

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 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 to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

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) 98%

*** 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, will 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 to 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.	semi-annually (twice a year)
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 strategies to improve access by HSPN-served populations to mainstream resources and/or employment in order to reach the goal of housing stability and economic self-sufficiency.	quarterly (once each quarter)

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

The Performance Based Committee meets semi-annually to accommodate the schedules of its participants. Committee review supplements the Applicant's internal review of project sponsors, which happens at least quarterly.

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...
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...	Substance Abuse
People Acting in Community Endeavors (PACE)	Private Sector	Other	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...	Seriously Me...
Southeast Center for Independent Living	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Southeastern Massachusetts Veterans Housing Pro...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Su...
Seven Hills Behavioral Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Steppingstone, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously 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...	Seriously Me...
May Institute	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
SouthCoast Hospitals Group	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Greater New Bedford Community Health Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
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
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
Mercy, Meals, and More	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Community Counseling of Bristol County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Fred Macedo	Individual	Formerl..	Committee/Sub-committee/Work Group	NONE

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: 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 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, Mental health, Alcohol/Drug Abuse
(select all that apply)

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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
(select all that apply)

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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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- 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
- Subpopulations represented - No more than 2 may be selected
- 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
 - Subpopulations represented - No more than 2 may be selected
 - 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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- 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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 - 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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 - Organization role in the CoC planning process
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 - 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
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 - 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
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

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 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)

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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: 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)

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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:

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: 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 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:

- 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: 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 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:

- 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: 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:

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: 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

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: 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

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 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

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: 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

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: 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

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: 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 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, Education, Life Skills, Mental health, 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: 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

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: 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: 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

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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:

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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: 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:

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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:

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: 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:

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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:

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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: 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:

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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: 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)

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: Mercy, Meals, and More

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: Community Counseling of Bristol County

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: 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)

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: Fred Macedo

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

Type of Organization: Formerly Homeless
(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) f. Announcements at Other Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

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) a. Unbiased Panel/Review Committee

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

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 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 FY2011 Housing Inventory Count (HIC) as compared to the FY2010 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 was a net loss of 6 beds due to an error in the previous bed count for the CoC's main family homeless shelter Harbour House Family Center. The count dropped from 58 to 52 beds, which is the correct number.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

There was a net gain of 35 HPRP beds (10 units) because as of the time of the 2010 HIC report, there were no clients rapidly rehoused using HPRP resources.

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 gain of 17 beds from 2010 to 2011. This was due to two factors: 1. 26 somewhat "transient" which are associated with the House of Hope were classified in this count at transitional beds. In previous years we had classified 8 beds in the program as emergency, but we felt it was more accurate to call them transitional as they tend to have longer lengths of stay. This program is only loosely associated with our CoC, and these beds are not necessarily a consistent resource, but there were 26 individuals in the program on the night of the count, so their beds had to be counted. 2. The Veterans Transition House reduced its bed count from 52 to 43, resulting in a net gain of 17 beds.

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 22 PSH beds from 2010 to 2011. An increase of 27 beds is due to rethinking the way beds are counted in existing programs. For most PSH programs, the counts that were previously reported were of bedrooms, not beds. For programs that serve families in which multiple children are sharing rooms, this resulted in very high utilization rates (120% or more in some cases). This was brought to our attention through the AHAR process, so we decided as a CoC to increase the bed counts in some programs to reflect this reality. These programs include Coming Home (6 Beds), Housing First (12), JTI (3), Family Preservation (6). The net increase of 22 is due to slight bed reductions in 3 other programs.

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 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

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

2D. 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 HMIS to present accurate and consistent information on homelessness, it is critical that all 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 CoC's 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 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

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 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	2%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	3%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	0%

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):

The recent 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 has instituted a data quality tool modeled on the one provided at last year's HMIS conference.

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. The regional HMIS/Data Committee has also recently developed a mandatory Governance Agreement, Policies & Procedures Manual and simple workflow chart for HMIS participating agencies. These documents further standardize data collection and reporting across our regional homelessness network, and establish a more robust system of checks to ensure data quality.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) 2010 AHAR

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply) 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

2E. 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:	At least Annually
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

2F. 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: 09/15/2011

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

2G. 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

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

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

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2011

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 very slight increase (8 people) in the overall homeless population from 2010 to 2011. However, there was a significant reduction in the number of unsheltered homeless people--from 37 to 9. As we explained in our PIT report on HUD HDX, we believe this reduction is due to a number of factors: 1. A change in management of the primary emergency shelter for single adult males which has resulted in much more turnover in the population--many more guests moving onto transitional and permanent housing, thus opening up more beds for newly homeless/unsheltered men. This effort has been aided by the availability of HPRP resources. 2. Increased homelessness prevention activities due to HPRP and other resources. 3. There was a fairly severe snow storm on the day of the Point-in-Time count, so likely many people who might have attempted to stay outdoors sought shelter from the storm. A program called House of Hope, which is utilized by the CoC sporadically sheltered 26 people on the day of the count versus 8 people during the 2010 count.

