

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: MA-500 - Boston CoC

1A-2 Collaborative Applicant Name: City of Boston Acting by and through its PFC

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Outreach, Advisor, Volunteer, Organizational employee, Community Advocate
 Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Homeless at At-Risk Veterans Advisory Committee	The Homeless and At-Risk Veterans Advisory Group has met quarterly since the fall of 2011 and its role is to prevent and end homelessness for veterans by improving coordination, cooperation and communication among agencies serving veterans to achieve those goals. Key members of this group attended the Rapid Results Boot Camp in Philadelphia in August 2013 and committed to housing 100 Veterans in 100 days. The campaign became known as Home of the Brave: 100 Vets, 100 Homes, and 100 days. The group met weekly, created a housing asset map and targeted veterans for these units. The goal was exceeded and 113 vets were housed in 100 days. The group has committed to continue this effort and house another 100 in by the end of March 2014.	Bi-Monthly	Homeless service providers, Veterans service providers, VA and VAMC, Regional PHA , Local PHA(Boston Housing Authority), Homeless Advocacy Organizations, Mass Dept. of Veterans Services, Local Government Agencies, State Government Agencies

1C-1.2	Chronically Homeless Long Term Stayers Subcommittee	The role of the Long Term Stayers Working Group is to house individuals who have been homeless in ES or on the street the longest, 90% of which are chronically homeless (CH). The group has met since 2009 and has seen a 23% decline in the number of CH from 569 to 439. In fall of 2013, Boston published Bringing Boston Home, An Action Plan to House Boston's Homeless. The plan calls for a further reduction of the CH by 50% from 439 to 220 by 2016. This group is charged with achieving this goal by targeting CoC PH for the CH, identifying new resources including a new SAMHSA grant targeted to the CH, and reviews and adjusts CoC-wide shelter policies and practices to eliminate barriers/disincentives that keep the CH from moving to PSH.	Quarterly	Homeless service providers, Elderly and Homeless Service Provider, Mental Health Service Providers, Public Health Agency, Homeless Veterans Service Provider, Housing Search Provider, local government agencies, Affordable Housing Developer
1C-1.3	Street-to-Home Working Group	The role of the Street to Home (STH) Working Group is to coordinate Street Outreach services to unsheltered individuals living on the street. The STH Group meets monthly to coordinate services and respond to area hotspots or public health concerns. The STH Group is charged with reducing the number of vulnerable individuals on the street by 50%, a CoC major goal. A list of 150 of the most vulnerable individuals has been developed and includes information including age, disability, income and mainstream benefits that will help match the individual with the right set of services and the most appropriate housing option. A lead agency and case manager is assigned to each individual. In the last 6 months, 27 individuals have been housed.	Monthly	State Mental Health Agency, Homeless Service Providers, Downtown Business District Association, Law Enforcement, Safe Haven Agency, Homeless Health Care Provider
1C-1.4	Family Homelessness Prevention and Rapid Rehousing Work Group	The group met during the admin. of HPRP but is now targeting two populations. One is subsidized tenants that are in the eviction process. The group is working with housing court staff, agencies in housing court and property managers to prevent evictions. One half of evictions are of subsidized tenants with an average arrearage of \$1,600. Once evicted these families are often denied other types of affordable housing and become homeless. The other target population is homeless families who are denied emergency shelter often because they are over income. The group works to coordinate services so families get the support they need to be rapidly re-housed. 250 families have utilized short term rental assistance then placed in permanent housing.	Monthly	Housing Court Advocacy Providers, Property Management Companies, Homeless Service Providers, Legal Aid Providers, Judiciary staff, Housing Search Providers, Local Government agencies

1C-1.5	Workforce Development Subcommittee	The goal of the Workforce Development Committee is to enhance access through workforce development efforts and expand access to educational, skill training and specialized employment services to meet the needs of homeless individuals and families. The committee will conduct a needs assessment of the number of homeless individuals and families who seek education and training; determine the number who access the existing resources, conduct an inventory to determine the unmet need then identify new or underutilized funding sources to fill the gap and finally, establish a coordinated service link between education, training and workforce development programming with stabilization services and permanent housing.	Quarterly	Homeless Service Providers, Workforce Development Providers, Educational Institutions, Employment Providers, One Stop Career Center Providers, Local Government Agencies
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1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

All CoC-wide committees are chaired by a member of the CoC Leadership Council (LC). When a new committee is formed, members of the LC select and suggest individuals and/or organizations that should be members of the committee based on knowledge, experience, interest and willingness to be a member. At the first committee meeting, the membership is discussed to ensure that all of the individuals or organizations that should be represented are asked to join. An example is the Eviction Prevention Workgroup. The group was made up of homeless providers but it was clear in order to be effective we had to include owners, property managers, and housing court staff.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The ranking and selection process is conducted in a fair and impartial manner based on data and data analysis. Projects are scored using 5 categories: HUD Strategic Objectives, Consistency with HUD and CoC Policies and Priorities, HMIS Data Quality and Utilization, Financial Management and Performance, and CoC Participation. Each category has maximum points and points are clearly assigned based on data and narrative responses. Each project is scored by a team of 2 including a senior manager. The draft ranking tool was presented at a CoC general membership meeting on 10/16/2013 and met with strong approval. The tool was then approved by the CoC Board on 11/20/2013 and the final tool was presented at the CoC NOFA meeting on 12/18/2013.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

62% of the project ranking is derived from data collected periodically including the Annual Progress Report, HMIS data, request for payment invoices and an analysis of unexpended balances over the last 3 years. 40% of the score is derived from meeting HUD's strategic objectives including obtaining permanent housing, employment and access to mainstream benefits. Of that, 20% of the score is based on whether a project met the HUD Housing goal based on the type of program. For example if a PH program meets or exceeds the 80% housing retention goal, they received 20 points – fewer points were awarded based on a sliding scale. Each project received points if they served the chronically homeless, or a low threshold housing first model due to the severity of barriers these clients face as well as those projects utilizing a rapid re-housing model. HMIS data was used to rank projects based on data quality, bed utilization.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

The Collaborative Applicant, as a government entity, follows a publicly available RFP Procurement process for all new funding at the agency and therefore is always open to proposals that have not previously received funds in prior Homeless Assistance Grant competitions. Advertisements are placed in the Boston Herald, the City Record, Goods and Services Bulletin as well as available on the City's website. Additionally, outreach is conducted via email list serve to all current CoC members regardless of whether they received funding in past competitions as well as anyone who may have expressed interest in becoming part of the CoC. For the 2013 competition, the CoC considered reallocation proposals from providers that wished to reallocate funding towards the creation of Housing First PH for the chronic.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 02/03/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

N/A

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

N/A

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CA is also the HMIS Lead per the Governance Charter and as such has full oversight of all HMIS activities and ensures consistency with HUD standards through HMIS language included in the contracts with the projects subrecipient. The CA has required HMIS participation for all CoC and ESG funded entities since 2007 and monitors participation monthly through data quality reports. The CA is responsible for updating the HMIS system, both the front end software and the data warehouse in accordance with any HUD changes, most recently the 2010 Data Standards, and advises projects of these updates either through written notification or trainings. The HMIS staff also accompany other CA project managers on annual site visits to complete HMIS monitoring including reviewing posted notices, privacy and security issues. The attached Boston HMIS Handbook contains the above mentioned contract language, sample reports, monitoring tools and other documentation.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The CA developed Privacy, Security and Data Quality Plans initially in 2008 in accordance with the current Data and Technical Standards (2004) and with input from the HMIS working group. The plans are reviewed annually, and updated as needed and in accordance with additional HUD guidance (2010 Data Standards and 2011 Proposed HMIS Requirements) and best practices from other CoCs. These HMIS plans were last reviewed and approved by the CA on 5/22/2013. These plans were also reviewed in June 2013 as part of the HUD HMIS TA Assessment and found to be adequate and the CoC's HMIS TA determination was that of low need. These plans are contained as attachments to all projects contracts with the CA as well as in the attached Boston HMIS Handbook.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? ETO Software
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Social Solutions
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: MA-500 - Boston CoC
 (select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$324,480
ESG	\$0
CDBG	\$64,896
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$389,376

