### **Before Starting the CoC Application**

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

- The Collaborative Applicant is responsible for:
   Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:
- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
  - Some questions require the Collaborative Applicant to attach a document to receive credit.
- This will be identified in the question.
- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

## 1A. Continuum of Care (CoC) Identification

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** MA-515 - Fall River CoC

**1A-2. Collaborative Applicant Name:** Fall River CoC (MA-515)

1A-3. CoC Designation: CA

**1A-4. HMIS Lead:** Fall River CoC (MA-515)

## 1B. Continuum of Care (CoC) Engagement

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.

Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.

Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	Yes
Local Jail(s)	No	No	Yes
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	No	No	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	No	No	No
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	No	No	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veterans Housing and Services	Yes	Yes	Yes
Senior/Elderly Services	Yes	Yes	Yes
Faith-Based Organizations	Yes	Yes	Yes

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**Applicant:** Fall River CoC **Project:** MA-515 CoC Registration FY2016

1B-1a. Describe in detail how the CoC solicits and 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. Please provide two examples of organizations or

individuals from the list in 1B-1 to answer this question.

The CoC solicits and considers a range of opinions through its HSPC. Anyone with a stake may join. The HSPC provides a forum in which opinions, knowledge and resources from diverse members impact CoC planning toward eradicating homelessness. One example is CoC member Steppingstone, which operates the ES and helps perform street outreach, connecting directly with the target pop. Surveys are completed by homeless individuals and information gained helps Steppingstone identify needs and further shapes CoC direction. Also, during the CoC's annual Project Homeless Connect, surveys completed by homeless individuals and outcome sheets completed by service providers aid in identifying needs and individuals in need. The Veterans Subcommittee, consisting of Veterans Agents, SSVF providers, VA, shelter and housing providers, employment agencies and community development agencies, identifies homeless veterans using a Name Registry and works to house each one individually on a case-by-case basis.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Francis House - Catholic Social Services	No	Yes	Yes
Gentle Arms - Salvation Army	No	No	No
Homeless Education Liaison - Department of Education	No	No	No
Youth Build	No	No	No
Seven Hills Behavioral Health	No	No	No
Family Service Association	No	Yes	Yes
Child and Family Services	No	No	No
Old Colony Y	No	No	No
City of Fall River Youth Services	No	No	No
SSTAR	No	No	No

## 1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

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## Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
The Women's Center of New Bedford	Yes	Yes
Department of Children and Families	No	No
Department of Transitional Assistance - Domestic Violence Specialist	Yes	Yes
Our Sisters' Place	Yes	Yes
Women's Center at Stanley Street Treatment and Resources, Inc.	No	No
Bristol Elder Services	No	No
Bristol County District Attorney	No	Yes

# 1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

As outlined in the HSPC By-Laws, a Notice announcing the release of the CoC application and availability of PH bonus funds for previously or not previously funded entities is e-mailed to the HSPC listserv (66 contacts). The Notice is also posted on the HSPC website (FallRiverHomeless.com) as well as announced at various community meetings.

Deadlines for Letters of Intent as well as the esnaps application and links to CoC NOFA resources on the HUD Exchange are provided in the Notice. Recipients are encouraged to call Community Development Agency for additional information and assistance as needed. The application is open for discussion at CoC meetings and other meetings and through informal one-on-one discussions. CDA, the CoC Lead Agency, responds to all public inquiries.

Primary factors considered in determining whether to include the new project on the Priority Listing are that the project aligns with HUD priorities as well as meets a priority need in the community.

## 1B-3. How often does the CoC invite new Annually members to join the CoC through a publicly available invitation?

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### 1C. Continuum of Care (CoC) Coordination

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

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1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

FR CoC collaborates with the MA SoCo Regional Network to End Homelessness including Fall River, New Bedford and Taunton/Attleboro. The CoC collaborates with the 3 individual CoCs falling within the SRNEH. There are quarterly SRNEH planning meetings and the CoC attended all 4. The CoC interacts an estimated 2 hours monthly with the 3 CoCs contained within the SRNEH. Interaction with the SRNEH and 3 CoCs contained within includes telephone contact, email and meeting attendance.

FR Community Development Agency is responsible for the Con Plan and is the ESG recipient. CDA manages the CoC grant funds, overseeing expenditures and monitoring subrecipient activities. CDA Director served a 4-yr term as HSPC Chairperson and CDA's Coordinator acts as Secretary. CDA maintains strong relationships with CoC agencies and is present at 3-5 related meetings monthly, including the HSPC, Mayor's Task Force to End Homelessness, SRNEH, Coordinated Entry, Emergency Overflow and Project Homeless Connect.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

FRCoC uses ESG to fund shelter services and operations and homeless prevention and rapid re-housing activities. A CoC committee developed ESG Written Standards, including how to allocate ESG funds for eligible activities; performance standards for ESG-funded activities; and funding policies and procedures for operation and administration. ESG subrecipients enter data in to HMIS on a timely basis, provide monthly reports to CDA, and report in the CAPER, AHAR, System Performance Measures, and HIC Chart and PiT Counts annually. RFPs are submitted annually to the City by agencies requesting ESG funds. Two Public Hearings are held and notice of the hearings is published in the local newspaper. In addition to receiving city entitlement ESG funds, 2 agencies also receive funding through the Balance of State. CDA, the 2 state ESG subrecipients, and members of the CoC discussed the use of the state funds and made recommendations to the State regarding how those funds may be better allocated.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and

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## security of participants and how client choice is upheld. (limit 1000 characters)

The NB Women's Center has an ESG emergency shelter at a confidential location in FR with 5 rooms to accommodate either 5 single women or 5 families or any combination thereof, and a 24-hour DV hotline. NBWC also issues VAWA housing vouchers. SSTAR's Women's Center provides DV victims therapy, legal advocacy, safety assessments, personalized safety plans, and information regarding court orders. SSTAR has a Batterer's Intervention Program providing educational groups for batterers and resources for partners and victims. DTA's DV Specialist assists TAFDC workers with DV cases by providing case consultation and safety assessments; helps families advocate with DTA and other agencies; links families to proper resources; and helps with safety planning. Anyone presenting to the CoC's Coordinated Entry with DV issues who is in danger or fear, is automatically referred to a DV provider and police may be called. DV advocates support client choice in services and housing placement.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Fall River Housing Authority	3.00%	Yes-Public Housing

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

MRVP rental subsidies for low-income families, elderly, disabled: 55 vouchers in use.

