher | | | |
| No Financial Resources | 10 | 6 | % |

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

It is fundamental that each CoC systematically help homeless persons to 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.

Does the CoC systematically analyze its projects APRs in order to 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. 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 timely feedback. 3. The CoC's Performance Review Subcommittee meets every 3-6 months to review project sponsors' APRs. One of several performance measures evaluated by the Subcommittee is agencies' success 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. 5. The HSPN has formed a Self-Sufficiency Subcommittee, whose focus is to increase clients' income from employment and/or mainstream financial resources.

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: November 19, December 17, January 21, February 18, March 18, April 15, May 20, June 17, September 16, October 21, Performance Review Committee meeting dates: May 5, October 13.
Initial Self-Sufficiency Subcommittee Meeting: October 25

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 (once each quarter)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

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

Massachusetts mainstream benefits programs--Women, Infants and Children Nutrition Program, Health Insurance and Health Assistance Programs, MassHealth, Healthy Start, Children's Medical Security Plan (CMSP, MassHealth for Seniors and People Needing Long-Term-Care Services at home, Commonwealth Care, Health Safety Net, Substance Abuse Program (Includes gambling), Supplemental Nutrition Assistance Program/SNAP (formerly Food Stamp Program), Child Care Subsidy, Veterans' Services, Community Services and Long-term Support Community Services and Long-term Support, Home care services for elders (or seniors, Vocational rehabilitation services, Services for individuals who are legally blind, Services for children with developmental disabilities, Services for adults with intellectual disabilities (including mental retardation), Assistive Technology Fund for the Deaf and Hard of Hearing, Case Management and Social Services for the Deaf and Hard of Hearing, Services for adults with a mental health condition, Services for children with a mental health condition, including serious emotional disturbance. Our HMIS allows generation of the applications for these programs pre-filled.

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% |
| 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.) | |
| 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% |
| MassHealth, food stamps, federal disability benefits, Veterans Worker's Compensation and benefits, and Veteran's Education Assistance | |
| 4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. | 100% |
| 4a. Describe the follow-up process: | |
| Providers regularly share changes in mainstream resources as well as work together to assure that families and individuals receive their entitlements. They also engage in weekly home visits and service plan updates as needed. | |

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. 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 review a project, click on the next to each project to view project details.

| Project Name | Date Submitted | Grant Term | Applicant Name | Budget Amount | Proj Type | Prog Type | Comp Type | Rank |
|----------------------|----------------------|------------|---------------------|---------------|-----------------|-----------|-----------|------|
| Family Preservati.. | 2010-11-17 16:01:... | 1 Year | City of New Bedford | 245,063 | Renewal Project | SHP | PH | F |
| Journey to Indepe... | 2010-11-17 13:26:... | 1 Year | City of New Bedford | 187,933 | Renewal Project | SHP | PH | F |
| Housing First | 2010-11-17 13:22:... | 1 Year | City of New Bedford | 298,069 | Renewal Project | SHP | PH | F |
| Oasis Project | 2010-11-18 08:38:... | 2 Years | City of New Bedford | 154,157 | New Project | SHP | PH | P1 |
| Coming Home | 2010-11-17 13:10:... | 1 Year | City of New Bedford | 272,490 | Renewal Project | SHP | PH | F |
| Donovan House | 2010-11-17 13:13:... | 1 Year | City of New Bedford | 198,609 | Renewal Project | SHP | TH | F |
| Step Up | 2010-11-17 15:40:... | 1 Year | City of New Bedford | 265,079 | Renewal Project | SHP | PH | F |
| Graduate Program | 2010-11-17 13:16:... | 1 Year | City of New Bedford | 97,885 | Renewal Project | SHP | TH | F |
| HMIS Project New ... | 2010-11-17 13:19:... | 1 Year | City of New Bedford | 29,524 | Renewal Project | SHP | HMIS | F |
| Network House | 2010-11-17 15:23:... | 1 Year | City of New Bedford | 96,819 | Renewal Project | SHP | TH | F |

Budget Summary

| | |
|--------------------------------|-------------|
| FPRN | \$1,691,471 |
| Permanent Housing Bonus | \$154,157 |
| SPC Renewal | \$0 |
| Rejected | \$0 |

Attachments

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes | Certification of ... | 11/15/2010 |

Attachment Details

Document Description: Certification of Consistency