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$389,376
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 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	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	76-85%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	65-75%

2C-2 How often does the CoC review or assess its HMIS bed coverage? Monthly

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

N/A

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	288
Transitional Housing	10
Safe Haven	4
Permanent Supportive Housing	53
Rapid Re-housing	10

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	2%
Date of birth	1%
Ethnicity	2%
Race	2%
Gender	1%
Veteran status	5%
Disabling condition	9%
Residence prior to program entry	7%
Zip Code of last permanent address	10%
Housing status	9%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

The HMIS Software system for the CoC, ETO Software, can generate the APR, AHAR, CAPER reports and PIT and HIC data, however the CoC does not pull these reports using ETO Software only. The Boston CoC operates a Data Warehouse which produces all required HUD, CoC and City reporting requirements including the AHAR, CAPER, HMIS APR, PIT/HIC and any other reports for the CoC. These additional reports include Daily Census, System Wide demographics, Data Quality and other ad hoc reports on an as needed basis. Example of these ad hoc reports include data on the chronically homeless, veterans, length of time homeless, community of origin, and data for discharge planning. Project sub recipients generate the APR out of ETO Software however any System wide reporting is done in the warehouse. Warehouse data consists of HMIS data pulled directly from the Boston ETO Software system, as well as HMIS data from the State and other legacy systems using the HUD HMIS CSV 3.02 Schema.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

The CoC Lead is also the HMIS Lead per the Governance Charter. HMIS DQ reports are generated on a monthly basis and include: Utilization Rates, Missing Data Elements, Length of Stay Reports and Service Entry errors. These reports are all graded and any project with a C or below is in jeopardy of non-compliance with their contract and risks losing funding. ETO Software system users also have the ability to generate similar reports directly from the system on an ad hoc basis in order to maintain data integrity. HMIS staff are in constant communication with projects regarding all aspects of HMIS data including TA, bug fixes, training issues and DQ challenges and works with the administrators to determine the best course of action, whether it be re-training for individual staff or the agency as a whole. HMIS DQ is one of the scoring criteria used in the ranking process and HMIS staff collaborate with the CoC staff in project review. Samples of the DQ report can be found in the attached Boston HMIS Handbook.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Monthly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Semi-Annually
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Semi-Annually

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

The Boston HMIS Handbook is attached, the Policies and Procedures is on page 6 and attachment O beginning on page 64 of the document. Language regarding entry and exit dates is contained in the DND Contractual Requirements and Language on page 4 and attachment B, page 23 of the document.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 12/12/2012

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Yes

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	14%	86%
Transitional Housing	0%	0%	17%	83%
Safe Havens	0%	0%	0%	100%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The number of families placed in ES by the State was up 6.8% as HPRP ended and DHCD closed HomeBase. Additional demand for EA shelter increased congregate by 17 Hholds, scattered sites by 10, and motels by 24 Hholds. DV was up 14.8%-61 to 70 Hholds. Single adults in ES was up 6.4%-62 more men and 20 more women. Low barrier shelters at Woods-Mullen (+33) Pine St Inn Mens/Womens (+36) Shattuck (+14) Pilgrim (+9) saw increases. Boston's market rents greatly exceed incomes of extremely low-income households, turnover is near record lows and mainstream housing vouchers are scarce. Boston is also seeing an increase in persons from outside Boston and Massachusetts. HMIS data reports 1/3 of homeless adults and families come from outside the city.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

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

2H-2 If other, provide a detailed description. (limit 750 characters)

Not Applicable

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Boston collects data for the PIT in a 17 page electronic survey that includes aggregate client level data for all programs in the CoC. 85% of ES & TH beds are in HMIS and this survey is a "push the button" report generated directly from the HMIS. The remaining 15% of the bed inventory complete the survey using client files. Significant detail is paid at entry into the program the night of PIT to capture complete and accurate data. Agencies, regardless of HUD funding recognize the benefits of the count and the data. The report generated by HMIS includes both aggregate data required to complete the survey and a client detail report to verify the data. Surveys are then uploaded to the HMIS Data Warehouse for CoC aggregation.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

	HMIS:	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
Sample strategy:		
(if Sample of PIT interviews plus extrapolation is selected)		
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:		<input checked="" type="checkbox"/>
	Other:	<input type="checkbox"/>

2I-2 If other, provide a detailed description. (limit 750 characters)

Not Applicable

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

85% of Boston's ES & TH programs use HMIS to generate the PIT survey and the remaining 15% are generated using non-HMIS client level data. HMIS includes subpopulation data. Provider's conduct interviews with clients upon admission to the program on the night of the PIT count including re-interviewing clients who may have been previously enrolled in a program and are also enrolled on that night. In order to collect subpopulation data, providers use their clinical expertise when assessing clients as to their disability information and service needs to complete a service plan and make referrals to partner agencies. This data is then entered into HMIS for "push the button" report generation or aggregated from non-HMIS client information.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2J-2 If other, provide a detailed description. (limit 750 characters)

Not Applicable

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Providers are trained in person on the completion of the PIT survey and how to enter data into HMIS and generate the report. Providers are trained to generate their own data quality reports from HMIS including missing data, data validation and chronic homeless validation reports. The survey report includes detailed client information tabs allowing providers to view information in both aggregate and detailed form. Follow-up is provided by CoC staff when reviewing surveys for accuracy and consistency with prior HIC counts, call-in numbers from the day after the PIT count and overall data quality of the survey if any of those items are in question.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 12/12/2012

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Yes

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

The unsheltered PIT count increased by 12 from 181 to 193. This is a small increase and can be contributed to the mild weather for the 2013 count vs the extreme cold of the 2012 count. Like other large cities, Boston has seen increased demand for its services as other MA communities reduce ES beds. The 3rd most populated city in the state closed their ES. Data from street outreach programs indicate 50% of the unsheltered are from communities outside Boston, staying in transit hubs like train stations and the airport. Also contributing to the increase are unsheltered adults with co-occurring substance abuse/MH. Once again this year, Boston saw no unsheltered families living on the street on the night of the PIT Count.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	X
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

N/A

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

The CoC is divided into 43 mapped zones. Teams are assigned to each zone and team leaders have experience with street outreach, and provide familiarity with known hot spots, and ensure rapport with the unsheltered to conduct interviews and offer services. Each zone is covered by foot or by car in neighborhoods where few unsheltered are typically found. Team leaders utilize HMIS data from street outreach programs to locate where the unsheltered are commonly found. For the 2014 PIT (conducted in Dec, 2013), the Boston CoC was the first to pilot HUD's new PIT Mobile App and used by all teams in all zones of the City. A real time unsheltered count was displayed live on a wall map of the city. The Mobile App enabled real time de-duplication.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

The CoC provides training to team leaders before the count. Teams leave City Hall together in a Blitz Count fashion to cover their area of the city. Data elements include first name, last initial, date of birth to avoid duplication. Enumerator observation includes the physical location, clothing or other distinct characteristics in order to de-duplicate. During the interview, enumerators make sure that an interview has not already occurred. For the 2014 PIT conducted by Boston in 2013, we were the first CoC to pilot HUD's new PIT Mobile App during a live, large scale street count. This enabled real time checks to ensure deduplication. If an individual is brought to an ES from the street, the street count is checked for de-duplication.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		895	895	895
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	2,495	2,519	2,629	2,705
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		330	347	363
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		58%	65%	83%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		11	6	6

