

## 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 e-snaps help desk.

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

**CoC Lead Organization Name:** City of New Bedford, MA

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

### Instructions:

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

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

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

**Indicate the frequency of group meetings:** Monthly or more

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

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

**Specify "other" legal status:**

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

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

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

**Specify "other" process(es):**

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

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

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

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

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

**Specify "other" process(es):**

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

**If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):**

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

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

## Instructions:

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

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Performance Based Review Committee	Reviews Annual Performance Reports of Supportive Housing Program project sponsors to ensure they are complying with program requirements and meeting goals. Reviews annual McKinney-Vento funding applications before submission.	Quarterly
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
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
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
Elder Homeless Committee	Identifies particular need areas in the city's elderly population and develops strategies for addressing these needs.	Quarterly

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

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

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Department of Employment Training	Public Sector	State g...	Committee/Sub-committee/Work Group	Youth, Subst...
Department of Mental Health	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Department of Public Health/Families	Public Sector	State g...	Committee/Sub-committee/Work Group	Substance Ab...
Department of Transitional Assistance	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Massachusetts Rehabilitation Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
City of New Bedford Department of Community Ser...	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of New Bedford Office of Housing and Commu...	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
New Bedford Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
City of New Bedford Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Bristol County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
New Bedford Police Dept. and the NBPD Domestic ...	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Greater New Bedford Career Center	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Coastline Elderly Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Community Care Services, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Greater New Bedford Women's Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
High Point Treatment Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...

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

SouthCoast Hospitals Group	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	NONE
Greater New Bedford Community Health Center	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	Substan ce Ab...
New Center for Legal Advocacy	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Bristol Elder Services	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Downtown New Bedford, Inc.	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
G. McCoy	Individual	Hom eles.. ..	Committee/Sub-committee/Work Group	NONE
First Citizens Federal Credit Union	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Greater New Bedford Chamber of Commerce	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Betty Ann Dasher	Individual	Hom eles.. ..	Committee/Sub-committee/Work Group	NONE
United Way of Greater New Bedford	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Community Foundation of Southeastern Massachus...	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Gifts to Give	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
South Coastal Counties Legal Services	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Massachusetts Attorney General's Office	Public Sector	Stat e g.. .	Committee/Sub-committee/Work Group	NONE
St. Anthony of Padua Church	Private Sector	Faith -b.. .	Committee/Sub-committee/Work Group	NONE
Pilgrim United Church of Christ	Private Sector	Faith -b.. .	Committee/Sub-committee/Work Group	NONE
Greater New Bedford COAST	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE

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

## Instructions:

The CoC solicitation of projects and project selection 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 all new and renewal project(s) performance, effectiveness, and quality. 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)

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

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

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

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

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

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

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

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** Yes

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

There has been a net gain of 23 emergency beds overall. 26 beds have been added to the family shelter inventory through the opening of 6 scattered site shelter units through a state procurement process. And we listed another 8 beds available through a private faith-based organization. However 9 overflow beds formerly available to individual male clients have been removed from the system and 2 beds for single females/females with children have been removed from the inventory.

**Safe Haven:** No

**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 have removed from the inventory chart 3 beds attributed to the Southeastern Mass. Veterans Housing Program's Graduate House because they have been converted to permanent beds.

**Permanent Housing:** Yes

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

The CoC has gained 11 family beds through the shifting of resources within the Family Preservation Program from operations to leasing, adding an additional 3 units of housing. We have also gained 21 additional beds for individual women through two programs of the YWCA--A Woman's Place and Another Woman's Place and 3 beds for individual men at the SE Mass. Veterans Housing Graduate House. The chart also reflects 1 fewer bed at NeBCOA's Grad House.

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

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

### Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document. Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 e-HIC	11/24/2009

## Attachment Details

**Document Description:** 2009 e-HIC

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

**Instructions:**

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-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 2009.