AHVP rental vouchers for disabled applicants not elderly but eligible for elderly/disabled housing: 15 vouchers in use.

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HUD-VASH program for homeless veterans has 16 vouchers in FR. MRVP-Veterans: 3 vouchers in use; MRVP-Chronic Homeless: 5 vouchers in use.

HomeBASE is available to EA-eligible families to move them out of shelter or motels and into permanent housing, up to \$4,000 of assistance.

There are 786 private subsidy units funded by DHCD, MHFA and HUD, but there are waiting lists and few vacancies.

CSS's St. Mathieu's is affordable housing for females, 16 rooms, common living space.

HOME Program provides financing to private developers and CHDOs to develop affordable housing. Units are rented at/below FMR to low to moderate-income renters, especially useful when a person has housing barriers.

## 1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	Х
Implemented communitywide plans:	
No strategies have been implemented	
Other:(limit 1000 characters)	
Implemented system to locate missing homeless veterans through the PD database for informational purposes only	х

## 1D. Continuum of Care (CoC) Discharge Planning

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X			
Health Care:	X			
Mental Health Care:	X			
Correctional Facilities:	X			
None:				

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

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discharged are not discharged into homelessness. (limit 1000 characters)

Not Applicable

# 1E. Centralized or Coordinated Assessment (Coordinated Entry)

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

The CALL (Coordinated Entry) went live on 12/1/2015. The emergency shelter for individuals continues accepting immediate requests for shelter, and families requiring ES are first filtered through the state's shelter system. Referrals to TH and PSH must come through The CALL; other homeless where local shelter is not an option must use The CALL. The CALL clients are evaluated using a vulnerability index so hardest-to-serve clients are helped first. They are then assessed for eligibility criteria so the best referral can be made for that client's needs. Staff was trained to devise creative strategies for diversion and prevention and housing the hardest-to-serve. There are written Operational Standards, a centralized waitlist, 1-800-HOMELESS hotline with 24-hour staff, real-time bed availability info, and written MOUs between agencies. The CALL is promoted on FallRiverHomeless.com. A Homeless Veterans Registry by name is in use; the CoC is developing a Chronic Homeless Registry Week.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of

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### the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X					
CDBG/HOME/Entitlement Jurisdiction	x	x	x				
Law Enforcement		x					
Local Jail(s)		x					
Hospital(s)		x					
EMT/Crisis Response Team(s)		x					
Mental Health Service Organizations	x	x	x		x		
Substance Abuse Service Organizations	x	x	x		x		
Affordable Housing Developer(s)		x	x		x		
Public Housing Authorities	x	x	x		x		
Non-CoC Funded Youth Homeless Organizations		x	x				
School Administrators/Homeless Liaisons		x					
Non-CoC Funded Victim Service Organizations	x	x	x		x		
Street Outreach Team(s)	x	x			x		
Homeless or Formerly Homeless Persons		x					
Veterans Housing and Services	x	x	x		x		
Faith-Based Service Provider	x	x	x	x	x		
HMIS Vendors - HousingWorks and Simtech Solutions	X						

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

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

# 1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?

10

1

9

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?

Percentage of APRs submitted by renewing projects within the Competition?	oC that were reviewed by the CoC in the	<b>2016 CoC</b> 100.00%
1F-2 - In the sections below, cl selection to indicate how project for the FY 2016 CoC Program Co CoC's publicly announced Rating	applications were reviewed mpetition. Written document	d and ranked ntation of the
Performance outcomes from APR reports/HMIS:		
% permanent housing exit destinations		X
% increases in income		x
Monitoring criteria:		
Utilization rates		х
Drawdown rates		х
Frequency or Amount of Funds Recaptured by HUD		Х
Need for specialized population services:		
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Youth	Х
Victims of Domestic Violence	Х
Families with Children	Х
Persons Experiencing Chronic Homelessness	х
Veterans	х
None:	

# 1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The Ranking Committee was provided with a worksheet that listed all projects, new and renewal. The renewals had the following info: grant amount, % of funds expended, # of beds, # of dedicated CH beds, # of prioritized CH beds (turnover), # of subpops beds (youth, veteran), other priority subpops (families, domestic violence), PH exit destination %, average length of stay, gained/increased income %, whether the project was Housing First, whether the project was reallocating funds, and total FY16 request. The committee was notified that there were no monitoring findings or drawdown issues in the CoC. The CoC Lead provided Technical Assistance based on HUD guidance, and subrecipients were present to answer project-specific questions. The importance of having HMIS, Planning, and Coordinated Entry funds in the CoC were discussed. The Committee made recommendations, and the CoC members, after some discussion, accepted them.

# 1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The Collaborative Applicant published the Ranking Committee's letter with project ranking results along with the Assessment Chart on FallRiverHomeless.com on August 29, 2016 and e-mailed the website link to the CoC members and other interested parties on September 1, 2016. All renewal projects were accepted and prioritized by the Ranking Committee. One new project through the reallocation process was accepted and ranked. One new Permanent Housing Bonus project was accepted and ranked, but another project for the Permanent Housing Bonus funds was rejected, as both PH Bonus project proposals were requesting at or near the total amount available.