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)

The specific strategies to meet the 2014 & 2015 numeric achievement are to increase the number of PSH beds for the chronically homeless (CH) and to increase the percentage of CH beds at turnover not dedicated to the CH. 2,519 beds is the baseline and the CoC will add 110 in 2014 including 20 CH beds funded in the 2012 CoC competition that will come on line in 2014, 50 Boston HA VASH vouchers dedicated to CH (new FY14 VASH just approved) and 40 beds through a MA Dept. of Public Health SAMSHA Grant-Mission: Housed to house 180 CH with co-occurring SA and MH disorders in the Boston area. 76 new beds will come on line in 2015 including 11 reallocated beds, 25 CH created through PSH development and 40 through Mission: Housed. The strategy for increasing turnover in the non-CH dedicated beds focuses on the PH Rental Assistance (RA) beds. Almost all of the non CH dedicated beds are RA beds. The CoC will work with RA providers to increase the number of beds for the CH. The CoC's goal is for 20 RA per year to be newly targeted to the CH to reach the target of 83% in 2015. Note-313 CH beds from prior years were left out of MBHP SPC HIC when consolidated.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

The CoC Board known as the Boston CoC Leadership Council will be responsible for implementing the goals of increasing the number of PSH beds for the CH. The Leadership Council approves the CoC governance charter, ratified the CoC rating and ranking decisions, convenes CoC committees and is the driving force behind the development and implementation of the CoC Homeless Strategic Plan – Bringing Boston Home. Increasing the number of beds for CH is in total alignment with the CoC Strategic Plan which has numeral goals regarding housing the CH and the most vulnerable on the street. One of the CoC committees convened by the Leadership Council, the CH Long Term Stayers Subcommittee, will have day-to-day responsibility for the implementation of these strategies and will provide the Leadership Council with monthly updates on achievement of the goal to increase the number of beds dedicated to the CH.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	1722	1742	1753
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	1597	1620	1630
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	93%	93%	93%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC's housing stability performance, 93%, continues to well exceed the HUD benchmark of 80%. The CoC strives to maintain or increase this high rate of housing placement and retention in 2014-2015 through the following strategies: 1) continued monitoring all PH programs via HMIS and monthly requisitions to track new and existing lease-ups; 2) in-person biannual reviews with all PH providers to discuss housing stability performance and to identify barriers to successful retention of housing; and 3) provide technical assistance to providers regarding strategies to maximize the utilization of all CoC PH resources. For ex., in 2013 the CoC worked closely with its S+C/RA provider to identify and deploy strategies for increased utilization of CoC RA, which has resulted in an increase in referrals from providers to the program. Additionally, the CoC will continue its court-based eviction prevention effort to preserve tenancies in subsidized housing, thereby reducing demand for ES.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The CoC Board known as the Boston CoC Leadership Council will be responsible for implementing the goals to increase or maintain the housing stability of participants across all CoC-funded permanent supportive housing projects. CoC staff is responsible for reporting on performance of all CoC-funded programs to the Leadership Council and works with the Council to develop system-wide strategies aimed at maximizing provider performance in the areas of permanent housing placement and retention. Additionally, the Leadership Council will oversee the CoC's eviction prevention goal through the Eviction Prevention Subcommittee as part of the CoC's Homeless Strategic Plan, Bringing Boston Home.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC- 5618 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	21%	21%	22%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	39%	45%	50%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	1146	20.40 %
Unemployment Insurance	119	2.12 %
SSI	1252	22.29 %

SSDI	766	13.63	%
Veteran's disability	125	2.22	%
Private disability insurance	4	0.07	%
Worker's compensation	2	0.04	%
TANF or equivalent	522	9.29	%
General Assistance	140	2.49	%
Retirement (Social Security)	65	1.16	%
Veteran's pension	59	1.05	%
Pension from former job	46	0.82	%
Child support	97	1.73	%
Alimony (Spousal support)	12	0.21	%
Other Source	164	2.92	%
No sources	1058	18.83	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

Currently, 39% of adult participants in all CoC-funded programs have increased their non-employment income from entry to exit. Our 2-year plan is to implement strategies that will increase that percentage to at least 45% by 2014 and 50% by 2015. The CoC will implement the following methods: 1) Closely monitor data relevant to employment and non-employment benefits on a quarterly, bi-annual and annual basis then provide status reports to agency leads, which will target agencies with the least amount of participants receiving non-employment benefits, develop strategies to link resources to participants and determine if it is an agency-specific data quality issue. 2) Increase utilization of the standardized assessment tool used across all agencies to identify participants' needs and to assure that consumers are linked to the appropriate benefits on a timely basis. 3) Analyze data and conduct provider/consumer interviews to identify specific programs with low access percentages among participants. 4) Build a partnership between the CoC Board, CoC staff and the federal/state programs that offer non-employment benefits to discuss barriers and develop strategies to improve access.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

Based on current reports, 21% of participants in all CoC funded programs gained employment between entry and exit. The 2-year plan is to maintain the 21% in 2014 and increase that rate to 22% in 2015 by monitoring data to identify those agencies that has the least amount of participants exiting without employment and linking employment services programs that are presently available. Additionally, the CoC will carefully work with PH programs for the chronically homeless, where only a few participants exit the program(s) that serve persons with mental illness and substance abuse issues, to better understand the obstacles of meeting the benchmark and provide technical assistance to achieve the benchmark. The CoC will provide linkage between those aforementioned programs and WorkFirst to help improve employment rates. WorkFirst is an employment services program that offers low threshold pre-employment and employment services to chronically homeless persons with disabilities. It is operated by one of the largest emergency shelters in our CoC: Pine Street Inn.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The CoC Board known as the Boston CoC Leadership Council will be responsible for increasing the rate of project participants in all CoC-funded projects that increase their income from non-employment and employment sources from entry date to program exit. The Leadership Council approves the CoC governance charter, ratified the CoC rating and ranking decisions, convenes CoC committees and is the driving force behind the development and implementation of the CoC's Homeless Strategic Plan – Bringing Boston Home. Increasing participant income is in total alignment with the CoC Strategic Plan which includes increasing access to employment and training opportunities. One of the CoC committees convened by the Leadership Council, the Workforce Development and Benefits Subcommittee, along with CoC staff will have day-to-day responsibility for the implementation of these strategies and will provide the Leadership Council with quarterly updates on achievement of the goal to increase participant income in CoC-funded programs.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 5618 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	60%	62%	64%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	3062	54.50 %
MEDICAID health insurance	2775	49.39 %
MEDICARE health insurance	540	9.61 %
State children's health insurance	29	0.52 %
WIC	141	2.51 %

VA medical services	304	5.41 %
TANF child care services	55	0.98 %
TANF transportation services	157	2.79 %
Other TANF-funded services	106	1.89 %
Temporary rental assistance	101	1.80 %
Section 8, public housing, rental assistance	546	9.72 %
Other Source	150	2.67 %
No sources	848	15.09 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