**Indicate the date on which the housing inventory count was completed:** 02/05/2009  
(mm/dd/yyyy)

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

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

**Must specify other:**

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

**Specify "other" data types:**

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

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select the HMIS implementation type:** Single CoC

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

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

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

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

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

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

**What is the name of the HMIS software company?** HousingWorks

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

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

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

**Indicate the challenges and barriers impacting the HMIS implementation:** None  
(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).**

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

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

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

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

**Organization Name** City of New Bedford  
**Street Address 1** 608 Pleasant St.  
**Street Address 2**  
**City** New Bedford  
**State** Massachusetts  
**Zip Code** 02740  
**Format: xxxxx or xxxxx-xxxx**  
**Organization Type** State or Local Government  
**If "Other" please specify**  
**Is this organization the HMIS Lead Agency in more than one CoC?** No

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

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

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

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

**Instructions:**

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	76-85%

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

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

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

**Instructions:**

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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

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

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.**

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

**Instructions:**

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

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

**Did the CoC or subset of CoC participate in AHAR 5?** Yes

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

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

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

The CoC's HMIS vendor complied with all of the HMIS changes required by HUD, including the addition of new data fields required for HPRP. These requirements also gave the vendor an opportunity to re-program and re-design the site to make it even more user friendly and intuitive, and has even more built-in checks for entry mistakes. The changes, in addition to the ongoing availability of weekly training, will ensure even greater data quality going forward.

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

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

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

### Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

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

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

### Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

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

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

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

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

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

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

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

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

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

**Instructions:**

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 02/05/2009

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

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	35	11	1	47
<b>Number of Persons (adults and children)</b>	67	30	4	101
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	63	248	98	409
<b>Number of Persons (adults and unaccompanied youth)</b>	63	248	98	409
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Total Households</b>	98	259	99	456
<b>Total Persons</b>	130	278	102	510

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

**Instructions:**

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	99	0	99
* Severely Mentally Ill	233	28	261
* Chronic Substance Abuse	303	30	333
* Veterans	55	2	57
* Persons with HIV/AIDS	2	0	2
* Victims of Domestic Violence	87	11	98
* Unaccompanied Youth (under 18)	0	0	0

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

### **Instructions:**

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

**How frequently does the CoC conduct a point-in-time count?**      Annually

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)**      01/28/2010

**Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.**

**Emergency shelter providers:**      100%

**Transitional housing providers:**      100%

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

### Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The Point-in-Time Count coordinators, through the Homeless Service Providers' Network, distributed survey forms to all emergency, transitional, and permanent housing facilities in the continuum. All sheltered adults and unaccompanied youth were counted and interviewed to gather subpopulation information.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

There was a 30% increase in the sheltered homeless population from 2008 to 2009. The obvious driver of this increase was the substantial increase in the number of persons in transitional housing, up 46% percent (278 persons vs. 191 persons). There was only a very slight increase (7 persons) in the emergency shelter population. It is difficult to say what accounted for this increase in the number of people in transitional housing. One likely explanation is that the continuum did a better job of moving people from transitional to permanent housing, thus freeing up more beds in transitional programs, and allowing people to move off the street or out of shelter into those programs. Also there was an overall 25% increase in our homeless population, so there were also more people seeking services of all kinds.

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

### Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](http://www.hudhre.info/documents/counting_sheltered.pdf).

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

<b>HMIS</b>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation:</b>	
<b>Sample strategy:</b>	
<b>Provider expertise:</b>	
<b>Non-HMIS client level information:</b>	
<b>None:</b>	
<b>Other:</b>	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 how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):**

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

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):**

In looking at PIT count data from the last two years, it seems to make sense to compare this year's data to the 2007 count, as there appear to be several one-time statistical aberrations in the 2008 data. When comparing 2009 to 2007 there are quite significant increases in the severely mentally ill and in chronic substance abusers--37% and 39% respectively. Much of the increase can simply be attributed to the 30% increase in the overall sheltered homeless population. The rest of the increase may be attributed to better HMIS data quality--more accurate tracking and reporting of those conditions in CoC consumers. The 27% increase in the chronic population almost exactly matches up with the overall increase in the sheltered homeless population. Increases or decreases in the remaining subpopulations were very minor.

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

### Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

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

### If Other, specify:

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

**Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):**

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

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

### Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see  
¿A Guide to Counting Unsheltered Homeless People¿ at:  
[http://www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

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

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

If Other, specify:

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

### **Instructions:**

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

**Indicate the level of coverage of unsheltered homeless persons in the point-in-time count:** Complete Coverage and Known Locations

**If Other, specify:**

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

### Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

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

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

**If Other, specify:**

**Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):**

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

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

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

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

Service providers throughout the CoC are trained to canvass areas known to be frequented by homeless individuals and will engage people living on the street to place them in shelter. Also, the HSPN collaborates closely with the New Bedford Police Department and provides training in recognizing signs of homelessness. Lastly, as with homeless families, CoC members are trained to identify homeless individuals at service locations such as soup kitchens and aid agencies, and will engage them and place them in shelter if needed.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):**

For purposes of consistency, we have compared 2009 PIT count data to 2007 data because of some apparent statistical aberrations in the 2008 data. There has been a dramatic 200% increase in the number of unsheltered persons from the 2007 PIT Count to 2009. This is likely due to a combination of economic factors-- a severe economic crisis and ensuing recession resulting in job losses, an increase in foreclosures, and better counting methods. This year's PIT count involved more volunteer enumerators and more formerly homeless volunteers who knew where to look for unsheltered people.

