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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

 - CoC Consolidated Application - CoC Project Listings

 CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

 Please Note:
 - Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

 For Detailed Instructions click here.

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): (dropdown values will be changed) MA-505 - New Bedford CoC

Collaborative Applicant Name: City of New Bedford

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

  Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

  Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Homeless Service Providers Network

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process?
(limit 750 characters)

The HSPN actively recruits new members for participation in the CoC. The HSPN Executive Committee and the City OHCD routinely reviews the HSPN membership to ensure community-wide participation that is representative of diverse individuals and organizations. Once new members are identified, the Executive Committee sends out a letter of invitation, along with an information packet describing the HSPN and the responsibilities of membership. Potential organizations and/or individuals in the community are reviewed to determine the potential to enhance our HSPN efforts and are actively recruited to assist in our mission to end homelessness.

Are homeless or formerly homeless Yes
representatives
members part of the CoC structure?

If formerly homeless, what is the connection Agency employee
to the
community?

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year?
(limit 1000 characters)

The HSPN will establish and operate a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services in accordance with the CoC rule to ensure that the resources within the CoC are best utilized and directed to the most appropriate populations and result in the most effective outcomes. The City of New Bedford Office of Housing and Community Development plans on submitting a planning grant application to, in part, develop a coordinated system. The system will allow for a coordinated approach to quickly identify individuals and families while utilizing a uniform assessment tool, match programs and resources that are best suited for the appropriate population.

Based on the selection made above, specifically describe each of the processes chosen
(limit 1000 characters)

The HSPN Project Review Committee reviews and monitors all SHP and ESG Programs including agency performance and provides a report to the entire HSPN at a designated meeting.The HSPN prepares written agendas and minutes for all monthly meetings. The agendas are developed through collaboration between the Executive Committee and the City OHCD. A new Centralized Assessment Committee is being formulated and will establish a comprehensive and standardized assessment tool that will be utilized by all homeless providers within the CoC. The HSPN currently has a centralized intake system for alerting CoC members of an individual or family in need, utilizing a designated point of contact intake person that operates a listserve of all HSPN members and distributes requests for services. A more comprehensive centralized assessment services will be developed and will systematically assess the needs of program applicants and participants and appropriately match each individual or family with available resources.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

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, LGBT homeless issues, 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 meets less than quarterly, please explain.

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 Programs and ESG programs and project sponsors to ensure they are complying with program requirements and meeting goals. Reviews annual McKinney-Vento funding applications before submission.	quarterly (once each quarter)
Outreach and Education	Coordinates HSPN member recruitment and communication, education, and outreach with the media and the community at large. Also organizes the yearly publication of the "Street Sheet" resource guide. Explores, monitors, and reviews all mainstream resource opportunities available to those in homelessness.	quarterly (once each quarter)
Discharge Planning	Reviews established discharge protocols and maintains ongoing contact and coordination with points of discharge (i.e. Dept. of Corrections, Sherriff'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)
Unaccompanied Homeless Youth	Works with the New Bedford School system to identify homeless youths and families and is responsible for the planning and evaluation of the effectiveness of the services and programs for unaccompanied homeless youths	quarterly (once each quarter)

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

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Public Sector
Private Sector
Individual

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
    Enter the number of organizations that serve each of the subpopulations listed.
    Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
    Enter the number of organizations that serve each of the subpopulations listed.
    Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
    Enter the number of individuals that serve each of the subpopulations listed.
    Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	2	1	1	1	1	1	

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	1	1	0	1	0	1	
Substance abuse	1	1	1	1	1	1	
Veterans	1	1	1	1	1	1	

HIV/AIDS	1	1	1	1	1	1
Domestic violence	1	1	1	1	1	1
Children (under age 18)	0	1	0	1	1	1
Unaccompanied youth (ages 18 to 24)	0	1	0	1	1	1

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	2	1	1	1	1	1	
Authoring agency for consolidated plan	2	1	1	1	1	1	
Attend consolidated plan planning meetings during past 12 months	1	1	1	1	1	1	
Attend consolidated plan focus groups/ public forums during past 12 months	1	1	1	1	1	1	
Lead agency for 10-year plan	1	1	1	1	1	1	
Attend 10-year planning meetings during past 12 months	1	1	1	1	1	1	
Primary decision making group	1	1	1	0	1	1	

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

 Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
 Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

 Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
 Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

 Individuals: Enter the number of individuals that are represented in the CoC's planning process.
 Enter the number of individuals that serve each of the subpopulations listed.
 Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	2	1	1	1	1	1	

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	2	1	1	1	1	1	
Substance abuse	2	1	1	1	1	1	
Veterans	2	1	1	1	1	1	
HIV/AIDS	2	1	1	1	1	1	
Domestic violence	2	1	1	1	1	1	
Children (under age 18)	2	1	1	1	1	1	
Unaccompanied youth (ages 18 to 24)	2	1	1	1	1	1	

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	1	1	1	1	1	1	
Authoring agency for consolidated plan							
Attend consolidated plan planning meetings during past 12 months	2	1	1	1	1	1	

Attend consolidated plan focus groups/ public forums during past 12 months	1	1	1	1	1	1
Lead agency for 10-year plan	0	1	1	0	0	0
Attend 10-year planning meetings during past 12 months	1	1	1	1	1	1
Primary decision making group	0	1	1	0	1	1

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

Instructions:

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 Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

 Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

 Individuals: Enter the number of individuals that are represented in the CoC's planning process.
   Enter the number of individuals that serve each of the subpopulations listed.
   Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	3	2	3	2	34	

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	2	0	1	10	
Substance abuse	0	2	1	1	2	
Veterans	0	0	0	1	1	
HIV/AIDS	0	1	0	1	1	
Domestic violence	0	2	1	1	3	
Children (under age 18)	0	1	1	1	3	
Unaccompanied youth (ages 18 to 24)	0	1	1	1	2	