Currently 60% of participants in the CoC funded projects receive mainstream benefits at program exit. Although the CoC has met the HUD goal for this objective, the CoC is proposing to increase the percentage by 2 points in 2014 and by 4 points in 2015. In order to minimally maintain or to increase the percentage to the proposed goals, the CoC will implement the following strategies: 1) CoC will review APR data quarterly to monitor project performance. Based on APR and HMIS data, the CoC will focus on programs that are not meeting the 56% goal and work with them to identify specific types of mainstream benefits where they are falling short of based on program type. 2) CoC will further analyze the records that indicate "no sources" to better understand why so many of the 848 participants have "no" non cash mainstream benefits to see if this is the case or is the result of a data error/quality. CoC staff will follow up on this analysis with TA with specific providers to develop strategies (to the extent possible) to access benefits for these participants.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The CoC Board known as the Boston CoC Leadership Council (LC) will be responsible for maintaining or increasing the rate of project participants in all CoC-funded projects that obtain non-cash mainstream benefits mainstream from entry date to program exit. The LC approves the CoC governance charter, ratified the CoC rating and ranking decisions, convenes CoC committees and is the driving force behind the development and implementation of the CoC's Homeless Strategic Plan – Bringing Boston Home. The plan has numeric goals for housing the CH and individuals on the street and these efforts will only be successful if those individuals and families increase their income through employment of or access to benefits. One of the CoC committees convened by the LC, the Workforce Development and Benefits Subcommittee, along with CoC staff will have day-to-day responsibility for the implementation of these strategies and will provide the Leadership Council with quarterly updates on achievement of the goal to increase participant income in CoC-funded programs.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	40	80
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	311	315	320
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	43	150	200

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

Currently the CoC assists 407 household w/ children (Hw/C) in RR programs and will increase the number assisted to 520 in 2014 and to 600 in 2015. The CoC has a RR Demo Project but this is not counted as it is categorized as TH. In 2014, the CoC plans to reallocate at least one project to RR that will serve 40 households and at least one more in 2015 for total of 80 served. Currently, ESG funded RR projects serve over 300 Hw/C & will only have a modest increase in 2014 & 2015 because 92% of ESG funds are currently used for vital RR and HP programs and there is very little room for expansion. Most of the increase in the number of RR Hw/C served in 2014 & 2015 will be funded with non-CoC/ESG funding. The City of Boston recently made a \$162,000 award using City funds to expand a RR program that serves non-EA eligible families. In addition, the MA DHCD is rapidly re-housing homeless families from hotels and motels into permanent housing. These two programs will count for the increase of 107 served in 2014 and 50 more in 2015. Additionally, the CoC coordinates w/ VOA, the SSVF provider, to serve veteran families w/ RR assistance.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The CoC Board known as the Boston CoC Leadership Council (LC) will be responsible for increasing the number of households with children assisted through Rapid Re-housing projects. The LC approves the CoC governance charter, ratified the CoC rating and ranking decisions, convenes CoC committees and is the driving force behind the development and implementation of the CoC Homeless Strategic Plan – Bringing Boston Home. The plan includes a commitment to provide assistance to homeless families who are not eligible for state-funded shelter. This program known as the Family Emergency Solutions program is a Rapid Re-housing program and is primarily funded through non-CoC/ESG resources. One of the CoC committees convened by the LC, the Family Homelessness Prevention & Rapid Re-housing Work Group, along with CoC staff will have day-to-day responsibility for the implementation of these strategies and will provide the Leadership Council with quarterly updates on increasing the number of households with children assisted by Rapid Re-housing programs.

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The CoC's convening agency and the Grantee of the City of Boston's ESG funds, the Department of Neighborhood Development's ESG Written Standards were approved by HUD in 2012. The funding goal set forth in these standards is to help families regain stability in permanent housing. Priority 1 is for families with children who are experiencing literal homelessness (living in shelter, streets or places not meant for human habitation) at the time of contacting the program, who are not eligible for the State's funded EA shelter system and 2nd priority is for families experiencing domestic violence. For Rapid Re-housing programs that serve individuals, prioritization is to those clients who face low to medium barriers in obtaining housing. All participants must meet the HUD definition of homelessness, fall within the income requirements set by HUD, and be displaced from the City of Boston. Rent for all properties must be determined as rent reasonable and rental assistance will not exceed the local FMR. All program participants must contribute at least 30% of their income towards the rent.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

RRH providers provide case management to households residing in projects funded under the CoC and ESG programs as needed but at least once per month. Case management services are provided based on the needs-assessment conducted and the Sustainability Plan required in the CoC and ESG Written Standards. Some households require more case management than others and the level of services is based on the needs of the household. The CoC family RRH provider, Family Aid requires that the family come to the office on a monthly basis to review the Sustainability Plan. Family Aid offers a variety of services including employment counseling and RRH families are encouraged to take advantage of these services. Households are required to re-certify their income eligibility every three months and RRH providers take this opportunity to check in with the household. Households are ready to end rental assistance when they reached the goals outlined in the sustainability plan. The sustainability plan may be modified because of the changing circumstances of the household.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

Yes, the RRH providers routinely follow up with previously assisted households to ensure that those households do not return to homelessness. The CoC's ESG Written Standards which are adopted for both ESG and non-ESG funded RRH projects require that a sustainability plan is developed by the household with assistance from provider staff. The sustainability plan includes goals and benchmarks that the households are working towards while in the RRH program and after the RR assistance ends. RRH providers follow up with the household at least monthly for the first 6 months after the assistance has ended and then every three months thereafter for a total of at least 12 months. Additionally the CoC managed HMIS Data Warehouse has the ability to track a specific client's progress through the CoC, including additional spells of homelessness and also the ability to match an entire program's clients served to subsequent returns to homelessness after RRH.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Dept. of Children and Families (DCF), the agency overseeing Foster Care (FC) is responsible for the state policy which ensures youth are not discharged into homelessness. DCF uses PAYA Life Skills Curriculum to prepare youth for self-sufficiency, provides written 'Notice of Intent to Discharge' to each youth and establishes a Transition Plan. This plan identifies resources, steps to meet goals, the individual(s) responsible to assist the youth, and the appropriate housing arrangement. Specific discharge examples are: family reunification, or own residence within an ind./co-housing or student housing. The CoC Strategic Homeless Plan identified the goal of reducing unnecessary shelter placements focusing on discharge planning including the FC system. CoC AHAR data identified a range of 3-6 (0% of IND ES) individuals discharged annually from the FC system to Boston's shelters. The CoC will continue to convene regular meetings to support DCF discharge planning activities ensuring referrals to appropriate housing.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

DCF is ultimately responsible for ensuring that individuals from the FC system are not discharged into homelessness. DCF enforces this policy through training, contract language and program monitoring of its children services provider network. DCF in collaboration with the MA ICHH, the CoC Collaborative Applicant, with Boston provider network which includes Bridge Over Trouble Waters and Roxbury Family Services work to ensure that housing and services options are available for aging out youth. The MA Dept. of Housing and Community Development has set aside an allotment of state funded subsidies to house youth for whom the traditional discharges are not an option. As part of the implementation of its Strategic Homeless Plan, the Boston Leadership Council expects to regularly convene CoC member agencies to develop, implement, and track strategies with the DCF's Foster Care System to reduce the unnecessary placement of individuals to the homelessness in Boston's shelter system.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-2.1a If other, please explain.
(limit 750 characters)**

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

MA agencies have a policy that discharging persons to emergency shelter (ES) or street is inappropriate & discharge planning will prevent such placements. Standards are reviewed during site visits & monitoring. MA Dept. of Public Health (DPH) ensures that health/SA facility contracts include this language & discharges are monitored. Discharge examples are: own residence alone, w/ family or w/ visiting nurse; nursing home, or long term care facility. The CoC Strategic Plan identified the goal of reducing unnecessary shelter placements with a focus on the public/private healthcare systems. CoC AHAR data identified on average 300 ind. discharged annually from SA facilities (3% IND ES) and 225 ind (2% IND ES) discharged from non-psych. hospitals to Boston ES. CoC Board members recently met with DPH staff to identify strategies to prevent these types of discharges. As a result, ES staff will contact DPH when an ind. is identified from a DPH system to re-engage to make an appropriate placement. The CoC will monitor discharges to track progress.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