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

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

##### Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### **In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?**

Our CoC is applying for permanent housing bonus money, with a portion of the project (5 beds) set aside for the chronically homeless.

##### **Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?**

Over the long term, the continuum will continue to focus on rapid rehousing with supportive services for those subpopulations most likely to become chronically homeless, and enhancing supports for at-risk tenants already in housing to ensure that they remain stably housed and do not fall into chronic homelessness. The CoC will also add more low-barrier permanent housing units with intensive supports to serve those whose substance abuse, mental health, and/or tenant histories have traditionally been obstacles to successful tenancy.

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

**How many permanent housing beds do you plan to create in the next 12-months?** 5

**How many permanent housing beds do you plan to create in the next 5-years?** 10

**How many permanent housing beds do you plan to create in the next 10-years?** 15

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

**Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.**

**Instructions:**

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

The CoC will increase case management services for the substance abuse and mentally ill population in existing permanent supportive housing programs to improve housing retention results, and will increase and improve efforts to connect them to mainstream resources and self-sufficiency--including SSI, SSDI, health insurance, and section 8 vouchers. The Continuum will also utilize HPRP resources to provide stabilization/relocation services and financial assistance to eligible and appropriate program participants at risk of losing their housing because of problems with program compliance.

**Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The CoC will continue to advocate for longer term case management strategies, connect with private 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 building more low-barrier housing first units. The Coc will also extend its long-term strategy of continuously improving efforts to connect tenants to mainstream benefits such as SSI, SSDI, health insurance, and housing vouchers.

**What percentage of homeless persons in permanent housing have remained for at least six months? 74**

**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 77**

**In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 80

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 85

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

**Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

**Instructions:**

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

In next year the CoC will add capacity to its permanent supportive housing inventory. The Family Preservation Program plans to shift additional money from operations to leasing to create 4 new units (10 beds) of permanent housing for families, which will enable more movement from transitional into permanent housing and in some cases facilitate family reunification. The CoC has also applied for Permanent Housing Bonus funds to create additional permanent supportive housing units, and as of November 1, the CoC will be able to take advantage of 35 low-barrier VASH vouchers for our homeless veterans, many of whom reside in transitional housing. Existing transitional programs will also utilize HPRP and other ARRA enhanced mainstream resources to place eligible and ready clients in permanent units, and to provide them with relocation, stabilization, child care, transportation, employment, and job training services to ensure successful tenancy and self-sufficiency.

**Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

In the coming years, 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. Moreover, the ongoing process of regionalization of CoC's put in place by the Commonwealth of Massachusetts' Regional Network system will improve coordination of housing resources between and among the three continuums in our Network, opening up more opportunity to move people out of transitional housing. The CoC and the Regional Network will also focus on increasing training for providers in helping clients access mainstream resources to facilitate self-sufficiency, and will strengthen relationships and communication between TH and PH providers as well as the quality and availability of case management services to facilitate movement through the continuum.

**What percentage of homeless persons in transitional housing have moved to permanent housing?** 74

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 76

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 78

**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 80

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

**Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.**

**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. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

Case managers in existing programs will place an even greater emphasis on accessing resources at the local one-stop career center, will make sure work-readiness goals are routinely incorporated into individualized service plans, with the commensurate training provided, and will ensure that their work-ready clients avail themselves of jobs and job training programs to the greatest extent possible. The CoC will also work to ensure better communication and coordination with the local WIB and their designated career service provider New Directions, Inc., as well as with the Massachusetts Rehabilitation Commission, Welfare to Work, Project HELP at Salvation Army, Ser-Jobs for Progress, GED completion programs, and local educational institutions.

**Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (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 sector). In the next several years the City is poised to receive an influx of money for job training programs specifically targeted toward jobs in the green economy, especially jobs in energy auditing and weatherization. Programs receiving such funding will coordinate recruitment efforts with the CoC to get consumers into training programs and into jobs upon completion.