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	1	2	1	0	30	
Authoring agency for consolidated plan	0	0	0	0	0	
Attend consolidated plan planning meetings during past 12 months	1	2	1	1	25	
Attend Consolidated Plan focus groups/ public forums during past 12 months	1	2	1	1	15	
Lead agency for 10-year plan	0	0	0	0	0	
Attend 10-year planning meetings during past 12 months	1	2	1	1	32	
Primary decision making group	0	0	0	0	0	

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	1	1	

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	1	1	
Substance abuse	1	1	
Veterans	0	0	
HIV/AIDS	0	0	
Domestic violence	1	1	
Children (under age 18)	0	1	
Unaccompanied youth (ages 18 to 24)	0	1	

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	1	1	
Authoring agency for consolidated plan	1	0	
Attend consolidated plan planning meetings during past 12 months	1	1	
Attend consolidated plan focus groups/ public forums during past 12 months	1	1	
Lead agency for 10-year plan	1	1	
Attend 10-year planning meetings during past 12 months	1	1	
Primary decision making group	0	1	

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

Instructions:

The CoC solicitation of project applications and the project application 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). Where applicable, describe how the process works.

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): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

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

Describe how the CoC uses the processes selected above in rating and ranking project applications.
(limit 750 characters)

The OHCD coordinated the ranking and review of all projects submitted for consideration in this year's competition through the Project Review Committee. The OHCD established a ranking tool that includes; assessment of cost effectiveness, review of project leveraging, review of City and HUD monitoring reports, Review HMIS participation status, Review Independent Audit, review project drawdowns and funding returned to HUD(and timeliness), Review Match, Project Readiness, HUD APR for Performance Results, Review HSPN Membership Involvement, Assess Provider Organization capacity and experience. The Project Review Committee presented the summary of the review, evaluation and ranking of all projects to the entire CoC at the December HSPN meeting for a formal vote.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?   Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?   Yes

Voting/Decision-Making Method(s) (select all that apply):   d. One Vote per Organization, e. Consensus (general agreement), a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process?   Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The OHCD provides technical assistance to all agencies expressing an interest in applying for CoC funding. The OHCD provides a technical assistance workshop to all applicants and is available on an ongoing basis to provide direct technical assistance and one-on-one guidance. Questions that arise during the process are relayed to all applicants with specific answers that address the specific issue.

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

There was a decrease of 13 beds due to two factors: 1. The Greater New Bedford Women's Center had shifted 2011 shelter beds to TH beds thereby reducing the number of shelter beds. 2. There was a loss of beds at the CoC's main family homeless shelter Harbour House Family Center due to an erroneous bed count.

HPRP Beds: Yes

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

We had a loss of beds in 2012. This was primarily due to the completion of the HPRP program operated by the Greater New Bedford Women's Center due to the end of the HPRP program funding.

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)**

We added seven beds. The Greater New Bedford's Women Center New Beginnings Project added additional TH beds to the inventory.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?   No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

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

We initiated a new permanent houisng program for the chronic homeless named Oasis with and additional 10 PH beds

**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 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (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, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Provider opinion through discussion or survey forms, Unsheltered count, HMIS data, Stakeholder discussion, 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)

The process of determining unmet need was similar to previous years. An initial determination was made using HUD's formula. Information reviewed included the 2011 PIT Count, survey HIC, and the ten (10) Year Plan to End Homelessness.

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.

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 there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: Housing Works

What is the name of the HMIS software company? Housing Works

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

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

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

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 retrain 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)

We dont' feel there are any significant barriers at the present time to performing
HMIS. We have been successful in implementing HMIS and have excellent
participation among our CoC agencies.

Does the CoC lead agency coordinate with Yes
the HMIS lead
agency to ensure that HUD data standards
are captured?

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	October	2012
Operating End Month/Year	September	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$29,524
ESG	
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	$29,524

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	
State and Local - Total Amount	

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	$8,324
Private - Total Amount	$8,324

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	$37,848

Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS?
(limit 750 characters)

How was the HMIS Lead Agency selected by the CoC? Agency Volunteered

If Other, explain
(limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume 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.

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%+
* HPRP beds	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

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

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

Since 2004 we have had 100% HMIS coverage, including some voluntary participation.

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, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS?   Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	0%
Rapid Re-Housing	100%
Supportive Services	100%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	3
Transitional Housing	18
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	4%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	1%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	0%	0%
Residence prior to program entry	0%	0%
Zip Code of last permanent address	0%	0%
Housing status	0%	0%
Destination	0%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG?   At least Monthly

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

The HMIS Intake Form serves as the primary training tool. It is 22 pages long and includes guidance for each question: every time a staff person asks a question, they see the definitions and guidance adjacent to the question. Additionally, our HMIS vendor offers 10 webinars a week to all HMIS staff and administrators. During these sessions, staff receive a "detailed Data Quality Assessment" showing specific clients needing corrections and re-training. Additionally, the vendor runs Data Quality reports to locate programs that may be struggling. We also require all new staff to be trained by the vendor, rather than by the departing staff.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS?   Yes

Indicate which reports the CoC submitted usable data (Select all that apply):   2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

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

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security 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 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 and other HMIS Notices?   At least Monthly

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', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	X

If 'Yes', indicate date of last review or update by CoC: 12/01/2012

If 'Yes', does the manual include a glossary of terms? Yes

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.