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**1F-4. On what date did the CoC and** 09/12/2016 **Collaborative Applicant publicly post all parts** of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation Yes process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

1F-5a. If the CoC rejected project 08/26/2016 application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. In the Annual Renewal Demand (ARD) Yes is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?

# 1G. Continuum of Care (CoC) Addressing Project Capacity

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

CoC programs are required to submit APRs to the CoC Lead by an internal deadline for review, then submit in e-snaps. APR data is entered on a spreadsheet to track: utilization rates; increased housing stability; length of time homeless; destination upon exit; and increased income.

The CoC Lead performs on-site monitoring visits of all programs annually and audits sample files for compliance with eligibility criteria including chronic/homeless and disability documentation as well as ensuring clients are being connected to mainstream benefits.

Other considerations which are gauged on a Performance Assessment Report include: Housing First; expenditure rate; # of beds prioritized for subpops: chronic homeless, veterans, youth; and if funds will be reallocated. This Report is provided to the Ranking Committee, made up of impartial CoC members, to prioritize the projects based on HUD and CoC priorities. Planning, HMIS and Coordinated Entry are also given priority.

1G-2. Did the Collaborative Applicant include Yes accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?

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

### Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Yes Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.

Appendix A (page 11 of HMIS Policies and Procedures of Governance Charter) and Appendix B (page 12 of HMIS Policies and Procedures of Governance Charter)

2A-2. Does the CoC have a HMIS Policies and Yes Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

**2A-3. Are there agreements in place that** Yes outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?

**2A-4.** What is the name of the HMIS software HousingWorks, HomelessData.com,

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### used by the CoC (e.g., ABC Software)? PointInTime.info, Counting.Us

**2A-5. What is the name of the HMIS software** vendor (e.g., ABC Systems)? HousingWorks and Simtech Solutions, Inc.

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

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$32,662
ESG	\$0
CDBG	\$8,166
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$40,828

### 2B-2.2 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-2.3 Funding Type: State and Local

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

### 2B-2.4 Funding Type: Private

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

### 2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$40,828

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

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 05/02/2016 2016 HIC data in HDX, (mm/dd/yyyy):

# 2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	286	13	273	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	94	0	55	58.51%
Rapid Re-Housing (RRH) beds	340	0	0	0.00%
Permanent Supportive Housing (PSH) beds	171	0	171	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

The CoC has 2 TH programs for families that are not McKinney-Vento funded, and therefore, are not mandated to participate in HMIS. The RRH program for families is a state program that has been in the CoC for several years, and this year HUD advised the CoCs across the state to include it on the HIC, but the program is not yet reporting in HMIS. The agency has shelter beds that report in HMIS, so the CoC has contacted it to garner interest in entering the RRH beds in HMIS, too.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

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VA Grant per diem (VA GPD):	
VASH:	
Faith-Based projects/Rescue mission:	
Youth focused projects:	
Voucher beds (non-permanent housing):	
HOPWA projects:	
Not Applicable:	Х

**2C-4. How often does the CoC review or** Monthly assess its **HMIS bed coverage?** 

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

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

# 2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	1%
3.3 Date of birth	0%	0%
3.4 Race	0%	1%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	9%	0%

## 2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):			X
ESG Consolidated Annual Performance and Evaluation Report (CA	APER):		X
Annual Homeless Assessment Report (AHAR) table shells:			X
Point-in-Time Counts, other customized reports as needed			Х
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**Applicant:** Fall River CoC MA 515 Project: MA-515 CoC Registration FY2016 COC\_REG\_2016\_135726 None 2D-3. If you submitted the 2016 AHAR, how 10 many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 2D-4. How frequently does the CoC review Monthly data quality in the HMIS? **2D-5. Select from the dropdown to indicate if** Both Project and CoC standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. 2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS. VA Supportive Services for Veteran Families (SSVF): VA Grant and Per Diem (GPD): Runaway and Homeless Youth (RHY): Projects for Assistance in Transition from Homelessness (PATH): None: Χ 2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters) VA Supportive Services for Veteran Families (SSVF): 1/1/2016 VA Grant and Per Diem (GPD): 1/1/2016 Runaway and Homeless Youth (RHY): no programs in FR CoC FY2016 CoC Application Page 25 09/13/2016

Projects for Assistance in Transition from Homelessness (PATH): no programs in FR CoC

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered Yes PIT count methodology for the 2016 sheltered PIT count?

2E-2. Indicate the date of the most recent 01/27/2016 sheltered PIT count: (mm/dd/yyyy)

2E-2a. If the CoC conducted the sheltered PIT Not Applicable count outside of the last 10 days of January 2016, was an exception granted by HUD?

2E-3. Enter the date the CoC submitted the 05/02/2016 sheltered PIT count data in HDX: (mm/dd/yyyy)

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

### Instructions:

**Complete Census Count:** 

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Random sample and extrapolation:	
Non-random sample and extrapolation:	
2F-2. Indicate the methods used to gather and calculate subpopulat data for sheltered homeless persons:	ion
HMIS:	Х
HMIS plus extrapolation:	
Interview of sheltered persons:	х
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Providers and other organizations complete a survey that is distributed by email, and return it to the survey coordinator to be reviewed and tallied. HMIS-participating agencies obtain the data from HMIS reports and compare the data

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to the actual count of those clients in their programs to ensure accuracy and quality. Those agencies that don't participate in HMIS obtain data from non-HMIS client level information, i.e., client files. All agencies complete the survey to submit to the CoC Lead. If there are concerns about the reported data, the survey coordinator is responsible to ensure and confirm the integrity of the information. The Fall River CoC is a small city, and all the programs are well-known. The non participating agencies maintain good relationships among the other CoC members and the CoC Lead. This makes it possible to count all sheltered homeless persons.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

Not Applicable

## 2F-5. Did your CoC change its provider Yes coverage in the 2016 sheltered count?

# 2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

ES – JRI's FOCUS program reported 30 fewer beds in their scattered-site program from 120 family beds to 90. Emergency Overflow beds (open from 1/4 - 3/12/16) were decreased by 8 beds for individuals from 30 to 22 beds due to sites available to house overflow.