MA Executive Office of Health and Human Services (EOHHS) and DPH are responsible for oversight of the publically funded healthcare system and to ensure that persons being discharged from the healthcare system are not discharged into homelessness. EOHHS is the state agency with overall oversight of publicly funded healthcare. The DPH/Bureau of Substance Abuse Services oversees substance abuse treatment and residential recovery programs. The DPH/AIDS Bureau oversees HIV/AIDS programs. The Boston CoC members are engaged with various EOHHS departments as well as healthcare providers such as major hospitals and community health centers. With the implementation of its Strategic Homeless Plan, the CoC Board plans to regularly convene CoC member agencies to develop, implement and track strategies with the DPH's substance abuse and healthcare system, as well as other healthcare systems (including private hospitals & VA Medical Centers) to reduce the unnecessary placement in Boston's ES system.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-3.1a If other, please explain.
(limit 750 characters)**

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

MA Dept. of Mental Health (DMH) maintains a state policies and procedures ensuring appropriate discharges from state MH facilities. The policy states no person shall be discharged to emergency shelter (ES), and every effort is made through discharge planning to identify adequate PH. DMH tracks discharges to monitor activity/ensure compliance. Discharge examples are: own residence, family reunification, co-housing option or DMH community-based housing option. The CoC Strategic Homeless Plan identifies the goal of reducing unnecessary ES placements with a focus on the public MH system. CoC AHAR data identified an avg. of 150 ind.(1.5% IND ES)discharged annually from DMH facilities to Boston's ES. CoC Board members recently met with DMH staff to discuss this issue & identify strategies to prevent inappropriate discharges to Boston's ES. As a result, ES staff will contact DMH when an ind. is identified as being referred from a DMH facility to re-engage with an appropriate placement. The CoC will monitor discharges to measure progress.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

DMH is the state agency responsible for ensuring persons being discharged from the public mental health (MH) system are not discharged to homelessness. DMH has designated several central office and regional housing managers as representatives to both the MA BoS CoC and the MA ICHH who work on discharge planning. These managers are responsible for working with and monitoring all CoC providers providing MH services as well as working on discharge planning efforts. Several well established MH providers including Bay Cove and Vinfen are also active Boston CoC members. DMH works with other state agencies & their community-based providers around mental health issues, street outreach and discharge planning. As part of the implementation of its Strategic Homeless Plan, the Boston CoC Board plans to regularly convene CoC member agencies to develop, implement and monitor strategies with the DMH's system of care to reduce unnecessary placements to Boston's ES system.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Dept. of Corrections (DOC) And the Suffolk County Sherrif (SCS) are responsible to ensure people leaving state correctional facilities are not discharged to emergency shelter (ES) or streets. DOC and SCS measure policy success through its Re-Entry Services Div. Inmates are met at least 6 months from release to develop a multidisciplinary reentry plan. DOC and SCS refers inmates at risk of homelessness to a Housing Search Specialist (HSS) at each facility. The HSS works to divert ES placement making appropriate housing referrals. Discharge examples are: a new home/apt., family reunification, or a DPH sponsored recovery homes. The CoC's Strategic Homeless Plan identified the goal of reducing unnecessary ES placements from the federal, state & local correction systems. CoC AHAR data identified avg. of 239 ind (2% IND ES) discharged annually from these corrections systems to Boston ES. In implementing the Strategic Homeless Plan, the CoC Board plans to convene members to develop, implement, & track strategies with DOC & Suffolk Co. Sherriff to reduce unnecessary placements to homelessness.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Through state and county discharge policies, the MA Department of Corrections (DOC) and the Suffolk County Sheriff's (SCS) office are responsible for ensuring that persons being discharged from the MA corrections system are not discharged into homelessness. DOC holds a monthly Institution Reentry Committee meeting at each facility bringing stakeholders including: Director of Treatment, HSS, Medical/MH discharge planner, Parole, Probation, DMH Forensic Transition Team; to further work on a housing placement/reentry plan focusing on those at risk of homelessness. In the past year, MA ICHH convened several meetings with DOC and Dept. of Veterans' Services staff to develop a protocol for data matching on releases in an effort to increase access to veterans' benefits & reduce the risk of becoming homeless. DOC also established MOUs with the SSA and the VA to assist with referral/access to SSA and VA benefits as part of the discharge planning process.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The CoC's Strategic Plan is called Bringing Boston Home (BBH) – A 3 year Action Plan to house Boston’s homeless and is part of the ConPlan for the jurisdiction. BBH focuses on 7 key areas: 1) Street Homelessness, reduce by 50% the most vulnerable on the street; 2) HUES to Home, house 80 High Utilizers of Emergency Services; 3) Homeless Individuals in ES, house 50% Long Term Stayers (365+ days) and reduce the length of stay of Extended Stayers (121-364 days) by 25%; 4) Reduce Unnecessary Shelter Placements, which focuses on institutional discharges; 5) Family Homelessness, reduce by 25% families evicted from subsidized housing with Prevention; through Rapid Re-housing ensure a safety net for families who are not eligible for State funded shelter, using ESG funds; 6) Workforce Development, close the unmet need gap of those who seek education, training and specialized employment services for the homeless; 7) Housing Production, create 75 new PSH units through production annually.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The (CA) for the Boston CoC, is the same as the ESG grantee for the geographic area and is responsible for allocating ESG funds. CA and ESG program staff coordinate the allocation of CoC and ESG funds to be aligned with the CoC Strategic Plan to prevent and end homelessness. The CA conducts annual ESG monitoring visits. For both FY 2012 and 2013, ESG recipients are consulted through invitation to and participation in the Con Plan public hearings which includes the plan for allocation of ESG funds and through ESG recipient public meetings. Con plan hearings took place on 3/7/2012 and 4/26/2012, for 2012 and 3/21/2013 and 5/29/2013 for 2013. ESG recipients meetings were held on 2/23/2012 and 2/29/2012 for 2012 and on 6/19/2013 for the 2013. Comments from the hearings and meetings were used in the planning and allocation for ESG funds. The CoC is in regular communication with the State. The state included the City's priorities in their most recent RFP. The state requires a letter of support from applicants from each entitlement community that is consistent with that community's needs.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

In 2012, 21% of the ESG budget was spent on Rapid Re-housing (RR), and 37% was spent on Homelessness Prevention (HP). In 2013, 34% of the ESG budget was spent on RR and 58% was spent on HP. The CoC decided to increase both the number of family and individual Rapid Re-housing programs that had better outcomes and which were aligned with the CoC Strategic Plan instead of continuing to fund programs that supported operating costs to shelter for families and individuals. It is important to note the CoC contributed \$200,000 of City funds towards the expansion of the RR program for families and as such the ESG RR increase from 2012 to 2013 is modest 13% but overall funding for RR increased by 30%. ESG funding for HP Programs increased in order support the key initiatives outlined in the CoC Strategic Plan and has focused on two key areas; eviction prevention for subsidized tenants and property management/owner involvement in homelessness prevention planning and programming.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