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 Quarterly
* **Data quality training**	At least Monthly
* **Using data locally**	At least Monthly
* **Using HMIS data for assessing program performance**	At least Monthly
* **Basic computer skills training**	At least Monthly
* **HMIS software training**	At least Monthly
* **Policy and procedures**	At least Semi-annually
* **Training**	At least Monthly
* **HMIS data collection requirements**	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	10%	0%	90%
Transitional Housing	0%	0%	0%	100%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

ES: There was a slight decrease from 110 persons in 2011 to 104 persons in 2012, looking at the PIT counts in HUD HDX. There is a steady decrease for the last four years. TH: There was an increase from 232 to 250 persons. This is best explained by that fact that we had more people from the emergency shelter move into the population--many more guests moving into transitional and permanent housing, instead of returning to the streets.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* **Housing**	Need more extremely low income housing (rental and ownership)
* **Services**	Need a centralized coordinated intake system
* **Mainstream Resources**	Need more rental vouchers and short term rental assistance

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

Instructions:

Accuracy of the data reported in the sheltered point-in-time count 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 sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The Homeless Service Providers Network began planning for the count in November 2011, through the PIT Committee. All known providers of ES, TH, and PSH participate in the count. A detailed survey form with instructions was distributed by the PIT coordinators to all ES, TH, and PSH in hard copy and electronic format. One hundred percent (100%) of the clients sheltered on January 26, 2012 completed the PIT survey. OHCD staff and the PIT Committee were made available for consultation. Sheltered population data was collected through counts and face-to-face interviews. The PIT Committee met after the count to review data to ensure the accuracy. If there were discrepancies, we interviewed Providers. OHCD staff also reviewed all data assembled by the PIT committee for accuracy and completeness. As a third check, the CoC Lead Agency cross-checked the survey information with population counts for that same 24-hour period using our HMIS software. Cross-checking allows us to ascertain if our member agencies are providing accurate data and also lets us check both the quality of the data in our HMIS system and the vendor's ability to supply accurate reports.

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. Sheltered chronically homeless persons are those living in emergency shelters only.

 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.

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

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

If Other, specify:

Most agencies complete paper intake forms and transfer data into HMIS. The use of paper intake and data transfer into HMIS has proven most efficient and effective, requiring fewer staff and less on-the-spot data entry. Use of this system has also allowed for expanded data collection from the majority of shelters in the CoC other than just the "universal elements."

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations
(limit 1500 characters)

By using multiple methods to collect this data, we are able to provide correct counts, but also monitor the quality of the HMIS software as well as the timely and efficient entry of data by HMIS staff. If the numbers from the surveys do not match the numbers in the HMIS report, we are able to track the source of the disparity.

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.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons
(select all that apply):**

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

If Other, specify:

In addition to all of the above methods utilized, the PIT Committee members visited shelters on the day of the count to verify that the information obtained and the method used to obtain the information was accurate and that the process was followed in a uniform manner, in accordance with PIT policies.

**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)**

Preliminary training, follow-up and instructions by the PIT committee provided strong confidence that sheltered persons were not counted more than once. All shelter providers have been past participants in the PIT process and the staff is highly trained in accurate reporting. In addition, reports on sub-populations from providers were compared to HMIS point-in-time reports to confirm the accuracy of the providers' data reports.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations
(limit 1500 characters)

The PIT Committee provided all participating agencies with written instructions in advance of the January PIT count. OHCD staff and PIT Committee members conducted training, including a presentation at the January HSPN meeting, to describe the PIT count procedures and the importance of obtaining accurate data. The PIT Committee and volunteers worked closely with shelter staff on the day of the count to ensure that the information was captured accurately and consistently. PIT Committee members and volunteers reviewed and validated the data collected. The client survey data was collected and reviewed by the PIT Committee and then reviewed by OHCD staff to determine accuracy. In addition, OHCD staff alerted all HMIS participating programs to make sure their HMIS data for all clients enrolled on the day of the point-in-time count was completed within two weeks of the count date. The HMIS data and survey data was compared for accuracy and corrections were made to ensure the success of an accurate PIT count.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

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

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):   01/25/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?   Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?   Yes

**If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011
(limit 750 characters)**

**Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change
(limit 750 characters)**

There was an increase of 11 persons identified as unsheltered comparing the PIT count from 2011(9) to 2012(20). In 2012, the HSPN dedicated greater efforts in identifying areas where unsheltered homeless populations may be staying. Greater collaboration between volunteers and providers ensured an accurate count. The 20 persons identified in 2012 were higher than in 2011, but significantly lower than the 37 in 2010.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	
Other:	
None:	

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and 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 unsheltered populations and subpopulations (limit 1500 characters)

The Point-in-Time Count Committee, a subgroup of the HSPN, began meeting regularly in November, 2011 to review policies and procedures about conducting the most accurate and comprehensive count possible. The success of this effort was contingent upon proper training of volunteers. The New Bedford Police Department and HSPN Agencies were aware of locations where known unsheltered homeless were located. Volunteers partnered with agency staff to comprise teams, accompanied by the New Bedford Police Department. Each team was given assigned areas with identified known homeless hot-spots. Volunteers also covered both service locations (soup kitchens and food pantries, substance abuse treatment facilities, libraries, medical facilities). Only unsheltered persons were interviewed and survey information provided sub-population & homeless characteristics. A count was also provided on the PIT date from school sites of only unsheltered homeless students. Volunteers were assigned to mapped areas and close integration of volunteer teams ensured non duplication. The PIT 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 highly successful.

2N. 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.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

Our unsheltered count included complete coverage of the areas within our CoC and known areas where unsheltered homeless have been previously identified. In addition, every school in the City recognized a number of unsheltered homeless
students present in school that day, which were homeless the previous night.

2O. 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.

**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:	X
HMIS:	
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	X
Other:	

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 was the first survey question which asked respondents if they have filled out the survey previously and advised them to stop if they have. Additional methods included having the PIT volunteers depart to the designated areas simultaneously in order to avoid double counting.

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 Providers Network hear of families living on the street or recognize 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 be 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 be 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. Lastly, 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 familes, 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.