PSH – VASH Vouchers in use by individuals and families increased from 10 to 16. Gateway to Home (rapid re-housing), was reported as 36 new beds in the 2015 HIC, but should've been 0 as no beds were occupied. GtH is not on the 2016 HIC as it had 0 beds occupied during the PiT. HomeBASE is a state RRH program for families. It's been in the CoC for many years, but this year HUD advised MA CoCs to include it on the HIC. The family beds totaled 340 during the PiT.

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## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Follow-up:	Х
HMIS:	Х
Non-HMIS de-duplication techniques:	X
Written Instructions, Announcements at Meetings	Х

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

Not Applicable

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## 2H. Continuum of Care (CoC) Unsheltered Pointin-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final Yes unsheltered PIT count methodology for the most recent unsheltered PIT count?

2H-2. Indicate the date of the most recent 01/27/2016 unsheltered PIT count (mm/dd/yyyy):

2H-2a. If the CoC conducted the unsheltered Not Applicable PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?

2H-3. Enter the date the CoC submitted the 05/02/2016 unsheltered PIT count data in HDX (mm/dd/yyyy):

## 2I. Continuum of Care (CoC) Unsheltered Pointin-Time (PIT) Count: Methods

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

•	
Night of the count - complete census:	
Night of the count - known locations:	Х
Night of the count - random sample:	
Service-based count:	X
HMIS:	

# 2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

We formed outreach teams consisting of providers and former consumers, and split the city into 6 sectors. The teams provided a basis for trust with street homeless, providing pamphlets and other advice. The teams visited public places where the homeless frequent, such as fast-food places, laundromats, soup kitchens, food pantries, bus terminal and outside hang-outs. One team checked all known encampments, and another team found a few more, but they were empty. 4 individuals were found on the street, and 4 men entered the VSO claiming they were staying on the streets, for a total of 8 unsheltered individuals. The unsheltered count was recorded in Counting.Us, a mobile app provided to us by Simtech Solutions, our new HMIS vendor, partnering with HousingWorks to assist us in reporting. FRCoC also performed a Youth Count in May, providing incentives, and covering the community college, the bus terminal and areas outside the high schools after school, and a health clinic.

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2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

Not Applicable

2I-4. Has the CoC taken extra measures to Yes identify unaccompanied homeless youth in the PIT count?

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.

(limit 1000 characters)

Not Applicable

## 2J. Continuum of Care (CoC) Unsheltered Pointin-Time (PIT) Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	Х
Survey questions:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

The implementation changed by using a city map and marking off areas where known encampments are, and having one team focus their efforts on those encampments. Also, additional partners got involved to assist in the 2016 unsheltered count.

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## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

\* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	406	386	-20
Emergency Shelter Total	316	286	-30
Safe Haven Total	0	0	0
Transitional Housing Total	90	93	3
Total Sheltered Count	406	379	-27
Total Unsheltered Count	0	7	7

# 3A-1b. Number of Sheltered Persons Homeless - HMIS. Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015	
Universe: Unduplicated Total sheltered homeless persons	1,155	
Emergency Shelter Total	977	
Safe Haven Total	0	
Transitional Housing Total	178	

#### 3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

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### (limit 1000 characters)

Tenancy Preservation Program helps disabled tenants facing eviction due to disability-related behavior. TPP staff assess reason for eviction, identify needs, develop a plan to maintain tenancy, and monitor case as long as needed. Peer-to-Peer recovery service agencies offer support in group or independent living settings: Fellowship Health Resources, NAMI, Eliot Community Human Services, Vinfen's Empowering Resilience RCC.

CCBC offers short-term community support to provide intensive case management services to Medicaid clients considered "at risk".

CSS & FRHA run a prevention program to provide crisis intervention as soon as possible to prevent eviction.

The CALL & 1-800-HOMELESS staff devise creative strategies for diversion & rapid re-housing such as sending them back to where they stayed the previous night.

CHRB offers free tenant/landlord counseling.

Identified risk factors include sudden loss of income, untreated chronic illness, substance abuse or disabling condition, dv.

### 3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless. (limit 1000 characters)

To reduce length of time homeless (LOTH), FR CoC implemented The CALL (Coordinated Entry) in 2015 as well as other efforts described below. Ongoing efforts: Collaborative work between the CALL and housing providers to ensure efficient placement; Utilization of centralized waitlist and real-time bed availability; Use of CoC-RRH and ESG-HPRR for eligible households; Eligible families referred to SER-Jobs for career assistance; Immediate assistance with mainstream benefit applications.

Once a PSH client is stable and chooses placement in other PH housing, the PSH unit is available for a new client.

FRCoC efforts to track and record LOTH includes use of the Sys PM tool. The planning process is ongoing through HSPC meetings and ongoing communication with The CALL, housing and other CoC providers. For those in shelter and on the street, data is collected using a Vulnerability Index to determine LOTH, and those homeless the longest receive higher priority for housing assistance.

## \* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

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# 3A-4a. Exits to Permanent Housing Destinations: Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	960
Of the persons in the Universe above, how many of those exited to permanent destinations?	533
% Successful Exits	55.52%

#### 3A-4b. Exit To or Retention Of Permanent Housing: In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	28
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	25
% Successful Retentions/Exits	89.29%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Three years of HMIS exit destination data from the shelter for individuals in the FRCoC exhibits 32% of guests (64 annually) who became housed returned to shelter with an average of 3-4 distinct shelter stays.