- What percentage of persons are employed at program exit?** 24
- In 12-months, what percentage of persons will be employed at program exit?** 24
- In 5-years, what percentage of persons will be employed at program exit?** 25

**In 10-years, what percentage of persons will  
be employed at program exit?** 25

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

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

**Instructions:**

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?**

Current economic conditions and the crisis of family homelessness statewide, which are likely to persist into 2010, have led us to set a modest goal in this area. The CoC will try to accomplish this by increasing the number of family units, and by using state and federal resources for prevention, diversion, and rapid re-housing. Within our SHP programs, money will be shifted from operations to leasing. A 19-unit permanent supportive housing project for families will be brought on line by 2011, and a minimum of 6 more scattered site units will be created by the end of 2010. The CoC will use the HPRP along with resources from the South Coast Regional Network for homelessness to coordinate resources and to provide direct financial assistance to families currently in the shelter system or about to enter the shelter system in Bristol County. These resources will be combined with HPRP and with the Commonwealth's "Flexible Funds" pool to assist our area's homeless families.

**Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?**

In the coming years, the CoC will continue to apply for permanent housing bonus funds to create new permanent supportive housing units for homeless families. The State of MA has implemented a policy of incenting developers in large affordable housing projects receiving subsidies to set aside a certain number of units for homeless families. As a matter of policy, the City, through the Office of Housing and Community Development will do the same for projects located here. Several of these large affordable projects will come on line in the next 2-3 years and provide a tremendous opportunity to increase the stock of permanent housing units for families. Also, we anticipate that the systems change taking place now in the state and nationally, emphasizing creating housing opportunities for very low income persons and encouraging regional cooperation and coordination will have the long term effect of dramatically reducing family homelessness over time, particularly as the economy recovers.

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 47

**In 12-months, what will be the total number of homeless households with children?** 45

**In 5-years, what will be the total number of  
homeless households with children?** 35

**In 10-years, what will be the total number of  
homeless households with children?** 25

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

**For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).**

#### Foster Care:

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

#### Health Care:

The Executive Office of Health and Human Services (EOHHS) has established Discharge Planning Standards, which are part of every Request for Proposal. Monitoring is carried out through site visits, annual reports, review of the Bureau of Substance Abuse Services discharge and admission data, analysis of billing data, and Risk Management analysis. Programs that are funded by the Bureau of Substance Abuse Services (BSAS) are required to submit BSAS admission and discharge data on all clients, not just clients funded through BSAS dollars, as well as billing and invoice data on all clients. Language from the Request for Proposals Template: Transition/Discharge: The Commonwealth has determined that the discharging of consumers into homeless shelters is not an appropriate discharge plan. It is the Commonwealth's goal, through the implementation of aggressive and comprehensive discharge planning efforts, to reduce the number of inmates/clients who go into shelters after having been in residential programs. Bidders in their response to this RFP will be required to provide a plan of action which will become a contract performance goal that will enable the Commonwealth to achieve this goal.

**Mental Health:**

Facilities arrange for necessary post-discharge support, make every effort to avoid discharge to a shelter or to the street, follow Department of Mental Health policies as outlined in 104 CMR 29.00 (attached), and keep a record of all patients discharged. In addition, many Massachusetts DMH facilities are now using the housing search feature of the HMIS while the individual is still institutionalized in order to assist with a search for both housing and the appropriate mainstream resources needed to support discharge and reentry into housing.

**Corrections:**

The title of the program is the Public Safety Transition Program which outlines a detailed process of transition and risk reduction strategies encompassing all aspects of the inmate's life. Each element must be completed prior to release and fully documented in with the prison system. This process and planning ensures that inmates have a recorded plan and monitoring as they re-enter the community. In addition, many prisons are now using the housing search feature of the HMIS while the individual is still institutionalized in order to assist with a search for both housing and the appropriate mainstream resources needed to support discharge and reentry into housing.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

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

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

The City of New Bedford, through the Office of Housing and Community Development, began the process of determining the use of HPRP funds beginning in April, 2009 with two public meetings that were both widely publicized and targeted to existing providers in the CoC. As a result of those two meetings, the CoC and OHCD determined that about 70% of funds would be used for prevention activities and 30% for rapid re-housing, and that about 75% of the money would be used for direct financial assistance. The CoC was also the primary way the City distributed information on the Request for Proposals process for HPRP. All 8 agencies who responded were existing, active members of the CoC, two of which have existing SHP-funded programs. The seven agencies that received HPRP funding have been integrally involved in CoC planning activities since the inception of the Homeless Service Providers' Network, have a deep understanding of the needs and priorities of our Continuum, and have good working relationships with each other that will allow for coordination of services and assistance for all HPRP clients.