As the CA is the recipient of CoC and ESG funds, and the jurisdiction for the Con Plan, the CoC's current homelessness prevention (HP) efforts are coordinated daily. Based on data and lessons learned from HPRP, the CoC HP efforts has focused on two key areas; eviction prevention for subsidized tenants and property owner involvement in HP planning and programming. 50% of all evictions from housing court are of subsidized tenants and the average arrearage is \$1,600. ESG HP programs are selected based on these two strategies and 90% or 6 programs are engaged in these efforts. The HP strategy is a key component of the CoC Strategic Plan and was developed by the HP and Rapid Rehousing subcommittee. The Boston Fair Housing Commission, an advisory committee and the public at large conducted an Analysis of Impediments and identified 40 specific impediments and 69 action steps to mitigate or eliminate them. Key examples of barriers to choice include private landlords avoid renting to families with children due to de-leading and disabled home seekers are forced to rely on limited supply of accessible public housing.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The CA is also the recipient of HOPWA, ESG, CDBG and HOME funds. Planning for these resources is part of the ConPlan Process and work together to achieve goals in the Con Plan and in the CoC Strategic Homeless Plan. TANF is managed by MA Dept. of Housing and Community Development and DHCD's Assoc. Director sits on the CoC Board. The CoC funds a legal services program that work with CoC providers and homeless households to ensure they receive TANF benefits. The ED (a CoC Board member) of Bridge over Troubled Waters, the CoC's lead runaway/homeless youth provider, and the CoC led a week-long homeless youth count in Dec. with many providers who serve homeless youth. ABCD, a CoC funded agency, is the regional Head Start provider and coordinates the Boston Center for Youth and Families, a partner agency of the CoC Lead. The CoC Board has created a fundraising committee and a plan is being developed in order for philanthropy to help reach CoC goals. The CoC/VA partnership is evidenced through exceeding the 100 days, 100 vets housed goal and every affordable housing project developed by the CA includes state housing development resources. 455 beds of PSH are underway.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The CoC has committed partnerships with the two PHAs serving the Geo. Area – the Boston Housing Authority (BHA) and Metro Boston Housing Partnership (MBHP), a regional HA. Both are members of the CoC Board and other staff serves the CoC on committees. Both PHAs are CoC sub recipients of PSH projects. MBHP moved 200 families out of hotels into BHA public housing. The BHA has a long-standing homeless preference for their Section 8 HCV and Public Housing Programs. BHA also has a large Section 8 PBV portfolio - 63 projects, 1,401 units also subject to the homeless preference. The BHA has targeted resources to many CoC initiatives including the Linking Treatment to Housing Program committing 210 HCVs over 3 years to the dually diagnosed CH. The BHA is a critical partner in the 100 vets, 100 days campaign and administers 435 VASH vouchers targeted to the CH. Since 2010, the BHA & HomeStart have partnered in an effort preventing over 500 evictions from BHA properties with a cost savings of \$10,000 per unit.

3C-7 Describe the CoC’s plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Based on a recent assessment of CoC & ESG funded programs, 12% of programs had a barrier(s) to entry, primarily some (not lengthy) period of clean time. The other major barrier is untreated mental illness. All programs are required to conduct an assessment to develop appropriate referrals & service needs. During this assessment, it may be determined that the applicant has severe, persistent mental illness and is resistant to treatment. The CoC has provided PSH for hundreds of individuals w/ severe mental illness but some programs still require acceptance of treatment at entry. The steps the CoC will take include working directly with the programs that have barriers to remove those barriers, emphasize that CoC funds are to be used to house and provide services to the hardest to serve and facilitate peer-to-peer training in order remove some of the barriers. Finally, the CoC has met the Dept. of Mental Health to identify those individuals & develop a treatment approach to those who are resistant to engage.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC has fully embraced Housing First (HF) and since 2006 all new CoC-funded or reallocated projects has used the HF model. In addition, the HF model has been adopted by many of its PSH providers including the Pine Street Inn, the major sponsor of low threshold housing in the CoC. Approximately 72% of the HUD-funded portfolio consists of PSH and of that, approximately 61% operate consistent with Housing First. Some PSH sponsors have adopted the HF model for their entire PSH portfolio while others have implemented it for some of their programs. Those providers have slightly modified true Housing First and will require some income at entry; however, Housing First is upheld in that there is no requirement for sobriety or “housing readiness”. The CoC is committed to increasing the % of PSH units using the HF model, as evidenced by the reallocation of funding towards the creation of 11 PSH units using HF and the goals of Bringing Boston Home, which aims to continue housing medically frail homeless under a HF model.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The COC centralized system for families begins with the MA Dept of Housing and Community Development (DHCD) as they manage the family ES system in MA. Families are assessed for eligibility at regional offices throughout the state using a common assessment, and one is located in the Boston CoC. Eligible families are placed in an ES in their region, if possible, or where there is an available placement. Families that are not eligible are referred to ESG or RAFT, or other prevention programs. If a Boston family is ineligible and has absolutely no other housing option, they are placed in the CoC Rapid Re-housing program. For individuals, the CoC operates a “no wrong door policy” where an HMIS generated standardized assessment occurs at the front door and transmitted to the Data Warehouse. Ind. ES providers meet quarterly to discuss policies and procedures that are aligned. Data is shared between all single adult shelters, including case review and standardized referrals for services.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

All CoC contracts require providers to implement fair housing policies and procedures, and include Non-Discrimination clause prohibiting discrimination on the basis of race, color, religion, sex, national origin, age, disability, familial status, citizenship, political affirmation or belief. Fair housing practices are also mandated by the City’s Affirmative Fair Housing Marketing Program, which establishes standards for public outreach to increase awareness and facilitate access to housing opportunities and services, especially to those least likely to apply for housing. For example, in recent years, the CoC determined that there was a need for increased services to the non-sheltered population. Therefore, funding was increased to meet the housing and services needs of this population. The CoC uses HUD eligibility criteria around homelessness status and/or income (when applicable) as a baseline and the sub-recipient targeted population to determine which populations are underserved.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The CoC's policy is consistent with the McKinney Homeless Assistance Act; and with the MA Educational Plan, through focused services aimed at preventing homeless children from experiencing further instability. State regulations require family shelters to notify Boston Public Schools when households with children are placed. ES staff communicates with the BPS homeless student support staff and early childhood providers to ensure needed services are being provided. Homeless children may continue to attend their schools of origin during their shelter stays, or enroll in the district of temporary residence. The CoC Policy requires that all homeless providers inform families and unaccompanied youth of their educational rights and work with school district liaisons as necessary. The CoC ensures this policy is being followed by CoC & ESG funded programs through funding applications and monitoring. If an agency is out of compliance with this policy, they must provide a plan to become compliant or risk losing funding.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The Boston Public Schools (BPS) has a Homeless Education Resource Network (HERN) that identifies homeless and at-risk families and is responsible for insuring individuals and families who become and remain homeless are informed of their McKinney-Vento educational services eligibility. HERN staff has attended many CoC Board meetings to better coordinate services for homeless students. The CA met with the BPS Director of student services to collaborate on strategies to assist homeless students. One such strategy is the Circle of Promise (COP) Initiative. The Mayor's office has convened City departments, including the Boston Housing Authority, the BPS, homeless and other community providers to connect the resources already in place to assist homeless and at-risk students. As a result of this collaboration, the CA has funded a homeless provider using ESG in the COP to work directly with the schools to identify at-risk families and provide housing search/ placement to homeless students and their families.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

Emergency Shelter (ES) for families in the Boston CoC is operated by the MA Dept. of Housing and Community Development (DHCD) Division of Housing Stabilization (DHS). The CoC is engaged in ongoing collaboration with DHCD, as the Associate Director for DHS is a member of the CoC Board. The DHS policy requires ES providers to establish explicit written policies and procedures to insure families remain together and are not separated when entering ES. These policies become part of the ES services contract and DHCD conducts regular monitoring to insure these policies are being met and families are not forced to separate in order to access ES or housing. All CoC & ESG funded providers including ES, TH and PH in the CoC are subject to Fair Housing laws which include not being able to deny admission to any family with a child under the age of 18. The Boston Fair Housing Commission, Office of Civil Rights is responsible for ensuring compliance with these statutes and provisions.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The CoC operates a Data Warehouse where data from 7 different sources including HMIS is uploaded monthly and contains historical data from the 1990s and on. The Warehouse enables the CoC to de-duplicate clients across agencies, programs and systems and to track a client's progress through the CoC at any point in time. Reports can be generated in which a program or program type can be selected and all clients served through this program can be matched to subsequent program types after their stay. Specifically using the Rapid-Re-housing program, stabilization services are built into the program and case managers are required to link clients to asset development resources including job training, education and other mainstream benefits the client may be eligible for. They are also provided stabilization services for a period of at least six months and up to a year after exit.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