CoCs will 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.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons? 39

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 44

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 49

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 59

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)

Within the next 12 months, the CoC has plans to create new permanent housing beds for the chronically homeless. Steppingstone Incorporated was awarded the Welcome Home project in the 2011 SHP funding round, a permanent housing project with 11 scattered site units targeted to disabled persons with HIV/AIDS who are homeless/chronically homeless. The Program will practice a low-barrier approach. As of December 2012, the program is fully occupied and has met capacity. In addition, Community Action for Better Housing has acquired and is renovating a formerly vacant and blighted historic building for 12 units of Permanent Supportive Housing. These 12 units will provide permanent supportive housing to homeless families who have experienced issues with domestic violence and substance abuse. The project is expected to be completed in March 2013.

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)

The HSPN will continue to work towards the goal of meeting the needs of chronically homeless people in the CoC over the next decade. The CoC will continue to target SHP funding through the CoC application PH bonus for the creation of new PSH units, including shelter plus care units for the CH. The CoC will continue to support and encourage nonprofits to include units targeting the CH in their developments. The CoC will continue to support new PH units through the utilization of New Bedford HOME funds to create PH units and will continue to work with large scale housing developers utilizing State financing sources, Federal Home Loan Bank financing, and LIHTC, to set aside a percentage of units specifically targeted to homeless families and individuals with incomes below 30% of AMI. The CoC will continue collaboration with the NBHA to offer project based Section 8 certificates as part of affordable housing development projects to assist in the creation of PH units targeted to the CH.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)

The New Bedford CoC will strive to achieve the goal to end chronic homelessness by the year of 2015. The CoC will move to advance opportunities to increase permanent housing options for the chronically homeless. The CoC will identify specific funding sources to serve individuals who are chronically homeless and connect them with appropriate programs and permanent housing options.

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 80 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 CoC-funded permanent housing 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 will indicate the current percentage of participants remaining in these projects, as indicted 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 for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then 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 80 percent.

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

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

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 80 percent or higher
(limit 1000 characters)

The Coc will continue to encourage working relationships between agencies in order for PH programs to identify and utilize local resources to keep participants connected and engaged in the community, therefore increasing stability and fostering self-sufficiency. The agencies that currently operate permanent supportive housing in our CoC will continue the strategies that have yielded such positive results, such as: intensive case management and skill building, specialized services for substance abuse and mentally ill populations, and ever-increasing efforts to connect permanent supportive housing residents to employment, mainstream resources, and self-suffficency. 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.

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 80 percent or higher
(limit 1000 characters)

The CoC - HSPN, 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 continue to collaborate with the regional homeless organization and the plan around connecting homeless families to increased 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 transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(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 will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 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 for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   75%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   75%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   80%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   90%

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)

In order to continue to achieve this goal, there needs to be a continued expansion of PH options in the CoC. In 2013, the CoC will see the addition of 23 units for permanent housing beds. We will continue to work to identify and address local barriers/programmatic issues that may be preventing TH participants from moving to permanent housing. This will include greater technical assistance to existing TH programs and careful monitoring and evaluation to ensure greater success. The CoC should also receive additional VASH vouchers for homeless veterans, many of whom reside in TH.

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 in our HSPN, 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, such as, project-based Section 8 vouchers to produce more permanent housing units. The HSPN will also focus on increasing
training for providers, 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) Cash Income.

In this section, 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 (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then 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.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 9%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 20%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 25%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 30%

**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)**

New Bedford's unemployment rate is among the highest in the State of Massachusetts. Despite these economic conditions, agency programs and supporters have continued diligently to train participants, and provide on-the-job work experiences. Case managers at all CoC-funded programs will continue to place an emphasis on accessing resources at the local career center, will ensure 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 will facilitate better communication and collaboration between CoC members and the local WIB as well as with the MA Rehabilitation Commission, Welfare to Work, Project HELP at the Salvation Army, Ser-Jobs for Progress, GED completion programs, and local educational institutions.

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 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. In addition, we will seek to partner existing employers with CoC agencies to create job training and employment opportunities for the homeless and formerly homeless. 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: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources 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 who received mainstream resources by 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 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, 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 (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?   87%

in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?   90%

in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?   90%

in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?   95%

**Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more
(limit 1000 characters)**

The CoC at 87% has far exceeded the 20% goal of obtaining mainstream benefits at program exit. The CoC will continue to ensure that case managers/advocates are properly trained and knowledgeable of application and appeal processes for mainstream benefits. Scheduled training and information sessions will be available on a regular basis. The HSPN meetings offer an opportunity to provide training and interaction between agencies to share best practices.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The current success in connecting mainstream resources is centered around the well coordinated component of our HMIS system of intake and processing. To ensure success, we will continue to develop resources through HMIS to enhance the connection to mainstream resources. We will continue periodic training to CoC agencies to ensure that case managers/advocates are properly trained and knowledgeable of application and appeal processes for mainstream benefits. We will continue to involve mainstream resource discussions at the HSPN meetings to provide training and interaction between agencies to share best practices. We will continue CoC wide collaboration with state and regional offices that administer mainstream program resources, e.g., Medicaid, food stamps, employment assistance, welfare assistance, and mental health services.

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

Objective 6: Decrease the number of homeless individuals and families:

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.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 43%

In 12 months, what will be the total number of homeless households with children? 36%

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 CoC will work toward this goal by increasing family PH units and to prioritize homeless families with children in our CoC priorities. Existing CoC programs, such as Highpoint Family Shelter and Donovan House, will continue to provide family shelter and case management services for families with children. We will have a continued focus on homeless prevention for families with children through assistance to maintain existing residency through the use of ESG funding.