The number returning to homelessness (RTH) is reduced by: Providing 100% housing first/low threshold units; Vouchers to house homeless - 63 MRVP, 15 AHVP, 16 VASH; Provision of peer support by Fellowship Health Resources, NAMI, Eliot Community Human Services, Vinfen's Empowering Resilience RCC, Project FAIHR; CCBC intensive case management to at risk Medicaid clients; HomeBASE financial assistance to house families in shelter and provide stabilization support; CoC programs assist all households with enrolling in mainstream benefits.

The CoC uses HMIS and the Sys PM tool to identify those RTH. HMIS data has been reviewed in the shelter setting to calculate homeless recidivism. This year, data comparison efforts will be expanded to all households exiting RH, TH and PH programs.

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3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

Clients seek employment by connecting with Ticket to Work (work incentive program for SSI recipients), FR Career Center, SER-Jobs for Progress (Secure Jobs), Bristol Workforce Investment Board, YouthBuild and Mass Rehab. CoC agencies have policies that employable clients must complete employment profiles and obtain job training; case managers assist clients with interview skills and job search. CoC agencies are notified when the City hosts 2-3 job fairs a year. Transportation is provided to job fairs around MA. WalMart, Housing Authority and Tupperware had job openings posted at Project Homeless Connect.

Many clients are unemployable due to severe disability issues. All CoC program staff receive SOAR training (SSI/SSDI) and can access and complete applications for insurance, food stamps & EAEDC benefits at virtualgateway.com via mass.gov.

Affordable education is available at the community college, Salter School (healthcare/business) and Rob Roy Academy (hair/beauty).

# 3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.

(limit 1000 characters)

State Vocational Services: Massachusetts Vocational Rehabilitation Commission

One-Stop: FR Career Center, Bristol Workforce Investment Board, Office of Economic Development, SER-Jobs for Progress

Employment Agencies: Advance Career Services, Able Associates, Kelly Services, Labor Ready.

South Shore Housing collaborated with SER-Jobs for Progress to create Secure Jobs, a program for homeless families ready, willing and able to work, residing in state shelters and HomeBASE units.

Mass Rehab, FR Career Center and SER-Jobs participate in our annual Project Homeless Connect.

Employment agencies are appropriate for those needing temporary work on a day-by-day basis.

100% of the CoC programs partner with all mainstream employment organizations in order to connect homeless program participants who are able to work with job opportunities.

# 3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)

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Steppingstone's street outreach team has proficient knowledge of where to find unsheltered homeless in our CoC. They scour the city looking to engage the street homeless and receive tips from others that encounter street homeless. The Steppingstone team led the PiT Count outreach teams in how/where to seek out street homeless. The teams of providers and former consumers used a city map to mark areas where known encampments are. 1 team checked all known encampments. The teams visited public places where the homeless frequent: fast-food places, laundromats, soup kitchens, food pantries, library, bus terminal, parks, playgrounds, along the river shore. The unsheltered count was recorded in Counting.Us, a mobile app provided to us by Simtech Solutions that tracked demographic information and location. Geographic areas excluded were the more affluent neighborhoods. The teams provided a basis for trust with the street homeless, and they told them how they could access shelter.

3A-7a. Did the CoC completely exclude yeographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

Geographic areas excluded were the more affluent neighborhoods. The occupants of the more affluent neighborhoods know their neighbors and would be vigilant about unfamiliar persons loitering on or near their properties.

3A-8. Enter the date the CoC submitted the 08/12/2016 system performance measure data into HDX.

The System Performance Report generated by HDX must be attached.

(mm/dd/yyyy)

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

N/A

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

#### **Objective 1: Ending Chronic Homelessness**

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;

  2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
- 3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	71	60	-11
Sheltered Count of chronically homeless persons	61	59	-2
Unsheltered Count of chronically homeless persons	10	1	-9

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)

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> (The January 2014 count of Unsheltered was used rather than the January 2015 count: No count of unsheltered homeless was performed outdoors in 2015, and no one was recorded as unsheltered homeless. Southeastern Massachusetts received a significant amount of snow over a 5-week period. putting outreach workers at risk and driving the homeless from their encampments. Otherwise, FRCoC performs an unsheltered count every January.)

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

		_	-	
		2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicate by chronically homelessness persons identified on the HIC.	ed for use	58	64	6

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

Catholic Social Services' PSH program for individuals, A Loving Home, dedicated all of its beds to Chronically Homeless Persons rather than just a portion of them.

**3B-1.3. Did the CoC adopt the Orders of** Yes Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons **Experiencing Chronic Homelessness in Permanent Supportive Housing and** Recordkeeping Requirements for **Documenting Chronic Homeless Status?** 

3B-1.3a. If "Yes" was selected for question pages 1-4 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

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## **3B-1.4.** Is the CoC on track to meet the goal Yes of ending chronic homelessness by 2017?

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The CoC has adopted the Orders of Priority as described in Notice CPD-14-012.

All CoC programs switched over to a Housing First model. All units are low-barrier.

61% of the CoC's PSH beds are dedicated to/prioritized for the chronically homeless with consideration of possibility of turnover in order to prioritize additional beds.

The CoC is applying for 10 additional dedicated chronic homeless beds. FRHA is working with shelter staff to house homeless, disabled individuals in their high-rises and is seeking funding for support services through the state. The CALL staff (Coordinated Entry) is using a vulnerability index in order to prioritize hardest-to-serve individuals and families. The CALL connects with CHDOs and other developers with HOME-funded units to place persons with housing barriers.

The CoC is applying for a Planning Grant intended to bring in a Consultant to rewrite the Plan to End Homelessness and to complete a Governance Charter of written policies and procedures.