2I. 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 "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the 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 by the above selected method(s), 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.

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

Instructions:

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

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used 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	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input checked="" type="checkbox"/>

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, based on the selections 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.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will 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 and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

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 verify the data quality of sheltered homeless persons:
(select all that apply)**

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

If Other, specify:

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

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 likely duplicate numbers. For example, PAACA clients who list transitional housing as one of their services on the survey instrument are assumed to be counted already by TSS High Point staff, so are not counted again.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

This year, the main method by which the CoC collected subpopulation data for the sheltered population was through HMIS. We alerted all HMIS participating programs to make sure their HMIS data for all clients enrolled on the day of the point-in-time data was completed within two weeks of the count date. For the programs who are not HMIS-participating agencies, we had them fill out a simple chart on which they indicated their subpopulation statistics based on their internal data collection mechanism.

2L. 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 during the most recent point-in-time count of 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:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

The Point-in-Time Count Committee, a subgroup of the HSPN, began meeting regularly in November, 2010 to strategize about conducting the most accurate and comprehensive count possible. Taking into account the difficult and complex nature of counting the unsheltered population, much of the group's efforts focused on that aspect of the process. As in previous years, the group did extensive recruiting of experienced volunteer enumerators, planned a community dinner and resource fair for the evening of the count, and worked to simplify the survey instrument to make it friendlier to both enumerators and interviewees. Volunteers covered both service locations (soup kitchens and food pantries, substance abuse treatment facilities, medical facilities) as well as locations where people experiencing homelessness are known to frequent and spend the night. Volunteers also canvassed certain neighborhoods on foot and by car. The Count Committee also continued its tradition of providing "giveaways" to interviewees--socks, gloves and mittens, hats, food and beverage gift certificates--both to humanize the counting process and to encourage participation. All of these measures proved successful, though the process was complicated by a fairly serious snow storm that likely drew more people indoors into some form of shelter and was partially responsible for suppressing the unsheltered count.

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

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the 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.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will 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 and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The 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 persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe 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"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input checked="" type="checkbox"/>
Enumerator Observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques, as selected above, 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 FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had 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.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

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

- How many permanent housing beds are currently in place for chronically homeless persons?** 29
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 39
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 42
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 45

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

Last year, through Catholic Social Services, a current member of our CoC and project sponsor for four existing SHP projects, we applied 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 was contingent upon approval of this project. The project has been approved, but it happened after the submission of our HIC data into HUD HDX. These beds will come on line in November, 2011.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who 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. This effort will be further aided by the newly available CSPEC Program through one of the state's mental health providers (Massachusetts Behavioral Health Partnership). The program allows licensed clinical providers to bill for case management services for chronically homeless individuals with a housing plan. This will allow PSH programs to leverage CoC supportive services funding for chronically homeless people being served by their programs if they are MBHP members.

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 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 Performance 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.

In 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. 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 by entering "0" in the numeric fields and note in the narratives.

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 75

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? 80

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):

The agencies that currently operate permanent supportive housing in our CoC will continue the strategies that have yielded such positive results: intensive case management and skill building, 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. With the understanding that the more progress participants are making toward stability and self-sufficiency, the more likely they will be to remain in the program, the CoC is looking at workforce development and education services as key to meeting this goal. An example of our CoC's proactive approach to this issue: CSS, which operates 4 of the 7 PSH programs in our CoC, will soon launch its own personal care attendant training program for people residing in permanent supportive housing, affording PSH residents an additional opportunity for improving self-sufficiency and stability.

Describe the CoCs long-term (10 year) 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):

The CoC, through its non-profit partners, 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. The CoC will also take part in a new regional initiative funded by the Fireman Foundation to create a two-year plan around connecting homeless families to more and specialized career training and educational services.

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 transitional housing objective is to help homeless individuals and families 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 Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. 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 enter "0" in the numeric fields below and note in the narratives.

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 67

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 68

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

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).

The CoC, through Catholic Social Services, was awarded 2010 Permanent Housing Bonus funds to create 5 additional PSH units (10 beds) for chronically homeless individuals. Those units will be operational by the end of 2011. In 2012 CSS will also open an additional 12 units of permanent supportive housing using Project Based Section 8 vouchers. The CoC should also receive additional VASH vouchers for homeless veterans, many of whom reside in TH. Existing TH programs will also utilize rehousing resources from the South Coast Regional Network to place eligible and ready families in permanent units. Also PAACA, one of our CoC member agencies, has begun hosting a monthly housing fair, which is regularly attended by many PH providers and has improved collaboration among all CoC partners. Thus homeless families and individuals in TH can avail themselves of an array of resources to help them obtain permanent housing.