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 incentivizes 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 the creation of 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.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

 CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

**Indicate the current number of projects submitted
on the current application for reallocation:** 0

**Indicate the number of projects the CoC intends to submit
for reallocation on the next CoC Application (FY2013):** 1

**Indicate the number of projects the CoC intends to submit
for reallocation in the next two years (FY2014 Competition):** 1

**Indicate the number of projects the CoC intends to submit
for reallocation in the next three years (FY2015 Competition):** 1

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

 Not applicable

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)

Not applicable

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?   State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness
(limit 1000 characters)

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 the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness
(limit 1000 characters)

The Department of Child and Family Services, Catholic Social Services operates an "aging out" residential program with services for youths between 17-24 years of age. The New Bedford Public School Department offers counseling and a Mckinney-Vento School liaison.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs
(limit 1000 characters)

Discharged individuals got to a variety of places depending on the circumstances. They may go to the homes of family members, affordable rentals, non-profit housing provider transitional housing programs, or public housing. Catholic Social Services operates a non-McKinney funded "aging out" home for youths between the ages of 17-24 years of age.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?   State Mandated Policy

If "Other," explain:

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness
(limit 1000 characters)**

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. The State 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.

**If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)**

Not Applicable

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness
(limit 1000 characters)**

There are numerous stakeholders dedicated to improving discharge outcomes and who have been working on the issue for the past decade as part of a subcommittee to HSPN, such as the Greater New Bedford Community Health Center and the Southcoast Hospital Group. The hospital has recently joined the effort by creating a new Health Promotion Advocate position within the hospital. The purpose of this position is to work specifically with hard to service patients many of which are homeless substance abusers. The HPA has been effectively connecting these individuals with services throughout the community in partnership with HSPN. A second new development over the past year has been the development of the South Coast Reentry Collaborative–SouRCe has created a community-based volunteer mentoring initiative for hard to serve individuals to provide them with intensive mentoring services which include housing and job search as well as other basic wraparound services. The implementation of both of these programs has increased the HSPN's ability to service the most vulnerable in our community.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The Health Care Institutions do not discharge patients into homelessness. Patients are routinely discharged to their previous residence, nursing home facilities, or rehabilitation facilities. When homelessness cannot be averted the health care institutions Discharge Planners contact the HSPN through our coordinated contact to determine if a CoC agency or other non-CoC agency can provide the necessary temporary resources to avert homelessness. Besides the hospital and community agencies such Catholic Social Services, Veterans Assistance Center and Positive Action Against Chemical Addiction, Inc.'s non-McKinney Vento projects, there are other faith based groups such as Mercy Meals and More, Mobile Loaves and Fishes, Breaking the Chains Residential and Freedom House which provide shelter and supportive services to people being discharged from healthcare and correctional institutions. There is a robust network of faith providers that meet regularly to continue to improve the network. Members of the faith network are also members of the HSPN.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?   CoC Mandated Policy

If "Other," explain:

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness
(limit 1000 characters)**

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, 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.

**If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)**

Not Applicable

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness
(limit 1000 characters)**

The CoC coordinates efforts with several agencies to ensure persons are not discharged into homelessness. The Massachusetts Department of Mental Health uses the resources to stimulate the development of permanent supportive housing for homeless people with serious mental illness by providing supportive services to leverage capital and operating resources from federal, state, and local housing agencies.The DMH has a member that serves on the HSPN membership and participates on the discharge planning committee. The Fellowship Health Services agency provides many of the support services including medication monitoring, case management, transportation to medical appointments and collaboration with mental heath physicians.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

There are no publicly funded mental health care institutions in the CoC's jurisdiction. Mental health care institutions discharge planners contact the local mental health provider who is the same agency that screens applicants for eligibility in the CoC programs. The coordination with these mental health service providers ensures a continuance of the provision of mental health services for the patient. The local mental health care provider is a member of the CoC and they are the ideal resource to assist with housing placement for clients leaving residential mental health facilities.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?   State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The State Public Safety Transition Program 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 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 local HMIS Housing Works 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.In addition, the Bristol County Sheriff's Office, which serves the CoC, is based on the National Institute of Corrections Transition from Prison to Community Initiative. The DOC state mandated policy is designed to accommodate long term state inmates, on the county level the length of sentence can vary from a couple of days to two and one half years. The shorter sentences present a greater challenge for reentry.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Bristol County Sheriff's Office Reentry Protocols are designed to eliminate the routine discharging of inmates into homelessness. Reentry case managers work with individuals to find suitable housing prior to release and will make arrangement when necessary for transportation.

The Sheriff's Office works with a variety of human service agencies, the parole reentry centers, the probation departments and any other relevant agency, depending on the need of each individual. The Sheriff's Office will also work with family to find suitable post release placement.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The Bristol County Sheriff's Office reentry case managers work with a variety of agencies. PAACA and Reflections both offer a court alternative program that is designed to provide intensive residential/substance/mental health treatments. Case workers collaborate closely with Bristol County Sheriffs Department reentry case managers to ensure proper placement.

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.

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 toavoid eviction and homelessness.
3. Support food assistance for 6,000 individuals.
4. Provide loans and assistance to develop 25permanent 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.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

The Coc is working with Service Providers to fully utilize the new ESG program to address individuals and families seeking HPRP type resources. The city has developed and implemented several trainings to CoC agencies to provide the necessary guidelines and processes to fully utilize ESG resources to prevent homelessness. In addition, our HMIS vendor has developed a "Coordinated Assessment Housing Search Tool". this tool searches every piece of subsidized, affordable and special needs housing in the CoC area to locate open waitlists for which the client is eligible.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?
(limit 2500 characters)

In 2011, the City provided NSP and HOME funding to the Southeast Regional Network, a regional housing and service provider, and active CoC member to acquire and rehabilitate a three-family property to create 3 units of housing for very low income families (30% of AMI). 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 with on-site case management. SRN is completing a second project to create 8 units of low income housing serving families at 0-30% AMI. The city also provided HOME funding to Catholic Social Services/Community Action for Better Housing, Inc. to acquire and rehabilitate a vacant historic property to provide 12 units of permanent supportive housing to homeless families slated for completion in March 2013. The CoC partnered with the NB Housing Authority and the VA Medical Center to identify eligible homeless veterans and appropriate housing resources within our CoC to house veterans utilizing 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. The City, in 2012, committed CDBG funding to Catholic Social services to relocate the existing Shelter into a larger facility that will provide beds for both men and women. The new location will include a job training component on the lower level utilizing a cafeteria and full service kitchen.