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

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

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

## 3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	Х
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	Х
Chronic health conditions	Х
Pregnant status	X
N/A:	

# 3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

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In 2015, the CoC is identifying families and moving them more quickly via implementation of The CALL (Coordinated Entry).

Strategies for 2016 include: When at-risk families contact The CALL (1-800-HOMELESS), staff use creative strategies for diversion and prevention. If homelessness is not prevented/the family can't be diverted, DHCD places them in shelter. The family is then referred to The CALL. A vulnerability index is conducted to prioritize hardest-to-serve, and the family is placed on a centralized waitlist based on the VI score.

Massachusetts is the only "right to shelter" state in the country. HomeBASE, a state prevention/rapid rehousing program, provides assistance to prevent homelessness or move families into affordable units and provide rental subsidies. Gateway to Home is a CoC PH-RRH program for homeless families. FRCoC also has ESG-HPRR. In total, FRCoC has 80 PH-PSH family beds, 18 PH-RRH family beds, and 340 beds currently in the HomeBASE RRH program.

## 3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	36	340	304

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	
Program policies and procedures prohibit involuntary family separation	Х
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

#### PIT Count of Homelessness Among Households With Children

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Applicant: Fall River CoC MA 515

Project: MA-515 CoC Registration FY2016 COC\_REG\_2016\_135726

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	86	76	-10
Sheltered Count of homeless households with children:	86	76	-10
Unsheltered Count of homeless households with children:	0	0	0

# 3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

(The January 2014 count of Unsheltered was used rather than the January 2015 count: No count of unsheltered homeless was performed outdoors in 2015, and no one was recorded as unsheltered homeless. Southeastern Massachusetts received a significant amount of snow over a 5-week period, putting outreach workers at risk and driving the homeless from their encampments. Otherwise, FRCoC performs an unsheltered count every January.)

# 3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	l	Yes
LGBTQ youth homelessness?	ı	Yes
Exits from foster care into homelessness?	ı	Yes
Family reunification and community engagement?	ı	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?		Yes
Unaccompanied minors/youth below the age of 18?	ı	No

## 3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	

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Community awareness training concerning youth trafficking:	X
N/A:	

# 3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	Х
Length of time homeless:	Х
Unsheltered homelessness:	Х
Lack of access to family and community support networks:	X
Mental/physical disabilities	X
N/A:	

# 3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	13	5	-8

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

Francis House, one of two PSH programs in the region for unaccompanied

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youth 18-24, opened December 2012 but wasn't fully occupied until March 2013, which explains the decrease in unsheltered unaccompanied youth as they now had a program to go to that wasn't a shelter (that is not necessarily an appropriate setting for young adults).

## 3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$97,680.00	\$97,680.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$97,680.00	\$97,680.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$0.00	\$0.00	\$0.00

# 3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

# 3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

Local Education Liaisons attended various CoC meetings and Mayor's Task Force to End Homelessness meetings throughout the year (both held monthly). Several CoC members attend the Homeless Education School Liaisons Advisory Council quarterly meetings. The State Educational Liaison attends quarterly meetings of the South Coast Leadership Council and occasional meetings of the SoCo Steering Committee's bi-monthly meetings. CoC members and local education liaisons attend monthly meetings of the United Neighbors Community Partnership, a grassroots group that provides food, household items and fun, educational events to the families residing in area shelters. The public school Superintendents and the Local Education Liaisons assist with promoting the annual PiT and

Unaccompanied Youth Count in the schools, especially the high schools. They provide flyers announcing where surveys can be taken and that there will be an incentive for completing the survey.

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**Applicant:** Fall River CoC

(limit 2000 characters)

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.

Subtitle B of the McKinney-Vento Homeless Assistance Act ensures educational rights and protections for homeless students. In Massachusetts, all school districts must comply with the McKinney-Vento Act which requires the following: maintain students in school of origin; provide transportation to ensure access to school of origin; enroll homeless students immediately, even if required documentation is missing; require school districts to review and revise all local policies that may act as a barrier to retention and enrollment of homeless students; require a local homeless education liaison in all districts. Liaisons ensure homeless students "enroll in, and have a full and fair opportunity to succeed in, the schools in their district." The purpose of enrolling homeless students in school immediately is to provide educational stability and avoid separation from school for days or weeks while documents are located. Liaisons serve as a point of contact for all issues regarding homeless students and ensure compliance with McKinney. Providers also contact Liaisons if they have any children whose educational needs are not being met. Francis House, one of only two PSH programs in the area for unaccompanied youth 18-24, ensure that all residents are either in school/training, working or both.

YouthBuild in Fall River gives low-income young people who are at-risk the opportunity to transform their lives, move toward becoming a responsible adult and give back to their community. During a 10-month enrollment, a youth may accomplish the following: achieve a high school diploma or GED; obtain job skills and earn a wage; gain industry-recognized certifications in different fields; receive counseling support to solve personal issues; transition into post-program placements.

Fall River has a Youth Services Coordinator whose mission is to encourage and promote positive youth development, meeting basic physical and social needs to transition to adulthood.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others? (limit 1000 characters)

Neither the CoC of the HUD-funded projects have written agreements with any of the programs that service infants, toddlers, and youth children. When a family program conducts the intake process with the client, a service plan is established and referrals to local providers are made. At that point, the "contract" would be between the client and the agency as it would be for any other person seeking services. Agencies that provide these services include People, Inc. (Early Intervention), Southbay Community Services (Early Intervention), and Citizens for Citizens (Head Start and Early Head Start). Public schools and Head Start are covered by federal law, and the homeless

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children are given priority.