N/A

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

Boston's Strategic Plan, Bringing Boston Home (BBH) used Opening Doors as the basis for setting the priorities and goals of the plan. BBH plans to end chronic homelessness (439 indiv.) by prioritizing PSH resources for the CH, housing the most vulnerable and persistently unsheltered and rapidly re-housing the Extended Stayers, to prevent them from becoming CH. The CoC established a takedown target of housing 67 vets per month to end Vets homelessness by 2015. The CoC participated in the Rapid Results Boot Camp and exceeded its goal by 13% of housing 100 vets in 100 days including 76 CH vets. BBH addresses family homelessness by preventing evictions from subsidized housing and increasing Rapid Re-housing programs. The BBH prioritizes coordination with state ES system & Coordinated Discharge Planning from institutions to stem the tide of individuals, families, youth and veterans from entering homelessness. The CoC Leadership Council has ultimate responsibility for achieving these goals with help from the specific work group for each population. The CoC is on target to ending CH and Vets homelessness but the goal of ending family homelessness is currently more challenging.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

MA policy states that no homeless family w/ children shall be unsheltered. The CoC works with the Dept. of Housing and Community Development (DHCD) to pursue this policy and ensure eligible families can access state shelter/services. The CoC accomplishes this through a centralized intake & assessment system for homeless families accessing prevention, diversion, immediate shelter placement or temporary housing services. State outreach team responds to reports of a homeless family placing them immediately in housing. The CoC's outreach plan takes full advantage of the state's safety net. Through its Strategic Homeless Plan, the CoC targets resources to serve homeless families not eligible for State emergency assistance. The CoC connects these families through the 24hr hotline to an ESG-funded RRH program.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

SafeLink is the MA state-wide 24/7 toll-free domestic violence hotline operated by Casa Myrna in Boston. SafeLink hotline advocates are multilingual, and have access to a translation service that can provide translation in more than 130 languages. All calls to SafeLink are free, confidential and anonymous. SafeLink is a resource for anyone affected by domestic violence. Each call is answered by a trained advocate who provides non-judgmental support, assistance with safety planning & information on appropriate resources. SafeLink's state-of-the-art technology allows the advocate answering a call to maintain the engagement with the family while connecting with an area shelter program. Currently in the Boston CoC, there are 91 ES beds and 90 TH beds dedicated solely to DV victims and their family members. In collaboration with DV stakeholders, the CoC will work to develop a policy to ensure the safety and privacy of DV survivors served in CoC and ESG funded programs over the next year.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

Boston CoC & Homeless Youth Providers Engaged Together(HYPET) work to improve coordination of homeless, runaway at-risk youth network. Key strategies incl. youth engagement, LGBTQ peer support, adult shelter diversion, education/employment, housing pathways, discharge planning. Bridge Over Troubled Water(BOTW) & Youth on Fire(YOF) co-chair HYPET. Members incl Sidney Borum/Fenway, Justice Resource Institute (JRI) , Gay-Lesbian Adolescent Support Svcs, Home Little Wanderers(HLW), Emergency Shelter Commission and State agencies. Bed Capacity: 17 & Under: BOTW 4-bed ES for up to 72 hrs. 18-24 youth: BOTW 14 bed ES, 10 bed Warming Ctr; Long Island Shelter 8 bed ES dorm; BOTW 10 unit/16 bed Transitional Living Program , 7 unit/14 bed Maternal Grp Home; PH 18-24 youth: Rox Village, 9 bed PH for 18-22 youth aging out of Foster Care. MHSA/YOF 20 bed PH incl 10 w/LGBT priority. JRI 10 PH + housing search. BOTW Transitional Living Program has 40 spaces/day. BOTW applying to HHS to restore Street Outreach grant. Boston Public Schools engaged re unaccompanied youth data. Fenway, GLASS, YOF offer Safe Places for LGBTQ youth (est. 20-40%).

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

ESC coordinates the street dweller outreach plan. Entire CoC covered: City, State, HUD, DMH funded mobile teams provide flexible outreach to any area. No geo. barriers identified. Mayor's 24 Hr Hotline flags unsheltered locales to ESC, EMS, BPD Homeless Unit who link outreach, State & Transit PD, Rangers to persons staying in parks, highways, transit hubs. Monthly Task Force links outreach, public safety, business, faith & community orgs on housing, treatment, shelter needs. Agencies assess unsheltered to address housing, SA, MH, health care via a HF approach. DND & ESC staff coordinate interagency Street to Home group prioritizing 150 most vulnerable individuals. Housing search, case mgt assigned for each client. 27 unsheltered incl. w/ 5 vets housed since 09/13.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)**

The CoC's Homeless & At-Risk Veterans Advisory Group (VAG) was formed in May 2011. Members are from City/CoC (DND & Veterans Services), MA Dept. Veterans Services, Boston HA, HCHV, VASH, VISN 1, vets providers (GPD and SSVF programs) & homeless/at-risk veterans. The VAG attended the Rapid Results Boot Camp in Aug (2013) and exceeded its target to house 100 vets in 100 days by 13%. Of the 113 housed, 35 received VASH, 34 moved in with family/friends, 19 rented a market unit w/SSVF support and 25 used other subsidies (i.e. CoC leasing & SRO MR units). Through leadership & better coordination (meeting weekly), VAG implemented a system to target the right resource for the right vet. The VAG returned to Boot Camp in Dec. and committed to house 50 vets/month over next 6 months. Recently, 2 additional orgs. received SSVF funds w/ work underway to better coordinate these HP/RRH services. The CoC has 385 VASH PSH, 74 HUD PSH, 99 VA GPD TH, 207 HUD TH, 20 HCHV/SH and 26 HUD ES beds for vets. The CoC maintains a long-standing focus investing CoC & ESG funds (i.e. NECHV programs) for non-VA eligible vets.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$171,750					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Pine Street Inn, ...	MA0059L1T001205	\$443,569	\$271,819	\$171,750	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Pine Street Inn, Inc.

Grant Number of Reduced Project: MA0059L1T001205

Reduced Project Current Annual Renewal Amount: \$443,569

Amount Retained for Project: \$271,819

Amount available for New Project(s): \$171,750
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

The CoC, working in conjunction with Pine Street Inn, developed a reallocation strategy that will allow a portion of the funding for PSI's THP program to be deployed towards the creation of a permanent housing program for 11 chronically homeless individuals. This reallocation is part of a broader conversion strategy at Pine Street Inn to repurpose shelter and transitional housing resources towards the creation of "Housing First" permanent housing beds.