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):

Through key partner agencies such as CSS, SRN, PAACA, and Steppingstone, the CoC 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, like project-based VASH vouchers to produce more veterans housing. 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 promote 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.

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 only projects) is expected to report the percentage of participants employed at exit on its Annual Performance 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.

In 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 program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program 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 dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 23

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

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 whenever possible. A new regional workforce development planning initiative funded by a private foundation will facilitate better communication and collaboration between CoC members and 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. Also, Catholic Social Services will soon launch its own personal care attendant training program for people residing in permanent supportive housing. This field has many job opportunities for properly trained workers.

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

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.

In 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. 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 they expect to report on in the next 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.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 36

In 12 months, what will be the total number of homeless households with children? 33

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

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

The number of homeless families is somewhat beyond CoC control. MA DHCD makes shelter placements; local CoC's have little say in whether or not families get placed in their shelters. This situation is now complicated by HomeBASE, a MA housing resource for homeless families that provides 1-3 years of housing or rental assistance in lieu of shelter. Local intake staff report that people are leaving less desirable housing intentionally to qualify for HomeBASE, so there is a concern that they will join the ranks of homeless families. And while eligible families are waiting for workers to find suitable units, they are given temporary accommodation and retain their homeless status. This makes it hard to reduce family homelessness in the short-term. Still the CoC will work toward this goal by increasing family PH units, and by using our network's state and federal funds for prevention, diversion, and rehousing. 5-7 PH units will open in 2012, with the potential for more units funded by NSPIII.

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

The CoC will continue applying for permanent housing bonus funds to create PSH units for homeless families. The State incents developers of large subsidized affordable housing projects to set aside units for homeless families. The City 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 will 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 for very low income persons, shifting the focus from shelter to housing, providing flexibility in the use of homelessness funds, and encouraging regional coordination will have the long term effect of greatly reducing family homelessness, particularly as the economy recovers. These housing initiatives will be bolstered by regional planning efforts just underway to improve the workforce development system for homeless families.

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 publicly-funded institutions or systems 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 to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, 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. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the 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, emergency homeless 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 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, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. 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 gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and 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 2008 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 met regularly during the initial phase of the program to ensure the effectively and efficient administration of HPRP funds as part of a system, and they 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. Last year, the City of New Bedford, through the Office of Housing and Community Development, 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 will create 3 units of housing for very low income families (50% of AMI). 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) benefited 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, is now providing on-site 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 a total of 60 veterans using two year's worth of the the City's allocation of VASH vouchers. The VA's VASH coordinators are colocated at the local Veterans Housing agency (SEMVH, Inc.) to better coordinate this process with our local CoC. These coordinators also regularly attend monthly CoC meetings. 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, is now helping 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 Network 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) deem 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 schoolbased 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 relationships 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 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 (27) transitional beds, for a total of seventy-one (72) transitional beds exclusively for homeless veterans. The VTH and the CoC have a close working relationship with the VA Medical Center-Providence, the local VISN office, the local Veterans' Agent, and the RI VASH Social Worker. Referrals are constantly happening between and CoC programs and agencies and programs serving veterans. 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 whatever resources are available to place additional clients into permanent housing units. 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.

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

The focus on unaccompanied homeless youth is intensifying in our CoC and in our region. The main resource for homeless youth is the school system, which provides showers, clothes, and food to students who have been identified as homeless, though they are often reluctant to present for fear of being referred into foster care. Recognizing the difficulty of identifying and serving this population, the CoC has joined a regional task force recently formed to look at the problem and develop a regional solution. It identifies needs, presents on local youth services, and coordinates services. It hopes to create housing and employment options to prevent and end youth homelessness. But this is challenging given a dearth of affordable housing resources and a lack of data on this population. Along with schools, 3 organizations actively engage with homeless youth. PAACA sees the youth when they come for addiction or GED and other ed. services; Catholic Social Services (Sister Rose House) shelters an increasing number of older youth (18-21); and the Greater New Bedford Community Health Center provides basic medical care. CSS plans to provide housing in a housing authority-donated property in the City of Fall River for 18-21 year-olds attending school or vocational training. The CoC will continue to be part of the Unaccompanied Youth Coalition as it seeks out resources to provide housing and services for homeless youth, and to improve discharge planning from the state foster care system.