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

#### **Objective 3: Ending Veterans Homelessness**

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

# 3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	7	5	-2
Sheltered count of homeless veterans:	3	1	-2
Unsheltered count of homeless veterans:	4	4	0

# 3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

(The January 2014 count of Unsheltered was used rather than the January 2015 count: No count of unsheltered homeless was performed outdoors in 2015, and no one was recorded as unsheltered homeless. Southeastern Massachusetts received a significant amount of snow over a 5-week period, putting outreach workers at risk and driving the homeless from their encampments. Otherwise, FRCoC performs an unsheltered count every January.)

## 3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to

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## appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

The CALL (Coordinated Entry) performs an intake and asks "Have you ever served in the military?" If yes, the person is referred to various veteran agencies, including the Veterans Administration, Veterans, Inc. (SSVF), Veteran's Transition House (SSVF), Veterans Service Officers, Project FAIHR, Community Counseling of Bristol County. Once the veteran is id'd, the group evaluates the person's DD Form 214 and other eligibility qualifiers to ensure the veteran receives referrals to the proper level of service. The Committee to End Veterans Homelessness is a regional group consisting of the agencies listed above as well as housing and shelter providers, mental health providers, and community development staff. A Registry of names of all homeless veterans in the county was created. The Committee meets monthly and addresses each veteran individually, to house them and provide them with any wrap-around services needed by the veteran (and family), as well as add or remove names.

# 3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	1	5	400.00%
Unsheltered Count of homeless veterans:	0	4	0.00%

# 3B-3.4. Indicate from the dropdown whether Yes you are on target to end Veteran homelessness by the end of 2016.

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

The Committee to End Veterans Homelessness created a Registry of names of all homeless veterans in the county. The Committee meets monthly and addresses each veteran individually to house them and provide them (and family) with any needed wrap-around services. All PSH programs have committed to Housing First and low threshold housing barriers; there are 6 PSH units in FRCoC for homeless with veterans preference. CCBC awarded 3 MRVP-Veterans and 5 MRVP-Chronic Homeless vouchers in FRCoC. There

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**Project:** MA-515 CoC Registration FY2016 COC\_REG\_2016\_135726

are 9 HUD-VASH vouchers in FR. Safe Harbor and Project FAIHR provide case management, peer support and wrap-around services to veterans. 2 local SSVF programs, Veterans Transition House and Veterans, Inc., offer support services to assist veteran families who are homeless or at risk. Other veterans housing: CHRB and City VSO have 6 units with veterans preference; CABH and the City VSO have 6 units for veterans; JRI has 8 units with veterans preference as part of a 17-unit HOME Program project.

### 4A. Accessing Mainstream Benefits

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide Yes information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?

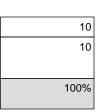
4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

#### **FY 2016 Assistance with Mainstream Benefits**

Total number of project applications in the FY 2016 competition (new and renewal):

Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).

Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:



4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Massachusetts passed health care reform law in 2006 to provide insurance to nearly all residents; those under 150% of the FPL are provided free insurance. The MA Health Connector, an independent public authority, offers free, highly subsidized and full-price private insurance plans. BMC HealthNet Plan, a non-profit managed care organization, provides high quality coverage to underserved populations. BMC HealthNet Plan offers MassHealth/Medicaid and Commonwealth Care health insurance and serves more than 250,000 members statewide. One application compares insurance plans and costs. Parents'

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policies cover children until age 26. Healthcare providers include South Coast and St. Anne's Hospitals, HealthFirst, Prima Care and SSTAR Family Healthcare Center. Affiliation Agreements with each provider are renewed annually. Senior Whole Health provides similar services to those 65 or older. All CoC programs can access and complete applications for insurance at virtualgateway.com via mass.gov.

# 4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	Х
In-Person Trainings:	Х
Transportation to medical appointments:	Х
Assistance with insurance enrollment	X
Not Applicable or None:	

#### 4B. Additional Policies

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

#### FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	10
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	10
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

#### FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	10
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	10
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X	

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Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
FallRiverHomeless.com	X
The CALL - Coordinated Entry	X
1-800-HOMELESS Hotline	X
Not applicable:	

## 4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	36	340	304

4B-5. Are any new proposed project No applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?

(limit 1000 characters)

Not Applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

## 4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

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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 2500 characters)

Not Applicable

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistanct Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?

4B-8a. If "Yes" in Question 4B-8, 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)

Not Applicable

4B-9. Did the CoC or any of its CoC program No recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.

## 4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	

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Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	x

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

### 4C. Attachments

#### Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Communication of	09/01/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Public Posting Ev	09/12/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re	09/01/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating and Review	09/01/2016
05. CoCs Process for Reallocating	Yes	Letter Explaining	09/01/2016
06. CoC's Governance Charter	Yes	CoC Governance Ch	09/08/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P	09/01/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	FRHA Administrati	09/01/2016
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	CoC-HMIS MOU	09/01/2016
11. CoC Written Standards for Order of Priority	No	Written Standards	09/01/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX - System Perf	09/01/2016
14. Other	No	Housing Inventory	09/02/2016
15. Other	No	Point-in-Time Count	09/02/2016

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#### **Attachment Details**

**Document Description:** Communication of Acceptance or Rejection

#### **Attachment Details**

**Document Description:** Public Posting Evidence

#### **Attachment Details**

**Document Description:** CoC Rating and Review Procedure

### **Attachment Details**

**Document Description:** Rating and Review Procedure: Public Posting

Evidence

#### **Attachment Details**

**Document Description:** Letter Explaining Reason for Reallocation

#### **Attachment Details**

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**Document Description:** CoC Governance Charter