In 2010, 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 on the job interviews without the worry of child care.

The City has fully implemented the new ESG program to fully utilize its ability to not only provide shelter operations, but to enhance homeless prevention activities with the closure of the HPRP program. Several comprehensive trainings by the city have eased the transition into this new program.

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', describe the established policies that are in currently in place:

Educational 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 school based services to which the child and family are entitled.
5. Daily check-in with the family for the first two weeks of school enrollment to make sure educational needs are being met, and weekly check-ins thereafter.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

The CoC collaborates with the LEA 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, 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 relationsip 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.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

All CoC programs serving famlies 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 acommodation, 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 (26) transitional beds, for a total of seventy-one (71) transitional beds exclusively for homeless veterans. The VTH and the CoC have a close working relationship with the 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 remains a priority. 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 identify themselves as homeless for fear of being referred into foster care. The CoC has joined a regional task force recently formed to look at the problem of youth homelessness 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.

Has the CoC established a centralized or coordinated assessment system?   No

**If 'Yes', describe based on ESG rule 576.400
(limit 1000 characters)**

**Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year
(limit 1000 characters)**

The city OHCD administers the ESG program for the CoC. The city, as part of its public meeting process under the HUD Action Plan, holds several public meetings. Included in that process are specific meetings to discuss ESG funding priorities at the CoC meeting in early January 2013. The city described the RFP process to access funding, discussed the technical assistance workshops available to agencies and finally provided an overview of ESG requirements and guidelines. The Application review Committee will also be involved in the review of all ESG funding requests and the monitoring of ESG programs throughout the year.

**Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach
(limit 1000 characters)**

The CoC follows the City of New Bedford Affirmative Marketing Fair Housing Plan and Policies and Procedures. All SHP and ESG recipients certify to comply with marketing outreach efforts. In summary, the goal of these Policies and Procedures is to further the City's commitment to non-discrimination and equal opportunity in housing and to ensure that all persons regardless of their race, color, national origin, age, sex, disability, familial status or English proficiency are aware of the affordable housing opportunities generated by federal funds, including City housing funds and activities. In addition, the City of New Bedford is committed to the goals of increasing the housing opportunities of those with limited English proficiency, low-income residents and under-represented ethnic and racial groups.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan?   Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The CoC has developed a housing and service system from outreach to housing to services that meet the needs of homeless individuals and families. Our local HMIS vendor, Housing Works has developed a "Coordinated Assessment Housing Search Tool". The tool provides a searchable database that contains a search function to access all subsidized, affordable and special needs housing to locate open waitlists for which clients are eligible based on the initial intake information. CoC agencies providing housing services work to rapidly re-house and stabilize individuals and families and provide supportive servies and case management.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The City has coordinated several five year consolidated plans and has developed a comprehensive citizens participation plan. Outreach includes, utilizing the CoC meetings to obtain specific information regarding housing and homeless needs and the use of CDBG, HOME, ESG and SHP and other resources to address homelessness in the CoC. The City has developed interactive survey and needs assessments for homeless and special needs and surveys are part of the CoC meetings to gather input from member organizations. The Five Year Plan also derives critical information from the 10 year Plan.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The City completed the 10 year plan in 2007. The CoCs Executive Committee has been tasked with reviewing the goals and objectives of the ten year plan. Review of the existing plan began in earnest in 2011 to begin to reflect the Federal Strategic Plan "Opening Doors". The Committee will continue to meet to identify the local actions that will align the 10 year plan with "Opening Doors".

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The CoC has incorporated the goals outlined in "Opening Doors" by implementing plans and strategies in programs and services that "set a path to ending all types of homelessness." Utilizing the Housing First model of services offered within the continuum, we first eliminate the household's physical housing issue and then deliver wrap around mainstream supports necessary for permanent housing stabilization. Consistent with Objective 4, the CoC has increased the number of permanent supportive housing beds available in this application. As outlined in Objective 10, the CoC has been able to retool the homeless crisis response system to meet the specific needs of those seeking homelessness services. Specifically, continuing to provide the financial assistance services available under the former HPRP program, now incorporated into the Emergency Solutions Grant, homeless services providers in the area are able to respond quicker and more effectively to those facing a homelessness crisis. Constant communication with service providers and constituents helps keep the CoC focused on the goal of preventing and eliminating homelessness in our community.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):	Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

The City of New Bedford is a direct recipient of ESG funding and also provides direct technical assistance and oversight to the CoC. The City underatkes a comprehensive public outreach process through several public meetings to discuss ESG funding priorities and overall goals and objectives. Public input is gathered at several public meetings. The City also coordinated a presentation of the ESG program at the December and January CoC meetings to seek input on funding priorities and to inform agencies on accessing program applications for funding.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?	No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
  (limit 1500 characters)

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living
  (limit 1500 characters)

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants.   CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
$851,311				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Housing First	MA0115B1T051104	PH	$303,747	Regular
Journey To Indepe...	MA0116B1T051104	PH	$191,513	Regular
Coming Home	MA0110B1T051104	PH	$277,680	Regular
Oasis Project	MA0371B1T051000	PH	$78,371	Regular

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Housing First

Grant Number of Eliminated Project: MA0115B1T051104

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: $303,747

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Journey To Independence

Grant Number of Eliminated Project: MA0116B1T051104

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: $191,513

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Coming Home

Grant Number of Eliminated Project: MA0110B1T051104

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: $277,680

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Oasis Project

Grant Number of Eliminated Project: MA0371B1T051000

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: $78,371

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
This list contains no items					