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

The City of New Bedford, through the Office of Housing and Community Development, has partnered with Community Action for Better Housing, the affordable housing development arm of Catholic Social Services, to buy and rehabilitate units in one of our NSP target areas and develop them as permanent housing for homeless families and/or individuals. The City will expend at least 25% of its \$1 million NSP allocation for such activities. The CoC (particularly those programs currently serving homeless veterans) plans to partner with the New Bedford Housing Authority and the VA Medical Center to identify eligible homeless veterans and appropriate housing resources within our CoC to get our 35 HUD VASH vouchers (due to be available November 1, 2009) into the hands of our veterans as soon as possible. The City has awarded CDBG-R funds to the HarbOUR House family shelter to convert existing office space into an in-house child care center both for shelter clients and for the broader community. This will help these families attend medical and counseling appointments, access educational and training services, and go on job interviews without the worry of child care. Lastly, the CoC and its regional network partners are developing a central clearinghouse of information about other ARRA-funded opportunities available to help the homeless or housing insecure, such as TANF, child care and housing subsidies, unemployment and medical benefits, education and employment training, etc. in order to help service providers create a dense net of interventions for our most vulnerable citizens.

## 4A. Continuum of Care (CoC) 2008 Achievements

### Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	43	Beds	29	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	75	%	74	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	45	%	74	%
Increase percentage of homeless persons employed at exit to at least 19%	17	%	24	%
Decrease the number of homeless households with children.	48	Households	47	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

1. Last year 8 chronic TH beds were incorrectly listed as PH beds. The actual number of CH beds last year was 29. So 43 was not realistic. The CoC was not able to increase the number of chronic beds because of a lack of funding, especially for services.

2. The CoC nearly met the goal, but believes the way this number is calculated is faulty. Programs are always receiving and exiting new people, so to calculate this based on the duration of stay for all clients seems arbitrary; that program could have happened to receive an influx of new clients within 6 months of their program end date. 81% of our exiting clients stayed in PH for more than 6 months.

5. The numbers stated above actually reflect the PIT count numbers from 2008 as compared to 2009. We did not set our family homelessness goal as a reduction in the number of families, but rather as an increase in the number of permanent housing beds available to families with children. The goal was to increase the number by 15, and the CoC added 11 new PH beds. Again, the slight shortfall can largely be attributed to stalled NSP funding and an extremely difficult financing environment for tax credit projects. These issues should improve in the coming year.

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

### Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

### 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 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	51	18
2008	72	29
2009	99	29

### Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

### 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, 2008 and January 31, 2009.

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

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

The trend in chronic homelessness in our CoC has been upward over the last three years. To a certain extent, the increase can be attributed to more accurate counting methods, and a better understanding and application of the federal definition among case workers. Other factors may be a deteriorating local and national economy, and migration of chronically homeless persons from other parts of the state and country, who come to New Bedford for its abundance and quality of services.

## 4C. Continuum of Care (CoC) Housing Performance

### Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

**Does CoC have permanent housing projects for which an APR should have been submitted?** Yes

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	64
b. Number of participants who did not leave the project(s)	118
c. Number of participants who exited after staying 6 months or longer	52
d. Number of participants who did not exit after staying 6 months or longer	83
e. Number of participants who did not exit and were enrolled for less than 6 months	35
<b>TOTAL PH (%)</b>	<b>74</b>

### Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

**Does CoC have any transitional housing programs for which an APR should have been submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
a. Number of participants who exited TH project(s), including unknown destination	111
b. Number of participants who moved to PH	82
<b>TOTAL TH (%)</b>	<b>74</b>

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

**Instructions:**

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

**Total Number of Exiting Adults: 175**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	17	10	%
SSDI	10	6	%
Social Security	0	0	%
General Public Assistance	48	27	%
TANF	29	17	%
SCHIP	2	1	%
Veterans Benefits	1	1	%
Employment Income	42	24	%
Unemployment Benefits	7	4	%
Veterans Health Care	0	0	%
Medicaid	140	80	%
Food Stamps	130	74	%
Other (Please specify below)	33	19	%
Child support, WIC, MassHealth			
No Financial Resources	26	15	%