#### **Attachment Details**

**Document Description:** HMIS Policy and Procedures Manual

#### **Attachment Details**

**Document Description:** 

### **Attachment Details**

**Document Description:** FRHA Administration Plan

#### **Attachment Details**

**Document Description:** CoC-HMIS MOU

#### **Attachment Details**

**Document Description:** Written Standards for Order of Priority

#### **Attachment Details**

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**Document Description:** 

#### **Attachment Details**

**Document Description:** HDX - System Performance Measures

#### **Attachment Details**

**Document Description:** Housing Inventory Chart

#### **Attachment Details**

**Document Description:** Point-in-Time Count

### **Submission Summary**

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated		
1A. Identification	08/22/2016		
1B. CoC Engagement	09/06/2016		
1C. Coordination	09/07/2016		
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1D. CoC Discharge Planning	08/23/2016
1E. Coordinated Assessment	09/01/2016
1F. Project Review	09/12/2016
1G. Addressing Project Capacity	09/08/2016
2A. HMIS Implementation	09/09/2016
2B. HMIS Funding Sources	08/26/2016
2C. HMIS Beds	09/09/2016
2D. HMIS Data Quality	09/09/2016
2E. Sheltered PIT	08/29/2016
2F. Sheltered Data - Methods	09/02/2016
2G. Sheltered Data - Quality	09/02/2016
2H. Unsheltered PIT	08/29/2016
21. Unsheltered Data - Methods	09/02/2016
2J. Unsheltered Data - Quality	09/09/2016
3A. System Performance	09/09/2016
3B. Objective 1	09/08/2016
3B. Objective 2	09/09/2016
3B. Objective 3	09/08/2016
4A. Benefits	08/30/2016
4B. Additional Policies	09/01/2016
4C. Attachments	09/12/2016
Submission Summary	No Input Required

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#### Men's Recovery Home

466 North Main Street Fall River, MA 02720 508-674-2788 x202

#### **Woman's Treatment Program**

522 North Main Street Fall River, MA 02720 508-674-2788 x101

#### **Woman's Treatment Program**

979 Pleasant Street New Bedford, MA 02740 508-984-1880

#### **Outpatient Treatment**

179 & 279 North Main Street Fall River, MA 02720 508-679-0033

#### Next Step Home Program Medical Case Management Program

506 North Main Street Fall River, MA 02720 508-674-2788 x119

#### Graduate Program

506 North Main Street Fall River, MA 02720 508-674-2788 x 118

#### **Graduate Program**

977 Pleasant Street New Bedford, MA 02740 508-984-1880

#### Transition House

542 North Main Street Fall River, MA 02720 508-674-2788 x118

#### First Step Inn Emergency Shelter Program

175 North Main Street Fall River, MA 02720 508-679-8001

#### Stone Residence

177 North Main Street Fall River, MA 02720 508-675-4159

#### Welcome Home Program

5 Dover Street New Bedford, MA 02740 508-984-7514



August 31, 2016

City of Fall River
Community Development Agency
Mr. Michael Dion
Executive Director/CFO
One Government Center
Fall River, MA 02722

Dear Mr. Dion:

This letter contains an explanation as to why Steppingstone Incorporated has chosen to reallocate CHAOS funds in this HUD 2016 CoC Competition to a new project titled Home First.

While CHAOS effectively served hundreds of homeless individuals over the past few decades, it had experienced a reduction of 76% of funding this current round, which will affect our ability to provide the same intensity of services for the transitional housing component. That combined with the fact that Steppingstone's goal is to align with HUD priorities and best practices, including moving toward permanent housing for chronic homeless and following the housing first model, steered our decision to make this change and reallocate CHAOS. As you will read in our Home First application, the new project is both permanent housing for the chronic homeless and housing first.

Thank you for the opportunity to explain this change and please do not hesitate to contact me if you have further questions or require more information.

Sincerely,

Kathleen Schedler-Clark

**Executive Director** 

Steppingstone Incorporated

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#### **Measure 1: Length of Time Persons Remain Homeless**

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		977		89			69	
1.2 Persons in ES, SH, and TH		1155		98			74	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

## Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Homelessr to 12 I	rns to ness from 6 Months 65 days)	Returns to Homelessness from 13 to 24 Months (366 - 730 days)			of Returns Years
	Destination (2 Years Prior)	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	345	13	4%	4	1%	11	3%	28	8%
Exit was from TH	53	2	4%	1	2%	3	6%	6	11%
Exit was from SH	0	0		0		0		0	
Exit was from PH	21	1	5%	1	5%	1	5%	3	14%
TOTAL Returns to Homelessness	419	16	4%	6	1%	15	4%	37	9%

#### **Measure 3: Number of Homeless Persons**

#### Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	354	406	52
Emergency Shelter Total	159	316	157
Safe Haven Total	0	0	0
Transitional Housing Total	117	90	-27
Total Sheltered Count	276	406	130
Unsheltered Count	78	0	-78

#### Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1155	
Emergency Shelter Total		977	
Safe Haven Total		0	
Transitional Housing Total		178	

## **Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects**

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		55	
Number of adults with increased earned income		0	
Percentage of adults who increased earned income		0%	

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		55	
Number of adults with increased non-employment cash income		0	
Percentage of adults who increased non-employment cash income		0%	

#### Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		55	
Number of adults with increased total income		0	
Percentage of adults who increased total income		0%	

#### Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		12	
Number of adults who exited with increased earned income		0	
Percentage of adults who increased earned income		0%	

#### Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		12	
Number of adults who exited with increased non-employment cash income		0	
Percentage of adults who increased non-employment cash income		0%	

#### Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		12	
Number of adults who exited with increased total income		0	
Percentage of adults who increased total income		0%	

#### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		938	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		793	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		145	

## Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		990	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		819	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		171	

# Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Programfunded Projects

This Measure is not applicable to CoCs in 2016.

# Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

#### Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		0	
Of persons above, those who exited to temporary & some institutional destinations		0	
Of the persons above, those who exited to permanent housing destinations		0	
% Successful exits			

#### Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		960	
Of the persons above, those who exited to permanent housing destinations		533	
% Successful exits		56%	

#### Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		28	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		25	
% Successful exits/retention		89%	