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the   to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$821,515				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
3	Portico	PH	$615,341	Regular
5	Prism	PH	$206,174	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 3

Proposed New Project Name: Portico

Component Type: PH

Amount Requested for New Project: $615,341

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 5

Proposed New Project Name: Prism

Component Type: PH

Amount Requested for New Project: $206,174

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	$851,311
Amount requested for new project(s):	$821,515
Remaining Reallocation Balance:	$29,796

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 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 FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 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 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, 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.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	10	**Beds**	10	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	77	**%**	74	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	65	**%**	75	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	20	**%**	9	**%**
Decrease the number of homeless households with children	3	**Households**	2	**Households**

Did the CoC submit an Exhibit 1 application in FY2011?   Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The CoC met the goal of creating 10 new permanent housing beds for the chronically homeless. The goal of 77% for permanent housing was slightly under achieved by 3%(74%). The CoC exceeded the goal for TH. The percentage moving from TH to Permanent increased by 10% over the 2011 goal. The percentage of homeless persons employed at exit at 9% was below the target of 20%.The New Bedford unemployment rate is 13% and is one of the highest unemployment rates in the Commonwealth of Massachusetts and the New Bedford poverty rate at 21% in 2011 ranks among the highest in the state. These measures are indicators of the difficulty experienced by those who were recently or are currently homeless.The city will continue to explore new and innovative programs to expand employment opportunites within agencies programs. In addition, the CoC is reviewing a regional model to link direct case management resources to employment centers, including the local career center and WIA programs. The City will lead efforts to implement a coordinated approach to establish work experience and training opportunities in emerging sectors such as wind and energy. The City of New Bedford has been selected as a staging facility for a major wind turbine project that will create hundreds of jobs within the next 18 months.

How does the CoC monitor recipients' performance? (limit 750 characters)

The City of New Bedford, the Collaborative Applicant, coordinates and chairs the CoC Executive Committee and the Application Review Committee. The Application Review Committee is responsible for the monitoring and review of CoC and ESG funded programs with the technical assistance of the City of New Bedford. In addition to direct on-site monitoring of the City, review of APR's, HMIS data quality reports,
housing inventory, point in time bed coverage and regular updates on program outcomes are tools and practices used to monitor recipient performance. The Application Review Committee provides periodic updates of CoC and ESG funded programs to the Executive Committee and the entire CoC.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The City of New Bedford provides direct technical assistance through powerpoint presentations and one on one technical assistance. Emphasis on program performance and adherence to HUD established goals is emphasized and reinforced to applicants to
ensure they understand performance goals and have plans in to place to meet goals. Performance is evaluated through the APR's to ensure goals are met and recommendations are developed to assist under performing programs with improvements. Upon the awarding of funds, the City has established a comprehensive sub-recipient agreement, that includes clearly stated goals and objectives. CoC Recipients provide a summary of performance with the CoC members and provide monthly updates on their programmatic outcomes.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

The City of New Bedford is directly responsible for the direct monitoring and oversight of CoC and ESG funded agencies. All agencies recieve annually on-site monitoring by the City, recipients that do not meet baseline performance requirements and programatic goals are provided additional technical assistance to increase capacity. All recipients recieve a detailed monitoring report with reccomendations to address any defeciancies and a time frame to implment stated corrective actions.

Does the CoC have any unexecuted grants   No
awarded prior to FY2011?

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
NA	0	$0
NA	0	$0
NA	0	$0
NA	0	$0
NA	0	$0
	Total	$0

What steps has the CoC taken to track the length of time individuals and families remain homeless? (limit 1000 characters)

A proposed new feature in our Coordinated Assessment Tool is the ability to monitor the long term housing history for families and individuals that re-enter homelessness. For example, a woman becomes homeless as a result of domestic violence and receives temporary rental assistance. She gains a full-time job that is low paying, so when the rental assistance expires a year later, she gets evicted from her new apartment despite having a full-time job, and enters a shelter. Two years later, she moves to public housing after being on waitlists for 2 years. Data showing that the average wait for an elderly person seeking subsidized housing is more or less than 2 years will be helpful in planning.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

The CoC will utilize the new HMIS Coordinated assessment Tool to monitor the long term housing history for families and individuals that re-enter homelessness. The access to specific Data that tracks additional spells of homelessness will greater assist efforts to address individuals and families expereicing reoccurance of homelessness.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1500 characters)

The CoC-- through the local Homeless Service Providers Netork (HSPN) has a Homeless Coordinator, partially funded through the City of New Bedford. The HSPN Coordinator provides information and outreach to CoC members through a comprehensive email listserv. The HSPN Coordinator is part of the Executive Committee and meets monthly to report on outreach efforts. Through the monthly meetings, the HSPN encourages dialogue among providers about best practices, gaps and implementing a coordinated outreach approach.
The HSPN Coordinator distributes provider outreach materials across the CoC to
ensure members are informed of provider efforts. Providing a forum for providers to meet, engage information, discuss openings and capacity challenges is the most effective procedure the CoC has found to support outreach efforts.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans? (limit 1500 characters)

The CoC continues to make Homeless prevention a CoC priority. The City coordinated a very successful HPRP Program that provided much needed resources and prevention assistance to households that would otherwise become homeless, and provided rapid re-housing assistance to persons who were homeless. Several agencies have begun to utilize the enhanced ESG program to address homeless prevention and rapid rehousing. The City Consolidated Plan and Ten Year Plan both strive to
strategically create and preserve affordable rental housing units, specifically for homeless and formerly homeless families and individuals.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes?   No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

 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 FY2010, FY2011, and FY2012 (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 FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

 Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

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 FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	6	29
2011	12	29
2012	29	39

**What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population
(limit 1000 characters)**

The City of New Bedford, collects data for this population during point in time count on the sheltered and unsheltered surveys and through HMIS for participating providers.

**Indicate the number of new permanent housing
beds in place and made available for occupancy
for the chronically homeless between
February 1, 2011 and January 31, 2012:** 10

**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 numbers have increased for two reasons: First of all, we were not including families in this count until partway through 2011, and staff took some months to adjust to the change in policy. Second, we have now instituted better ways of tracking homlesss episodes: at the time of intake, some programs can view all previous client stays in the HMIS software. This proves to be more accurate than the self reporting methods used in the past.The number of beds for the CH increased due to the implementation of a new program called "Oasis" with 10 permanent housing beds for CH.

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, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$76,320				$14,040
Operations	$42,118				
Total	$118,438	$0	$0	$0	$14,040

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects 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)	212
b. Number of participants who did not leave the project(s)	243
c. Number of participants who exited after staying 6 months or longer	165
d. Number of participants who did not exit after staying 6 months or longer	194
e. Number of participants who did not exit and were enrolled for less than 6 months	96
TOTAL PH (%)	79

Instructions:

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

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing 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 the CoC have any transitional housing projects 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	116
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	87
TOTAL TH (%)	75

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will 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 cash income. Once the total number of exiting adults has 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 the CoC that should have submitted an APR.

Total Number of Exiting Adults: 739

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	129	17%
Unemployment insurance	28	4%
SSI	123	17%
SSDI	42	6%
Veteran's disability	18	2%
Private disability insurance	2	0%
Worker's compensation	0	0%
TANF or equivalent	125	17%
General assistance	63	9%
Retirement (Social Security)	2	0%
Veteran's pension	26	4%
Pension from former job	3	0%
Child support	8	1%
Alimony (Spousal support)	0	0%
Other source	0	0%
No sources (from Q25a2.)	153	21%

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) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will 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 non-cash benefits. Once the total number of exiting adults has 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 the CoC that should have submitted an APR.

Total Number of Exiting Adults: 739
Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	475	64%
MEDICAID health insurance	603	82%
MEDICARE health insurance	33	4%
State children's health insurance	2	0%
WIC	33	4%
VA medical services	66	9%
TANF child care services	12	2%
TANF transportation services	7	1%
Other TANF-funded services	2	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	30	4%
Other source	1	0%
No sources (from Q26a2.)	62	8%

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

4F. 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: 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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more?

4G. 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:

Quarterly. The CoC uses several mechanisms for assessing and improving access to
mainstream programs. 1. Access to mainstream resources is a topic for 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 15, January 19, February 16, March 16, April 19, May 17, June 14, July 19, August 16, September 13, October 18, November 15.Performance Review Committee meeting dates: February 12, August 11.
Self-Sufficiency Subcommittee Meetings: October 23, November 23, February 21, March 13, April 11.

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, 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):

4H. 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	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	100%

Activity	Percentage
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	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	
Providers regularly share changes in mainstream resources as well as work together to assure that families	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	01/17/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certifcate of Consistenccy

Attachment Details

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Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/17/2013
1C. Committees	01/17/2013
1D. Member Organizations	01/15/2013
1E. Project Review and Selection	01/17/2013
1F. e-HIC Change in Beds	01/17/2013
1G. e-HIC Sources and Methods	01/17/2013
2A. HMIS Implementation	01/17/2013
2B. HMIS Funding Sources	01/06/2013
2C. HMIS Bed Coverage	01/02/2013
2D. HMIS Data Quality	01/16/2013
2E. HMIS Data Usage	12/31/2012
2F. HMIS Data and Technical Standards	01/17/2013
2G. HMIS Training	01/02/2013
2H. Sheltered PIT	01/17/2013
2I. Sheltered Data - Methods	01/17/2013
2J. Sheltered Data - Collections	01/16/2013
2K. Sheltered Data - Quality	01/16/2013
2L. Unsheltered PIT	01/17/2013
2M. Unsheltered Data - Methods	01/16/2013
2N. Unsheltered Data - Coverage	12/31/2012
2O. Unsheltered Data - Quality	01/17/2013
Objective 1	01/16/2013
Objective 2	01/16/2013
Objective 3	01/17/2013
Objective 4	01/17/2013

Objective 5	01/16/2013
Objective 6	01/16/2013
Objective 7	01/14/2013
3B. Discharge Planning: Foster Care	01/17/2013
3B. CoC Discharge Planning: Health Care	01/17/2013
3B. CoC Discharge Planning: Mental Health	01/17/2013
3B. CoC Discharge Planning: Corrections	01/17/2013
3C. CoC Coordination	01/17/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	01/14/2013
3F. Eliminated Grants	01/15/2013
3G. Reduced Grants	No Input Required
3H. New Projects Requested	01/15/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/17/2013
4B. Chronic Homeless Progress	01/17/2013
4C. Housing Performance	01/07/2013
4D. CoC Cash Income Information	01/17/2013
4E. CoC Non-Cash Benefits	01/17/2013
4F. Section 3 Employment Policy Detail	01/14/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/17/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/14/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: City of New Bedford massachusetts
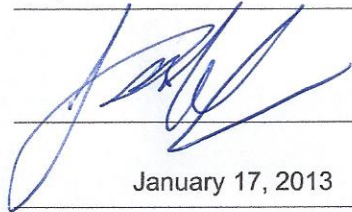
Project Name: See below

Location of the Project: New Bedford, Massachusetts

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: City of New Bedford

Certifying Official of the Jurisdiction Name: Jonathan Mitchell

Title: Mayor

Signature:

Date: January 17, 2013

Continuum of Care Programs:

Family Preservation Program, Step Up, Portico, Welcome Home
Prism, Graduate Program, Donovan House, Network House,
HMIS New Bedford, Safe Haven, CoC Planning Grant

form **HUD-2991** (3/98)