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

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

\$171,750				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
3	Pine Street ...	PH	\$171,750	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 3

Proposed New Project Name: Pine Street Inn., Inc. - Long Term Stayers
Tenants

Component Type: PH

Amount Requested for New Project: \$171,750

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, “Remaining Reallocation Balance” should equal “0.” If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$171,750
Amount requested for new project(s):	\$171,750
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The CoC uses HMIS and APR data to monitor performance towards achievement of HUD-established goals. The APR, is reviewed for length of stay, access to mainstream benefits, housing outcomes and destination at exit. Performance issues highlighted from the APR are discussed with the provider and corrective measures are deployed. The CoC is able to glean from HMIS data on the number of chronic clients served through individual programs and can be used to run an APR throughout the year to assess progress towards accessing mainstream benefits and housing stability. TH programs are assessed to determine which may be reallocated to Rapid Re-housing. CoC staff conduct monthly desk reviews of requisitions for lease-up rates on PH programs, a strong indicator of progress towards housing the CH. For PH programs and programs that have a particular focus on increasing income (i.e. job training programs), CoC staff conduct an on-site monitoring annually to evaluate performance and assess progress towards HUD and CoC goals.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

During the renewal process, CoC staff review recipient performance goals to ensure that they meet or exceed those established by HUD and the CoC. Through monitoring, the CoC is able to identify when a recipient is experiencing difficulty attaining HUD performance goals. When this occurs, CoC staff provide technical assistance to better understand the reasons behind the low achievement and work directly with the provider to employ performance-enhancing strategies. If TA is needed, the CoC will sponsor training for providers; for instance the CoC, in partnership with Greater Boston Legal Services, hosted "accessing mainstream benefits" training for case managers. The CoC periodically hosts "peer to peer" events where providers can share ideas and best practices for designing and implementing effective programs. Additionally, the CoC HMIS administrator will work with providers to ensure that captured program data is an accurate reflection of outcomes and not due to data quality issues.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

CoC staff receive monthly data quality reports. Staff review reports to ensure programs are accurately entering client-level data in HMIS & properly exiting clients. Correct data ensures that program capacity is accurately measured and allows for the targeting of TA to underperforming programs. Staff conduct reviews to monitor specific capacity benchmarks including HUD reporting accuracy/timeliness & financial mgmt. Staff provides follow up TA to a program identified as underperforming. In addition, the CoC has worked with PH programs to improve utilization of CoC funds. Due to several factors (tenant rent share, grant consolidations, program start-ups), providers experience challenges fully expending awarded resources. To mitigate recapture, the CoC worked with a HUD-approved TA provider to review the RA portfolio & devise strategies for better spend down. To track progress, CoC staff meet monthly with the RA admin. to review trends & projections. Both parties are able to make recommendations for better resource management. The CoC also evaluates capacity reviewing leverage finding that programs that manage leverage well implement program req. better.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

The Boston CoC Data Warehouse contains data from all CoC, ESG and non-HUD funded programs operating in the CoC. HMIS generated monthly DQ reports contain both average length of stay (LoS) per program as well as actual LoS per client in each program. The average LoS for ES IND is 115 days and 308 days for ES FAM. The CoC Strategic Plan, Bringing Boston Home (BBH) specifically targets reducing LoS in ES IND for Extended Stayers, those 120-364 days in shelter, with Rapid Re-Housing resources in order to reduce their LoS by 25%. Collaboration between shelters has aligned policies and procedures. A CoC- facilitated focus group of both housed and not-housed guests identified a range of incentives/disincentives to moving to PSH. These findings will help inform PSH program design & CoC engagement/referral strategies. For Families, Eviction Prevention coupled with the State's Rapid Re-housing safety net will assist to reduce the LoS of families in homelessness. Workforce Development will allow both individuals and families to develop the tools they need to increase their income in order to sustain the PSH after placement.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

The CoC uses HMIS data to track recidivism for individuals and families that exit rapid re-housing, transitional housing and permanent supportive housing programs. The CoC has a Data Warehouse where data from 7 different sources is uploaded monthly and contains historical HMIS data from the late 1990's. The CoC periodically reviews programs for recidivism and works with CoC providers to reach out to specific individuals or families that have become homeless again or put practices in place that may prevent recidivism in the future. Recent examples include a review of the number of chronically homeless that had lost housing - across the CoC, unsheltered individuals who had been housed (some more than once) and are back on the street and a transitional housing program that had poor housing outcomes. Each case was followed up by bringing the data to the Chronically Homeless Working Group, the Street to Home Workgroup, or to the attention of the TH provider to follow up. 2.7% of Long Stayers housed from the start of the initiative in 2009 have had additional spells of homelessness over the 5 year period.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

CoC procedures facilitate outreach from a range of systems to homeless or at-risk adults/families by providers. Mayors 24 Hr line provides multilingual Info & Referral w/on call triage to Family Aid, PSI, Bridge Over Troubled Waters (BOTW) 24/7. CoC's Emergency Shelter Commission links agencies/first responders to vulnerable street homeless. Health Care for Homeless triages adults/families w/medical, behavioral & disability needs at 70+ sites and links high users w/co-occurring disorders via ER data to housing, low-barrier residential. DMH HOT, shelter psych clinicians coordinate MH triage/referral via BEST 1-800 crisis line. CoC promotes participation in annual trainings, monthly Housing & Benefits mtgs to build capacity/cultural competency to link families/disabled adults to CoC programs, incl. RRH/PH. BOTW Basic Ctr & 24 Hr Homeless/Runaway hotline assist youth. CoC monitors compliance w/ADA, McKinney SHP, Fair Housing req's to assist PWDs. DV agencies, incl. Asian Task Force & Casa Myrna refer to SafeLink 24/7 toll-free DV hotline w/translation in 130+ languages.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

N/A

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	90%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 06/06/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

Massachusetts has nearly universal health care coverage, 96.9% of adults have health coverage and over 98% of children. The Affordable Care Act will expand MassHealth coverage to childless adults (under 65) with income less than or equal to 133% of the federal poverty level who were previously ineligible for MassHealth. CoC sub-recipient, Boston Health Care for the Homeless, has held and attended numerous trainings, meetings, and webinars in regards to the ACA. They participated with the National Health Care for the Homeless Council on a conference call. They were the recipient of an Outreach & Enrollment grant which allowed them to hire 1 new FTE who focuses just on Outreach & Enrollment of homeless persons into MassHealth Programs. Staff has increased their communication and meets regularly to review aspects of the ACA. In addition, small group meetings are held to ensure that all overnight inpatient admissions have their insurance checked & updated with a new authorization request, if needed.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

The CA & CoC have a strong track record of reallocating CoC-funded SSO/TH projects to rebalance the CoC portfolio to support PSH projects resulting in over 70% of the CoC portfolio funding PSH projects. This year, the CoC worked with a sub-recipient to reallocate a TH project to a PSH project serving CH with less reliance on CoC supportive services (SS) funds. Based on a review of the CoC projects, there are two areas where the CoC will seek to reduce the amount of CoC program funds being used to pay for SS costs. The first is based on the Home & Healthy for Good Program, a PSH model that relies on Medicaid funding through the State's CSPECH program to finance case management (CM) for persons w/ MH living in community-settings. The CoC will engage PSH projects that serve this population to work with Medicaid to fund CM currently paid for by CoC funds. The other is Workforce and Employment programs. Although the CoC is committed to supporting these programs as they are integral to connecting homeless households with employment and training opportunities we will explore mainstream employment and training resources to move some of these costs to DOL and local employment resources.

Attachment Details

Document Description: HUD-2991 Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description: MA 500 Boston Governance Charter

Attachment Details

Document Description:

Attachment Details

Document Description: MA 500 Boston Rating and Review Document

Attachment Details

Document Description:

Attachment Details

Document Description: MA 500 CH Prioritization Listing

Attachment Details

Document Description: FY2013 HUD-approved Grant Inventory Worksheet

Attachment Details

Document Description:

Attachment Details

Document Description: MA 500 Boston HMIS Handbook

Attachment Details

Document Description: MA 500 Boston Public Notification and Posting of Application

Attachment Details

Document Description: MA 500 Strategic Plan - Bringing Boston Home

Attachment Details

Document Description:

Attachment Details

Document Description: MA 500 Procurement Policies and Procedures

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2C. HMIS Beds	01/23/2014	
2D. HMIS Data Quality	01/31/2014	
2E. HMIS Data Usage	01/23/2014	
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2I. Sheltered Data - Collection	01/31/2014	
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3G. Grant(s) Reduced	01/23/2014
3H. New Project(s)	01/23/2014
3I. Balance Summary	No Input Required
4A. Project Performance	02/03/2014
4B. Employment Policy	01/23/2014
4C. Resources	02/03/2014
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Submission Summary	No Input Required