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

**Does CoC have projects for which an APR Yes  
 should have been submitted?**

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

### **Instructions:**

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

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

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

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

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

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

The CoC uses several mechanisms for assessing and improving access to mainstream programs. 1. Availability of and access to mainstream resources is a topic for discussion and discussion at virtually all monthly meetings of the Homeless Service Providers' Network. 2. The applicant employs a staff person responsible for reviewing SHP funded agencies APRs and providing feedback. These reviews occur throughout the year to ensure that regardless of a project's year end date they are provided with timely feedback. 3. The Homeless Service Providers' Network Performance Review Subcommittee meets every 3-6 months to review project sponsors' APRs. One of several performance measures evaluated by the Subcommittee is agencies' success of enrolling clients in mainstream resources. 4. Project sponsors designate staff people to analyze mainstream resource data from APRs and develop action plans to address identified weak areas.

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

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

Monthly HSPN meeting dates: January 15, February 19, March 19, April 16, May 21, June 18, September 17, October 29, November 19, December 17.  
Performance Review Committee meeting dates: March 25, August 18.

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

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

**If yes, identify these staff members** Provider Staff

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

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

**Does the CoC 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) Substance Abuse Program (Includes gambling, Supplemental Nutrition Assistance Program/SNAP (formerly Food Stamp Program), Child Care Subsidy, Veterans' Services, Community Services and Long-term Support Community Services and Long-term Support, Home care services for elders (or seniors, Vocational rehabilitation services, Services for individuals who are legally blind, Services for children with developmental disabilities, Services for adults with intellectual disabilities (including mental retardation), Assistive Technology Fund for the Deaf and Hard of Hearing, Case Management and Social Services for the Deaf and Hard of Hearing, Services for adults with a mental health condition, Services for children with a mental health condition, including serious emotional disturbance. Our HMIS allows generation of the applications for these programs pre-filled.

**Has the CoC participated in SOAR training?** No

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

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

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

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

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

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

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

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

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

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

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

## Part A - Page 2

<p><b>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</b></p>	
<p><b>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graded regulatory requirements applicable as different levels of work are performed in existing buildings?</b></p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>.)</p>	Yes
<p><b>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</b></p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p><b>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</b></p>	Yes
<p><b>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</b></p>	Yes
<p><b>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</b></p>	Yes
<p>The City has implemented zoning overlays in commercial and industrial areas to allow for residential use, specifically the re-use of mill buildings for affordable rental housing. The City has also adopted a zoning overlay ordinance that promotes the development of housing in the upper levels of existing commercial buildings in the downtown district while preserving commercial use on the first levels. This ordinance also includes provisions for artist live/work space. These zoning overlay districts will be made permanent in the City's comprehensive zoning revamp, scheduled to be completed by the end of 2009.</p>	
<p><b>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</b></p>	Yes

## Part A - Page 3

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

## Continuum of Care (CoC) Project Listing

**Instructions:**

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Donovan House	2009-11-23 16:12:...	1 Year	City of New Bedford	198,609	Renewal Project	SHP	TH	F
Next Step Home Ne...	2009-11-23 15:41:...	5 Years	City of New Bedford	627,480	New Project	S+C	TRA	F1
Graduate Program	2009-11-24 11:51:...	1 Year	City of New Bedford	97,885	Renewal Project	SHP	TH	F
Coming Home	2009-11-23 15:56:...	1 Year	City of New Bedford	272,490	Renewal Project	SHP	PH	F
Family Preservati..	2009-11-20 11:27:...	1 Year	City of New Bedford	245,064	Renewal Project	SHP	PH	F
Housing First	2009-11-24 08:37:...	1 Year	City of New Bedford	298,069	Renewal Project	SHP	PH	F
Journey to Indepe...	2009-11-24 08:42:...	1 Year	City of New Bedford	187,933	Renewal Project	SHP	PH	F
Network House	2009-11-20 11:45:...	1 Year	City of New Bedford	96,819	Renewal Project	SHP	TH	F
Step Up	2009-11-20 11:51:...	1 Year	City of New Bedford	265,079	Renewal Project	SHP	PH	F
HMIS Project New ...	2009-11-24 15:12:...	1 Year	City of New Bedford	29,524	Renewal Project	SHP	HMIS	F

## Budget Summary

**FPRN** \$2,318,952  
**Permanent Housing Bonus** \$0  
**SPC Renewal** \$0  
**Rejected** \$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/20/2009

## Attachment Details

**Document Description:** Certification of Consistency with the Consolidated Plan