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 HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 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 Fy2011 into a new project. New reallocated permanent housing projects may apply under 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) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	39	Beds	29	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	77	%	75	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	70	%	67	%
Increase the percentage of homeless persons employed at exit to at least 20%	25	%	23	%
Decrease the number of homeless households with children.	32	Households	36	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes
FY2010?**

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

1. CH progress: The 10 beds our CoC proposed to create were tied to the Oasis Project for which we applied for PH Bonus funds. The project was funded, but not at the time of the PIT count and subsequent HIC entry into HDX, thus they could not be counted. The beds will be online in November 2011. 2. Length of Stay in PH: The CoC came very close to meeting this goal, and achieved over 90% according to the calculation used in the APR, which includes stayers who have been in the programs less than 6 mos. in the numerator, and is more reflective of performance. This calculation penalizes programs that move people onto their own housing and have recently taken in new clients. 3. TH to PH: The CoC surpassed HUD's goal, but fell just short of its own more ambitious goal simply due to the exigencies of working with a challenging population--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. 4. Family Homelessness: In MA, it is very difficult to impact this number at the CoC level, when family shelter placements are controlled by state agencies, and localities have no input in how many families get placed in shelter within their jurisdictions. 5. Employment: The CoC has exceeded the HUD benchmark for several years, and set an ambitious goal based on this higher standard. Failure to meet the CoC's goal this year is likely attributable to the difficult economic climate.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless 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 last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

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 FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	99	18
2010	31	29
2011	9	29

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.

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, 2010 and January 31, 2011.

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):

The number of beds did not decrease, but it did not increase as projected by the time of the Point-in-Time count. In retrospect, the CoC should not have projected a 12-month bed increase knowing the time frame for new SHP project approvals and contracting. The 10 beds projected to be created on last year's application will be in place by the end of 2011.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) 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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$ the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

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)	82
b. Number of participants who did not leave the project(s)	94
c. Number of participants who exited after staying 6 months or longer	70
d. Number of participants who did not exit after staying 6 months or longer	62
e. Number of participants who did not exit and were enrolled for less than 6 months	32
TOTAL PH (%)	75

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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have 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.

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	64
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	43
TOTAL TH (%)	67

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-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) 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 recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps 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 who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. 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: 188

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	26	14	%
SSDI	11	6	%
Social Security	0	0	%
General Public Assistance	25	13	%
TANF	38	20	%
SCHIP	17	9	%
Veterans Benefits	0	0	%
Employment Income	44	23	%
Unemployment Benefits	10	5	%
Veterans Health Care	1	1	%
Medicaid	186	99	%
Food Stamps	159	85	%
Other (Please specify below)	72	38	%
Medicare, Child support, WIC, TANF transportation and child care, Housing Voucher			
No Financial Resources	26	14	%

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 the 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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; 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 CoC formed a Self-Sufficiency Subcommittee, which is charged with developing strategies for increasing both employment and access to mainstream 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: December 16, January 20, February 17, March 17, April 21, May 19, June 16, July 21, September 15, October 20
Performance Review Committee meeting dates: February 8, August 4.
Self-Sufficiency Subcommittee Meetings: October 25, November 29, February 28, March 14, April 8

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. 4a. Describe the follow-up process:	100%
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 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.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Step Up	2011-10-27 13:16:...	1 Year	City of New Bedford	265,079	Renewal Project	SHP	PH	F
Coming Home	2011-10-27 13:07:...	1 Year	City of New Bedford	272,490	Renewal Project	SHP	PH	F
Donovan House	2011-10-26 16:29:...	1 Year	City of New Bedford	198,609	Renewal Project	SHP	TH	F
Family Preservati. ..	2011-10-26 17:03:...	1 Year	City of New Bedford	245,064	Renewal Project	SHP	PH	F
Housing First	2011-10-27 18:25:...	1 Year	City of New Bedford	298,070	Renewal Project	SHP	PH	F
Welcome Home	2011-10-26 12:20:...	1 Year	City of New Bedford	159,371	New Project	SHP	PH	P1
Network House	2011-10-27 15:46:...	1 Year	City of New Bedford	96,819	Renewal Project	SHP	TH	F
HMIS Project New ...	2011-10-24 18:37:...	1 Year	City of New Bedford	29,524	Renewal Project	SHP	HMIS	F
Journey to Indepe...	2011-10-27 12:58:...	1 Year	City of New Bedford	187,933	Renewal Project	SHP	PH	F
Graduate Program	2011-10-26 17:27:...	1 Year	City of New Bedford	97,884	Renewal Project	SHP	TH	F

Budget Summary

FPRN	\$1,691,472
Permanent Housing Bonus	\$159,371
SPC Renewal	\$0
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	10/26/2011

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan