

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-500 - Boston CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Boston Acting by and through its PFC

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	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	No
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	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Faith based organizations & university researchers	Yes	No	No
Philanthropic organizations	Yes	No	No
Local businesses, including IT experts	Yes	No	No

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.

All CoC committees report to the CoC Board. When a committee is formed, the CoC Board selects reps based on knowledge, experience and interest and membership is solicited at CoC-wide meetings. Input for the application process, rating, ranking, and reallocation policy is solicited at CoC wide and committee meetings. Examples: Senior staff from Boston Housing Authority sit on the CoC Board, the Coordinated Access, PHS (co-chair), Ending Vets and Chronic Homelessness (CH) Working Groups and Leadership Teams. The CoC and BHA recently signed an MOU that created a superpriority for CH seniors with supportive services. 38 faith communities in the Boston area formed the BostonHome Interfaith Collaborative to support the CoC's plan to end chronic homelessness. A Coordinator has been hired and they have provided incentive gift cards to the most recent "housing surge" for CH elders and are providing furniture for CH chronically elders moving to BHA housing with Medicaid-funded services.

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.
Bridge Over Troubled Waters	Yes	Yes	Yes
Home for Little Wanderers d/b/a The Home	No	Yes	No
Youthbuild, Inc.	No	No	No
Justice Resource Institute	No	Yes	No
Roxbury Youthworks	No	No	No
Youth on Fire	No	No	No
Boston Alliance of Gay Bisexual & Transgender Youth	No	No	No
Boston Public Health Commission	No	Yes	Yes
Eliot Community Human Services	No	Yes	No
ROCA	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.

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.
Casa Myrna Vazquez	Yes	Yes
Elizabeth Stone House	Yes	No
FINEX House	Yes	No
Victory Programs - Renewal House	No	No
Asian Shelter and Advocacy Project	No	No
Crittenton - Horizons House	Yes	No
HAVEN at Massachusetts General Hospital	No	No
Beth Israel Deaconess Medical Center for Violence Prevention & Recovery	No	No
Boston Area Rape Crisis Center	No	No
Boston Medical Center Domestic Violence Program	No	No

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)

The CoC uses broad & targeted strategies to publish funding opportunities. An advertised procurement solicited new proposals for the FY16 NOFA. Hallmarks of this process include ads in the Boston Herald (a local daily paper), the Goods & Services Bulletin, a state procurement publication & the City Record, a City procurement bulletin. Announcements are made @ CoC meetings (general and leadership meetings) before & during the application period & are posted through the CoC webpage & listserv. The CoC also strategically targets those who have not historically received funding to broaden populations represented. Ex:in this competition, the CoC reached out local CDC's & small developers with projects in the pipeline that could incorporate CoC housing resources into upcoming developments to serve homeless households. The CoC also considers whether new projects will target populations underserved by CoC resources such as youth, when determining Project Priority Listing inclusion.

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

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)	Yes
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

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)

The Boston Con Plan jurisdiction & Boston CoC share the same geography and the CoC collaborated with the single Plan Jurisdiction. DND is the administering grantee & CoC lead agency responsible for preparing the Con Plan & serves as the CoC Coordinated Applicant. DND also administers Boston's ESG allocation. DND's Policy & Research Division (DND-PDR) prepares Boston's Con Plan, Annual Action Plans & CAPERS. The homeless and homelessness prevention sections of the Con Plan are based on the data & goals in the CoC application and are derived from from the work done by the CoC Board and CoC committees which meet regularly - at least 6 times annually. Progress on key goals are reported to the Mayor and posted on the CoC jurisdiction website. DND staff and CoC sub-recipients participate in the two public hearings held annually on the Con and Action Plans and provide testimony (written and oral) on the draft Con Plan, Action Plan and CAPER.

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)

DND is the CA for the CoC and recipient for ESG funds. DND is responsible for ESG project selection & compliance with 24 CFR 578.7(c)(5). The ESG subs and CoC members overlap- many ESG subs sit on CoC wgrps and the CoC board. Through the CoC, DND analyzes ESG funding components (i.e. RRH v. ES) needs and gaps through performance based on HMIS/CAPER data and monitoring reports; and compares to CoC programs to ensure CoC and ESG prgm are working in tandem and not duplicating services. When the CoC sees a gap in a type of resource (e.g. RRH families) it then may fund an ESG project to fill the need/gap within the CoC. The CoC provides Con Plan level PIT & HMIS data to develop performance measurements with ESG projects. DND is responsible for evaluating outcomes of ESG projects, subs are required to submit mtlly reports & are subject to monitoring visits where SPMs are evaluated to improve performance. This year, through HMIS, ESG recipients will utilize eCart to report aggregated data.

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

The CoC collaborates with & funds RA programs for 3 DV providers. The CoC coordinates w/ ESG providers & funds PH programs for many other DV survivors involved in non-victim specific programs. Agency staff receive DV training to ensure protection of PPI and that it's shared securely and with client consent. DV victims have access to a state-wide DOJ funded 24/7 DV SAFElink hotline; all calls are confidential & answered by trained advocates. Casa Myrna Vazquez, a CoC DV program receives DOJ funding for legal advocacy and the MA Dept of Children and Families funds programs in Boston for family violence prevention. CoC providers & clients utilize Boston's Family Justice Center where DV programs & resources are free of charge. Once a DV client presents at any of our partnering agencies (CoC & non-CoC funded) they are assessed for risk factors to ensure safety & confidentiality. Clients are assisted in housing search in a community of their choice. Once housed, DV services continue as needed

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
Boston Housing Authority	84.50%	Yes-Both

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)

The CoC lead agency, DND oversees affordable housing development in Boston. In 1996, a homeless set aside policy was created where rental projects must set aside at least 10% of the units for homeless households using CDBG, HOME and local funds. To date 1,406 units have been created including 57 HUD 202 program units. MA has a state funded rental assistance program and in the past 12 months 228 Boston homeless households have been housed including a special allocation of 100 MRVP's, for the chronically homeless and

veterans. MA received a HUD waiver for the New Lease program where homeless families are prioritized for HUD multi-family housing developments. 16 developments in Boston have housed 107 families. 760 Boston families were housed using HomeBase, a MA funded RRH program. The MA Dept of Mental Health recently brought on line 50 safe Haven beds targeted to the unsheltered and funds 209 subsidies. Boston has 2,720 state funded public housing which are prioritized for the homeless.

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:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
Boston's street outreach network, emergency shelter clinicians, Boston Public Health Commission (BPHC) High Utilizers of Emergency Services offer assertive outreach, crisis intervention and aftercare to divert persons with behavioral health issues from arrest to treatment. Boston Centers for Youth & Families street workers, Bridge Over Troubled Waters and BPHC's Violence Intervention & Prevention teams engage homeless or at-risk youth with juvenile detention histories to divert from arrest to community programs, housing, education, employment to reduce recidivism to criminal justice. The Mayor's Office of Recovery Services and Boston Police Department divert homeless persons with substance use issues to treatment as diversion rather than arrest. The Boston Municipal Court Chief Justice presides over a monthly homeless court to mitigate barriers to housing, employment, mental health and stabilization services by clearing misdemeanors, default warrants or other low-level matters.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

**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 CE system is advertised and coverage is throughout the entire CoC geo area. It includes multiple elements to ensure those who are least likely to apply have access to resources: 311 mobile constituent app; marketing the CAS system in different languages; virtual and physical locations that are accessible to PWD. CAS has 2 elements: Front Door Triage and Coor. Access to housing, both include partnerships w the Boston CoC who administers the CAS system, and CoC and ESG subs who provide outreach/prevention/RRH services, Dept. of MH who provide outreach/services, the local PHA, and DHCD to house families quickly with a state RA program. Once households access 'Front Doors' they are assessed within 48 hours through an assessment tool that quickly prioritizes persons in a centralized online database, based on vulnerability and length of time homeless. The CoC practices low barrier/housing first approach where the highest prioritized person receives the next available resource.

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 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Housing Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Health (Massachusetts Medicaid)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 renewal project applications were submitted in the FY 2016 CoC Program Competition?	32
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	8
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?	24
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>

Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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 CoC expects that projects are low barrier and serve those w/ the highest needs and vulnerabilities, as exemplified by the adoption of the Orders of Priority in CPD Notice-14-012. Renewal and new applications were ranked by score as described in the published CoC Rating and Selection Criteria. Scoring weight is as follows: 48% System Performance, 22% Opening Doors plan alignment, 15% HMIS data quality, 10% Financial Management and 5% utilization. The 22% Opening Doors alignment section includes the following criteria: whether the project serves chronically homeless, veterans, youth of those fleeing domestic violence; whether the project practices Housing First/low barrier principles; whether the project serve participants who are unsheltered, are vulnerable to victimization including DV; whether the participant has multiple disabilities or no income. Finally, points are awarded to projects that prioritize the longest time homeless with the most severe needs.

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 Boston CoC FY Competition Project Review, Rating and Selection Criteria was made publically available at 2 well attended CoC meetings on 7/18/16 & 7/29/16 that were publicly advertised and posted on line. The Selection Criteria was described to all applicants through the public solicitation of new and renewal applications and was reviewed on 8/1/16 at a Bidders Conference for agencies considering proposals for New PH Bonus and Reallocation opportunities. The CoC Board provided input into the development of the Selection Criteria and the Renewal and New Project Scoring Tools and voted its approval of both on 07/29/16. Once approved, the Selection Criteria and Scoring Tools were disseminated to stakeholders and posted on line on 8/4/16.

1F-4. On what date did the CoC and 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). 09/12/2016

1F-5. Did the CoC use the reallocation 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.) Yes

1F-5a. If the CoC rejected project 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.) 09/02/2016

1F-6. In the Annual Renewal Demand (ARD) 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? Yes

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)

The CoC uses 3 ways to monitor performance; payment & expenditure review, APR review & on-site monitoring. Payments are reviewed monthly for eligibility and timely spending. APRs are reviewed for utilization, participant eligibility, length of time homeless, increased income, access to mainstream benefits, housing stability, destination & recapture rates. APR's can be generated through HMIS and may be reviewed any time during the grant period. A monitoring tool has been developed and is updated regularly to include the new System Performance measures, for example. A monitoring schedule is maintained and visits are triaged based on risk - including previous findings, new or larger programs. A thorough review is conducted on all aspects of the program to ensure compliance with 24 CFR part 78 & any performance concerns are discussed based on the APRs, billings or monitoring concerns. The CoC offers TA to ensure providers have the information necessary to manage and improve programs.

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

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 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. Yes

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. page 6 of the MA 500 Governance Charter begins the section of the HMIS Lead responsibilities

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

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

2A-4. What is the name of the HMIS software ETO Software

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Social Solutions Global, 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 coverage area: Single CoC

*** 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	\$524,480
ESG	\$50,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$574,480

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	\$1,422,660
Private - Total Amount	\$1,422,660

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$1,997,140
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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 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

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	5,219	108	4,561	89.24%
Safe Haven (SH) beds	27	0	20	74.07%
Transitional Housing (TH) beds	1,035	88	775	81.84%
Rapid Re-Housing (RRH) beds	229	9	210	95.45%
Permanent Supportive Housing (PSH) beds	5,150	0	4,876	94.68%
Other Permanent Housing (OPH) beds	2,744	0	1,117	40.71%

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)

Three project types do not meet the 85% threshold. Safe Haven (SH), Transitional Housing (TH) and Other Permanent Housing (OPS). 7 of the 20 SH beds and 120 of the TH beds are not in HMIS as they are Dept of Mental Health (DMH) beds and the data submitted as part of the 2016 HIC submission did not include DMH beds. 1,263 of the OPH beds are managed by the Boston Housing Authority including Public Housing beds and 542 VASH beds. At this time the BHA will not complete double data entry to comply with HMIS. Plan to increase bed coverage: The CoC signed a data sharing agreement with DMH and as of February 2016, all of the DMH SH and TH beds participate in HMIS. This will bring the coverage rate for SH beds to 100% and the TH beds to 95%. The CoC has a data sharing agreement with the BHA and the plan is to work with the BHA and the VA to download data from the BHA into the CoC HMIS warehouse bringing the coverage rate to 86.7%

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.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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	0%	2%
3.3 Date of birth	2%	0%
3.4 Race	0%	3%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	1%	1%
3.8 Disabling condition	2%	1%
3.9 Residence prior to project entry	2%	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	16%	0%
3.16 Client Location	15%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	10%	1%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
System Performance Measures, HMIS APR, Data Validation, Data Quality, PIT, HIC, Client Dashboard	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

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):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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)

Of the Federal partner programs listed in 2D-6 only the PATH providers currently do not enter data in the CoC's HMIS. The PATH providers intend to contribute HMIS data in the HUD CSV template to the Boston CoC HMIS Data

Warehouse beginning October 2016.

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 Congress and 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 PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/27/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 05/02/2016

2F. Continuum of Care (CoC) Sheltered Point-in-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.

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

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
HMIS bed register/ client records	<input checked="" type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Client Records/Interview	<input checked="" type="checkbox"/>

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)

All CoC agencies participate in the sheltered PIT count, regardless of funding. HMIS assessments and bed registers as well as non-HMIS shelter intakes the night of the PIT count are used to capture complete, de-duplicated data. HMIS

CSVs and non-HMIS surveys uploaded to the Data Warehouse generate detailed reports that verify client level and aggregate data. The CoC selected this method as it optimizes HMIS use to obtain accurate, de-duplicated records of homeless persons which are used to develop metrics to measure progress on CoC goals for ending homelessness. HMIS generated client-level and aggregate data is used to develop baseline metrics for the CoC's 7 HUD informed system-level performance measures, e.g., length of time homeless, number of persons becoming homeless for the first time, income/job growth, exits to permanent housing, etc. The PIT-informed baseline helps the CoC chart progress in ending chronic and Veterans homelessness and other CoC priorities.

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 coverage in the 2016 sheltered count? Yes

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

The CoC reduced the 2016 sheltered PIT Count by 280 persons, with 174 fewer Emergency Shelter (ES) beds and 106 fewer Transitional Housing beds. The Dept. of Housing & Community Development reduced the number of family ES beds by 136, including a 109 bed reduction in overflow motel beds for families. Each motel unit taken offline by DHCD reflects a change in provider coverage. Provider coverage also changed as Victory Programs closed two TH programs, Victory Transitional and Women's Hope Transitional. There was also a substantial reduction in TH beds at the NE Center & Home for Veterans, reflecting CoC progress in ending chronic veterans homelessness and repurposing transitional units into Permanent Supportive Housing.

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:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
non-HMIS providers completed single HMIS like Google Form per client	<input checked="" type="checkbox"/>

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)

This year MA-500 required all CoC programs and providers to submit accurate, up-to-date client level information to the CoC lead for the PIT Count, instead of the previous 17 page electronic PIT survey of aggregate client level data from their programs. Programs that use HMIS submitted a full HMIS data set for the night and the small number of programs that do not participate submitted a de-identified HMIS survey through Google Forms to the CoC Lead. The HMIS Administrator updated the training with these requirements and the revised materials can be found here:

<http://dnd.cityofboston.gov/#page/HMISDataReports> under the Census Training Documents. This improved data quality and deduplication because providers were required to produce not only the HMIS CSV package but also system generated PIT count report for each program and data quality report. By producing these reports as well as the back-up data, providers were forced to re-examine their data before submitting to the HMIS Lead.

2H. Continuum of Care (CoC) Unsheltered 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.

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 unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

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

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

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

2I. Continuum of Care (CoC) Unsheltered Point-in-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:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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

The Boston conducts an annual unsheltered PIT count using a Night of the Count Complete Census. The CoC is mapped into 45 zones and a blitz methodology enables teams of volunteers led by experienced leaders from multiple disciplines to fully canvass the entire CoC geography block by block, ensuring a comprehensive count. The PIT Lead, street outreach, Boston Police Dept. and EMS update known locations utilizing HMIS and 311 data and all 45 areas are thoroughly canvassed. In 2016 a PIT Mobile App was available to all 45 teams, with paper tally sheets as back-up, enabling real time deduplication. Outreach workers, Team Leads and the CoC Lead de-duplicate persons counted in more than one location or transported to shelter. This method is chosen to optimize data quality, maximize engagement during the count and to ensure that vulnerable clients or subpopulations are linked to the city's housing initiatives and other relevant services.

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 identify unaccompanied homeless youth in the PIT count? Yes

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 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.

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

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
HUD PIT count mobile app	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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)

This year the CoC continued to enhance unsheltered PIT Count capacity by recruiting team leaders from agencies and providers with street outreach, youth homelessness and veteran-serving expertise in the planning and implementation of the homeless count. In addition, this year the PIT Count Coordinator recruited City, State and non-profit leaders with expertise in elderly homelessness and elder services, as data indicates a growing demand in the demographics of homeless adults aged 62 and over. Volunteers associated with the Mayor's Office of Recovery Services, A-Hope Needle Exchange program

and Boston EMS were enlisted to help cover areas heavily impacted by the regional Opioid Crisis. Two on-line webinars were also hosted by Simtech Solutions to enable Team Leaders and Mobile App users to learn and practice the use of the Mobile Application that provides real time data to the City Hall Command Center during the unsheltered count.

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	6,492	6,240	-252
Emergency Shelter Total	5,325	5,151	-174
Safe Haven Total	22	22	0
Transitional Housing Total	1,006	900	-106
Total Sheltered Count	6,353	6,073	-280
Total Unsheltered Count	139	167	28

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	17,261
Emergency Shelter Total	16,913
Safe Haven Total	63
Transitional Housing Total	1,372

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.

(limit 1000 characters)

The CoC has instituted Front Door Triage (FTD) systems to divert first time homeless households. Each first time homeless indiv or family is assessed and data is collected to identify risk factors for entering shelter. Eg: 48% of families enter ES due to doubling up, and the strategy is for the family to stay in that unit, while searching for another unit. 25% of new families are now diverted from ES using up to \$8,000 per household. The CoC began a coordinated shelter triage system in Feb. to prevent and divert from shelter and to shorten the shelter stays. Since Feb, 612 persons were triaged, 38 diverted (0 days in shelter), 72 placed in housing in less than 30 days and 101 placed housing in less than 60 days. In July 2016 Boston created the Office of Housing Stability to focus on homelessness prevention (HP) triaging 252 HP cases. Each case is entered into Salesforce to analyze and identify risk factors. SPM data: 84% of SH, ES, SO, TH had no previous entry in the system in 2 years.

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)

Length of time Homeless (LOTH) is tracked through the CoC Data Warehouse for both CoC and ESG programs. For individuals the median LOTH in ES is 43 days in 2015 down from 44 days in 2014. For families the median LOTH in ES is 365 days in 2014 up from 324 days in 2015. In order to combat that increase a large investment was made in RRH that provides case management, housing search and up to \$8,000 to move families from ES to housing. Large families and or those with greater barriers to housing can access resources in excess of \$8,000. For individuals, CoC ESG is used in partnership with the state to develop a system wide RRH program where all ES providers operate the same program, governed by the same guidelines. In the past 12 months 248 ind. have been housed. The City has allocated 900K to add to the individual RRP program and this CoC application includes 2 applications for individuals that will house 250 and 2 applications for families housing 110 families annually.

*** 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.

**3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program**

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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	2,680
Of the persons in the Universe above, how many of those exited to permanent destinations?	800
% Successful Exits	29.85%

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	5,517
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?	5,066
% Successful Retentions/Exits	91.83%

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)

The CoC uses historical HMIS data to track recidivism for households exiting RRH, TH, and PSH. Retention rate in PH is 92%.The CoC convenes working groups for homeless Vets & CH indiv and they are identified when at risk of losing housing. E.g. A CH vet who is at risk of losing housing and the group was able to layer stabilization support from the Dept.of Mental Health The CoC has partnered with BU Prof Byrne to analyze recidivism using HMIS data.The analysis found that: 34% of new shelter entrants return to shelter after the end of their initial shelter episode & 18% of repeated users become CH indicating repeat shelter uses should be targeted for RRH and PSH. 13% of families return to homelessness. The main CoC strategy is to invest resources to prevent formerly homeless families from losing subsidized housing. To date 826 subsidized evictions been prevented. Boston has committed \$900,000 for RRH and this application includes 3 new RRH applications, 1 for indiv and 2 for families.

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)**

Among stayers, the CoC system performance measure data shows that 63% of participants increased total income. To improve outcomes, the CoC convenes a subcommittee on income & employment called the Boston Employment Network (BEN), comprised of area homeless service providers. Its goal: increase homeless clients' income through greater access to mainstream benefits & earned income. In FY 16 BEN held 2 successful job fairs for homeless jobseekers. BEN created a resource guide & website w/ information re: employment & job training services for clients & employers. In FY 16, BEN members received in-service training by the state's SOAR specialist to increase successful SSI/SSDI applications. BEN hosts agencies, including Mass Rehab, Soc Sec & DTA, as part of a series of workshops for clients to increase cash income from non-employment sources. A privately-funded assistance program provides assistance for transportation to interviews, clothing & other needs for homeless jobseekers.

**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)**

The CoC has partnered with Boston Employment Network (BEN) to increase income for homeless individuals & families. In conjunction w/ the CoC the aim of BEN is to reduce duplication & competition for resources, increase collaboration & leverage expertise of partner agencies to benefit all members. BEN is then able to interact more efficiently w/ the public & private workforce systems. For ex: while each BEN member has a relationship with the One Stop Career Centers, BEN is establishing a formal relationship w/ 2 local One-Stop career centers: JVS Career Solutions & Boston Career Link. This strategy will allow BEN to link employment opportunities w/ positions the Career Centers seek to fill. Partnerships are expanding to include the Boston Employment Collaborative, Commonwealth Workforce Coalition, MA. Rehab Commission & Boston's Office of Workforce Development. 95% of CoC projects have a clear relationship with @ least 1 mainstream employment organization.

**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)**

Not applicable

3A-7a. 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 No

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)**

Not applicable

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/11/2016

**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)**

Not applicable

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	957	919	-38
Sheltered Count of chronically homeless persons	922	900	-22
Unsheltered Count of chronically homeless persons	35	19	-16

**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)**

The Boston CoC had a decrease in the total number of chronically homeless persons in the CoC. We are answering part two of this question to explain the reasons for the increase in our unsheltered 2016 PIT count. This year we increased and improved our PIT count training. More teams were fully trained on the mobile application and able to cross reference locations where unsheltered homeless persons were seen in real time. We had a record number of over 400 volunteers. Last, the weather on the night of the count was unseasonably warm, relatively, 45 degrees in Boston, the first warm night in several days. This led to an increased presence of persons on the street with active substance use issues. Numerous people in the city center recounted having left shelter or treatment facilities for the night. However, the Boston CoC street count is still extremely low for a City of this size, and the number of unsheltered chronically homeless persons and veterans was lower than in 2015.

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 dedicated for use by chronically homelessness persons identified on the HIC.	2,995	3,191	196

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)

The Boston CoC had an increase in 196 beds for the Chronically Homeless (CH) from 2015 to 2016. 120 of those beds came on line due to the prioritization of VASH vouchers for CH. Another 20 CH beds came on line as a result of development and lease up of Francis Grady Apartments, a new project developed by Pine Street Inn, a housing developer for homeless individuals. All of the beds in the project are dedicated to CH. The other 56 beds were a result of CH persons accessing CoC beds upon turnover which will now be prioritized for CH persons going forward, including 28 for those with serious mental illness. Chronic beds are 78% of the entire PSH CoC bed portfolio All of the beds in Francis Grady apartment and CoC units are referred through the CoC's Coordinated Access System.

3B-1.3. Did the CoC adopt the Orders of 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 Yes

Recordkeeping Requirements for Documenting Chronic Homeless Status?

3B-1.3a. If “Yes” was selected for question 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. g charter pg 9

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

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)

In Boston, Mayor Walsh released & resourced An Action Plan to End Veteran & Chronic Homelessness calling for the end of CH by the end of 2018. The plan calls for the creation of a unified homeless response system that focuses attention & resources on these 2 sub-pops. The plan spurred development of a Chronic Leadership Team (CLT) & a Chronic Working group (CH WG). The CLT includes reps from all shelter providers & relevant city & state agencies (police, BHA, EMT, & public & MH providers). CLT supports the CH WG, which meets weekly to conference clients via by-name list & the Coordinated Access system. The CH WG has hosted 6 successful “housing surge” events that have resulted in over 50 lease ups for CH clients. The dates of the plan don’t correspond with HUD’s 2017 goal; the City projected the housing resources required to end CH homelessness in Boston & has committed to create PSH units through various strategies. The plan reflects the time required to develop these units. In 2016, Boston CoC housed 156 CH individuals.

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:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Income (Low Income & Extremely Low Income)	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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)

MA has a legislative mandate to shelter eligible homeless families meaning no family in the CoC is screened out of access to shelter or due to factors in 3B 2.1. The CoC assists families through the coordinated entry process. The primary point of entry is the Boston Office of the MA Division of Stabilization where CoC partner staff assess and triage homeless families. The primary strategy to rapidly rehouse every family is through the HomeBase Program which provides up to \$8,000 to rapidly rehouse families. Additional financial assistance is available for harder to house families, large families, those with medical issues, for example. 760 Boston families have been housed with HomeBase. For families with multiple barriers who may not be able to take advantage of HomeBase, an Intensive Case Management team is deployed, comprised of case management, housing search, mental health and child welfare agency staff, as needed, to assist the family with housing and stabilization support.

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:	25	66	41

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:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
Transgender Ordinance Compliance	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	1,377	1,358	-19
Sheltered Count of homeless households with children:	1,377	1,358	-19
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)

Not applicable; the CoC had a decrease.

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?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	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?	Yes

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:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

N/A:	<input type="checkbox"/>
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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:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	88	126	38

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)

Not applicable; the CoC had an increase.

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):	\$5,314,371.83	\$6,320,242.83	\$1,005,871.00
CoC Program funding for youth homelessness dedicated projects:	\$151,545.83	\$594,873.83	\$443,328.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$5,162,826.00	\$5,725,369.00	\$562,543.00

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:	17
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	25

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)

The CoC works with Boston Public Schools (BPS) & MA Dept. of Ed. to ensure enrollment, attendance & success in school for homeless kids. The CoC Lead Agency Dep. Director sits on the Homeless Ed. Resource Network board that meets 5Xs a year w/ M-V and MA State Ed. liaisons to review BPS policies and recommend ways to expand opportunities for homeless students. In the past 12 months Boston's Housing and Education Chiefs have met with BPS Director of Counseling and Interventions and homeless family providers to develop strategies to improve educational outcomes for homeless students in BPS. Results include: better data, BPS collects data on every student who meets the DOE M-V homeless definition (6% of BPS students are homeless); expansion of a program where families of homeless and at-risk students are connected to housing opportunities & CoC reps have met with HUD & the Boston Housing Authority to create a preference for homeless families with children in BPS.

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. (limit 2000 characters)

Families and Unaccompanied Youth: The CoC policy ensures homeless families

and youth are identified and informed of and provided access to educational services as well as CoC and ESG-funded resources. Every family shelter in the CoC is required by its state contract to designate a staff person to ensure that children are enrolled in school or early childhood education programs. CoC and ESG providers also operate family shelters providing seamless coordination with the Local Education Authorities through contact with McKinney-Vento Liaisons (M-V's) and have access for families and youth to CoC and ESG resources. M-V's are informed as soon as a family is placed in shelter and the family is informed of their options (continuation of school of origin or enrollment in a nearby school). The M-V's and shelter providers ensure enrollment and jointly address issues. The M-V's and HRI Youth Harbors program also inform unaccompanied youth of their rights to services. The Admin Committee tracks implementation of these policies and helps resolve problems.

Individuals: The CoC policy requires that individuals who find themselves homeless are assessed at intake for literacy, language aptitude, cognitive function and educational and employment history. The assessment is meant as tool for referral and tries to determine the path for education and/or employment. Once completing the assessment the client is informed of appropriate referrals within that agency, other CoC providers as well as community resources. These may include Mass Rehab, community colleges, Adult Basic Education and HiSet (formerly GED) programs.

**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)**

A number of organizations (both CoC and non-CoC funded) within the CoC's geography hold MOU's with programs that serve infants, toddlers and young children, including but not limited to the following: Boston Public Health Commission with the Boston Housing Authority (Healthy Start in Housing); The Home, Bridge Over Troubled Waters, Horizons for Homeless Children (HeadStart, WIC); EMPath (Healthy Families service delivery provider). Additionally EMPath is involved in an on-going research partnership with Harvard's Center on the Developing Child. Known as the Intergen Project, the goal is to break the cycle of intergenerational poverty through whole family coaching and modeling. The Intergen coaching model being utilized in family shelters has been cited as a best practice by HHS.

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:	383	222	-161
Sheltered count of homeless veterans:	374	217	-157
Unsheltered count of homeless veterans:	9	5	-4

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)

Not Applicable

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

The CoC convenes the Vets working group (WG) to create a housing plan for every sheltered and unsheltered homeless veteran in Boston on the by-name list. Staff from the VA, the VAMC, the Boston Housing Authority, Dept of Mental

Health, Street Outreach, ES, and SSVF programs. Street Outreach teams, including VAMC outreach engage vets on the street, at mainstream shelters and at TH/GPD programs. All those identified as Vets are assessed and if non-VA eligible are referred to targeted CoC resources. Those identified as VA-eligible are assessed by the VA outreach worker for services & are appropriately referred. Those determined VASH eligible are referred to VASH intake staff. Currently, the WG is identifying VASH-eligible Vets who have been homeless the longest to a project-based VASH site opening in Dec. Similarly, all Vets who enter ES or TH/GPD programs are assessed for SSVF eligibility. To facilitate rapid enrollment, SSVF workers are embedded in all single adult ES's in Boston.

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:	400	222	-44.50%
Unsheltered Count of homeless veterans:	30	5	-83.33%

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

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 CoC knows all homeless veterans by name and eligibility status for VA services. Boston has dedicated substantial CoC resources to non-VA eligible veterans including 60 CoC subsidies and has leveraged 25 housing vouchers with services from the state. The Boston Housing Authority has 420 VASH vouchers under lease, has awarded 35 PBV VASH vouchers to a project opening in Dec. 2016 and another RFP for PBV VASH is available now. The services available for VASH are not always sufficient for veterans who need intensive services. It has been necessary to layer on other services to sufficiently support VASH recipients and to target project-based VASH to the most vulnerable veterans. The local VISN will only sign on to VASH PBV projects where added services are part of the application. More services for VA and non-VA eligible veterans are needed. One strategy includes a new project

in this application that will support non-VA eligible veterans in PSH.

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 information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

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):	37
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).	37
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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)

Boston Health Care for the Homeless outreaches to ES and street to enroll households in Medicaid. The CoC knows health coverage of 80% of the people on the current by-name list of CH indiv.. Among them, 76% receive Medicaid. Boston collaborated with MA Medicaid and MA Elder Affairs to host a "housing surge" event for CH elders. Attendees were assisted with Medicaid coverage, received PACE on the spot, and enrolled in other supportive services reimbursed by Medicaid. The CoC signed an MOU with the Boston Housing Authority to create a "superpriority" for CH elders with services & 15 individuals

received offers of public housing & services the day of the “surge”.The CoC High Utilizers of Emergency Services group is a collaboration of agencies including; Boston Public Health, hospitals and EMS, that ensures care and health insurance enrollment to the most medically vulnerable. 62 (Oct 2013 - present) High Utilizers of Emergency Services have been housed as a result of this collaboration.

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:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Accompaniment to medical appointments	<input checked="" type="checkbox"/>
Referrals to medical and mental health	<input checked="" type="checkbox"/>
Help with accessing in-home health care	<input checked="" type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

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):	37
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:	37
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):	37
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:	35
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:	95%

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:	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
City of Boston 311 Constituent Service Hotline / Citizens Connect Mobile App for City Services & Information	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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:	93	185	92

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

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? No

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

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 Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

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 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. Yes

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:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
Data integration, data sharing in an open system	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance 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
request not processed as of yet, needs to be moved to the TA portal from the AAQ portal	07/12/2016	1

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	MA 500 Notice of ...	09/14/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	MA 500 CoC Applic...	09/14/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	MA 500 Rating Ran...	09/14/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	MA 500 Public Pos...	09/11/2016
05. CoCs Process for Reallocating	Yes	MA 500 Reallocati...	09/14/2016
06. CoC's Governance Charter	Yes	MA 500 Governance...	09/11/2016
07. HMIS Policy and Procedures Manual	Yes	MA 500 HMIS Handbook	09/11/2016
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	MA 500 PHA Admin ...	09/12/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	MA 500 Orders of ...	09/11/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	MA 500 System Per...	09/11/2016
14. Other	No	MA 500 Strategic ...	09/14/2016
15. Other	No	MA 500 Press Rele...	09/14/2016

Attachment Details

Document Description: MA 500 Notice of Rejection

Attachment Details

Document Description: MA 500 CoC Application Public Posting

Attachment Details

Document Description: MA 500 Rating Ranking Criteria

Attachment Details

Document Description: MA 500 Public Posting Rating Slection

Attachment Details

Document Description: MA 500 Reallocation Policy

Attachment Details

Document Description: MA 500 Governance Charter

Attachment Details

Document Description: MA 500 HMIS Handbook

Attachment Details

Document Description:

Attachment Details

Document Description: MA 500 PHA Admin Plan and ACOP

Attachment Details

Document Description:

Attachment Details

Document Description: MA 500 Orders of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: MA 500 System Performance Measures

Attachment Details

Document Description: MA 500 Strategic Plan

Attachment Details

Document Description: MA 500 Press Releases and Other Updates

Submission Summary

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

Page	Last Updated
1A. Identification	08/12/2016
1B. CoC Engagement	09/11/2016
1C. Coordination	09/14/2016
FY2016 CoC Application	Page 63
	09/14/2016

1D. CoC Discharge Planning	08/12/2016
1E. Coordinated Assessment	09/09/2016
1F. Project Review	09/14/2016
1G. Addressing Project Capacity	09/14/2016
2A. HMIS Implementation	09/11/2016
2B. HMIS Funding Sources	09/09/2016
2C. HMIS Beds	09/14/2016
2D. HMIS Data Quality	09/07/2016
2E. Sheltered PIT	09/14/2016
2F. Sheltered Data - Methods	09/14/2016
2G. Sheltered Data - Quality	09/13/2016
2H. Unsheltered PIT	09/14/2016
2I. Unsheltered Data - Methods	09/13/2016
2J. Unsheltered Data - Quality	09/12/2016
3A. System Performance	09/14/2016
3B. Objective 1	09/13/2016
3B. Objective 2	09/14/2016
3B. Objective 3	09/14/2016
4A. Benefits	09/12/2016
4B. Additional Policies	08/25/2016
4C. Attachments	09/14/2016
Submission Summary	No Input Required

ATTACHMENT A

Addendum to Boston CoC FY16 Reallocation Policy Based on HUD FY15 Application Score Appeal Results

Background: On June 15, 2016 the City of Boston, Department of Neighborhood Development (DND), acting as the Boston (MA-500) Continuum of Care (CoC) collaborative applicant, submitted an appeal to HUD under 24 CFR 578.35. The appeal requested HUD to review Boston's the FY15 CoC Program Consolidated Application score. Since the CoC only received a debriefing and HUD score on a portion of the questions in the application, DND was only able to appeal those questions thought to be scored incorrectly. DND appealed four specific questions, where felt HUD made errors in scoring, which lead to "denied funding" (i.e. projects lost renewal funding and new projects did not receive funding).

On August 23, 2016, DND received formal confirmation HUD "determined that your [Boston] CoC provided sufficient evidence of HUD error with respect to questions 1F-2 and 1F-3". In turn the CoC application received a new score with plus (+) 5 points, totaling 157.75. Three (FY15) Tier 2 projects now scored above the national funding line and must be submitted for renewal in the FY16 CoC competition application, currently being completed and due September 14, 2016.

(New) Renewal Projects:

1. Bridge Over Troubled Waters, Inc.- Youth Housing Pathways Program (new RRH project in FY15)
2. Pine Street Inn- IMPACT Employment Services (renewal SSO project in FY15)
3. Saint Francis House, Inc.- Moving Ahead Program (renewal TH project in FY15)

Revision of CoC's FY16 Timelines: As per the HUD FY16 CoC Program Competition NOFA, project applications must be submitted to the CoC no later than 30 days prior to the CoC application deadline (8/15/16) and notice of inclusion/rejection of the project application must be sent to the project no later than 15 days (8/31/16) prior to the CoC application deadline. Since DND was notified after the 8/15/16 deadline, these projects did not complete an application along the NOFA timeline. HUD is aware and has acknowledged the "special circumstances" around this issue.

In addition, the Notice of Acceptance/Rejection to include the new project applications in the FY16 CoC Project Priority Listing was also delayed due to the results and notification of the HUD appeal decision. This occurred because:

- Boston's ARD/FPRN changed as a result of the CoC's appeal and therefore:
 - this change effected the amount of PH Bonus funds available
 - a project (Bridge Over Troubled Water) applied for new Bonus funds in FY16, but then through the appeal was actually funded for the FY15 Bonus project and therefore the CoC decided to not fund the FY16 project
 - one of the renewal projects originally not funded in FY15, was now funded in FY16 but decided to reallocate so the amount of reallocation funds for new projects increased

Since the total funding as well as the projects in reallocation and PH bonus funds changed as a result of the appeal results DND had to re-work the project acceptance/rejection list and sent out the rejection notice on 9/2/16. The rejection notice was not released along the NOFA timeline (by 8/31). HUD is aware and has acknowledged the “special circumstances” around this issue.

Revision to CoC’s FY16 Reallocation Policy: The FY16 CoC Leadership Council’s (CoC Board) approved Reallocation Policy (see attached) was approved and implemented prior to receiving the HUD appeal results. Respectively, the CoC reallocation policy states that all renewal TH and SSO projects in FY16 will be reallocated into a pool of money to fund PSH and/or RRH new projects. Since news of funding for the three above projects came so late into the application process in FY16, the CoC has held harmless those projects due to timing and planning restrictions and allowed them to decide if they will apply for renewals (as SSO and TH respectively) in the FY16 application.

Results and Ranking of Renewals:

1. *Bridge Over Troubled Waters, Inc.- Youth Housing Pathways Program:* this project was applied for as a new RRH project in FY15 and decided to renew the project in the FY16 application and are in the process of planning the start up and awaiting the HUD grant agreement.
2. *Pine Street Inn- IMPACT Employment Services:* was a SSO renewal project, since the news of not being renewed in FY15, the project had already planned to close and decided to reallocate the funds in FY16 to the PSH and/or RRH new project pool.
3. *Saint Francis House, Inc.- Moving Ahead Program:* is a TH project that has decided to renew as a TH project in FY16.



Elizabeth Doyle <elizabeth.doyle@boston.gov>

Notification of Application Inclusion

1 message

Elizabeth Doyle <elizabeth.doyle@boston.gov>

Fri, Sep 2, 2016 at 4:06 PM

To: Elisabeth Jackson <ejackson@bridgeotw.org>, Arlene Snyder <ASnyder@bridgeotw.org>

This is to notify you that Bridge Over Troubled Water's application for Rapid Rehousing is not going to be included as part of the 2016 Boston CoC application to HUD. As we have discussed, the decision was made not because the proposal did not have merit or wasn't being considered for inclusion. The decision was made because during the review process we were informed by HUD that our appeal of the scoring of the 2015 CoC application was partially upheld and as a result Bridge's 2015 Rapid Rehousing application was fully funded. We didn't believe it was prudent to submit another application when the original submission was funded and can begin as soon as we receive grant agreements from HUD.

Thank you for your commitment to ending homelessness in Boston and please let me know if you have any questions.

Best,

Elizabeth Doyle



Elizabeth Doyle <elizabeth.doyle@boston.gov>

CoC application

1 message

Elizabeth Doyle <elizabeth.doyle@boston.gov>

Fri, Sep 2, 2016 at 9:31 AM

To: Tabitha Gaston <gaston@bostonabcd.org>

Tabitha, I am writing to let you know that ABCD's application for Rapid Rehousing will not be included in our submission to HUD. The application scored low and based on the score and our experience it would not have been competitive with HUD.

If would like to discuss this further we would be willing to discuss it with you after the competition is over.

Elizabeth



Jennifer Flynn <jennifer.flynn@boston.gov>

Boston CoC current 2016 application now posted!

1 message

Katie Cahill-Holloway <katie.cahill-holloway@boston.gov>

Mon, Sep 12, 2016 at 5:08 PM

To: Pooja Bhalla <pobhalla@bhchp.org>, Alex Browder <abrowder@commonwealthlandtrust.org>, Alex Kontras <akontras@mhsa.net>, Alexandra Pastore <alexandra.pastore@nechv.org>, Alexis Lindman <ALindman@baycove.org>, Allison Kinyua <akinyua@brm.org>, Amanda Townsend <ATownsend@prohope.org>, Amanuel Haile <Ahaile@prohope.org>, Andrea Ryan-Farina <Afarina@stfranchishouse.org>, Andrew Malloy <amalloy@projectplace.org>, Andrew McCawley <andrew.mccawley@nechv.org>, Andrew Pond <apond@jri.org>, Angela Marcolina <Angela.marcolina@bostonhousing.org>, April Stevens <April.Stevens@pinestreetinn.org>, Arlene Snyder <ASnyder@bridgeotw.org>, Beth Grand <bgrand@bphc.org>, Bill Porcello <wporcello@hearth-home.org>, Bill Sprague <bsprague@baycove.org>, Brenda Cassidy <bcassidy@aac.org>, Brian Kindorf <Brian.Kindorf@npcm.com>, "Bruce L. Bird" <birdb@vinfen.org>, Brunette Beaupin <Brunette.Beaupin@mbhp.org>, Carl Sciortino <csciortino@aac.org>, Carla Richards <carla.richards@bostonabcd.org>, Carol Ann McAuliffe <cmcauliffe@prohope.org>, Cheri Epps <cheri_epps@bphc.org>, Chris Norris <Chris.Norris@mbhp.org>, Chris Womendez <chriswomendez@hotmail.com>, Christopher Dollard <Christopher.Dollard@va.gov>, "Claire E. Johnson" <cjohnson@headinghomeinc.org>, Connie Wynne <cwynne@commonwealthlandtrust.org>, Corey Grier <CGrier@bphc.org>, "Cronin, Zoe" <zcronin@gbls.org>, Daniel Ayala <daniela@familyaidboston.org>, Darlene L Tritto <trittod@vinfen.org>, David Thomas <dthomas@bphc.org>, Dayna Gladstein <Dayna.Gladstein@pinestreetinn.org>, Deborah Collins-Gousby <dcollins-gousby@casamyrna.org>, Deborah Hughes <dhughes@brookviewhouse.org>, Debra Paul <dpaul@bphc.org>, "drouinm@vinfen.org" <drouinm@vinfen.org>, Edward Ahern <eahern@vpi.org>, Eileen Merisola <emerisola@voamass.org>, Eileen O'Brien <eileen.obrien@bmc.org>, Elisabeth Jackson <EJackson@bridgeotw.org>, Elizabeth Maglio <emaglio@prohope.org>, Elizabeth Winston <elizabethwinston@justastart.org>, Ellen Tan <etan@commonwealthlandtrust.org>, Erin Flynn <EFlynn@jvs-boston.org>, Felicia Smith <fsmith@sojournerhouseboston.org>, Feranda Faria <ffaria@comteam.org>, FINEX <finexhouse@yahoo.com>, Gail Livingston <gail.livingston@bostonhousing.org>, Hank Layfield <layfield@homestart.org>, Jack Langley <jackl@familyaidboston.org>, "Jacquelynne J. Bowman" <jbowman@gbls.org>, James Greene <james.j.greene@boston.gov>, James May <jmay@elizabethstone.org>, Jamie Rihbany <jrihbany@baycove.org>, Jayne Murphy <jmurphy@brookviewhouse.org>, Jessica Langer <langer@homestart.org>, Jessyka Marquez <jmarquez@commonwealthlandtrust.org>, "Jim Greene (jgreene@bphc.org)" <jgreene@bphc.org>, Joanne McMahon <jmcmahan@bshcinfo.org>, Joe Finn <jfynn@mhsa.net>, Joe McPherson <jmcperson@baycove.org>, John Hillis <John.Hillis@mbhp.org>, John Samaan <jsamaan@brm.org>, "Jon Murphy (Director of Service)" <murphyj@vinfen.org>, "Jonathan Scott (Executive Director)" <jscott@vpi.org>, Karen LaFrazia <klafrazia@stfranchishouse.org>, Karla Sordia Lozano <ksordialozano@headinghomeinc.org>, Kate Walsh <kate.walsh@bmc.org>, Katherine Hastings <khastings@helpfbms.org>, Kaye Wild <kwild@mhsa.net>, Kelly Mulligan <mulligan@homestart.org>, Kevin Davis <kdavis@spaninc.org>, Kevin Ward <kevin.ward@nechv.org>, Kim Davis <kdavis@bphc.org>, Kip Langello <kip.langello@bmc.org>, Kristine Dinardo <kristine.dinardo@nechv.org>, Larry Elgart <lgart@prohope.org>, Larry Gottlieb <lgottlieb@eliotchs.org>, Larry Seamans <Larry.Seamans@pinestreetinn.org>, LaTanya Wright <lwright@hearth-home.org>, Laura Souders <LSouders@prohope.org>, Leo Adorno <Leo.Adorno@pinestreetinn.org>, Linda Garcia <lgarcia@gbls.org>, Linda Lank <llank@gbls.org>, Linda Lown-Klein <llown-klein@gbls.org>, Linda Smith <lsmith@bhchp.org>, Linda Wood-Boyle <lwoodboyle@prohope.org>, Lisa Kaplan <lkaplan@headinghomeinc.org>, Liz Rogers <Lrogers@helpfbms.org>, Lois Ferrareso <lois@mahomeless.org>, Lori Cain <cain@homestart.org>, Louise Reilly <lreilly@prohope.org>, Lucy Stonis <stonisl@vinfen.org>, Lyndia Downie <Lyndia.downie@pinestreetinn.org>, "Malherbe, Melanie" <mmalherbe@gbls.org>, Maria Davis <maria.davis@pinestreetinn.org>, Maria Torres <mtorres@northsuffolk.org>, Marianne McLaughlin <mmclaughlin@jpndc.org>, Marisa Mcquaid <marisa@mahomeless.org>, Mark Dagnall <mdagnall@jri.org>, Mark Hinderlie <mhinderlie@hearth-home.org>, Mary Thomas <mthomas@eliotchs.org>, Matthew Dowd <mdowd@eliotchs.org>, Maureen Skeehan <mskeehan@jri.org>, May Shields <mshields@hearth-home.org>, Meghan Goughan <Meghan.Goughan@pinestreetinn.org>, Mia Demarco <mdemarco@jri.org>, Michael Lara <mlara@headinghomeinc.org>, Mike Way <mway@brm.org>, Myechia Minter Jordan <mminterj@dimock.org>, Myra Ackerman <mackerman@familyaidboston.org>, Nancy Mahan <nmahan@baycove.org>, Nancy Owens-Hess <nness@elizabethstone.org>, Nancy Paladino <npaladino@bhchp.org>, Nancy Sullivan <nsullivan@prohope.org>, "Nicole Fitzgerald (COO)" <nfitzgerald@fatherbillsmainspring.org>, "OKarma, Melissa" <MOkarma@bphc.org>, Pamela Andrade-Talbert <ptalbert@dimock.org>, Patricia Sullivan <patricia.sullivan@bostonabcd.org>, Paula DiMascio <pdimascio@stfranchishouse.org>, Paula Saba <paula.saba@bostonhousing.org>, Peter Schindler <pschindler@northsuffolk.org>, "Polly Hanson, LICSW" <phanson@projectplace.org>, Ralph Hughes <ralph.hughes@pinestreetinn.org>, Raquel Rosenblatt <rosenblatt@casamyrna.org>, Renee Yourk <ryourk@thehome.org>, Richard Matos-Haile <richard.matos-haile@bostonabcd.org>, Richard Ring <richardr@familyaidboston.org>, Rita Chapdelaine <rita.chapdelaine@nechv.org>, Robyn Frost <robyn@mahomeless.org>, Rox Lindbert <r_lindbert@hotmail.com>, Roy Morrison <roy.morrison@pinestreetinn.org>, Ruth Harel Garvey <rgarvey@baycove.org>, Samuelle Margolis <smargolis@jri.org>, Sarah Decelles <sdecelles@jri.org>, Sarah McBride <smcbride@dimock.org>, Sarah Porter <sporter@vpi.org>, Sarah Quinn <squinn@aac.org>, Sean Harding <sharding@spaninc.org>, Sharon Reilly <sharon@womenslunchplace.org>, Sister

Margaret Leonard <leonard@prohope.org>, Stephanie Brown <sbrown@casamyma.org>, Steve Wilkins <swilkins@commonwealthlandtrust.org>, Sue Buoncuore <sbuoncuore@jri.org>, Sue Morong <sue@womenslunchplace.org>, Sue White <whites@vinfen.org>, Susan Chorley <SChorley@uum.org>, Susan Keliher <skeliher@stmaryscenterma.org>, Susan Nohl <susan.nohl@mbhp.org>, Susan Rabinowitz <srabinowitz@thehome.org>, Suzanne Kenney <skenney@projectplace.org>, Tabitha Gaston <tabitha.gaston@bostonabcd.org>, Tammy Simmons-Dixon <tsdixon@vpi.org>, Tara Dendy <tdendy@elizabethstone.org>, Tara Rousseau <tara@womenslunchplace.org>, Theresa Brewer <tbrewer@stfranchishouse.org>, Theresa Okokon <tokokon@jri.org>, Thuy Dung Nguyen <TDNguyen@bphc.org>, "Timothy J. Barrett" <Timothy.Barrett@pinestreetinn.org>, Tom Lorello <tlorello@headinghomeinc.org>, Tom Morris <tmorris@dimock.org>, Toni Jones <tjones@casamyma.org>, Trish Armstrong <parmstrong@baycove.org>, Valerie Frias <frias@allstonbrightoncdc.org>, Valina Jackson <vjackson@brookviewhouse.org>, Venessa Rosemond <vrosemond@casamyma.org>, Verna Augustine <Verna.Augustine@mbhp.org>, Victoria Jalal <vjjalal@headinghomeinc.org>, Virginia Griffin <virginia.griffin@state.ma.us>, Yahaira Bautista <ybautista@aac.org>, Yan Ho <Yan@womenslunchplace.org>

Cc: Elizabeth Doyle <elizabeth.doyle@boston.gov>, Jennifer Flynn <jennifer.flynn@boston.gov>, Caroline McCabe <caroline.mccabe@boston.gov>, Adelina Correia <adelina.correia@boston.gov>, Courtney Trudell <courtney.trudell@boston.gov>, Laura Rivera-Davis <laura.rivera-davis@boston.gov>, Kadra Adderly <kadra.adderly@boston.gov>, Zarifa Jamal <zarifa.jamal@boston.gov>, Gina Schaak <gschaak@tacinc.org>, Laila Bernstein <laila.bernstein@boston.gov>, Robert Gehret <robert.gehret@boston.gov>, Robert Conley <robert.conley@boston.gov>

Please use link to review Boston's current 2016 CoC application. Another notice will be sent upon conclusion of the 2016 competition with an updated link that reflects the final application submitted to HUD.

<http://dnd.cityofboston.gov/#page/ContinuumOfCare>

Katie Cahill-Holloway

Senior Development Officer

City of Boston | Massachusetts
 Department of Neighborhood Development
 Supportive Housing Division
 26 Court Street, 8th Floor
 Boston, MA 02108
 Tel: 617-635-0253
 Fax: 617-635-0383

katie.cahill-holloway@boston.gov

<http://dnd.cityofboston.gov/#page/ContinuumOfCare>





Search site

Continuum of Care

IMPORTANT INFORMATION FOR COC MEMBERS

HUD has released The Notice of Fiscal Year (FY) 2016 Opportunity to Register and Other Important Information for Electronic Application Submission for the Continuum of Care (CoC) Program Competition.

For more information, please read the Notice, which can be found here: <https://www.hudexchange.info/news/fy-2016-coc-program-registration-notice-is-now-posted-and-e-snaps-is-available/>

For your reference, the MA-500 Application and the Current Priority Listing are linked below:

MA 500 current CoC application 09122016

MA-500 current priority listings 09122016

Please see the [list of renewal projects](#) that the Boston CoC intends to include as part of this year's Continuum of Care application to HUD.

Please see the [list of new projects](#) that the Boston CoC intends to include as part of this year's Continuum of Care application to HUD (posted August 31, 2016).

Please note that the CoC 2016 Permanent Housing Bonus and Reallocation Request For Proposals is now available.

Non-profit agencies interested in submitting an application for this opportunity may obtain a copy of the RFP by visiting www.cityofboston.gov/procurement or a hard copy may be obtained at the DND Bid Counter, located on the 10th floor of 26 Court Street, Boston.

Please note all prospective applicants must attend a mandatory Applicants Conference on Monday, August 1 at 2 PM. Please see the attached advertisement for additional details on this opportunity.

Upcoming Events

VIEW ALL

OCT 10 MON

Columbus Day (City Holiday)
MON, OCT 10, 2016

NOV 11 FRI

Veteran's Day (City Holiday)
FRI, NOV 11, 2016

NOV 24 THU

Contact Us

Department of Neighborhood Development

Main Phone: 617.635.3880

Email

[More Contact Information](#)

Boston Continuum of Care 2016 Competition Reallocation Policy

Based on the CoC 2016 Competition HUD NOFA, the Boston CoC is seeking funds from reallocated projects to:

- Create new Permanent Supportive Housing (PSH) Projects for chronically homeless (CH) individuals and families
 - a. A [new definition of chronic homelessness](#) went into effect in January 2016
- Create new Rapid Re-Housing (RRH) projects for homeless individuals and families coming from the street or emergency shelter

Reallocation of Transitional Housing (TH) and Support Service Only (SSO) Projects:

- As in FY15, this year the scoring system outlined in the HUD CoC Program NOFA gives fewer points to TH and SSO projects in Tier 2, reducing the chance these projects will be renewed in the nationally competitive CoC competition in FY16. When a CoC renewal project is not funded, the CoC as a whole loses the renewal funds and ultimately causes a net loss of total funds (i.e. annual renewal demand) available in the community to serve homeless people in Boston.
- In light of HUD's current policy priorities regarding SSO and TH projects, and the severe cuts to former TH and SSO renewal projects in the FY15 CoC Program competition, the Boston CoC is requiring all remaining CoC Program funded TH and SSO projects be reallocated to new PSH and RRH projects.
- The funds from the reallocated projects will be placed into a resource pool made available through an advertised Request for Proposals where all CoC agencies can apply for new PSH projects for chronically homeless individuals and families and new RRH projects for homeless individuals and families coming from the street or emergency shelter.
- Applications for new PSH and RRH projects will be rated and ranked according to the [Boston CoC 2016 Competition Review, Rating and Ranking and Selection Criteria and Process](#)

Total Annual Renewal Demand

(ARD) \$22,164,525

Tier 1 = 93% of the ARD or \$20,613,008

Tier 2 = 7% of the ARD or \$1,551,517

HUD Tier 1 and Tier 2 Selection Process

Tier 1 - HUD will select project that are ranked in Tier 1 based on CoC score, beginning with the highest scoring to the lowest scoring CoC (Tier 1 projects are likely to be funded by HUD).

Tier 2- HUD will select projects that are prioritized in Tier 2, all projects in Tier 2 will be score based on the following criteria:

- I. up to 50 points for CoC score (200 pts= 50 pts),
- II. up to 35 points for CoC ranking of the project,
- III. up to 5 points for project type, and
- IV. up to 10 points for commitment to operating a housing first/low barrier program model

Boston CoC FY16 Competition Project Review, Rating, and Selection Criteria

The CoC uses several methods to monitor the project performance of program recipients. Sponsors are required to invoice monthly, which is reviewed to ensure eligibility of activities, expenditure rates and administrative capacity. Annual Progress Reports (APR) are also reviewed for project utilization rates, success in accessing mainstream benefits, permanent housing destination data and recapture rates of unobligated funds. HMIS and System Performance Measurement (SPM) data is analyzed to ensure project and agency participation, data quality, project utilization rates, and project outcomes. HMIS data is also used to determine how projects serve those with the most vulnerabilities and highest need.

CoC staff maintains an on-site monitoring schedule, which includes review of client records, in addition to feedback on performance concerns that may have presented through APRs, invoicing or other means. The CoC staff triages visits based on risk, new providers, and/or large programs may be more likely to be selected for on-sight monitoring by staff. The CoC also offers on-demand technical assistance to ensure providers have adequate systems and information necessary to effectively manage the programs.

Tier 1 Projects

Projects will be placed in Tier 1 in order of priority:

Tier 1 - Priority One

An HMIS dedicated renewal projects that are funded to; increase CoC staff capacity, fund the projected increased cost of HMIS software, secure additional software licenses for state and federal partners (DMH and the VA), and customizations in order to interface with the Coordinated Access system. The renewal of the FY15 Coordinated Access SSO project

Tier 1 – Priority Two

Renewal PSH and RRH Projects that meet HUD threshold criteria and are then scored by the CoC renewal scoring tool based heavily on system/project performance

Tier 1 –Priority Three

Projects that were reallocated to new PSH and/or RRH from Transitional Housing and Support Service Only project renewals.

Tier 2 Projects

Tier 2- Priority One: (New reallocated projects) These new projects created from reallocated dollars for RRH or PSH will be ranked based on the new project scoring tool and depending on the number of projects submitted using reallocated funds, those projects will fall into tier 1 until the maximum amount of funds for tier 1 (93% of ARD) is met, and then projects will fall into tier 2- based on rank from scoring tool.

Tier 2- Priority Two: (Permanent Supportive Housing Bonus project funds) these projects will be ranked and placed below new reallocation projects.

Please note that on July 29, 2016 the CoC Board (i.e. the Leadership Council) voted unanimously to approve the Tier 1 ranking as described above. In addition, they voted to place Permanent Housing Bonus projects in at the bottom of Tier 2 by score.

Initially projects (new and renewal) will be reviewed to ensure they meet HUD threshold requirements. Then all projects will be ranked by score using the CoC scoring tools (new and renewal). The scoring tools weight heavily on system performance measurements outcomes. The score will be made up of the follow criteria:

1. Consistency with HUD objectives regarding past project performance as it relates to HUD and CoC system performance measurements- include; exits to PH, length of stay in PSH, increased income employment and mainstream benefits. *(Scoring source- APRs, SPM, and HMIS)*
2. Project level HMIS data quality- include; percentage of bed coverage in HMIS, percent of null and unknown data fields. *(Scoring source- HMIS)*
3. Financial Management of project-include; agency audit findings, project invoicing, and project cost effectiveness. *(Scoring source from APR and monitoring data)*
4. Project utilization rates- include; rates of returned funds, utilization at PIT count and average throughout the year, and target population. *(Scoring source- HMIS, AHAR, PIT report, SPM, and HIC report)*
5. Alignment with CoC, HUD, and USICH policy priorities-include; serving sub-populations most at risk to or experiencing long-term homelessness, project that operate a housing first/low barriers model, projects serving populations with serve needs and who have high barriers to housing, projects participating in the coordinated access system, and projects who serve households who have been homeless for longest length of time. *(Scoring source- APRs, HMIS, SPM, and Project Applications)*

ATTACHMENT A

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Background: On June 15, 2016 the City of Boston, Department of Neighborhood Development (DND), acting as the Boston (MA-500) Continuum of Care (CoC) collaborative applicant, submitted an appeal to HUD under 24 CFR 578.35. The appeal requested HUD to review Boston's the FY15 CoC Program Consolidated Application score. Since the CoC only received a debriefing and HUD score on a portion of the questions in the application, DND was only able to appeal those questions thought to be scored incorrectly. DND appealed four specific questions, where felt HUD made errors in scoring, which lead to "denied funding" (i.e. projects lost renewal funding and new projects did not receive funding).

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3. Saint Francis House, Inc.- Moving Ahead Program (renewal TH project in FY15)

Revision of CoC's FY16 Timelines: As per the HUD FY16 CoC Program Competition NOFA, project applications must be submitted to the CoC no later than 30 days prior to the CoC application deadline (8/15/16) and notice of inclusion/rejection of the project application must be sent to the project no later than 15 days (8/31/16) prior to the CoC application deadline. Since DND was notified after the 8/15/16 deadline, these projects did not complete an application along the NOFA timeline. HUD is aware and has acknowledged the "special circumstances" around this issue.

In addition, the Notice of Acceptance/Rejection to include the new project applications in the FY16 CoC Project Priority Listing was also delayed due to the results and notification of the HUD appeal decision. This occurred because:

- Boston's ARD/FPRN changed as a result of the CoC's appeal and therefore:
 - this change effected the amount of PH Bonus funds available
 - a project (Bridge Over Troubled Water) applied for new Bonus funds in FY16, but then through the appeal was actually funded for the FY15 Bonus project and therefore the CoC decided to not fund the FY16 project
 - one of the renewal projects originally not funded in FY15, was now funded in FY16 but decided to reallocate so the amount of reallocation funds for new projects increased

Since the total funding as well as the projects in reallocation and PH bonus funds changed as a result of the appeal results DND had to re-work the project acceptance/rejection list and sent out the rejection notice on 9/2/16. The rejection notice was not released along the NOFA timeline (by 8/31). HUD is aware and has acknowledged the “special circumstances” around this issue.

Revision to CoC’s FY16 Reallocation Policy: The FY16 CoC Leadership Council’s (CoC Board) approved Reallocation Policy (see attached) was approved and implemented prior to receiving the HUD appeal results. Respectively, the CoC reallocation policy states that all renewal TH and SSO projects in FY16 will be reallocated into a pool of money to fund PSH and/or RRH new projects. Since news of funding for the three above projects came so late into the application process in FY16, the CoC has held harmless those projects due to timing and planning restrictions and allowed them to decide if they will apply for renewals (as SSO and TH respectively) in the FY16 application.

Results and Ranking of Renewals:

1. *Bridge Over Troubled Waters, Inc.- Youth Housing Pathways Program:* this project was applied for as a new RRH project in FY15 and decided to renew the project in the FY16 application and are in the process of planning the start up and awaiting the HUD grant agreement.
2. *Pine Street Inn- IMPACT Employment Services:* was a SSO renewal project, since the news of not being renewed in FY15, the project had already planned to close and decided to reallocate the funds in FY16 to the PSH and/or RRH new project pool.
3. *Saint Francis House, Inc.- Moving Ahead Program:* is a TH project that has decided to renew as a TH project in FY16.



Boston Continuum of Care FY16 Renewal Project Scoring Tool



Project Sponsor: _____

Project Name: _____

First Reviewer Name: _____ First Reviewer Score: _____

Second Reviewer Name: _____ Second Reviewer Score: _____

Consensus Score: _____

Criteria Topic	Scored Criteria	Criteria Source	Point Scale	Weight	Score
Past Performance and Performance Measurements	1. Exits from RRH and Retention in PSH	HMIS, SPM*		48%	
	1.a. RRH : Exit RRH to PH (benchmark 80%)	HMIS, SPM	30 pts: 100% - 80% 15 pts: 79% - 50% 5 pts: 49% - 25% 0 pts: below 24%		
	1.b. PSH : Stayed in PH for over 12 months (benchmark 80%)	HMIS, SPM	30 pts: 100% - 80% 15 pts: 79% - 50% 5 pts: 49% - 25% 0 pts: below 24%		
	2. Increased earned income through employment by 20% for LEAVERS	HMIS, SPM	4.5 pts: 100-75% 3 pts: 74-55% 1.5 pts: 54-25% 0 pts: 24% - 0%		
	2a. Increased earned income through employment by 20% for STAYERS	HMIS, SPM	4.5 pts: 100-75% 3 pts: 74-55% 1.5 pts: 54-25% 0 pts: 24% - 0%		
	3. Increased overall income by 20% for LEAVERS	HMIS, SPM	4.5 pts: 100-75% 3 pts: 74-55% 1.5 pts: 54-25% 0 pts: 24% - 0%		
	3b. Increased overall income by 20% for STAYERS	HMIS, SPM	4.5 pts: 100-75% 3 pts: 74-55% 1.5 pts: 54-25% 0 pts: 24% - 0%		

Criteria Topic	Scored Criteria	Criteria Source	Point Scale	Weight	Score
HMIS data quality	4. Required project descriptor HMIS elements accurately completed	HMIS	5 pts: yes 0 pts: no	15%	
	5. Below 10% in null or missing values	HMIS	5 pts: 10 - 0% 0 pts: above 11%		
	6. Below 10% in refused or unknown values	HMIS	5 pts: 10 - 0% 0 pts: above 11%		
Project financial performance based on CoC/DND monitoring and invoicing	7. Does agency have any A-133/3rd party audit outstanding findings	CoC monitoring report/ Agency external audit	2 pts: no outstanding findings 0 pts: any findings	10%	
	8. Invoicing- submit invoices- on time, with all back up materials, and for eligible activities	CoC monitoring report/ Agency external audit	5 pts: invoices always submitted on time, complete with no errors 2 pts: usually on time, complete with few errors 1 pt: if submit invoices seldom on time, incomplete and have errors		
	9. Is project efficient with funds- do calculation of cost per person served in each project (include HUD funds and match total and compare standard practice: CH 1 FTE for 15-20 households, families \$4,00 per year, RRH 1 FTE to 20-30 clients per yr)	APR, Project Application Budget	3 pts: if standard is met and funding is equal to or less than per person/family ratio 0 pts: if not met and more funds per person/family		
Utilization rates	10. Project returns unobligated funds in FY12 and/or FY13	eLoccs/ DND budget tracking	2 pts: 0 - 10% return 0 pts: 11 - 20%	5%	
	11. Project utilization rate from FY15 AHAR	APR, AHAR	3 pts: 85 -over 100% 1 pt: 84 - 75% 0 pts: under 74%		

Criteria Topic	Scored Criteria	Criteria Source	Point Scale	Weight	Score
Alignment with HUD, Opening Doors, Boston CoC (includes Boston's Way Home) policy priorities	12. Serving sub-populations in line with HUD and Boston CoC priorities: *Serving chronically homeless households, *Serving homeless youth; *Serving veterans; *Serving people fleeing domestic violence	Project Application	Up to 8 pts: 2 pts for each sub-population served	22%	
	13. Project practices a Housing First model/low barrier program	Project Application	3 pts: yes 0 pts: no		
	14. Does project serve participants who have the following vulnerabilities and severity of needs that may prevent them to enter housing due to the following barriers: *Vulnerability to victimization (history of DV); *Head of household has multiple disabilities; *Past unsheltered homelessness episodes; *No income at entry	APR	Up to 8 pts: 2 pts for each sub-population served		
	15. Prioritizes households with the longest time homeless and most severe needs as prioritized through the CAS system	CAS system, application	3 pts: yes 0 pts: no		
Total Available 100				TOTAL	

*= system performance measurements



Boston Continuum of Care FY16 New Project Scoring Tool



Project Sponsor: _____

Project Name: _____

First Reviewer Name: _____ First Reviewer Score: _____

Second Reviewer Name: _____ Second Reviewer Score: _____

Consensus Score: _____

Criteria Topic	Scored Criteria	Criteria Source	Point Scale	Score
Project Quality Threshold Criteria	<i>The type of housing and number and configuration of units will fit the needs of the program participants (e.g., 2 or more bedrooms for families)</i>	project application	1 pt	
	<i>The type of the supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing—this includes all supportive services, regardless of funding source (e.g., child care for families with children, case management, life skills, drug counseling)</i>	project application	1 pt	
	<i>The specific plan for ensuring that program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)</i>	project application	1 pt	
	<i>Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., allows the participant the mobility to access needed services, case management follow-up, additional assistance to ensure retention of permanent housing)</i>	project application	1 pt	
	<i>For PSH: 100% of households will have the HOH or family member with a disability and is chronically homeless. For RRH:100% of households will be coming from streets or emergency shelters</i>	project application	1 pt	
	<i>100% of the proposed program participants come from the street or other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence</i>	project application	1 pt	
		If project does not score 4 out of 6 points above the project application does not meet minimum HUD threshold for funding and is not eligible		TOTAL

Criteria Topic	Scored Criteria	Criteria Source	Point Scale	Score
Agency Past Performance	1. The proposal demonstrates successful experience working with the target population	project application	5 pts:yes 0 pts: no	
	2. The proposal demonstrates successful experience working with HUD funded projects including: leasing units, administering rental assistance, providing supportive services, and utilizing HMIS, as applicable to the proposed project	project application	3 pts:yes 0 pts: no	
	3. The agency has past experience operating similar types of programs and services, working with the subpopulation, and achieving 80% participants maintain PH housing for at least 12 months or from exiting RRH or TH, program provides evidence participants achieve increased income	project application, agency CoC program portfolio	10 pts: yes 0 pts: no If agency does not have CoC funds award	
	4. Linkages and collaborations with other resources and providers are leveraged and discussed (evidenced by signed MOUs, contracts)	project application	5 pts:yes, evidenced by documentation; 3 pts: mentioned but not evidenced; 0 pts: no	
	5. Agency has given back a project/funds/subsidies to serve homeless households to DND without a transition plan, in the last 5 years	DND monitoring and portfolio	5 pts: no 0 pts: yes	

Criteria Topic	Scored Criteria	Criteria Source	Point Scale	Score
Program Design (26 points maximum)	6. The project will practice a Housing First/Low Barriers model	project application	10 pts: yes 0 pts: no	
	7. The proposal describes a management plan and reasonable plan for effective and timely start up of the proposed activities	project application	5 pts: yes, clear detailed plan provided; 3: general plan outlined 0-no plan	
	7.a If RRH or PSH the proposal describes how the sponsor will manage housing search challenges and quick identification and lease up of hard units for clients. Proposal references existing relationships with property owners, managers, existing units leased by sponsor, PBVs, etc.	project application	4 pts: yes 0 pt: no	
	8. The proposed staffing level is adequate to support the project (i.e. for RRH, 1 FTE to max. 30 households; for CH 1 FTE for 15 - 20 households)	project application	2 pts: yes 0 pts: no	
	9. The proposal includes performance measurements related to housing stability: a) The proposal describes how participants will be assisted to obtain and remain in permanent housing for at least 12 months (if PSH program) b) The proposal describes how participants will be assisted to obtain permanent housing upon exiting a RRH program (RRH program)	project application	5 pts: yes 0 pts: no	
	10. The proposal includes performance measurements related to how participants will be assisted to increase both their employment, access to mainstream resources and/or non-employment income and maximize their ability to live independently	project application	5 pts: yes 0 pts: no	

Criteria Topic	Scored Criteria	Criteria Source	Point Scale	Score
Subpopulations proposed to serve (19 points maximum)	11a. The proposal describes a viable plan for conducting outreach to identify and enroll chronically homeless program participants (for PSH proposals)?	project application	2 pts: yes 0 pts: no	
	11b. The proposal describes a viable plan for conducting outreach to identify and enroll homeless households living in on the street or in emergency shelter (for RRH proposals)?	project application	2 pts: yes 0 pts: no	
	12. Other sub-populations priorities: *Veterans * Chronically homeless households *Families * Youth	project application	2 pts for each sub-population (max of 8 pts)	
Fiscal Planning and Agency Performance	13. The project shows a diverse mix of funding or primary reliance on CoC Program (supportive services, leasing, rental assistance etc.)	project application	10 pts: mix of funding 5 pts: reliance of CoC funds	
	14. The project demonstrates cost effectiveness; use industry standards for matrix= <i>families \$4,000 per year, CH program 1 csmgr per 15-20 clients, RRH 1 csmgr per 40 - 50 clients per year</i>	project application	5 pts: Within range 0 pts: Not in range	
	15. Funds requested are reasonable in relationship to stated goals and objectives (review if costs and direct assistance seem too high or too low to achieve proposed outcomes)	project application	2 pts: yes 0 pts: no	
	16. Sponsor/applicant provides match commitments totaling 25% of the HUD funding requested (minus leasing dollars) and demonstrates effective use of the match resources	project application	2 pts: yes 0 pts: no	
	17. Project will participate and in the CoC CAS system	project application	2 pts: yes 0 pts: no	
	18. Agency audit A-133 or supplement external audit has no major findings/"low risk"	project application, agency CoC program portfolio	2 pts: yes 0 pts: no	
Total Available 100 The reviewer may assign partial points to each question if proposal semi/partially address question/scoring criteria			TOTAL	

Department of Neighborhood Development
REQUEST TO ADVERTISE – Use for C. 30B, s. 5; C. 30B, s. 6; C. 30B, s. 16 or City Charter

Is this project subject to the "Living Wage Ordinance"? Yes No
 (If Yes, make sure that the appropriate language is referenced in the bidding documents)

Project Title: CoC 2016 Permanent Supportive Housing Bonus and Reallocation Funding Opportunity

Project Description: non-profit competition for inclusion in 2016 Boston CoC application to HUD

Estimated Project Cost: \$ 1,108,226 Funding Source for Advertising: CDBG Requesting Division:

FOR LAND ONLY: has a title search been done on this property? yes no. If yes, all Land or Land with Building RFPs must have clear Title(s) for RFP Advertisement

Type of Document:

PROJECT MANAGERS: PLEASE CHECK ALL PUBLICATION(S) THAT APPLY:

- City Record** – Advertisement must appear for 10 business days prior to RFP deadline: select City Record if contract (project) cost is \$10,000.00 or more
- Central Register** – Advertisement must appear for 30 calendar days prior to RFP deadline: select Central Register if acquisition/disposition of real property or real property with a value greater than \$25,000. **NOTE:** if real property, calculate RFP deadline based on Central Register ad appearance date
- Goods and Services Bulletin** – Advertisement must appear for 10 business days prior to RFP deadline: select Goods and Services Bulletin if: RFP requests services and/or contract (project) amount is \$100,000.00 or more
- Boston Herald** – Advertisement must appear for 10 business days prior to RFP deadline or if real property, advertisement must appear for two consecutive weeks. (**Note:** 2nd ad appearance must appear 8 days before RFP is due): select Boston Herald if contract (project) is \$10,000.00 or more, or acquisition/disposition of real property, or real property with a value greater than \$25,000.00. **Note:** Local Newspapers do not meet legal requirements of competitive procurement purposes. Local newspapers however serve to provide further outreach.
 RFP due date: 8/8/16, 4:00 PM or IFB due date: ,12:00 Noon

Total Contract Time (Period of Performance – must indicate start & end dates): 9/1/17 - 8/31/18

CITY RECORD (12 days to appear)		
Place Advertisement – Wednesday		<u>7-13-16</u>
Advertisement Appears – Monday		<u>7-25-16</u>
CENTRAL REGISTER (8 days to appear)		
Place Advertisement – Tuesday		
Advertisement Appears – Wednesday		
GOODS & SERVICES BULLETIN (5 days to appear)		
Place Advertisement – Wednesday		<u>7-20-16</u>
Advertisement Appears – Monday		<u>7-25-16</u>
BOSTON HERALD (5 days to appear)		
Place Advertisement – Wednesday		<u>7-20-16</u>
Advertisement Appears – Monday		<u>7-25-16</u> *and
NOTE: * If real property, ad must appear for 2 consecutive weeks		
LOCAL PAPER (usually 8 days to appear, but varies based on publication)		
Place Advertisement – Wednesday		
Advertisement Appears – Thursday		
Click on arrow for Local Paper:		
VIEWING DATE: 8/1/16	from 2:00 P.M.	to 3:00 PM
VIEWING DATE:	from	to

Please be advised the deadline to submit Request for Ad is Monday, no later than 12:00 Noon. If Monday is a holiday, then prior Friday no later than 4:00 PM
NOTE: PM's are required to have Ward/Parcel numbers verified and approved by the Clearinghouse Manager prior to submission

Project Manager:	<u>[Signature]</u>	<u>7-12-16</u>
Assistant Director:	_____	_____
Clearinghouse Manager:	_____	_____
Deputy Director:	<u>[Signature]</u>	<u>7/12/16</u>
PFD, DND Legal:	_____	_____
Sr. Project Manager:	_____	_____
Procurement Officer:	_____	_____
Director:	_____	_____

Don't Forget: This document must accompany either the final RFP (C. 30B, s. 6 or City Charter) or IFB (C. 30B, s.5).

ADVERTISEMENT

CITY OF BOSTON
DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT (DND)

REQUEST FOR PROPOSALS FOR

Permanent Supportive Housing Bonus and Reallocation Opportunity for Continuum of Care Program

EVENT # 00003406

The City of Boston (“the City”), on behalf of the Boston Continuum of Care (Boston CoC), acting through its Director of the Department of Neighborhood Development (“DND”), at 26 Court Street, Boston, MA 02108, hereby invites proposals for new permanent supportive housing programs funded through HUD’s Continuum of Care (CoC) Program that wish to be included in a single, citywide application for Continuum of Care / McKinney-Vento funds to the U.S. Department of Housing and Urban Development (HUD). The new programs will be included in the application to HUD, which is due on September 14, 2016.

The City of Boston is requesting proposals for new permanent housing programs and new rapid rehousing programs created through either the New Permanent Housing Bonus available through the U.S. Department of Housing and Urban Development’s 2016 Continuum of Care (CoC) Competition or the reallocation of existing resources that wish to be included in a single, citywide application on behalf of the Boston CoC.

This application is for HUD’s **Permanent Housing Bonus**, a funding opportunity as described in the Department of Housing and Urban Development Notice of Funding Availability (NOFA) for the Continuum of Care (CoC) Homeless Assistance Grant Programs made available on June 29, 2016. Awards made through the Permanent Housing Bonus must go towards the creation of new dedicated permanent supportive housing to serve the chronically homeless. The projects must serve chronically homeless and disabled individuals or families who are living on the streets, in places not meant for human habitation or in emergency shelter. Those residing in transitional housing are not considered homeless for the purposes of this opportunity.

The maximum amount the CoC may request for the Permanent Housing Bonus projects is 5 percent of the CoC’s Final Pro Rata Need (FPRN). Under this formula, the Boston CoC is eligible to apply for up to \$1,108,226. This amount may change once HUD issues a final amount. The following types of new projects will be considered for the Permanent Housing Bonus:

- a. Applicants may create new permanent supportive housing projects that will serve 100% chronically homeless families and individuals, and
- b. Applicants may create new rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, including persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homeless which are defined as individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

The NOFA and this application also allow for the **reallocation** of existing CoC resources as follows:
Through the reallocation process CoCs may create the following type of new projects:

- a. Applicants may create new permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families, as defined in 24 CFR 578.3.

- b. Applicants may create new rapid re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.
- c. Applicants may create a new Supportive Services Only project specifically for a centralized or coordinated assessment system.

This Request for Proposal includes a project application for the Continuum of Care Program.

Only projects that involve the creation of new permanent supportive housing for the chronically homeless and projects that wish to reallocate existing CoC funding towards the (1) creation of new permanent supportive housing for the chronically homeless or (2) towards the creation of a rapid rehousing program for households with children or individuals and are sponsored by a non-profit agency will be considered or (3) towards the creation of centralized or coordinated assessment system will be considered.

The Request for Proposals ("RFP") package will be available beginning at 9:00 AM on July 25, 2016 from the City's purchasing website, Supplier Portal (www.cityofboston.gov/Procurement), the City's online process for purchasing, bidding, contracting, vendor registration and payment. You may also obtain the RFP package at the Department of Neighborhood Development ("DND") Bid Counter, 10th floor, 26 Court Street, Boston. A mandatory Applicants Conference will be held at DND on Monday, August 1, 2016 at 2:00 P.M. in conference room 11A located on the 11th floor, 26 Court Street, Boston. It is our expectation that you read the RFP prior to the Applicants conference so we can answer any questions you may have about the RFP.

All Applicants that plan to apply for inclusion in the City's 2016 Continuum of Care application as a new permanent supportive housing project or rapid rehousing project or centralized or coordinated assessment system MUST submit a Letter of Intent. Letters of Intent are due on Thursday, August 4, 2016 by 5:00 PM EST. Letters of Intent may be submitted via email or hand delivered to Elizabeth Doyle at edoyle.dnd@cityofboston.gov, 8th Floor, 26 Court Street, Boston, MA 02108.

To access details for this specific Event, or to respond through electronic format, please visit the City of Boston Supplier Portal and access Event # 00003406.

Completed proposals must be submitted via the Supplier Portal or directly to the DND Bid Counter, 26 Court Street, 10th Floor, Boston, MA 02108 **before 4:00 PM on Monday, August 8, 2016. LATE PROPOSALS WILL NOT BE ACCEPTED.**

PLEASE NOTE: In order to participate in these online procurement activities Bidders must register with the Supplier Portal at www.cityofboston.gov/Procurement. First-Time Applicants, i.e., those who have never contracted with the City or, if so, not for many years, will be required to obtain login credentials, a process which is subject to administrative delays. DND recommends that First-Time Applicants submit a hardcopy proposal at the DND Bid Counter, yet still register with the Supplier Portal so as to be prepared for future RFPs.

DND Bid Counter hours of operation are Monday – Friday 9:00 AM to 4:00 PM. Please plan accordingly.

Sheila A. Dillon
Chief of Housing and Director

Continuum of Care

IMPORTANT INFORMATION FOR COC MEMBERS

HUD has released The Notice of Fiscal Year (FY) 2016 Opportunity to Register and Other Important Information for Electronic Application Submission for the Continuum of Care (CoC) Program Competition.

For more information, please read the Notice, which can be found here: <https://www.hudexchange.info/news/fy-2016-coc-program-registration-notice-is-now-posted-and-e-snaps-is-available/>

Please note that the CoC 2016 Permanent Housing Bonus and Reallocation Request For Proposals is now available.

Non-profit agencies interested in submitting an application for this opportunity may obtain a copy of the RFP by visiting www.cityofboston.gov/procurement or a hard copy may be obtained at the DND Bid Counter, located on the 10th floor of 26 Court Street, Boston.

Please note all prospective applicants must attend a mandatory Applicants Conference on Monday, August 1 at 2 PM. Please see the attached advertisement for additional details on this opportunity.

A CoC team meeting was held on Monday July 18th, 2016 at 3pm, in the Winter Chambers of the Department of Neighborhood Development. The agenda was as follows:

- NOFA Overview
- Timelines
- Renewal process /snaps
- RFP for PH Bonus & Reallocation
- Potential Reallocation Strategies
- Tier 1 & Tier 2 / rating & ranking

CoC Meeting Notes from July 18, 2016

Below, please find important links to detailed instructions for new and renewal projects in this years CoC application process:

New:
<http://hudexchange.us5.list-manage.com/track/click?u=87d7c5a6f33ba69ee70d869b98d-941e470038e-7def8ac6da>

Renewal:
<http://hudexchange.us5.list-manage2.com/track/click?u=87d7c5a6f33ba69ee70d869b98d-71a1e35ad76e-7def8ac6da>

The U.S. Department of Housing and Urban Development (HUD) awards Homeless Assistance Program funding through what is known as the Continuum of Care (CoC) for a community. A CoC is a regional or local planning body that coordinates housing and services funding for homeless families and individuals, including outreach, intake and assessment, emergency shelter, transitional housing and permanent supportive housing. The Boston CoC is coordinated by the Department of Neighborhood Development Supportive Housing Division with direction from the CoC Board known as the Boston CoC Leadership Council.

FY 2016 Continuum of Care (CoC) Program Competition: Funding Availability

CoC Competition Focus: Creating a Systemic Response to Homelessness

CoC Competition Focus: FY 2016 Policy Priority to End Youth Homelessness

SNAPS In Focus: FY 2015 CoC Program Competition Recap

Competition Resources: Next Steps for Projects Not Renewed in the FY 2015 CoC Program Competition

FY 2016 CoC Program NOFA

Archived Information

If you would like to view the applications from previous years and related information, you can feel free to click the link below.

[View Archives](#)

Upcoming Events

VIEW ALL

SEP 5
MON
(Labor Day /City Holiday)
MON, SEP 5, 2016

OCT 10
MON
MON, OCT 10, 2016

Columbus Day /City Holiday
MON, OCT 10, 2016

NOV 11
TUE
TUE, NOV 11, 2016

Veteran's Day /City Holiday

Contact Us

Department of Neighborhood Development

Main Phone: 617.635.3880

Email

[More Contact Information](#)

Continuum of Care

IMPORTANT INFORMATION FOR COC MEMBERS

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Renewal:
<http://hudexchange.us5.list-manage2.com/track/click?u=87d7c8afc03ba69ee70d865b9&id=71a1e35ad7&e=7def8ac60a>

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[FY 2016 Continuum of Care \(CoC\) Program Competition: Funding Availability](#)

[CoC Competition Focus: Creating a Systemic Response to Homelessness](#)

[CoC Competition Focus: FY 2016 Policy Priority to End Youth Homelessness](#)

[SNAPS In Focus: FY 2015 CoC Program Competition Recap](#)

[Competition Resources: Next Steps for Projects Not Renewed in the FY 2015 CoC Program Competition](#)

[FY 2016 CoC Program NOFA](#)

Upcoming Events

[VIEW ALL](#)

SEP 5
MON
Labor Day (City Holiday)
MON, SEP 5, 2016

OCT 10
MON

Columbus Day (City Holiday)
MON, OCT 10, 2016

NOV 11
FRI

Veteran's Day (City Holiday)
FRI, NOV 11, 2016

Contact Us

Department of Neighborhood Development

Main Phone: 617.635.3880

[Email](#)

[More Contact Information](#)

Monday, August 01, 2016

MEETINGS INFORMATION

JULY 29, 2016

The Continuum of Care Leadership Council held a meeting on July 29.

[DOWNLOAD THE MEETING MINUTES](#)

A Continuum of Care Board meeting was also held on July 29 at 3 p.m. in the Bill Buckley room of Neighborhood Development. The Board voted to approve the Continuum of Care Reallocation Policy and the Continuum of Care Project review, rating, and Selection Criteria.

[MA-500 BOSTON COC BOARD VOTE AND MINUTES](#)

JULY 18, 2016

A Continuum of Care team meeting was held on Monday July 18 at 3 p.m. in the Winter Chambers of Neighborhood Development. The agenda was as follows:

Links to attachments and the date posted

Department of Neighborhood Development
Main Phone: 617.635.3880
Email
More Contact Information

IMPORTANT INFORMATION FOR COC MEMBERS

HUD has released The Notice of Fiscal Year (FY) 2016 Opportunity to Register and Other Important Information for Electronic Application Submission for the Continuum of Care (CoC) Program Competition.

For more information, please read the Notice, which can be found here: <https://www.hudexchange.info/news/fy-2016-coc-program-registration-notice-is-now-posted-and-e-snaps-is-available/>

Please see the list of renewal projects that the Boston CoC intends to include as part of this year's Continuum of Care application to HUD.

Please see the list of new projects that the Boston CoC intends to include as part of this year's Continuum of Care application to HUD (posted August 31, 2016).

Please note that the CoC 2016 Permanent Housing Bonus and Reallocation Request For Proposals is now available.

Non-profit agencies interested in submitting an application for this opportunity may obtain a copy of the RFP by visiting www.cityofboston.gov/procurement or a hard copy may be obtained at the DND Bid Counter, located on the 10th floor of 26 Court Street, Boston.

Please note all prospective applicants must attend a mandatory Applicants Conference on Monday, August 1 at 2 PM. Please see the attached advertisement for additional details on this opportunity.

Minutes from the Leadership Council meeting held on July 29th, 2016 can be found here: [Leadership Council Minutes](#)

[Boston Continuum of Care FY16 Renewal Project Scoring Tool](#)

[Boston Continuum of Care FY16 NEW Project Scoring Tool](#)

A CoC Board meeting was held on Friday, July 29, 2016 at 3:00PM, in the Bill Buckley room of the Department of Neighborhood Development. The Board voted to approve the CoC Reallocation Policy and the CoC Project review, rating and Selection Criteria. The minutes of this meeting and the Policies approved can be found here: [MA-500 Boston CoC Board Vote and Minutes](#)

Boston Continuum of Care 2016 Competition Reallocation Policy

Based on the CoC 2016 Competition HUD NOFA, the Boston CoC is seeking funds from reallocated projects to:

- Create new Permanent Supportive Housing (PSH) Projects for chronically homeless (CH) individuals and families
 - a. A [new definition of chronic homelessness](#) went into effect in January 2016
- Create new Rapid Re-Housing (RRH) projects for homeless individuals and families coming from the street or emergency shelter

Reallocation of Transitional Housing (TH) and Support Service Only (SSO) Projects:

- As in FY15, this year the scoring system outlined in the HUD CoC Program NOFA gives fewer points to TH and SSO projects in Tier 2, reducing the chance these projects will be renewed in the nationally competitive CoC competition in FY16. When a CoC renewal project is not funded, the CoC as a whole loses the renewal funds and ultimately causes a net loss of total funds (i.e. annual renewal demand) available in the community to serve homeless people in Boston.
- In light of HUD's current policy priorities regarding SSO and TH projects, and the severe cuts to former TH and SSO renewal projects in the FY15 CoC Program competition, the Boston CoC is requiring all remaining CoC Program funded TH and SSO projects be reallocated to new PSH and RRH projects.
- The funds from the reallocated projects will be placed into a resource pool made available through an advertised Request for Proposals where all CoC agencies can apply for new PSH projects for chronically homeless individuals and families and new RRH projects for homeless individuals and families coming from the street or emergency shelter.
- Applications for new PSH and RRH projects will be rated and ranked according to the [Boston CoC 2016 Competition Review, Rating and Ranking and Selection Criteria and Process](#)

Total Annual Renewal Demand

(ARD) \$22,164,525

Tier 1 = 93% of the ARD or \$20,613,008

Tier 2 = 7% of the ARD or \$1,551,517

HUD Tier 1 and Tier 2 Selection Process

Tier 1 - HUD will select project that are ranked in Tier 1 based on CoC score, beginning with the highest scoring to the lowest scoring CoC (Tier 1 projects are likely to be funded by HUD).

Tier 2- HUD will select projects that are prioritized in Tier 2, all projects in Tier 2 will be score based on the following criteria:

- I. up to 50 points for CoC score (200 pts= 50 pts),
- II. up to 35 points for CoC ranking of the project,
- III. up to 5 points for project type, and
- IV. up to 10 points for commitment to operating a housing first/low barrier program model

Boston CoC FY16 Competition Project Review, Rating, and Selection Criteria

The CoC uses several methods to monitor the project performance of program recipients. Sponsors are required to invoice monthly, which is reviewed to ensure eligibility of activities, expenditure rates and administrative capacity. Annual Progress Reports (APR) are also reviewed for project utilization rates, success in accessing mainstream benefits, permanent housing destination data and recapture rates of unobligated funds. HMIS and System Performance Measurement (SPM) data is analyzed to ensure project and agency participation, data quality, project utilization rates, and project outcomes. HMIS data is also used to determine how projects serve those with the most vulnerabilities and highest need.

CoC staff maintains an on-site monitoring schedule, which includes review of client records, in addition to feedback on performance concerns that may have presented through APRs, invoicing or other means. The CoC staff triages visits based on risk, new providers, and/or large programs may be more likely to be selected for on-sight monitoring by staff. The CoC also offers on-demand technical assistance to ensure providers have adequate systems and information necessary to effectively manage the programs.

Tier 1 Projects

Projects will be placed in Tier 1 in order of priority:

Tier 1 - Priority One

An HMIS dedicated renewal projects that are funded to; increase CoC staff capacity, fund the projected increased cost of HMIS software, secure additional software licenses for state and federal partners (DMH and the VA), and customizations in order to interface with the Coordinated Access system. The renewal of the FY15 Coordinated Access SSO project

Tier 1 – Priority Two

Renewal PSH and RRH Projects that meet HUD threshold criteria and are then scored by the CoC renewal scoring tool based heavily on system/project performance

Tier 1 –Priority Three

Projects that were reallocated to new PSH and/or RRH from Transitional Housing and Support Service Only project renewals.

Tier 2 Projects

Tier 2- Priority One: (New reallocated projects) These new projects created from reallocated dollars for RRH or PSH will be ranked based on the new project scoring tool and depending on the number of projects submitted using reallocated funds, those projects will fall into tier 1 until the maximum amount of funds for tier 1 (93% of ARD) is met, and then projects will fall into tier 2- based on rank from scoring tool.

Tier 2- Priority Two: (Permanent Supportive Housing Bonus project funds) these projects will be ranked and placed below new reallocation projects.

Please note that on July 29, 2016 the CoC Board (i.e. the Leadership Council) voted unanimously to approve the Tier 1 ranking as described above. In addition, they voted to place Permanent Housing Bonus projects in at the bottom of Tier 2 by score.

Initially projects (new and renewal) will be reviewed to ensure they meet HUD threshold requirements. Then all projects will be ranked by score using the CoC scoring tools (new and renewal). The scoring tools weight heavily on system performance measurements outcomes. The score will be made up of the follow criteria:

1. Consistency with HUD objectives regarding past project performance as it relates to HUD and CoC system performance measurements- include; exits to PH, length of stay in PSH, increased income employment and mainstream benefits. *(Scoring source- APRs, SPM, and HMIS)*
2. Project level HMIS data quality- include; percentage of bed coverage in HMIS, percent of null and unknown data fields. *(Scoring source- HMIS)*
3. Financial Management of project-include; agency audit findings, project invoicing, and project cost effectiveness. *(Scoring source from APR and monitoring data)*
4. Project utilization rates- include; rates of returned funds, utilization at PIT count and average throughout the year, and target population. *(Scoring source- HMIS, AHAR, PIT report, SPM, and HIC report)*
5. Alignment with CoC, HUD, and USICH policy priorities-include; serving sub-populations most at risk to or experiencing long-term homelessness, project that operate a housing first/low barriers model, projects serving populations with serve needs and who have high barriers to housing, projects participating in the coordinated access system, and projects who serve households who have been homeless for longest length of time. *(Scoring source- APRs, HMIS, SPM, and Project Applications)*

ATTACHMENT A

Addendum to Boston CoC FY16 Reallocation Policy Based on HUD FY15 Application Score Appeal Results

Background: On June 15, 2016 the City of Boston, Department of Neighborhood Development (DND), acting as the Boston (MA-500) Continuum of Care (CoC) collaborative applicant, submitted an appeal to HUD under 24 CFR 578.35. The appeal requested HUD to review Boston's the FY15 CoC Program Consolidated Application score. Since the CoC only received a debriefing and HUD score on a portion of the questions in the application, DND was only able to appeal those questions thought to be scored incorrectly. DND appealed four specific questions, where felt HUD made errors in scoring, which lead to "denied funding" (i.e. projects lost renewal funding and new projects did not receive funding).

On August 23, 2016, DND received formal confirmation HUD "determined that your [Boston] CoC provided sufficient evidence of HUD error with respect to questions 1F-2 and 1F-3". In turn the CoC application received a new score with plus (+) 5 points, totaling 157.75. Three (FY15) Tier 2 projects now scored above the national funding line and must be submitted for renewal in the FY16 CoC competition application, currently being completed and due September 14, 2016.

(New) Renewal Projects:

1. Bridge Over Troubled Waters, Inc.- Youth Housing Pathways Program (new RRH project in FY15)
2. Pine Street Inn- IMPACT Employment Services (renewal SSO project in FY15)
3. Saint Francis House, Inc.- Moving Ahead Program (renewal TH project in FY15)

Revision of CoC's FY16 Timelines: As per the HUD FY16 CoC Program Competition NOFA, project applications must be submitted to the CoC no later than 30 days prior to the CoC application deadline (8/15/16) and notice of inclusion/rejection of the project application must be sent to the project no later than 15 days (8/31/16) prior to the CoC application deadline. Since DND was notified after the 8/15/16 deadline, these projects did not complete an application along the NOFA timeline. HUD is aware and has acknowledged the "special circumstances" around this issue.

In addition, the Notice of Acceptance/Rejection to include the new project applications in the FY16 CoC Project Priority Listing was also delayed due to the results and notification of the HUD appeal decision. This occurred because:

- Boston's ARD/FPRN changed as a result of the CoC's appeal and therefore:
 - this change effected the amount of PH Bonus funds available
 - a project (Bridge Over Troubled Water) applied for new Bonus funds in FY16, but then through the appeal was actually funded for the FY15 Bonus project and therefore the CoC decided to not fund the FY16 project
 - one of the renewal projects originally not funded in FY15, was now funded in FY16 but decided to reallocate so the amount of reallocation funds for new projects increased

Since the total funding as well as the projects in reallocation and PH bonus funds changed as a result of the appeal results DND had to re-work the project acceptance/rejection list and sent out the rejection notice on 9/2/16. The rejection notice was not released along the NOFA timeline (by 8/31). HUD is aware and has acknowledged the “special circumstances” around this issue.

Revision to CoC’s FY16 Reallocation Policy: The FY16 CoC Leadership Council’s (CoC Board) approved Reallocation Policy (see attached) was approved and implemented prior to receiving the HUD appeal results. Respectively, the CoC reallocation policy states that all renewal TH and SSO projects in FY16 will be reallocated into a pool of money to fund PSH and/or RRH new projects. Since news of funding for the three above projects came so late into the application process in FY16, the CoC has held harmless those projects due to timing and planning restrictions and allowed them to decide if they will apply for renewals (as SSO and TH respectively) in the FY16 application.

Results and Ranking of Renewals:

1. *Bridge Over Troubled Waters, Inc.- Youth Housing Pathways Program:* this project was applied for as a new RRH project in FY15 and decided to renew the project in the FY16 application and are in the process of planning the start up and awaiting the HUD grant agreement.
2. *Pine Street Inn- IMPACT Employment Services:* was a SSO renewal project, since the news of not being renewed in FY15, the project had already planned to close and decided to reallocate the funds in FY16 to the PSH and/or RRH new project pool.
3. *Saint Francis House, Inc.- Moving Ahead Program:* is a TH project that has decided to renew as a TH project in FY16.

Agenda

Boston Continuum of Care
CoC Information Session
July 18, 2016
3:00 – 4:30 PM
Winter Chambers

1. Welcome Elizabeth Doyle

2. FY 2016 NOFA Gina Schaak
 - Review Summary
 - New Projects: PH Bonus and Reallocation Katie Cahill-Holloway
 - PH Bonus estimated amount = \$1,108,226

3. Renewal Application Overview Adelina Correia
 - Esnaps

4. Reallocation Strategies Elizabeth Doyle

5. Tiering / Scoring Methodology Elizabeth Doyle
 - Tier 1 = \$20,613,008
 - Tier 2 = \$1,551,517
 - TH & SSO portfolio = \$1,705,633

Important Dates:

07/25: New Project & Reallocation RFP available
08/01: Mandatory Applicants Conference
08/01: CoC System Performance Measures Due to HUD
08/01: Renewal Application Materials sent to providers
08/04: Letters of Intent Due
08/08: New Project & Reallocation Applications Due to DND
08/15: Renewal Applications Due to DND
08/30: Notice of Inclusion to Providers
09/14: DND Submits application to HUD

Bookmark our website for updates throughout the application period!

<http://dnd.cityofboston.gov/#page/ContinuumOfCare>

**Boston Continuum of Care
CoC Information Session
Meeting Notes
July 18, 2016**

FY 2016 NOFA—Gina Schaak / TAC:

- Summary of NOFA:
 - Published by HUD on 6/29/16
 - Actual application and detailed instructions not published yet
 - All CoC's have been given 75 days to submit applications on esnaps which are due on 9/14/16. DND, the collaborative applicant will be submitting the applications
 - The total ARD (Annual Renewal Demand) for this year is \$22,164,525
 - Three parts to the application process:
 - Part I—FY 16 CoC Application formerly Exhibit 1 which is a huge part of Tier 2 scoring
 - Part II—FY 16 project applications formerly Exhibit 2s are all the individual project applications completed by project applicants for new projects, planning & UFA funds, and renewal project funds
 - Part III—CoC priority listing which is the ranking of project applications in Tier 1 & Tier 2. 93% of the ARD is for Tier 1 and the rest, 7% is for planning and Tier 2. More funding was allowed in Tier 1 this year
 - Permanent Housing Bonus is 5% of ARD at \$1.1million and projects may be permanent supportive housing (PSH) or rapid re-housing (RRH) projects. PSH projects must serve chronically homeless individuals or families.
 - Rapid Rehousing projects does not have to be for the chronic and can serve homeless individuals and families coming directly from the streets or emergency shelters, those feeling domestic violence, and others meeting definition of HL.
 - CoC application will be scored by HUD on a 200 point scale
 - Individual project applications placed in Tier 2 will be scored according to methodology that factors CoC application score, project component type, & Housing First / low barrier response
 - Planning applications still being funded; this year CoCs can apply for up to 3% of ARD; for Boston this amount = \$664,936
 - Project sponsors can now use program income as match
 - HUD reworked the point structure for the CoC application and added more points in the area of system performance measures

New Projects: PH Bonus and Reallocations--Katie Cahill Holloway / DND:

- Confirmed Boston's ARD of \$22 million broken down as follows: Tier 1 \$20.6 million, Tier 2 \$1.5 million, and \$1.1 million for Permanent Housing Bonus.
- DND will publish a Request for Proposals (RFP) to solicit application for New PH bonus and Reallocation applications. The RFP will be available on Monday 7/25/16
- HUD has yet to release new project applications and detailed instructions so information will continue to be disseminated by DND to potential applicants as it is released by HUD
- Projects can reallocate and partner with other agencies
- Mandatory bidder's conference on August 1st at 2pm and anyone planning on submitting an application for Bonus or Reallocation projects must attend this session
- Letters of intent are due on August 4th and applications are due in to DND on August 8th

Renewal Application Overview—Adelina Correia / DND:

- A one page form was developed for all agencies to have access to esnaps in order to complete the renewal application process on esnaps. All agencies must fill out this form if they have access to esnaps already. If they do not have access, the form walks you through how to obtain access and how to create your username and password. These forms must be forwarded to Adelina
- Actual project applications have not been released by HUD yet
- All of your applications from last year will be imported and DND will be responsible for cleaning it up and making any changes if needed before you begin to fill it out
- Budgets are not to be changed at all and must stay the same. If you wish to make any adjustment to your budgets across line items, this can be requested and completed after the CoC 2016 competition period ends
- There is a USICH webinar on the CoC Program Competition this coming Thursday, 7/21 at 1pm and you can register online through the USICH website
- All project applications will be out on August 1st and due back to DND on August 12th
- Agencies cannot and should not hit submit on esnaps once they have completed the application. DND will be in charge of reviewing it and hitting submit to send to HUD. All agencies should download the completed application in esnaps by exporting into a PDF document and sending it to their DO at DND by email
- Question was asked regarding match and leverage: 25% match is still required and no leverage is required this year
- Question was asked who will be completing project applications for Shelter Plus Care: all of CoC Rental Assistance (formerly Shelter Plus Care) project applications will be handled by MBHP. Any agency with CoC RA will still be responsible for their match and leverage documentation as well as some other questions on the application. MBHP and DND will reach out to all agencies about their application.

Reallocation Strategies—Elizabeth Doyle / DND:

- There are 2 parts of the application for Tier 1 and Tier 2, every point of the application counts and even ½ point counts
- For Tier 2 scoring: 50% will be based on CoC's overall score on the CoC application and 50% are program specific elements. For your projects to get up to the full 50 points: 35 points for the CoC's ranking of the project application. Up to 5 points will be given for the type of project application (5 pts for renewal and new PH, renewal safe haven, HMIS, SSO for centralized or coordinated assessment or transitional housing that serves only HL youth; 3 pts for renewal of TH; 1 pt for renewal SSO project applications). Up to 10 points for being committed to Housing First
- The CoC application will be scored out of 200 points this year:
 - 43 points for CoC Coordination & Engagement which includes coordinating with Local Housing Authorities', discharge and planning, % of projects that are Housing First and low barrier
 - 30 points for Project Ranking & Review (up to 4 points for CoC's that reallocate lower performing projects)
 - 18 points for HMIS,
 - 9 points for PIT count
 - 40 points for a total of 7 performance measures: length of time persons stayed in HL system, extent to which persons who exit HL to PH destinations return to HL, the total # of HL persons, employment and income growth for those is CoC funded projects, # of persons who became HL for the first time, successful housing placement, successful placement from street outreach and successful placement in or retention of PH
 - 60 points for Performance and Strategic Planning, if ending CH youth and families each population gets 15 points
 - HUD didn't give any CoC's their exact and complete scores in 2015
 - DND put in an appeal with HUD because we disagreed with the way they calculated our points in the 2015 Competition
- Reallocation Tiering & Scoring: last year we asked agencies to volunteer if they wanted to reallocate. This year we are not asking agencies to volunteer but will instead be asking those projects that are TH or SSO to reallocate into a pool for the RFP. We have already spoken to all agencies about their programs except one, which is scheduled. Any programs that are giving money back to HUD or are poor performing will be reallocated or partially reallocated. Applications are encouraged given the significant pool of resources that are available for reallocation and Bonus projects.
- 2 separate scoring tools will be created: 1 for new projects and 1 for renewal projects. The ranking tool for new projects is different as there really isn't a way to get information for past

performance. The ranking tools will allow us to score all renewals first then rank the new projects

- New project applications are due on 8/8/16
- Question was asked if we already know which agencies' projects will be reallocated and will they be notified: yes, already did notify the agencies
- Question was asked if we can add Supportive Services or new budget line items: not for the renewals
- Question was asked on scoring tools explanation the one with the highest score will start at #1, highest ranking for new projects will be ranked under the last renewal, any bonus project will be placed at the bottom
- Agency member suggested that other CoC's were using the mean score for their new projects
- The room was asked to vote by show of hands if they agreed or disagreed with current plan
- The vote upheld the proposed Ranking and Scoring proposal

CoC Information Session
July 18, 2016 - SIGN-IN SHEET

Check if Present	NAME	Agency	PHONE	EMAIL
<input checked="" type="checkbox"/>	Yahaira Bautista	AIDS Action Committee	6174501086	ybautista@aac.org
	Andrew Malloy	Project Place	6035403187	amalloy@projectplace.org
	Edward J. Ahern	Victory Programs, Inc.	6175410222	eahern@vpi.org
	Lori Cain	HomeStart	6175420338	cain@homestart.org
<input checked="" type="checkbox"/>	Carla Richards	Action for Boston Community Dev	617 348-6216 (C)	carla.richards@bostonabcd.org
	Felicia Smith	Sojourner House	6174420590	fsmith@sojournerhouseboston.org
	Linda Smith	Boston Health Care for the Homeless	8576541319	L.Smith@bhchp.org
	Larry Costello	Pine Street Inn	6178929126	larry.costello@pinestreetinn.org

Rox Lindbert
 FIVEX House, Inc. 617-436-2002
 Lindbert@hotmail.com

CoC Information Session
 July 18, 2016 - SIGN-IN SHEET

Check if Present	NAME	Agency	PHONE	EMAIL
<input checked="" type="checkbox"/>	May Shields	Hearth, Inc.	6173691573	mshields@hearth-home.org
	Meghan Goughan	Pine Street Inn	6178929468	meghan.goughan@pinestreetinn.org
<input checked="" type="checkbox"/>	<i>Jim May</i> Jim May	The Elizabeth Stone House	6174095417	jmay@elizabethstone.org
	Jan Griffin	Pine Street Inn, Inc.	6178929191	Jan.Griffin@pinestreetinn.org
	Larry Costello	Pine Street Inn, Inc.	6178929126	Larry.Costello@pinestreetinn.org
	Susan Rabinowitz	The Home for Little Wanderers	6179270617	srbabinowitz@thehome.org
	Heather Doney	Pine Street Inn	6178929204	heather.doney@pinestreetinn.org

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Check if Present	NAME	AGENCY	TELEPHONE	EMAIL
<input checked="" type="checkbox"/>	Dayna Gladstein	Pine Street Inn	6178929201	dayna-gladstein@pinestreetinn.org
	Brunette B-Jaramillo	Metropolitan Boston Hsg. Partnership	6174256621	brunette.beaupin@mbhp.org
	Arlene Snyder	Bridge Over Troubled Waters	6174239575	asnyder@bridgeotw.org
	Brenda Cassidy	AIDS Action Committee	6174501027	bcassidy@aac.org
	Sarah Quinn	AIDS Action	6174501013	squinn@aac.org
	Virginia Griffin	Department of Mental Health	6176269240	Virginia.Griffin@state.ma.us
	Eileen M. O'Brien	Boston Medical Center		
<input checked="" type="checkbox"/>	Kip Langelo	Boston Medical Center	617-414-1642	Kip.Langelo@bmc.org

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July 18, 2016 - SIGN-IN SHEET

Check if Present	NAME	Agency	PHONE	EMAIL
✓	Joseph McPherson	Kit Clark/Bay Cove		
✓	Marianne McLaughlin	Jamaica Plain NDC	X276 617522-2424	mclaughlin@jpnbc.org
	Peter Schindler	North Suffolk Mental Health		
	Sue Buoncuore	Justice Resource Institute		
✓	Daniel Ayala	Family Aid	6175427286	daniela@familyaidboston.org
✓	Shannon Arnold	Family Aid	6175427286	shannona@familyaidboston.gov
✓	Caitlin Burbidge	MHSA	6173676447	churbfidge@mhsa.net
✓	Stephanie Brown Venessa Rosemond	Casa Myrna	6175210134	vrosemond@casamyrna.org

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Check if Present	NAME	Agency	PHONE	EMAIL
✓	Patricia Murdock	BPHC	6175346117	pmurdock@bphc.org
✓	ED ATTEAN	VICTORY PROPERTIES	6175440222	EDATTEAN@VAPROEG
✓	Tom Lovello	Heading Home	6178648140	+6178648140@headinghomeinc.org
✓	Michael O'Neill	Bay Care	617704391-7044	MOYRELL@BAYCARE.COM
✓	Sue White	Binfen	6174412380	whites@viven.org
✓	Judith Rose	Commonwealth Land Trust		prosed@commonwealthlandtrust.org
✓	Jennifer Fyfe	DND	6176350604	Jennifer.Fyfe@boston.gov

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<input checked="" type="checkbox"/>	Yahaira Bautista	AIDS Action Committee	6174501086	ybautista@aac.org
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	Carla Richards	Action for Boston Community Dev	6175920828	carla.richards@bostonabcd.org
<input checked="" type="checkbox"/>	Felicia Smith	Sojourner House	6174420590	 fsmith@sojournerhouseboston.org
	Linda Smith	Boston Health Care for the Homeless	8576541319	LSmith@bhchp.org
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<input type="checkbox"/>	Jim May	The Elizabeth Stone House	6174095417	jmay@elizabethstone.org
<input type="checkbox"/>	Jan Griffin	Pine Street Inn, Inc.	6178929191	Jan.Griffin@pinestreetinn.org
<input type="checkbox"/>	Larry Costello	Pine Street Inn, Inc.	6178929126	Larry.Costello@pinestreetinn.org
<input type="checkbox"/>	Susan Rabinowitz	The Home for Little Wanderers	6179270617	srabinowitz@thehome.org
<input checked="" type="checkbox"/>	Heather Doney	Pine Street Inn	6178929204	heather.doney@pinestreetinn.org
<input type="checkbox"/>				

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<input type="checkbox"/>	Arlene Snyder	Bridge Over Troubled Waters	6174239575	asnyder@bridgetw.org
<input type="checkbox"/>	Brenda Cassidy	AIDS Action Committee	6174501027	bcassidy@aac.org
<input type="checkbox"/>	Sarah Quinn	AIDS Action	6174501013	squinn@aac.org
<input type="checkbox"/>	Virginia Griffin	Department of Mental Health	6176269240	Virginia.Griffin@state.ma.us
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	Sue Buoncuore	Justice Resource Institute		
	Daniel Ayala	Family Aid	6175427286	daniela@familyaidboston.org
	Shannon Arnold	Family Aid	6175427286	shannona@familyaidboston.gov
	Caitlin Burbridge	MHSA	6173676447	cburbridge@mhsa.net
	Venessa Rosemond	Casa Myrna	6175210134	vrosemond@casamyrna.org

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Check if Present <input checked="" type="checkbox"/>	NAME	Agency	PHONE	EMAIL
	Patricia Murdock	BPHC	6175346117	pmurdock@bphc.org
<input checked="" type="checkbox"/>	Chen Epps	BPHC	617-534-6167	CEPPS@BPHC.org
<input checked="" type="checkbox"/>	Courtney Hunt	WECEN	617-371-1789	Courtney.Hunt@wecen.org

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<input type="checkbox"/>	Edward J. Ahern	Victory Programs, Inc.	6175410222	eahern@vypi.org
<input type="checkbox"/>	Lori Cain	HomeStart	6175420338	cain@homestart.org
<input type="checkbox"/>	Carla Richards	Action for Boston Community Dev	6175920828	carla.richards@bostonabcd.org
<input type="checkbox"/>	Felicia Smith	Sojourner House	6174420590	fsmith@sojournerhouseboston.org
<input type="checkbox"/>	Linda Smith	Boston Health Care for the Homeless	8576541319	LSmith@bhchp.org
<input type="checkbox"/>	Larry Costello	Pine Street Inn	6178929126	larry.costello@pinestreetinn.org

CoC Information Session
 July 18, 2016 - SIGN-IN SHEET

Check if Present	NAME	Agency	PHONE	EMAIL
<input checked="" type="checkbox"/>	May Shields	Hearth, Inc.	6173691573	mshields@hearth-home.org
	Meghan Goughan	Pine Street Inn	6178929468	meghan.goughan@pinestreetinn.org
	Jim May	The Elizabeth Stone House	6174095417	jmay@elizabethstone.org
<input checked="" type="checkbox"/>	Jan Griffin	Pine Street Inn, Inc.	6178929191	Jan.Griffin@pinestreetinn.org
	Larry Costello	Pine Street Inn, Inc.	6178929126	Larry.Costello@pinestreetinn.org
	Susan Rabinowitz	The Home for Little Wanderers	6179270617	srbabinowitz@thehome.org
	Heather Doney	Pine Street Inn	6178929204	heather.doney@pinestreetinn.org

CoC Information Session
July 18, 2016 - SIGN-IN SHEET

Check if Present	NAME	AGENCY	TELEPHONE	EMAIL
✓	Dayna Gladstein	Pine Street Inn	6178929201	dayna.gladstein@pinestreetinn.org
	Brunette B-Jaramillo	Metropolitan Boston Hsg. Partnership	6174256621	brunette.beaupin@mbhp.org
	Arlene Snyder	Bridge Over Troubled Waters	6174239575	asnyder@bridgeotw.org
✓	Brenda Cassidy	AIDS Action Committee	6174501027	bcassidy@aac.org
✓	Sarah Quinn	AIDS Action	6174501013	squinn@aac.org
	Virginia Griffin	Department of Mental Health	6176269240	Virginia.Griffin@state.ma.us
	Eileen M. O'Brien	Boston Medical Center		
	Kip Langelo	Boston Medical Center		

CoC Information Session
 July 18, 2016 - SIGN-IN SHEET

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<input checked="" type="checkbox"/>	Joseph McPherson	Kit Clark/Bay Cove	6176196944	JMcPherson@BayCove.org
<input checked="" type="checkbox"/>	Marianne McLaughlin	Jamaica Plain NDC		
<input type="checkbox"/>	Peter Schindler	North Suffolk Mental Health		
<input type="checkbox"/>	Sue Buoncuore	Justice Resource Institute		
<input type="checkbox"/>	Daniel Ayala	Family Aid	6175427286	daniela@familyaidboston.org
<input type="checkbox"/>	Shannon Arnold	Family Aid	6175427286	shannona@familyaidboston.gov
<input type="checkbox"/>	Caitlin Burbridge	MHSA	6173676447	cburbridge@mhsa.net
<input type="checkbox"/>	Venessa Rosemond	Casa Myrna	6175210134	vrosemond@casamyrna.org

CoC Information Session
July 18, 2016 - SIGN-IN SHEET

Check if Present <input checked="" type="checkbox"/>	NAME	Agency	PHONE	EMAIL
	Patricia Murdock	BPHC	6175346117	<u>pmurdock@bphc.org</u>
<input checked="" type="checkbox"/>	Alexandra Pastore	NECTIV	617-371-1732	alexandra.pastore@nectiv.org

CoC Information Session
July 18, 2016 - SIGN-IN SHEET

Check if Present	NAME	Agency	PHONE	EMAIL
	Yahaira Bautista	AIDS Action Committee	6174501086	ybautista@aac.org
	Andrew Malloy	Project Place	6035403187	amalloy@projectplace.org
	Edward J. Ahern	Victory Programs, Inc.	6175410222	eahern@ypvi.org
	Lori Cain	HomeStart	6175420338	cain@homestart.org
	Carla Richards	Action for Boston Community Dev	6175920828	carla.richards@bostonabcd.org
	Felicia Smith	Sojourner House	6174420590	fsmith@sojournerhouseboston.org
✓		Boston Health Care for the Homeless	8576541319	LSmith@bhchp.org 
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<input type="checkbox"/>	Larry Costello	Pine Street Inn, Inc.	6178929126	Larry.Costello@pinestreetinn.org
<input type="checkbox"/>	Susan Rabinowitz	The Home for Little Wanderers	6179270617	srbabinowitz@thhome.org
<input type="checkbox"/>	Heather Doney	Pine Street Inn	6178929204	heather.doney@pinestreetinn.org

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	Arlene Snyder	Bridge Over Troubled Waters	6174239575	asnyder@bridgeotw.org
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	Marianne McLaughlin	Jamaica Plain NDC		
	Peter Schindler	North Suffolk Mental Health		
<input checked="" type="checkbox"/>	Sue Buoncuore	Justice Resource Institute	857-399-1915	<i>ABURBRIDGE@jri.net</i>
	Daniel Ayala	Family Aid	6175427286	<u>daniela@familyaidboston.org</u>
	Shannon Arnold	Family Aid	6175427286	<u>shannona@familyaidboston.gov</u>
	Caitlin Burbridge	MHSA	6173676447	<u>cburbridge@mhsa.net</u>
	Venessa Rosemond	Casa Myrna	6175210134	<u>vrosemond@casamyrna.org</u>

CoC Information Session
 July 18, 2016 - SIGN-IN SHEET

Check if Present <input checked="" type="checkbox"/>	NAME	Agency	PHONE	EMAIL
<input checked="" type="checkbox"/>	Patricia Murdock Patricia Murdock	BPHC BPHC	6175346117	pmurdock@bphc.org
<input checked="" type="checkbox"/>	Elvie Teixeira Patricia Armstrong	Bay Cove	617-788-1040	eteixeira@baycove.org
<input checked="" type="checkbox"/>	Katie McMullan	Bay Cove	617-442-1002	KMcMullan@baycove.org
<input checked="" type="checkbox"/>	Alexia Layne-Lemon	ABCD	617-348-6213	alexia.layne@abced.org
<input type="checkbox"/>				
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<input type="checkbox"/>				

BOSTON CONTINUUM OF CARE
LEADERSHIP COUNCIL MEETING AGENDA
July 29, 2016 2:00- 3:30PM
Bill Buckley Conference Room, 26 Court St., 11th Floor

Agenda Items

1. Welcome and Announcements
 - Chronic Elder Surge Update

2. CoC NOFA Overview
 - Boston CoC ARD = \$22,164,525
 - Tier 1 = \$20,613,008 / Tier 2 = \$1,551,517
 - New Permanent Housing Bonus = \$1,108,226
 - Planning: \$664,936

3. New Project Opportunities
 - RFP Available for New PH Bonus (1.1M) and Reallocation Pool
 - Mandatory Applicants Conference August 1st, 2 PM

4. Vote on Continuum of Care Reallocation Process & Rating and Ranking Procedure

Materials:

- NOFA Overview document
- Copy of RFP Ad for New PH Bonus and Reallocation Pool
- Reallocation Process
- Rating and Ranking Procedure

BOSTON CONTINUUM OF CARE
LEADERSHIP COUNCIL MEETING MINUTES
July 29, 2016 2:00- 3:30PM
Bill Buckley Conference Room, 26 Court St., 11th Floor

Agenda Items and Meeting Minutes

Minutes taken by Jennifer Flynn, HMIS Administrator

1. Welcome, Introductions and Announcements

Attendees Sign In Sheet is scanned and attached to these minutes

- **Chronic Elder Surge Update:** *Elizabeth Doyle, Laila Bernstein and Jennifer Flynn provided update:*

Happened yesterday, Thursday the 28th. Chronic Elders were screened for MA Health and Additional 3rd Party Medicaid reimbursable services and given a Super Priority at the BHA through an MOU between the BHA and DND. Partnership between the CoC and the State's Executive Office of Elder Affairs and the Executive Office of Health and Human Services. Data Sharing during the planning phase allowed a target list of invitees that were eligible for at least one of the available services. 107 Chronically Homeless Elder were invited.

23 Attendees:

*15 Offers of BHA units
4 Pending Apps
1 unfinished, appointment for next day
3 MBHP apps completed*

*8 SIF/CSPECH apps
7 HEARTH - 1 Eliot*

2 Homestart Stabilization Services Apps

SCOs - 2 BMC - 1 CCA and 1 One Care CCA

*PACE
12 Apps
7 Approved
4 pending
1 rejected*

*MA Health
7 issues resolved
1 new application*

- **Youth Count:** *James Greene and Arlene Snyder provided the update Organized by University of Chicago – Chapin Hall with Bridge Over Troubled Waters as the Lead for MA – Suffolk County. Count was over two days this week, Tuesday and Wednesday the 26th & 27th. Worked extremely well including having the Youth Peers as the main interviewers and in the organization, outreach and engagement. Youth counted were a mix of from the City and not from the City. Will be looking at lessons learned from this count, in particular the use of the Youth peers. Chapin Hall received \$2m from HUD to conduct the count and complete the study.*

2. CoC NOFA Overview: *Katie Cabill-Holloway provided the overview in conjunction with Elizabeth Doyle and Gina Schaak from the Technical Assistance Collaborative, Inc. (TAC)*

- Boston CoC ARD = \$22,164,525
- Tier 1 = \$20,613,008 / Tier 2 = \$1,551,517
- New Permanent Housing Bonus = \$1,108,226
- Planning: \$664,936

FY2016 Continuum of Care NOFA Summary prepared by TAC was handed out for the Council members and discussion followed. Specific focus on the Budget amounts available for Boston and the Components of the application.

**Continuum of Care Application (formerly Exhibit 1) – Overall Score for the CoC, planning body, structure, performance, etc. Narratives and data for the overall system*

**Project Application (formerly Exhibit 2)-who the project serves, type of housing, budget activities*

**Priority Listings – Tier 1 and Tier 2 – All projects being submitted by Rank Order and delineates the Tiers 1 projects over Tier 2.*

Renewal Projects can request 1 year of funding. Renewal Applications will be made available on Monday, August 1, 2016 to all providers. Providers will complete the project applications in ESnapS as well as complete a City Application which requests data and narratives needed to complete the CoC Application. Renewal projects are due back to the CoC by Friday August 12, 2016. Some questions asked in the Renewal Applications will be used to rate and rank the projects for the CoC Priority Listings.

3. New Project Opportunities- *Katie Cabill-Holloway presented*

- RFP Available for New PH Bonus (1.1M) and Reallocation Pool
- Mandatory Applicants Conference August 1st, 2 PM

Per the NOFA, Boston is eligible to apply for \$1.1M in New PH Bonus funds this year which must be used for either new Permanent Supportive Housing (PSH) for Chronically Homeless Individuals and/or Families under the new Chronically Homeless definition as of January 2016 or Rapid Re-Housing (RRH) for Homeless Individuals or Families coming directly from emergency shelter, streets, or fleeing DV situation. In addition to the new Bonus funds, CoCs can also reallocate funds from other projects whether they be under performing, no longer serve a CoC priority population or for any other number of reasons as determined by the CoC. Reallocated funds can be used to create new PSH, RRH or a new SSO for Coordinated Entry or HMIS projects. Boston intends to take advantage of this reallocation process, however at the present time the amount of the reallocated funds available is unknown.

A RFP was publically advertised and available at both the PFC Bid Counter and the City's Supplier Portal and released on Monday, July 25, 2016. The RFP included requirements for both the New PH Bonus funds as well as the pool of reallocated funds. A Mandatory Bidder Conference is scheduled for Monday, August 1, 2016. Since both HUD's NOFA release and the CoC's RFP release, more information has become available and will be disseminated at the Bidder's Conference as well as on the portal. Letters of Intent are due by Thursday, August 4, 2016 and final applications are due back to the Bid Counter by 4PM on Monday, August 8, 2016.

4. Vote on Continuum of Care Reallocation Process & Rating and Ranking

Procedure: Elizabeth Doyle and Gina Schaak walked through the NOFA Scoring Criteria and CoC Proposals

The CoC Application will have a total of 200 available points this year. Broken down into the following categories:

- CoC Coordination – 43*
- Project Ranking, Review and Capacity- 30*
- HMIS – 18*
- PIT Count – 9*
- System Performance – 40*
- Performance and Strategic Planning - 60*

The CoC staff will use 2 scoring tools to score and rank projects, one for New projects and one for Renewals. Renewals will be scored strictly on Objective Criteria and data points. Scoring Criteria will include data from Projects Applications, APRS, HMIS, Budget and Monitoring Visits. Projects will also be scored on if they are serving the Priority Populations in both “Opening Doors” the Federal Strategic Plan as well as Boston’s Way Home” the CoC’s Strategic Plan, these populations include the Chronically homeless, Families, Veterans and Unaccompanied Youth

Both Proposed Policies referenced below are included in attachments to this document.

Proposed CoC Reallocation Policy

The CoC has proposed that all TH and SSO programs currently funded under the CoC program are mandated to reallocate those funds into the Reallocation Pool. These projects would then be able to apply under the New Project RFP for the Reallocation Pool. Prior to the CoC Meeting, CoC staff had meetings with all TH and SSO providers to discuss this policy. All impacted providers agreed that by not reallocating a very real risk of losing these funds to the system is probable. The Policy was proposed at an Open Invitation CoC Community Meeting held on Monday, July 18, 2016. The CoC members accepted that proposal without objection and proposed the policy be put forth in front of the Leadership Council for a vote.

In addition to the mandatory reallocation of TH and SSO projects, addition low performing projects which consistently have unexpended balances at the end of the operating year will also be reallocated. It is anticipated at the time of the LC meeting that the Reallocation Pool funds will be estimated at a minimum of \$1.7M

Proposed Rating and Ranking Policy

The CoC staff are proposing to update the Boston CoC Ranking Tool to use only Objective Criteria that is pulled directly from the programs. In this manner, all programs will be scored exactly the same. The tool uses Past Performance including financial management and monitoring, Outcome data using APRs and SPMs and HMIS data.

After all Renewal projects are scored using the tool, they will be ranked according to the CoC’s Priorities. The proposed ranking is as follows:

- 1. HMIS 1*
- 2. HMIS 2*
- 3. CAS*
- 4. Renewal Projects in order by Score from the Ranking tool*
- 5. New Reallocation Pool Project(s) in order by Score from the Ranking tool*
- 6. New PH Bonus Project(s) in order by Score from the Ranking tool*

Motion to Accept both the Boston CoC Reallocation Policy and the Boston CoC Rating and Ranking Criteria was made by Karen LaFrazia, Executive Director St. Francis House. Motion was seconded by Matt Pritchard, Executive Director, Homestart. Motion Passed Unanimously July 28, 2016 at 3:17pm

Materials:

- NOFA Overview document
- Copy of RFP Ad for New PH Bonus and Reallocation Pool
- Reallocation Process
- Rating and Ranking Procedure

**BOSTON CONTINUUM OF CARE
LEADERSHIP COUNCIL MEETING MINUTES
September 8, 2016 3:00- 4:30PM
Bill Buckley Conference Room, 26 Court St., 11th Floor**

Agenda Items and Meeting Minutes

Minutes taken by Jennifer Flynn, HMIS Administrator

1) Welcome, Introductions and Announcements

Attendees Sign In Sheet is scanned and attached to these minutes

- a) *New Office of Housing Stability (OHS) Deputy Direct Lydia Edwards started today. The new office will be focusing on all housing crises from evictions, landlord tenant issues, escalating rents, and natural disaster related emergencies like fire victims. The new OHS unit will be reaching out to providers to get a big picture of all of your work to not duplicate efforts.*

2) 2016 CoC Application

a) Review of final application amounts and status of funding decision appeal

- i) *On August 23, 2016 DND received confirmation of the successful 2015 CoC Score Appeal. HUD acknowledged an error in scoring which resulted in an additional 5 points to Boston's score. These additional points led to 3 programs that had not been funded had their funding restored for a total of \$1.3M. These projects were the 2015 New Bridge Over Troubled Waters application, Pine Street Inn's IMPACT program and St. Francis House MAP.*
- ii) *This changes Boston's ARD, Tier 1 & Tier 2 amounts and PH Bonus. In Addition, because Pine Street Inn's IMPACT program closed before the funding was reinstated, this amount will be reallocated so the amount in the New PH pool has changed.*
- iii) *Elizabeth met with HUD both the Boston Field Office and Headquarters on a call to make all parties aware of how these changes affect the current CoC Application. HUD has confirmed that Boston will be treated as a "special snowflake" in regards to all application inconsistencies that are the result of the successful appeal(reallocation policy, ranking, etc.)*

b) Review list of renewal programs

- i) *The Priority Listings and rank order for projects were distributed. Each program was scored based on the pre-approved Board criteria and then ranked in order by score. The 2 exceptions are the 2 re-instated programs which were placed at the bottom. All Renewal projects are in Tier 1.*

c) Review list of new PSH and RRH projects for reallocation and bonus funding

- i) *The new amounts available for re-allocation and Bonus was reviewed, \$2.38M for re-allocation and \$1.17M for Bonus. New projects were scored using the Board approved tool and ranked by score. 2 proposals rejected (ABCD and Bridge Over Troubled Waters), all others will be submitted in Boston's application.*

(1) Re-Allocation Pool

- (a) *First project will straddle both Tier 1 and tier 2; this project is a consortium of Single Adult providers creating a new Rapid Re-housing System for the CoC.*
- (b) *2 projects for services to the chronically homeless in permanent supportive housing*

(2) Bonus

- (a) *Rapid re-housing for homeless students and families*
- (b) *Services to non-V/A Eligible veterans in permanent supportive housing*
- (c) *Rapid re-housing for non-EA eligible families*
- (d) *Services to chronically homeless in permanent supportive housing*

d) Overview of CoC Planning Application

- i) *The CoC is working on the Planning application now and wanted to solicit additional input from the Board regarding planning activities. The suggestions follow:*
 - ii) *Youth Homeless Plan; Street Outreach in connection with the Opioid Epidemic at Melnea/Mass Ave.; Rapid Re-Housing System Design; Discharge Planning based on Front Door triage data; Upstream homeless prevention for families and children in schools; intersection of employment services with rapid re-housing; technological needs and evaluation; 3rd party service reimbursement.*
- 3) **Discussion of Order of Priority for CoC Program-funded Permanent Supportive Housing**
- a) *The Board reviewed HUD's Order of Priority Notice and discussion revolved around whether the CoC should adopt HUD's orders. Many felt that we are already prioritizing our PSH units in accordance with HUD's priority due to the fact that HMIS and service data is already used to determine vulnerabilities and service usage in conjunction with the fact that the prioritization protocols for Boston's Coordinated Access System call for the earliest date homeless in the HMIS data to be prioritized first. A follow-up discussion regarding the use of an assessment tool followed and the Board agreed that during the 25 Cities initiative, the VI-SPDAT was piloted and found to have significant enough flaws that the CoC determined not to use it.*
 - b) *Chris Norris made a motion to adopt HUD's Order of Priority, Linda Wood-Boyle seconded the motion and a unanimous vote by the Board occurred.*
 - c) *The Boston CoC Governance Charter will be amended to include this Priority.*
- 4) **Youth Homelessness Demonstration Program NOFA**
- a) *Short Discussion regarding the newly available Youth RFP. The application is due 11/30/2016. Applicants will be selected based on a certain set of criteria, not on program design. There will only be 10 CoCs selected and 4 of those must be rural, a total of \$33M is available. Bridge Over Troubled Waters has already dug into the NOFA and Arlene Snyder will send to an outline and summary to the Board.*
- 5) **Mayors Plan Update**
- a) *142 Chronically homeless have been housed since January and down to 448 Active on the by name list. Another Chronic Elder Surge is in the works with the State Office of Elder Affairs, MassHealth and the BHLA.*
 - b) *The Coordinated Access System has begun. Vacancies are being entered and matches are reviewed in the Chronically Homeless working group.*
 - c) *"Moving On Strategy" Providers have decided on an assessment tool and assessments are beginning. Those who are a good fit for the program will receive a unit without services attached from a BHLA carve out in the hopes of freeing up the services to house another chronically homeless person.*
 - d) *Barriers – many of the MRVPs are running out of time on their clock due to the housing search process. The market is the tightest it's ever been and the rents are out of reach especially when having to deal with the FMRs. Even with the MRVPs being able to be used anywhere in the State of MA, housing search continues to be difficult. Opioid Epidemic is crushing the shelters. Numbers are bigger than last year at this time and it is affecting the Young Adult population more so than the Chronics.*



City of Boston Continuum of Care Leadership Council Governance Charter



ARTICLE I. - Mission

The mission of the City of Boston's Leadership Council is to oversee, through innovation and initiatives, the reduction of family and individual homelessness in the City of Boston.

The Leadership Council will carry this mission out through the following efforts:

- Prioritization of both new and renewal projects funded through the US Department of Housing and Urban Development's Continuum of Care Program
- Leadership to leverage and prioritize the effective use of Public/Private resources
- Oversight of implementation efforts of the Boston's *Boston's Way Home: An Action Plan to End Veteran and Chronic Homelessness in Boston*
- Policy Making and Advocacy on issues of concern to Boston's homeless families and individuals
- Oversight of the City of Boston's Continuum of Care accomplishing all responsibilities specified by HUD's Continuum of Care Program
- Setting performance targets for all Continuum of Care and ESG funded programs based on the Strategic Planning Objectives in the CoC application and the City homeless plan
- Oversight of monitoring of all CoC and ESG funded programs
- Oversight and Planning of City Initiatives and innovative pilots

ARTICLE II. – Collaborative Applicant and Unified Funding Agency

Section 1. The Leadership Council designates the City of Boston's Department of Neighborhood Development as both the Collaborative Applicant and the Unified Funding Agency representing the City of Boston's Continuum of Care. The Department of Neighborhood Development is responsible for conducting the duties and responsibilities of both the Collaborative Applicant (24 CFR 578.9) and the Unified Funding Agency (24 CFR 578.11) outlined in the US Department of Urban Development's Continuum of Care Program Regulation as codified in 24 CFR 578.

ARTICLE III. - Membership

Section 1. **Leadership Board Membership.** The City of Boston's Leadership Council is the decision-making body of Boston's Continuum of Care. The Leadership Council's representation consists of a broad representation from city agencies, service providers, philanthropic organizations, housing developers, faith-based groups, and consumers. The Leadership Council's composition is discussed in Articles III and IV.

Section 2. **City of Boston Interagency Council on Housing and Homelessness Membership.** In order to better coordinate City government's response to homelessness, the City of Boston Interagency Council on Housing and Homelessness began meeting in early October 2008. The Council's efforts are focused on a process to map access points to identify and address gaps with access to municipal services. The Council will work collaboratively with the Leadership Council on systems change and program implementation efforts. The Council is comprised of the following City agencies: Department of Neighborhood Development, Office of Jobs and Community Service, Emergency Shelter Commission, Boston Public Health Commission, Boston Public Schools, Boston Police Department, Inspectional Services Department, Boston Redevelopment Authority, Boston Housing Authority, and Parks Department.



City of Boston Continuum of Care Leadership Council Governance Charter



Section 3. Continuum of Care Membership. The City of Boston's Continuum of Care membership is open to all interested parties from the Boston's geographic area involved in ending homelessness through the City of Boston. Members will be invited to join the CoC through a publically advertised open invitation process through solicitation of participation in the Consolidated Planning process (Con Plan planning process includes CoC, ESG and HOPWA funds), and public solicitation of funding opportunities for CoC, ESG and HOPWA. Members can request to be added to the CoC membership by contacting DND, the CoC lead agency. The Leadership Council seeks Continuum of Care representation from the following stakeholders: non-profit and for profit entities such as; non-profit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and formerly homeless individuals.

ARTICLE IV. – Leadership Council Officers

Section 1. Officers and Duties. The officers shall be 2 Co-Chairs (with staggered terms) and a Secretary. These officers shall perform the duties prescribed by the Governance Charter. The Co-Chairs shall be responsible for chairing and convening all meetings and the Executive Committee. One Co-Chair shall be a member and represent homeless service providers and one Co-Chair shall be a member and represent public or private entities. Working with DND staff, the Secretary shall assure that minutes are taken and distributed for all meetings and be responsible for keeping the attendance records of the Leadership Council.

Section 2. Nomination. Any Leadership Council member may nominate a fellow member for a vacant officer position. A nomination must be seconded by one additional Leadership Council member. The member must serve actively on the Leadership Council for a minimum on one year in order to be nominated for an officer position.

Section 3. Elections and Terms of Office. The Leadership Council members shall elect all officers through a quorum vote as constituted in the Governance Charter. Co-Chairs shall serve for a two year staggered term. Co-Chairs shall serve up to two consecutive terms. The Secretary shall serve for a two year term and can serve consecutive terms with no limit.

Section 4. Vacancies. A vacancy in any office shall be filled by following the nomination and approval process described in Section 2.

Section 5. Executive Committee. The Executive Committee is comprised of the two Co-Chairpersons and the Secretary. All three individuals must be present to represent a quorum of the Executive Committee. The Co-Chairs shall be given the authority to convene a meeting of the Executive Committee in order for decisions/votes to be executed when time limits convening the full Leadership Council.

ARTICLE V. – Leadership Council Composition/Structure

Section 1. Leadership Council Composition. The Leadership Council will be comprised of 19 members – the 3 Council Officers and 16 additional members. The Leadership Council members will represent the following groups:

- City of Boston – Department of Neighborhood Development, Boston Public Health Commission, Boston Public Housing Authority (3 members)
- Commonwealth of Massachusetts – Department of Housing and Community Development (1 member)
- Homeless Services Provider Representatives (Individual, Family, Veteran) (9 members)
- Homeless Advocacy (2 member)



City of Boston Continuum of Care Leadership Council Governance Charter



- Faith-Based Community (1 member)
- Philanthropy Community (1 member)
- Private Business/Housing Development (1 member)
- Homeless or Formerly Homeless Individual (1 member)

Section 2. **Leadership Board Nomination/Selection.** Based on the composition goals described above, the City of Boston's Department of Neighborhood Development (DND) staff will identify, screen, and recommend a slate of individuals to the Mayor of the City of Boston. The Mayor will review and approve an individual from the slate of nominees for membership on the Leadership Council. The terms of membership will be for three years. There are no term limits for general membership on the Leadership Council. A homeless service provider agency is limited to one individual representative on the Council at any given time. As a condition of membership on the Council, a homeless service provider representative must agree to be named and carry out the responsibilities of a Workgroup Chairperson. All other Leadership Council members must agree to actively participate on at least one of the Workgroups.

Section 3. **Removal/Vacancies.** Leadership Council members may be removed from office by the Mayor of the City of Boston. A Leadership Council member shall resign their membership on the Council by providing written notice to the Mayor as well as the Leadership Council. DND staff will work to fill the Council vacancy by providing a slate of nominees to the Mayor at the earliest possible time.

Section 3. **Leadership Council Duties and Responsibilities.** The Leadership Council will be responsible for the following duties:

Strategic Planning

- Leadership to leverage and prioritize the effective use of Public/Private resources
- Oversight of implementation efforts of the Boston's Way Home Homeless Plan
- Policy Making and Advocacy on issues of concern to Boston's homeless families and individuals
- Oversight and Planning of City Initiatives and innovative pilots

Continuum of Care Oversight and Operation

- Prioritization of both new and renewal projects funded through the US Department of Housing and Urban Development's Continuum of Care Program
- Operation of the Continuum of Care in accordance with HUD's Continuum of Care Regulations
- Oversight of the City of Boston's Homeless Management Information System (HMIS)
- Oversight of the City of Boston's Coordinated Access System (CAS)
- Conduct of Continuum of Care Planning in accordance with HUD's Continuum of Care Regulations

ARTICLE VI. - Meetings

Section 1. **Leadership Council Meetings.** The Leadership Council shall meet regularly on a quarterly basis in order to conduct business. The Leadership Council shall formally meet no less than four times per year. Meeting information and tentative agendas shall be notice to the Leadership Council membership at least one week in advance of the meeting. Special meetings of the Leadership Council may be called with three (3) days notice by the Co-Chairs.

Section 2. **Workgroup Meetings.** Each of the CoC Workgroups shall meet at a minimum of two times per quarter in order to conduct needed business. Supported by DND Staff, the Workgroup Chairperson will be responsible for coordinating the conduct



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of these meetings, providing adequate notice to workgroup members prior to the meeting, and providing periodic updates/report to the Leadership Council on progress of the workgroup.

Section 3. Semi-Annual CoC Meeting. The City of Boston's Continuum of Care shall hold at a minimum of two CoC Meetings per year. Meeting information and tentative agendas will be posted to all CoC membership as well as posted on Boston's Department of Neighborhood Development website at least one week in advance. With the support of DND staff, the Secretary of the Leadership Council is responsible for taking notes and properly documenting these CoC General meetings.

ARTICLE VII. – Workgroup Structure and Responsibilities

Section 1. Workgroups' Composition/Responsibilities. The membership of the Workgroups will be comprised of experienced leaders in the field as well as a consumer representative. Within its mission and mandate provided by the Leadership Council, the workgroup will be responsible for: identifying the full range of services and providers; identifying barriers for consumers; identifying gaps and duplications; establishing goals for streamline offering and removing barriers that support the Leadership Council's goals; identifying state, City, and non-profit level system changes necessary to achieve the Leadership Council's mission; and developing a work plan to share with the Leadership Council and related workgroups.

Section 2. Workgroups' Mission Statement. The mission of each workgroup is as follows:

Chronically Homeless Individuals Workgroup: Create housing plans for all chronically homeless individuals on Boston's by-name chronic list and coordinate resources to ensure chronically homeless individuals stabilize in permanent housing.

Chronically Homeless Individuals Leadership Team: Create goals and overall plan for reducing chronic homelessness through increasing permanent housing access, reducing reliance on shelter, streamlining consumer access to housing and benefits, removing regulatory barriers, increasing income potential and diverting and preventing individuals from becoming chronically homeless.

Homeless Families/Domestic Violence Workgroup: Create goals and overall plan for reducing family homelessness through increasing permanent housing access, reducing reliance on shelter, streamlining consumer access to housing and benefits, removing regulatory barriers, increasing household income, and preventing families from becoming homeless.

Homeless Youth Workgroup: Create goals and overall plan for reducing youth homelessness through increasing permanent housing access, reducing reliance on shelter, streamlining consumer access to housing and benefits, removing regulatory barriers, increasing household income, and preventing youth from becoming homeless.

Homeless Veterans Workgroup: Create housing plans for all homeless Veterans on Boston's by-name Veteran list and coordinate resources to ensure homeless Veterans stabilize in permanent housing.

Homeless Veterans Leadership Team: Create goals and overall plan for reducing Veteran homelessness through increasing permanent housing access, reducing reliance on shelter, streamlining consumer access to housing and benefits, removing regulatory barriers through both the federal and State service systems for Veterans, increasing household income, and preventing Veterans from becoming homeless.

HMIS and Data Analysis Workgroup: Focus on developing a unified data collection and reporting system addressing provider/agency barriers to participating in uniform data collection, reporting changes, technical assistance needs, and goals for network reporting.



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Coordinated Access Workgroup: Implement Coordinated Access to connect individuals experiencing homelessness to the most appropriate housing resource. This group is charged with standardizing referrals and eligibility for Permanent Supportive Housing and Rapid Rehousing, maximizing utilization of resources, and streamlining process to accessing housing through technology. Coordinated Access and Front Door Triage together form Boston's Coordinated Entry system.

Front Door Triage Workgroup: Develop a unified triage response for individuals first entering the homeless system. The triage will provide a differential response based on vulnerability and individual need. Coordinated Access and Front Door Triage together form Boston's Coordinated Entry system.

Family Prevention and Rapid Re-Housing: Focus on the developing/enhancing the necessary systems to prevent individuals and families from entering homelessness through the following efforts - the Early Warning Network, the Homeless Prevention Network and a Homeless Diversion Initiative.

Rapid Rehousing Workgroup: Align the rapid rehousing programs in Boston and develop a system that moves homeless individuals into housing as quickly as possible by expanding availability, accessibility, and appeal of Rapid Rehousing.

Income Expansion Workgroup: Increase income for persons experiencing homelessness. To do this, the group develops and streamlines connections to mainstream employment and benefits as well as specialized employment and benefits.

Landlord Engagement Workgroup: Engage landlords and property owners in building an inventory of available units for homeless individuals to rent in and around Boston.

Permanent Supportive Housing Workgroup: Expedite creation of affordable housing paired with tenant support services targeted to chronically homeless households. This group works to address funding and other production barriers, increase access to services tied to affordable housing developments, develop the "Moving On" program, and other issues.

Section 3. Special Workgroups. As the situation or need arises, the Leadership Council may form a special workgroup to address an emerging planning need or requirement within the CoC. The Leadership Council will provide a mission to the workgroup and a mandate to come back to the Council with specific recommendations. The special workgroup's mandate will typically be on a time limited basis.

Section 4. Workgroup Chairperson Responsibilities. The Workgroup Chairperson will be responsible for recruitment and outreach to build and maintain workgroup membership. The Workgroup Chairperson will also seek feedback from a broad base of relevant partners including agencies not represented in the workgroup membership.

ARTICLE VIII. – Leadership Council Voting

Section 1. Motions. Each item requiring Leadership Council approval will be formally voted upon. A Leadership Council member will make a motion. The motion will be seconded by a fellow Leadership Council member and a full vote will be taken. The Leadership Council's meeting minutes will reflect the motion, the second and the outcome of the formal vote including the number of "yeas" and "nays". Each Leadership member in attendance present for the meeting will be entitled to one vote. All votes are determined by a majority of voting members present.

For unanticipated motions, a vote may be tabled and warned for action at the next Leadership Council meeting upon request by any Leadership Council member.

Section 2. Quorum. Fifty percent or more of the Leadership Council Members present shall constitute a quorum.



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ARTICLE IX. - Conflict of Interest

Section 1. Leadership Council member may not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

Section 2. The Leadership Council member shall recuse themselves from all discussions or voting that is or perceived to be an organizational conflict of interest. Per the US Department of Housing and Urban Development Continuum of Care Regulations (24 CFR 578.95), an organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or sub-recipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under HUD’s Continuum of Care Program, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired.

Section 3. Leadership Council members who work for a service provider agency in direct service to consumers are not eligible to review or vote on which programs receive funding through HUD’s Continuum of Care Program. This policy applies whether or not an agency currently receives funding through HUD’s Continuum of Care Program.

ARTICLE X. - Homeless Management Information System (HMIS) and Coordinated Access System (CAS)

Section 1. Background

HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care (CoC) homeless assistance funds. HMIS is essential to efforts to streamline client services and inform public policy. Through HMIS, homeless persons benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in the City of Boston, which may include measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs. Such an unduplicated accounting of homelessness is necessary to service and systems planning, effective resource allocation, and advocacy.

The continuum of care system components includes prevention, emergency shelter, transitional housing, permanent affordable and permanent supportive housing, supportive services at each stage, specialized programs and outreach for each homeless subpopulations, and integration with “mainstream” programs. HMIS will enable homeless service providers to collect uniform client information over time. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of the homeless population; these data are necessary to service and systems planning, and advocacy.

Section 2. Specific Responsibilities of the Parties

1. The City of Boston’s Department of Neighborhood Development shall act as the lead HMIS and CAS Governance Body and HMIS and CAS Lead Agency, providing oversight, project direction, policy setting, and guidance for the project in accordance with 24 CFR 578.7. The Boston CoC HMIS Data Warehouse is the designated HMIS of the CoC in accordance with the 24 CFR 578.7 (b)(1). The Boston CoC also provides licenses to ETO Software for use as a front end HMIS, however to be considered an HMIS Contributing Organization, data must be uploaded to the Boston CoC HMIS Data Warehouse at least monthly. In consultation with the Leadership Council, the HMIS and CAS Lead has developed and will update annually or as needed, all policies, procedures, roles and responsibilities in regards to the maintenance, operations and oversight of the HMIS and CAS Systems. These responsibilities include:

- 1) General Responsibilities



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- a. Responsible for ensuring and monitoring compliance with the HUD HMIS Standards.
 - b. Designating the software to be used for HMIS
 - c. Conducting outreach to and encouraging participation by all homeless assistance programs and other mainstream programs serving homeless people.
 - d. Developing and approving all HMIS operational agreements, policies, and procedures.
 - e. Working to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
 - f. Guiding data quality and reporting.
 - g. Promoting the effective use of HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
 - h. Provide all local information as necessary for compilation of the Continuum of Care Point in Time Count (PIT), Housing Inventory Chart (HIC), and the Annual Homeless Assessment Report (AHAR).
 - i. Serving as the liaison with HUD regarding the HUD HMIS grant.
 - j. Serving as the liaison with the software vendor.
 - k. Providing overall staffing for the project.
 - l. Participating in the success of HMIS.
 - m. Complying with HUD HMIS Standards (currently the 2016 HMIS Data 5.0 Manual and including anticipated changes to the HMIS Standards) and all other applicable laws.
 - n. Assisting with the completion of the HUD CoC Supportive Housing NOFA Exhibit 1
 - o. Annually prepare the HUD CoC Supportive Housing NOFA application for HMIS funding.
- 2) Project Management and System Administration
- a. Selecting and procuring server hardware.
 - b. Arranging hosting and executing the hosting facility agreement.
 - c. Providing domain registration.
 - d. Procuring server software and licenses.
 - e. Providing and managing end user licenses (per terms of grant agreement with HUD).
 - f. Creating project forms and documentation.
 - g. Providing and maintaining the project website.
 - h. Preparing project policies and procedures and monitoring and ensuring compliance of Agencies
 - i. Responsible for success of the HMIS project, including data, software vendor contract and licensing, security arrangements, Partner Agency MOUs, and contractor agreements.
 - j. Obtaining and maintaining signed Partner Agency MOUs.
- 3) System Security and Maintenance
- a. Server security, configuration, and availability
 - b. Setup and maintenance of hardware
 - c. Installation and maintenance of software
 - d. Configuration of network and security layers
 - e. Anti-virus protection for server configuration
 - f. System backup and disaster recovery
 - g. Taking all steps needed to secure the system against breaches of security and system crashes.
 - h. Ensuring system uptime and monitoring system performance.
 - i. Protecting of confidential data (in compliance with HUD Standards, local privacy policies, and other applicable law), and abiding by any restrictions clients have placed on their own data.
 - j. Developing and implementing security and confidentiality plans if required by the revised HUD HMIS Standards.
- 4) Administering HMIS end users including:



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- a. Add and remove partner agency technical administrators
- b. Manage user licenses

5) Training:

- a. Provide all training and user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality, including:
 - a. Training documentation
 - b. Confidentiality and Intake/Exit Forms training
 - c. Application training for agency administrators and end users
 - d. Outreach to users/end user support
 - e. Training timetable
 - f. Helpdesk

6) Data Quality:

- a. Ensuring all client and homeless program data are collected in adherence to the HUD HMIS Data Standards and local additional requirements thereto.
- b. Customizing the HMIS application to meet local data requirements.
- c. Monitoring data quality, generating agency exceptions reports
- d. Ensuring data quality.
- e. Preparing and implementing a data quality plan if required by the revised HUD HMIS Standards.
- f. Carrying out aggregate data extraction and reporting including the HMIS data needed for an unduplicated accounting of homelessness, including the Point in Time and Street count.
- g. Assist partner agencies with agency-specific data collection and reporting needs, such as the Annual Progress Report and program reports (within reason and within constraints of budget and other duties).

7) Centralized or Coordinated Assessment System (CAS):

- a. Establish and Operate a coordinated assessment system that provides an initial, comprehensive assessment of the needs of the individual or family for housing and services.
- b. Develop a specific policy on how the system will address the needs of individuals and families who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault or stalking but who are seeking services from a non-victim service provider.
- c. Develop policies and procedures for the overall CAS that address:
 - i. Prioritization
 - ii. Low Barrier
 - iii. Housing First Oriented
 - iv. Person-Centered
 - v. Fair and Equal Access
 - vi. Emergency Services
 - vii. Standardized Access and Assessment
 - viii. Inclusive
 - ix. Referral to projects
 - x. Referral Protocols
 - xi. Outreach
 - xii. Ongoing Planning and Stakeholder Consultation
 - xiii. Informing local planning
 - xiv. Leverage local attributes and capacity
 - xv. Safety Planning
 - xvi. Use of HMIS and other system for Coordinated Access



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xvii. Full Coverage

8) The Continuum has established the following prioritization for all CoC Program funded PSH for individuals and families. These priorities have been established because solving homelessness for the City's most vulnerable people, who have the longest time spent in homelessness and the most severe service needs, will enhance the City's goal of quickly transitioning homeless persons to permanent supportive housing and ultimately eradicating homelessness.

The following established and implemented *Order of Priority* for dedicated and prioritized PSH beds will ensure that those persons with the longest histories residing in places not meant for human habitation, emergency shelters, and in safe havens and with the most severe service needs are given first priority. The CoC identifies and verifies prioritization status (both with length of time homeless and severity of needs) through data driven methods which include an administrative data match and process that is documented in the participant's files.

1. Prioritizing chronically homeless persons in CoC Program-funded PSH beds dedicated or prioritized for occupancy by persons experiencing chronic homelessness

- a. First Priority- Households who are chronically homeless and; are the most vulnerable individuals and families who have the **longest history of homelessness** living in places not meant of human habitation, a safe haven, or an emergency shelter **AND** who have the **most severe service needs**
- b. Second Priority- Chronic/long-term homeless households; who have the **longest history of homelessness**
- c. Third Priority- Chronically homeless households who present with the **most severe services needs**
- d. Fourth Priority- All other chronically homeless households

Through CAS- the majority of CoC-funded PSH units will be available for CH households until the CoC ends chronic homelessness. In very limited cases (typically when the units have additional funder statutorily regulated specific target populations i.e. HIV/AIDS) the non-dedicated and non-prioritized units will follow this order of priority:

2. Prioritizing homeless persons in CoC Program-funded PSH beds not dedicated or not prioritized for occupancy by persons experiencing chronic homelessness

- a. First Priority- Homeless households with a disability with long periods of episodic homelessness and severe service needs
- b. Second Priority- Homeless households with a disability with severe service needs
- c. Third Priority- Homeless households with a disability coming from places not meant for human habitation, safe havens, emergency shelters without sever service needs
- d. Fourth Priority- Homeless households with a disability coming from transitional housing

9) DND as the HMIS and CAS Lead will maintain compliance with all HUD requirements current and future in accordance with 24 CFR 5787.7 (a)(5)

Section 3. Satisfactory Assurances Regarding Confidentiality and Security

DND shall receive from Human Services client information that may be subject to the privacy and security protections and requirements of HUD HMIS Standards, HIPAA Privacy Rule, other law, and local HMIS privacy and security policies and procedures. DND shall use protected client information only for purposes permitted by agreement with Human Services and as permitted by the applicable law and Standards. Further, DND shall use of all safeguards required by HUD Privacy Standards, HIPAA Privacy Rule, where appropriate, other law, and local HMIS privacy and security policies and procedures in order to prevent any unauthorized disclosure of protected client information.



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ARTICLE XI. - Amendments

These Standing Rules may be amended or repealed at any Leadership Council meeting by a two-thirds vote of the Leadership Council provided there is a quorum.

ARTICLE XII. - Non-Discrimination

It is the policy of the City of Boston CoC Leadership Council that no person shall be discriminated against because of their race, sex, age, marital status, religious creed, color, national origin, disability, sexual orientation, or because they have minor children, or receive public assistance. The CoC Leadership Council shall be operated in an open and democratic fashion and shall not discriminate against anyone because they are a member of one of the above groups.

Last Updated: September 7, 2016

Voted and Approved by Leadership Council on: September 7, 2016



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Section 8 Admin Plan

Chapter 3: Applications & Admission

3.1 Applications and Processing

3.1.1 Application Forms

Preliminary application forms are available at the BHA's Central Office, located at 52 Chauncy Street, Boston, in its John F. Murphy Housing Service Center, located at 56 Chauncy Street, Boston, and at other locations, as determined by the BHA. Applications shall also be available by mail and may be downloaded from [the BHA's web-site](#). A preliminary application will be accepted from anyone who wishes to apply, if the waiting list for the program they want to apply to is open. The BHA will only accept applications by mail or hand delivery. The BHA will not accept applications by fax or email.

3.1.2 Processing and Maintenance

It is the BHA's policy to accept, process, and maintain applications in accordance with applicable BHA policy and federal regulations. The BHA will notify the Applicant upon receipt of an application whether the BHA is ordering its Waiting list by random or by a chronological a selection approach. See section 3.2.4. An Applicant shall be given a date and time stamped receipt that informs the Applicant of his/her responsibility to notify the BHA of any change of address or Family Composition and to respond to application update requests sent to them. Failure to update the BHA may result in removal of the application from the waiting list. See section 3.2.5

3.1.3 Assignment of Application Client Control Number

Each Application will be assigned a client control number when completed and received by the BHA.

3.2 Waiting List Administration

3.2.1 Generally

The BHA must select Participants from a BHA waiting list, unless they are Special Admissions. See section 3.4. The BHA will maintain a single waiting list for its HCVF tenant-based assistance program. The BHA will also maintain separate, site-based, waiting lists for each development in its Project-Based Voucher program. An Applicant who meets the preliminary qualifications may add their name to any or all waiting lists. Each waiting list must contain the following information about each Applicant:

- (a) Applicant name;
- (b) Family Composition (to determine the number of bedrooms the Family qualifies for under the BHA Subsidy Standards described in section 5.4.3);
- (c) Whether the Family has any Elderly or Disabled members;
- (d) Date and time of application;
- (e) Racial and ethnic designation of each Family member;
- (f) Client Control Number (see section 3.1.3); and
- (g) Any approved Preference or Priority (see section 3.3).

3.2.2 Opening and Closing the Waiting List

- a. **Opening the Waiting List.** The BHA will give at least two weeks advance public notice that a Family may apply for housing assistance before opening the waiting list. The notice must state where and when a Family should apply. The notice shall also state any limitations on the criteria for the type of Family that may apply. The notice shall be circulated in a local newspaper of general circulation, by minority media, and any other means that the BHA finds suitable. The notice shall also state the time limitation of the application period. Once a waiting list is open, the BHA must accept applications from a Family for whom the waiting list is open. Any opening of the waiting list will be publicized in accordance with the Marketing and Outreach requirements described in Chapter 2 of this Administrative Plan.

If the waiting list is open for special programs it will only be open for the purpose of accepting applications for the special programs.

Chapters

[Chapter 1 - Introduction and Policy](#)

[Chapter 2 - Advertising & Outreach](#)

[Chapter 3 - Applications & Admission](#)

[Chapter 4 - Communications & Verification](#)

[Chapter 5 - Determination of Eligibility](#)

[Chapter 6 - Denial of Voucher & Applicant Appeals](#)

[Chapter 7 - Finding & Leasing Housing](#)

[Chapter 8 - Rent](#)

[Chapter 9 - Inspections](#)

[Chapter 10 - Renewal](#)

[Chapter 11 - Continued Participation](#)

[Chapter 12 - Portability](#)

[Chapter 13 - Termination of Assistance](#)

[Chapter 14 - Programs & Special Housing Types](#)

[Chapter 15 - Project-Based Voucher Program](#)

[Chapter 16 - Homeownership](#)

[Chapter 17 - General Administrative Procedures](#)

[Chapter 18 - Glossary](#)

- b. **Closing a Waiting List.** The BHA may close a waiting list anytime that the BHA determines that the Applicant pool is large enough to fill the estimated amount of available Vouchers for the next twelve (12) months. The BHA may close an entire waiting list or close only a portion, keeping part of the waiting list open to a certain Priority, or for any special programs.

During the period when the waiting list is closed, the BHA will not maintain a list of individuals who wish to be notified when the waiting list is reopened.

3.2.3 Updating the Waiting List

The BHA will update its waiting list periodically. The BHA will perform waiting list updates by removing, in accordance with section 3.2.5, the name of any Applicant:

- (a) Who is no longer interested; OR
- (b) No longer qualifies for housing; OR
- (c) Cannot be reached by mail sent to address provided by the Applicant (i.e., mail is returned to the BHA by the post office).

3.2.4 Selection Methods

Regardless of the selection method that the BHA uses, each application will be assigned an application client control number as described in section 3.1.3.

- a. **Lottery or Random Selection Approach.** The BHA may order its waiting list based on a random selection method. Once the application period is over and all applications are submitted, the BHA will randomly order the applications on its waiting list.
 - (1) **Limitation on number of applications submitted.** If the BHA believes it will receive far more Applicants than it will be able to assist within a reasonable period, then the BHA will make selection rules in advance to limit the number of applications placed on the waiting list. When the application deadline passes, the BHA will randomly select the previously determined number of applications from a pool of all applications submitted. The BHA will then randomly order the selected applications on the waiting list.
- b. **Chronological Selection Approach.** The BHA may order a waiting list based on the date and time the application is received. The BHA will assign a chronological application client control number and date and time stamp the application when the Applicant completes the application at a BHA application-taking location.

3.2.5 Removal of an Application from Waiting Lists

An Applicant may appeal the BHA's decision to remove their application from a waiting list by requesting an informal review. A request for an appeal must be made **in writing** and must be received by the BHA within twenty (20) calendar days of the date of the notice removing the Applicant from the waiting list. The BHA will hold the files of Applicants removed from any waiting list for three (3) years.

An Applicant will be removed from the waiting lists of all programs they have selected by using the following procedure:

(a) Withdrawal of an Application. The circumstances that result in the withdrawal of an Applicant's name from any or all waiting lists include:

- (1) The Applicant requests **in writing** that his/her name be removed; **OR**
- (2) The BHA has made reasonable efforts to contact the Applicant to determine continued interest or to schedule an interview, but has been unsuccessful in reaching the Applicant. A reasonable effort to contact the Applicant shall include, but not be limited to, properly addressed correspondence mailed (or sent by other methods designated by an Applicant who is a Disabled Person) to the latest address provided by the Applicant in writing that is returned by the U.S. Postal Service; **OR**
- (3) If an Applicant fails to keep an appointment and fails to notify the BHA, within ten (10) days after the date of the appointment, of his/her inability to keep an appointment, or the Applicant fails to supply documentation to the BHA in accordance with section 5.3.2(d); **OR**
- (4) Being Denied Assistance (see Chapter 6: Denial of Voucher and Applicant Appeals).

Note: If an Applicant is otherwise eligible for the tenant-based HCVP but is denied assistance for a specific project-based program because the Applicant does not meet the specific requirements for a supportive services program, the Applicant will retain their position on the tenant-based HCVP waiting list.

- (5) An Eligible Applicant on a PBV site based waiting list will receive an offer of an apartment of appropriate size at a PBV or Mod Rehab site of choice. Failure to accept the housing offer will result in withdrawal from the PBV and Mod Rehab waiting list(s).

The Applicant will lose any approved Priority and/or Preference. Furthermore, the Applicant will only be eligible to re-apply after one (1) year from the date of the most recent PBV or Mod Rehab unit rejection

- (6) Withdrawal Upon Becoming Housed
 - i. When an Applicant becomes housed, the BHA will withdraw the Applicant from all BHA waiting lists for which the Applicant no longer qualifies for as a result of becoming housed.

(b) Consideration of Circumstances Leading to Withdrawal The BHA will consider a Mitigating Circumstance in determining whether the Application should be withdrawn as described above in section 3.2.5(a). Such mitigating circumstances could include a health problem, a lack of transportation, or Domestic

Violence, Dating Violence, or Stalking that affected the Applicant's ability to comply with the BHA's requirements or prevented the BHA from contacting the Applicant. The Authority will also consider a Reasonable Accommodation that may be necessary for an Applicant who is a Disabled Person to keep an appointment or provide information. Consideration of a Mitigating Circumstance does not relieve the Applicant of the responsibility to provide required information or notify the BHA in writing.

(c) Notice of Withdrawal or Ineligibility. The BHA will send a written notice to an Applicant who is removed from a waiting list. The notice will:

- (1) Inform the Applicant of the reasons for being withdrawn from the waiting list or being determined Ineligible;
- (2) Advise the Applicant of the right to dispute the BHA determination of ineligibility or withdrawal by requesting an informal review within twenty (20) calendar days of the date of the notice. A request for an informal review must be in writing and must state the reason(s) for the request;
- (3) Advise the Applicant that if s/he has a Disability, or is a victim of Domestic Violence, Dating Violence, or Stalking, not previously disclosed, that the disclosure of such condition or situation would initiate the consideration of Mitigating Circumstances and/or Reasonable Accommodation;
- (4) Advise the Applicant of the right to contest criminal record information in accordance with federal law if that is a basis for determination of Ineligibility;
- (5) Provide a description of BHA's informal review process and advise the Applicant that s/he has a right to be represented by an attorney or other individual at the informal review, to review the contents of their file in advance of the hearing, to submit additional documentation and evidence at the hearing, and to request a Reasonable Accommodation.

3.2.6 Conversion of Project-Based to Tenant-Based Voucher

Upon completion of one year in the Project Based Voucher ("PBV") program, a Participant in good standing may choose to select a tenant-based Voucher. If a Voucher is not immediately available, an eligible PBV Participant will be placed on a waiting list by date and time of tenant-based Voucher request. As soon as a tenant-based Voucher becomes available, the BHA will grant the tenant-based Voucher to the eligible PBV Participants who has requested a tenant-based Voucher by date and time of request. An eligible Participant who has completed one year in the PBV program shall be granted a tenant-based Voucher before any Applicant on a waiting list is granted a Voucher.

3.2.7 Applicant Family Break-up

A Family Break-Up occurs when a Head, Co-head of household, or other adult family member will no longer reside together and there is a dispute as to who will retain the Application. A Family Break-Up situation may occur in instances including but not limited to: divorce, separation, or protective order. When a Family Break-Up occurs, the Application does not necessarily remain with the Head of Household.

When the BHA receives notice that a Family has broken up or will imminently break-up, the BHA will make the determination of which adult Family member shall retain the Application using the criteria and the procedure provided below. If the application is split between one or more adult Family members, each new Family must qualify for Priority and Preference as required to remain on the waiting list and may not rely on the Priority and Preference of the previously unified Family.

(a) Court Determination.

- (1) If a court has determined the disposition of the Family's Application subsidy in a divorce or separation under a court order or court approved settlement (provided that no provision is against State or Federal Housing regulations), the BHA is bound by the court's determination as to which Household Member(s) will continue with the Application. Such a determination cannot be appealed through the BHA review process, as it is the court's determination, and not the BHA's determination that governs.
- (2) If the family break-up results from an occurrence of domestic violence, dating violence, sexual assault, or stalking as provided in 24 C.F.R. part 5, subpart L, the PHA must ensure that the victim retains assistance.

(b) BHA Determination

When there is no court determination, the BHA shall determine:

- (1) Which adult Household Member will continue with the Application; OR
- (2) If multiple adult Family members are to be granted separate Applications where all adult Family members meet Priority and Preference requirements to remain on the waiting list.

In making this determination, the BHA shall consider the interests of all Household Members. The BHA will use its discretion to decide which adult Household Member(s) will keep the Application by taking into account the following factors:

- (i) The interests of any minor children, physical custody;
- (ii) The interests of any ill, Elderly or Disabled Persons who are family members;
- (iii) Whether family members fled because of actual or threatened violence by a head or/and co-head (The BHA will take this factor into consideration regardless of whether the individuals who have fled and were recorded household members on the Application are the victims or the perpetrators);

(iv) The amount of time since the Household Member(s) was/were added to the Family Composition. The BHA will consider this factor, on a case by case basis, the circumstances surrounding a Household Member's being added or not having been added to the Household.

(v) Any temporary or permanent restraining or protective orders.

(c) Notice of Proposed Disposition of Application

When the BHA receives notice that a Family has broken up or will imminently break-up, the BHA will make an initial determination under section (b) regarding which Household Member shall retain the Application or if multiple Family members will have right to retain separate Applications. A notice shall be sent to any and all addresses identified by such adults, and not solely to the last address for the Head of Household. The notice shall describe what factors BHA utilized in arriving at its decision. The notice shall also state that all adult Family Members have twenty (20) days to request a review of the decision.

(d) Right to Informal Review of BHA's Initial Determination

If the Head or Co-head (or another adult as described in section (f)) disagrees with the BHA's determination regarding which person(s) shall retain the Application, that person may request an informal review of the determination. The request for an informal review must be made in writing and submitted to the BHA Occupancy Department, 52 Chauncy Street, 3rd floor, Boston, MA 02111, within twenty (20) days of the date of the BHA's notice.

(e) Procedure for Informal Review

If the Head, Co-Head, or another adult as described in section (f) requests an informal review disputing the BHA's Family Break-Up determination, the BHA Occupancy Department shall conduct a review. The Head and co-Head (and other adults as may be required by section (f)) shall be given notice of the review date. The review will be conducted by a person who did not make, or is not the subordinate of the person who made the initial determination. The person requesting the review shall have the right to examine the documents relevant to the BHA's determination. The BHA will redact any information, including addresses where applicable, which could compromise the safety of any person. The BHA may alter its usual review procedure and rules, consistent with applicable law, to assure the safety of all individuals who may be participating in the proceeding.

The person conducting the review shall issue a written decision within thirty (30) days from the review date. The decision shall be sent to all adult Household Members (and other adults as may be required by section (f)).

(f) Procedure Where there is a Family Break-Up and Adults Who Are Not Currently Household Members Advance a Claim on Behalf of Minor or Incapacitated Household Members

Where:

(1) There has been a Family Break-Up with one or more remaining Minor Household Members and no remaining Co-Head. The result of the Break-up was due to reasons included but not limited to death, incarceration, or incapacitation of the Head; **AND** one or more adults who are not currently Household Members advance a claim that they wish to become the Head of Household on behalf of one or more remaining Minor or incapacitated Household Members; **AND** there is a dispute about who should become the Head of Household, the BHA shall determine which such claimant shall take over the Application using the criteria under section (b) above.

(2) In the event the remaining Household Member(s) is an incapacitated Adult who is unable to fulfill the Family obligations, the proposed Applicant must be an adult who has been appointed either a temporary or permanent guardianship, and is willing to assume the obligations and responsibilities as Head of Household.

(3) Any adult granted the Application is subject to fulfill all preliminary and final eligibility requirements governed by this Administrative Plan or its successor.

(g) Any adult granted the Application is subject to fulfill all preliminary and final eligibility requirements governed by this Administrative Plan or its successor.

3.3 Priority and Preference Admissions

The following system of Priorities and/or Preferences will be used for new admissions.

Process Overview:

A third party must verify all requests for Priority Status. Information shall be submitted on certificates of priority status and/or another form of written verification from a reliable third party as determined by the BHA. All requests for Priority status will be reviewed prior to the determination of Eligibility.

During the review of documents submitted for Priority status, it may be necessary to obtain additional documentation in order to complete the review. In this case, the Occupancy Department will send (or give) the Applicant a notice detailing the information still needed to complete the review for Priority status and the submission deadline.

Applicants who do not qualify for Priority status based on a review of the documents submitted are sent (or given) a notice detailing the specific reason(s) for the denial of Priority. This notice informs Applicants of their right to appeal the denial of Priority status through the informal hearing process conducted by the BHA.

Department of Grievances and Appeals.

Applicants will be sorted on each waiting list in accordance with any approved Priority and/or Preference(s). The ranking categories utilized by the BHA are outlined below.

3.3.1 Definition of Priority

Priority is a housing-related situation that affects an Applicant's present residential status. The BHA gives points to an Applicant with a Priority that ranks an Applicant higher on each waiting list than an Applicant without Priority. An Applicant can qualify for only one Priority at any given time. Certain Priorities are given more points than others are. An Applicant will always be assigned to the highest Priority for which they qualify.

3.3.2 Definition of Preference

The BHA gives preference to an Applicant on the waiting list if they qualify for one of the Preference categories listed below. See section 3.3.6. Preference points are cumulative and are added to the Applicant's Priority points (if any) to determine an Applicant's position on each BHA waiting list. An Applicant may qualify for more than one Preference at a time.

3.3.3 Verification of Priority or Preference Status

The BHA will provide to each potential Applicant a description of all Priorities and Preferences that may be available. BHA will verify the Priority during the application process as part of the determination of eligibility (See section 5.2).

3.3.4 Granting of Priorities and/or Preferences

It is BHA policy that a Priority and/or Preference, as well as date and time of the application, establish placement position on a waiting list. The BHA will grant Priority and/or Preference to Applicants who are Eligible, Qualified, and meet the definitions of the Priorities and/or Preferences (see section 3.3.5) at the time they are certified for Admission.^[1] Applicants can apply for Priority status at anytime the waiting list is open.

3.3.5 Priority Categories

(a) Super Priority. The BHA will admit an Applicant to the Section 8 program before all other Applicants on the waiting list if:

(1) The Applicant resides in BHA public housing, AND;

(i) The Applicant Family is being temporarily displaced due to BHA rehabilitation and modernization programs; or

(ii) The Applicant or a member of the Applicant Household is in imminent danger of life threatening injuries due to providing testimony or information regarding criminal activity to a local law enforcement agency; or

(iii) The Applicant or a member of the Applicant Household is a victim of physical harassment, extreme or repeated vandalism to personal property and/or extreme and/or repeated verbal harassment, intimidation or coercion which places them in imminent danger and that cannot be expeditiously remedied in any other way; or

(iv) The Applicant or a member of the Applicant Household has been or is currently a victim of Domestic Violence, Dating Violence, or Stalking, and has a reasonable belief of risk of imminent harm if he or she remains in the current Unit and no other BHA public housing sites are an appropriate alternative, or

(v) The BHA cannot approve the Applicant's request for Reasonable Accommodation at any of the BHA's public housing sites because the request would be unreasonable, an undue financial burden, or a fundamental alteration of the program and the Applicant's Request for Reasonable Accommodation could be resolved by being assisted under the HCVP.

(2) The Applicant is a Participant in the BHA's Section 8 Moderate Rehabilitation Program , AND;

(i) The Applicant or a member of the Applicant Household is in imminent danger of life threatening injuries due to providing testimony or information regarding criminal activity to a local law enforcement agency; or

(ii) The Applicant or a member of the Applicant Household is a victim of physical harassment, extreme or repeated vandalism to personal property and/or extreme and/or repeated verbal harassment, intimidation or coercion which places them in imminent danger; or

(iii) The Applicant or a member of the Applicant Household has been or is currently a victim of Domestic Violence, Dating Violence, or Stalking, and has a reasonable belief of risk of imminent harm if he or she remains in the current Unit : or

(iv) The Owner and/or the BHA cannot approve the Applicant's request for Reasonable Accommodation at any of the BHA's Section 8 Moderate Rehabilitation sites because the request would be unreasonable, an undue financial burden for the Owner, or a fundamental alteration of the program, and the Applicant's Request for Reasonable Accommodation could be resolved by being assisted under the HCVP.

(3) Verification Requirements:

Applicants will be asked to provide reliable documentation to show that their Family qualifies for Super-Priority as outlined in section 3.3.5(a)(1)and (2) . Such verification may include the following items:

(i) A letter(s) from a Qualified Healthcare Provider describing an Applicant's physical or mental condition and specifying housing conditions required because of the condition;

(ii) For Reasonable Accommodation requests, reliable documentation from a Qualified Healthcare Provider or professional non-medical service agency, whose function it is to provide services to the disabled. Documentation should verify that the Applicant or a member of his/her Household is disabled

under the applicable definitions in Federal and State law and describe the limitations attributable to the disability. Documentation must also describe how the accommodation being requested will overcome or alleviate those limitations;

- (iii) Police reports;
- (iv) Civil Rights incident reports;
- (v) Copies of restraining orders;
- (vi) Any other documentation that provides the BHA with evidence of Super Priority criteria.

(b) City of Boston Interagency Council on Housing and Homelessness (ICHH) Programs Priority:

1. Enhancing Economic Self-Sufficiency (EESS) Program

The EESS program is an employment-specialized form of supported housing designed to permanently solve homelessness amongst a subset of homeless families residing in family emergency shelter in the City of Boston. Targeted will be heads-of- households with housing barriers related to limited rental housing history and constrained income potential. Typically, these will be single, younger heads of households without educational degrees or work experience. Households fitting this profile will be offered the following supports (1) 18 months of support services focused on bettering the head of household's income opportunity, and (2) Section 8 rental assistance for those participating households that are willing to participate in economic self-sufficiency activities.

The BHA will provide no less than thirty (30) tenant based housing vouchers to qualified participants in this program. The City of Boston will provide funding from the Massachusetts Interagency Council on Housing and Homelessness (MICHH) to Heading Home, a EESS contracted non-profit agency to provide support services to participants. Heading Home will identify and refer qualified EESS applicants to the BHA.

2. Housing and Stabilizing Chronically Homeless with Supports and Employment (HSCHE) Program

The HSCHE program will be a Housing First Initiative designed to permanently solve homelessness amongst Long Term Stayers in Boston's homeless shelters. The HSCHE Program will combine three program features: (1) permanent housing through the BHA's public and Section 8 Program, (2) case management tailored to specific needs of the target population, and (3) Work First Services that link housing stabilization with vocational support and job opportunity.

The BHA will provide no less than fifty (50) tenant based housing vouchers to qualified participants in this program. The City of Boston will provide funding from the Massachusetts Interagency Council on Housing and Homelessness (MICHH) to Home to Stay, a group of non-profit agencies partnering to provide support services to participants. Home to Stay will identify and refer qualified applicants to the BHA.

3. Linking Treatment to Housing Program

The Linking Treatment to Housing Program is a supported housing program serving chronically homeless individuals in the City of Boston with co-occurring mental illness and substance abuse. The Boston Public Health Commission (BPHC) and the BHA have partnered to create this program which seeks to serve 325 chronically homeless individuals over a five year period. The BPHC will provide services through funding received from a five year grant from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The BHA will provide a total of 325 vouchers over the grant period with 45 vouchers to be provided in the first year and 70 vouchers to be provided per year for years 2-5. The BPHC will identify and refer qualified applicants to the BHA wherein the BHA shall screen for HCVP eligibility.

The goal of the Linking Treatment to Housing program is to improve residential stability and reduce psychiatric symptoms and substance use for 325 chronically homeless people in Boston with co-occurring mental illness and substance abuse over the 5-year project period. To achieve this goal, the project has the following three objectives. Each objective encompasses the 325 members of the target population to be served over the project period. We expect that 45 clients will be served in Year 1 (allowing for the three-month start-up period) and 70 clients annually in Years 2-5.

Objective 1. Client recruitment and connection to housing. Select members of the target population in need of permanent housing and, using vouchers provided by the Boston Housing Authority and housing search provided by HomeStart and other project partners, connect them to subsidized housing in the community.

Objective 2. Provide case management and integrated treatment services using the Critical Time Intervention (CTI) model. The model has three phases: 2A. *Transition to community:* Upon a client's enrollment in the project, the Clinical Supervisor or Case Manager will perform an initial needs assessment (including substance abuse, mental health, money management, housing crisis management, vocational and other needs). With the client, the Case Manager will formulate a treatment plan, focusing on selected areas identified as crucial in facilitating the client's stability and community assimilation. The Case Manager will also link the client to services in the community. 2B. *Try-out:* Test and adjust the systems of support that have been established in the community and make necessary adjustments in the treatment plan. 2C. *Transfer of care:* Secure links to community providers to support a client's longer-term reduction of stability in the community.

Objective 3. Service consortium. Support long-term stability in the community for program clients and develop capacity among Boston service providers for integrated services to newly housed homeless individuals by establishing and maintaining a consortium of services providers in housing, housing search, substance abuse treatment, mental health, employment and other support services. Achieving these goals and objectives will strengthen the ability of service providers in Boston to stabilize and support chronically homeless individuals with serious mental illness so that they can live in their own homes.

4. Leading the Way Home

The Leading the Way Home program is a form of supported housing designed to permanently solve homelessness amongst a subset of Boston homeless families residing in family emergency shelters funded by the State of Massachusetts. Households fitting this profile will be offered the following supports(1) 18 months of support services focused on stabilization and self-sufficiency, and (2) Section 8 rental assistance for those participating households that are willing to participate in stabilization and economic self-sufficiency activities.

The BHA will provide no less than five-hundred(500) tenant based housing vouchers to qualified participants in this program. The State of Massachusetts will provide funding for the stabilization and supportive services for participants. The Massachusetts Department of Housing and Community Development(DHCD) or its subcontractor will identify and refer qualified Leading the Way Home applicants to the BHA.

(c) The U.S. Congress and HUD Homeless Study Priority

The City of Boston has been selected by HUD to be one of twelve communities nationwide that will participate in a study of the impact of various service and housing interventions in ending homelessness for families. The study will compare four types of housing assistance and services to determine which interventions work best to promote housing stability, family preservation, child well-being, adult well-being, and self-sufficiency. HUD has contracted with a team of researchers led by Abt Associates Inc. to design and carry out this evaluation. To provide the strongest possible evidence of the effects of the housing and services interventions, the evaluation will use an experimental research design, with eligible families assigned at random to one of the four designated housing and services interventions.

The four study interventions that will be offered to eligible households include transitional housing, rapid re-housing, usual care and subsidy only. The BHA will make available up to sixty-five(65) tenant based vouchers for homeless families who volunteer to participate in this study. Study participants will be selected by Abt Associates and those applicant households randomly assigned to the subsidy only intervention will be referred to the BHA by Abt Associates.

(d) Priority 1

The BHA grants Priority 1 status to an Applicant whose verified circumstances, during the final eligibility interview (see section 5.3) and prior to execution of the Lease, fall within one of the following categories:

(1) Displacement due to a disaster, such as flood or fire, that results in the un-inhabitability of an Applicant's Apartment or dwelling Unit not due to the fault of the Applicant and/or Household Member or beyond the Applicant's control;

Verification must include:

- (i) A copy of the incident report from the local Fire Department or other appropriate agency who deals with disasters; **and**
- (ii) A copy of his/her Lease, or a statement from the property Owner, verifying that s/he is/was the tenant of record at the affected address; **and**
- (iii) Verification from the Fire department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling Unit is now uninhabitable; **and**
- (iv) The cause of the disaster if known (**Note:** If the Applicant or a Household Member or guest was the cause of the disaster, approval for Priority status will be denied unless Mitigating Circumstances are established to the satisfaction of the BHA).

(2) Displacement Due to Domestic Violence/Dating Violence /or Stalking, which is defined as displacement from an address where the Applicant is/was the tenant of record due to continuing actual or threatened physical violence (including sexual abuse) directed against one or more of the Household Members.

Verification must include:

- (i) Submission of a fully completed "Certificate of Involuntary Displacement Due to Domestic Violence/Dating Violence/or Stalking"; **OR**
- (ii) A third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of domestic violence.
- (iii) Verification *will not* be considered valid unless it:

Supplies the name of the threatening or abusive Household Member or other legal occupant of the dwelling Unit,

Describes how the situation came to verifier's attention, **and**

Indicates that the threats and/or violence are of a recent (within the past six [6] months) or continuing nature if the Applicant is still residing in the dwelling where the violence has occurred or is occurring, **or**

Indicates that the Applicant was displaced because of the threats and/or violence and that the Applicant is in imminent danger where he/she now resides.

(iv) The Applicant must supply the name and address of the abuser **AND** provide documentation that the Applicant is/was a tenant of record.

(3) Victim of hate crime. The Applicant or a member of the Household has been a victim of one or more hate crimes **AND** the Applicant Family has vacated a dwelling Unit because of this crime **OR** the fear associated with the crime has destroyed the peaceful enjoyment of the dwelling Unit.

"Hate crime", is defined as any criminal act coupled with overt actions motivated by bigotry and bias including, but not limited to, a threatened, attempted or completed overt act motivated at least in part by racial, religious, ethnic, handicap, gender or sexual orientation, prejudice, or which otherwise deprives another person of his/her constitutional rights by threats, intimidation or coercion, or which seeks to interfere with or disrupt a person's exercise of constitutional rights through harassment or intimidation.

Verification must include:

(i) Submission of a fully completed "Certificate of Involuntary Displacement by Hate Crimes" or documentation from a law enforcement agency that the Applicant or a Household Member was a victim of such crime(s); **AND**

(ii) Has vacated the dwelling because of such crime(s); **or** experienced fear associated with such crime(s) and the fear has destroyed the peaceful enjoyment of their current dwelling Unit.

(4) Avoidance of reprisal/witness protection: Relocation is required because: An Applicant provided information or testimony on criminal activities to a law enforcement agency; and based upon a threat assessment, a law enforcement agency recommends the relocation of the Applicant Family to avoid or minimize risk of violence against Applicant Family as reprisal for providing such information.

Verification requirements:

(i) Submission of a fully completed "Certificate of Involuntary Displacement to Avoid Reprisal" or documentation from a law enforcement agency that the Applicant and/or a household member provided information on criminal activity; **and**

(ii) Documentation that, following a threat assessment conducted by the law enforcement agency, the agency recommends the relocation/re-housing of the household to avoid or minimize the threat of violence or reprisal to or against the household member(s) for providing such information.

This includes situations in which the Applicant and/or Family member(s) are themselves the victims of such crimes and have provided information or testimony to a law enforcement agency.

(5) Court-ordered no-fault eviction: An eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of:

Landlord action beyond the Applicant's ability to control to prevent; **and**

The action occurred despite the Applicant having met all lawfully imposed Lease conditions; **and**

Displacement was not the result of failure to comply with United States Department of Housing and Urban Development ("HUD") and State policies in its housing programs with respect to occupancy of under-occupied and Overcrowded units or failure to accept a transfer to another Unit in accordance with a court order or policies or procedures under a HUD-approved desegregation plan.

Verification Requirements (**ALL** documents are required and failure to establish any one of the following elements will result in denial of Priority status):

(i) Submission of a fully completed "certificate of Involuntary Displacement by Landlord Action"; **and**

(ii) A copy of the Notice to Quit issued by the landlord or property manager; **and**

(iii) A copy of the Summons and Complaint available from the court; **and**

(iv) A copy of the Answer or other response(s) filed by the Applicant in court in response to the Complaint, if any; **and**

(v) A copy of the Judgment of the Court (or an Agreement for Judgment, Order for Judgment and Findings of Fact, or Default Judgment); **and**

(vi) If applicable, a copy of the execution issued by the court.

(vii) The information contained in the above-referenced documents must clearly establish to the satisfaction of the BHA that:

The action taken by the landlord or property manager was beyond the Applicant's ability to control or prevent;

The action by the landlord or property manager occurred despite the Applicant having met all previously imposed conditions of occupancy;

Displacement was not the result of failure to comply with HUD or State policies in its housing programs with respect to occupancy of under-occupied and over-crowded Apartments or failure to accept a Transfer to another Apartment in accordance with a court order or policies or procedures under a HUD-approved desegregation plan.

(6) Condemnation of House/Apartment: the Applicant's housing has been declared unfit for habitation by an agency of government through no fault of the Applicant.

Verification Requirements:

(i) Third-party, written verification from the appropriate unit or agency of government certifying that the Applicant has been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**

(ii) The precise reason(s) for such displacement

(7) Other Government Action: An Applicant is required to permanently move from their residence by a Federal, State or local governmental action such as code enforcement, public improvements or a development program.

Verification Requirements:

(i) Third-party, written verification from the appropriate unit or agency of government certifying that the Applicant has been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**

(ii) The precise reason(s) for such displacement

(8) For Disabled Persons only, inaccessibility of a critical element of their current dwelling unit: A Household Member has a mobility or other impairment that makes the person unable to use a critical element of the current Apartment or development AND the Owner is not legally obligated under laws pertaining to Reasonable Accommodation to make changes to the Apartment or dwelling Unit that would make these critical elements accessible to the Family member with the disability.

Verification Requirements:

(i) The name of the Family member who is unable to use the critical element;

(ii) A written statement from a Qualified Healthcare Provider verifying that a Family member has a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; **and**

(iii) A statement from the landlord or official of a government or other agency providing service to such Disabled Person explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a Reasonable Accommodation.

(9) Homelessness: A Household lacks a fixed, regular and adequate nighttime habitation OR the primary nighttime dwelling is one of the following:

A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing)

A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

Note: Persons living with current BHA Participants or living with tenants in private or subsidized housing DO NOT qualify as homeless.

Verification Requirements:

(i) Submission of a "Certificate of Homelessness" fully completed by an appropriate source and the Applicant's signed statement that he/she lacks a fixed, regular and adequate nighttime residence; or his/her primary nighttime residence is:

(A) A supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters and transitional housing); or

(B) A public or private place not designed or used as a regular sleeping place for human beings.

(ii) A third-party written verification from a public or private facility that provides shelter for homeless individuals, the local police department, or a social services agency, certifying the Applicant's homeless status in accordance with the definition in this policy.

(10) Graduates of Project-Based Units Who Have Fulfilled Supportive Service Goals: A participant in a transitional housing program for Elderly or Disabled Persons which includes a supportive services component (for example the Shelter Plus Care Program) shall be considered to be imminently in danger of homelessness. Such a program participant shall be eligible as a Priority One Applicant if:

- (1) The person has been a tenant in such a program for not less than twelve (12) months; and
- (2) The person no longer requires the or completed the program's services (as determined by the program service provider); and
- (3) As a result must relocate from such housing.

3.3.6 Admission Preference

An Applicant may only apply for a Preference when the waiting list is open.

Preference points are cumulative and are added to Priority points (if any) to determine an Applicant's position on a BHA waiting list. An Applicant may qualify for more than one Preference at a time.

A Priority One Applicant with a Preference will be ranked above a Priority One Applicant with no Preferences. Preferences are cumulative, so an Applicant with more than one Preference (e.g., Veterans and Displaced) will be ranked higher within his or her Priority category than an Applicant with only one Preference.

The Preference categories are described below:

(a) **Elderly/Non-Elderly Disabled Person Preferences**

The Boston Housing Authority has an Admissions preference for a single person Applicant, who is Elderly or Disabled over other single persons. An Applicant will be given preference over an Applicant who is a Single Person who is not an Elderly or Disabled person within each waiting list Priority category.

Note: A single woman who is pregnant at the time of admission, or a Single Person who has secured or is in the process of securing the custody of any individual(s) below the age of 18, will not be considered a Single Person for the purposes of this preference.

(b) **Veterans Preference**

A "veteran", as used in this Administrative Plan shall include the spouse, surviving spouse, Dependent parent or child of a Veteran and the divorced spouse of a Veteran who is the legal guardian of a child of a Veteran.

Verification Requirement:

- (i) Applicants claiming a Veteran's Preference must provide a copy of the discharge documents of the Veteran for whom the preference is claimed. The Veteran's Preference is only applicable to Veterans and/or immediate families of Veterans who were discharged under circumstances other than dishonorable.

(c) **Working Families Preference**

(1) Definition of a Working Family:

A Family whose Head of Household or other adult member is employed full time and who has been employed for the last six months. Full time is defined as working at least 32 hours a week.

- (2) An Applicant shall be given the benefit of the Working Family preference if the head *and* spouse, or sole member is age 62 or older, or is a Disabled Person.

(3) Verification Requirements:

- (i) Four most recent pay stubs; or
- (ii) Verification from employer that Family meets the definition of a working Family.

(d) **Displaced Boston Tenant Preference**

The BHA shall give two (2) Preference points to an Applicant who was displaced from a unit within the City of Boston

(1) No length of Residency Required

This Preference is not based on how long the Applicant resided within the City of Boston, but only upon the establishment and proper verification of residency within the City Of Boston.

(2) Verification Requirements

To receive this Preference, an Applicant must verify that: (1) they were displaced from a unit within the City of Boston, and (2) The following documentation in conjunction with Priority documentation to establish displacement will verify the Displaced Boston Tenant Preference:

- Landlord verification;
- A copy of a Lease;
- Utility Bill (electric, gas, oil, or water)
- Mortgage Payments;
- Letter from School Department;
- Letter from Social Security Department;
- Taxes;

Other verification deemed acceptable by BHA.

(3) Non-discriminatory Effect of Preference

This Preference shall not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an Applicant Family.

3.3.7 Standard Applicants

Standard Applicants are Applicants that do not qualify for any Priority category.

3.3.8 Point System

(a) The Priority point system used by BHA to process new Admissions on all waiting lists is as follows:

PBV to TBV	95 points
Super Priority Applicants	75 points
City of Boston ICHH Programs Priority	50 points
US Congress and HUD Homelessness Study	50 points
Priority One Applicants	30 points
Standard Applicants	0 points

(b) Preference points will be added to Priority points as follows for Applicants for Admission only:

Single, Elderly or Disabled	5 Points
Veterans Preference	3 points
Displacac Boston Tenant Preference	2 points
Working Families Preference	1 points

3.4 Special Admissions

Applicants may be admitted to the Housing Choice Voucher program even though they are not on the BHA's waiting list if they are part of a group targeted by HUD for special assistance. Applicants admitted as "Special Admissions" according to this section will not be counted against the income targeting requirement that a minimum of 75% of new Admissions to the BHA's Section 8 program have Family income that is thirty percent (30%) or below the Area Median Income as established by HUD. (See 24 C.F.R. § 982.203(b) for examples of assistance targeted by HUD).

[1] If the Applicant is denied priority status and requests an Informal review, the hearing officer at the review will determine the priority status at the time of certification and not at the time of the hearing. The BHA will take into consideration the individual circumstances of each Applicant.



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Admissions And Continued Occupancy Policy

Chapter 4: Public Housing Waiting Lists

4.1 Waiting List Management

In the state housing program the BHA shall maintain separate waiting lists for each of its public housing developments. For its federal housing programs the BHA shall maintain waiting lists based on individual developments or on the designated Asset Management Projects (AMPs). In the event that any two or more developments are designated as one AMP, the BHA may continue to maintain a separate site-based waiting list for each development if HUD regulations and policies allow. If required by HUD the BHA shall combine the site-based waiting lists into one consolidated AMP-based list, after giving notice to the affected applicants on those waiting lists. It is the policy of the BHA to administer its waiting lists as required by the U.S. Department of Housing and Urban Development (HUD) and the Massachusetts Department of Housing and Community Development (DHCD) regulations and any approved waivers to said regulations.

4.1.1 Opening and Closing Waiting Lists

1. With respect to one or more development waiting lists/AMP waiting list, the BHA may limit application intake, suspend application intake and close waiting lists in whole or in part except as otherwise provided in Federal or State regulations. The BHA will also update its waiting lists by removing the names of those applicants who are no longer interested or no longer qualify for housing or cannot be reached by mail, utilizing information provided by the applicant and in accordance with procedures in 4.1.3.
2. During the period when a waiting list is closed, the BHA will not maintain a list of individuals who wish to be notified when the waiting list is reopened.

4.1.2 Determining If a Waiting List may be Closed

The BHA will use the following method to determine whether the waiting list for a public housing development/AMP will be partially or completely closed. The BHA may elect to close the list by Priority and/or Preference category and by bedroom size.

1. How to Determine When a Waiting List May Be Closed

- a. Staff will compute the average number of move-ins to each public housing development/AMP per year by bedroom size. In addition, staff will compute the average number of move-ins over the past two years by apartment size.
- b. Each waiting list will then be examined to determine how many applicants are already on the waiting lists.
- c. If the number of applicants on the waiting lists is not sufficient to fill the average number of move-ins by bedroom size per year, the waiting list will not be closed.
- d. If the BHA determines that the Applicant pool is large enough to fill the estimated amount of available units for the next twelve (12) months, the BHA may close all waiting lists or close only specific waiting lists, or keep part(s) of the waiting list(s) open based on program needs.
- e. At any point after the waiting list has been closed, if the number of applicants drops below the number of applicants needed to fill the average number of move-ins per year, the BHA will re-open the waiting lists and begin accepting new Applications. The BHA may elect to re-open a waiting list in whole or in part. For example, the BHA may elect to accept applications only from individuals who appear to qualify for Priority categories or Applicants with disabilities who require an Accessible Apartment or an apartment with special features or for certain bedroom sizes.
- f. When the waiting list is to be closed or re-opened, notification will be placed in the lobby of BHA's central office Housing Service Center, development management offices, social service agencies and

Chapters

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[Chapter 2 - Marketing & Outreach](#)

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[Chapter 4 - Public Housing Waiting Lists](#)

[Chapter 5 - Determination of Eligibility](#)

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other housing application centers and notices will be placed in the media. The notification and notices will specify the development(s)/AMP(s) waiting list(s) affected by the closing or re-opening.

BHA will notify HUD and DHCD prior to closing and re-opening of any waiting list.

4.1.3 Removal of Applications from All Waiting Lists

Applicant's names will be removed from the Waiting Lists of all developments/AMPs they have selected by:

- being housed
- being withdrawn (See Section 4.1.3.1)
- being determined Ineligible (See Section 4.1.3.2)

In addition, an applicant may withdraw from any or all of the BHA waiting lists at any time by their own written request.

Applicants whose applications are removed from any waiting list are entitled to an informal hearing where they may appeal this decision. A Request for an appeal must be made **in writing** and must be received by the BHA within 20 calendar days of the date of the notice removing them from the waiting list

The BHA will hold the files of Applicants removed from any waiting list for seven (7) years.

1. Withdrawal of an Application

Circumstances that will lead to withdrawal of an Applicant's name from any or all waiting lists include:

- a. The Applicant requests **in writing** that his/her name be removed; **OR**
- b. The BHA has made reasonable efforts to contact the Applicant to determine continued interest or to schedule an interview but has been unsuccessful. Properly addressed correspondence mailed (or sent by other methods designated by an Applicant who is a Disabled Person) to the latest address provided by the Applicant in writing that is returned by the U.S. Postal Service shall constitute documentation of a reasonable effort to contact the Applicant; **OR**
- c. Failure of the Applicant to keep an appointment:
 1. If an Applicant fails to keep an appointment and fails to notify the Authority, **within ten days**, of his/her inability to keep an appointment, his/her name will be withdrawn from all waiting lists. A statement to this effect will appear on the forms used by BHA to advise Applicants of scheduled interviews or of information required.
 2. The Authority will consider Mitigating Circumstances such as health problems, incidents of domestic or dating violence or stalking, or lack of transportation in evaluating whether the Application should be withdrawn as described above. The Authority will also consider a reasonable accommodation that may be necessary for Applicants who are Disabled Persons to keep appointments or provide information. Consideration of Mitigating Circumstances does not relieve the Applicant of the responsibility to provide the information or notify the BHA in writing.
- d. The Applicant has failed to supply sufficient information necessary for screening, see Chapter 5.
- e. Refusal of an appropriate offer of housing for reasons other than those that qualify as a basis for Reasonable Accommodation will result in withdrawal of the Application from all waiting lists.
- f. Failure to respond to the BHA's annual waiting list update.

2. Determination of Ineligibility

Applications will be determined Ineligible for the following reasons:

- a. The Applicant failed to pay an outstanding balance owed to the BHA or other Federal or State housing assistance program;
- b. The Applicant failed to meet the Applicant selection or home visit criteria pursuant to this policy;
- c. The Applicant failed to pay a previous utility balance that result in a current denial of service by the utility supplier to the Applicant.

3. Notice of Withdrawal or Ineligibility

Applicants removed from a waiting list (s) will receive a written notice, which will:

- a. Inform the Applicant why s/he is being withdrawn or determined Ineligible;
- b. Advise the Applicant of his/her right to request an appeal of the action in an informal hearing within twenty (20) calendar days of the date of the notice. Such request must be in writing and must state clearly the Applicant's reason for requesting the informal hearing.
- c. Advise the Applicant that if s/he or a Household Member has a disability, or is a victim of domestic or dating violence or stalking not previously disclosed that the disclosure of such condition or situation would initiate the consideration of Mitigating Circumstances and/or Reasonable Accommodation.
- d. Advise the applicant of his/her right to contest Applicant Background Check and Eviction Report information or CORI information in accordance with Federal and State law if that is a basis for determination of Ineligibility.
- e. Provide a description of BHA's Informal Hearing process and advise Applicants that they have a right to be represented by an attorney or other individual at the informal hearing, review the contents of their file in advance of the hearing, the right to submit additional documents and evidence at the hearing, the right to request a reasonable accommodation and the right, after receiving a decision, to request reconsideration.

- f. Explain the rights of an Applicant to a state aided program to request a review of the decision by the Massachusetts Department of Housing and Community Development within twenty-one (21) calendar days of the initial decision or after a decision on reconsideration.

4.1.4 Applicant Appeals – Informal Hearings

1. Right to an Informal Hearing

All Applicants who are determined Ineligible for admission, issued a Notice of Withdrawal, denied Priority status or Preference(s) or denied Reasonable Accommodation or Good Cause by the BHA will be sent a notice that:

- a. Informs the Applicant of the reason(s) for Ineligibility, withdrawal or denial of Priority status or Preference(s) or denial of Reasonable Accommodation or Good Cause ;
- b. Advises the Applicant of his/her right to contest the decision in an informal hearing provided a request for a hearing is received within 20 calendar days of the date the Notice of Adverse Action is issued. Such request must be in writing and must state clearly the basis for requesting the informal hearing and be sent to the address provided on the notice. The BHA will grant a request for a hearing when the applicant submits a late request, but submits evidence of compelling circumstances, such as a health condition or domestic violence, dating violence, sexual assault, or stalking, that prevented the applicant from requesting a hearing within twenty days or if documents the need for a reasonable accommodation.
- c. Advises the Applicant of his/her right to contest Applicant Background Check and Eviction Report information and/or CORI information in accordance with Federal and/or State law if that is the basis for determination of Ineligibility;
- d. Advises the Applicant that if s/he has a disability or is a victim of domestic or dating violence or stalking, not previously disclosed, that the disclosure of such condition or situation could lead to the consideration of Mitigating Circumstances and/or a reasonable accommodation, if it is related to the disability or the domestic or dating violence or stalking situation. Advises the Applicant that if s/he or a Household Member requests Mitigating Circumstances and/or reasonable accommodation at the time of or after requesting an informal hearing, the decision regarding the Mitigating Circumstances and/or accommodation will be made by the hearing officer.
- e. Provides a description of BHA's informal hearing process and advises Applicants that they have the right to be represented by an attorney or other individual at the informal hearing, review the contents of their file in advance of the hearing, the right to submit additional documents and evidence and to testify at the hearing, the right to request reconsideration and for Applicants to a state-aided program, the right to request a review of the decision by the Massachusetts Department of Housing and Community Development.

2. Scheduling the Informal Hearing

a) Upon receipt of the Applicant's written request, staff in the BHA's Grievance and Appeals Department shall schedule an informal hearing. The hearing shall be scheduled within a 30-day period following the receipt of the Applicant's request for an informal hearing unless the applicant requests it to be postponed as a "reasonable accommodation" or for "good cause" see 760 CMR 5.13(1)(d).

A "**Notice of Informal Hearing**" shall be sent by the BHA's Grievance and Appeals Department to the Applicant's address of record listing the date, time and place of the hearing. The notice shall also restate the Applicant's rights to present evidence and testify, review their file, request a reasonable accommodation or interpreter and be represented by an attorney or other individual at the hearing. The hearing shall be held at a convenient time and at an accessible location for the Applicant and the BHA. If an Applicant requests a reasonable accommodation regarding the Informal Hearing procedures at the time of or after requesting an informal hearing, the decision regarding the accommodation will be made by the Grievance and Appeals Department staff.

b) Default. The BHA will uphold the Occupancy Department's decision if the Applicant does not attend the informal review and did not attempt to reschedule twenty-four (24) hours prior to the review. The BHA will reschedule an informal review when an Applicant submits evidence of compelling circumstances that prevented the Applicant attending the hearing on the scheduled date.

NOTE: Compelling Circumstances – when analyzing whether or not a Applicant's reasons for requesting a late hearing are compelling, the hearing officer will consider the following when determining whether or not the Applicant has good cause for requesting a late hearing: (1) the written facts or circumstances submitted by the Applicant which show that the Applicant is not willful (a willful act is a deliberate, intentional or voluntary act) or culpable (culpable is to be responsible or liable) in making the late request, which would require more than mere action or inaction (for example the Applicant's reason for not requesting a hearing timely should not due be to something the Applicant did or failed to do); (2) the swiftness with which the Applicant has attempted to remedy the default; (3) the existence of any meritorious defense to the underlying allegations; as well as, other equitable criteria such as: (a) whether the default resulted from a good faith mistake in following a rule or procedure; (b) the nature of the Applicant's explanation for not requesting a timely hearing; (c) the availability of other alternative sanctions; (d) whether not granting a late hearing would produce a harsh or unfair result.

3. Applicant Rights during the Informal Hearing

During the hearing, the BHA will put forth its evidence in support of a determination of Ineligibility, Withdrawal, denial of Priority status or Preference(s) or denial of Good Cause or Reasonable Accommodation. The Applicant will be afforded an opportunity to present evidence and testimony rebutting the basis for the BHA's determination.

4. Due Process Requirements

The informal hearing will conform to the following due process requirements:

- a. If the Applicant requests, the BHA employee who made the decision must be present to provide available facts, and to be questioned, if still a BHA employee.
- b. An employee of the Authority who did not participate in the original decision must conduct the hearing.
- c. The decision must be based solely on evidence presented at the hearing as well as any evidence previously received by the BHA. All evidence submitted at the hearing shall be considered de novo, and the matter shall not be sent back to the Occupancy Department for reconsideration due to submission of new evidence.
- d. The Applicant and/or his/her representative has a right to inspect the file prior to the hearing, provided the Applicant provides BHA with written authorizations permitting the representative to have access to the contents of the Applicant's file including CORI information.
- e. Either the Applicant or the BHA may request after close of the hearing that the record remain open for submission of new or rebuttal evidence. The Hearing Officer shall designate a date by which the record shall be closed and may extend it for good cause. The Applicant shall receive notice in writing of the date on which the record will close and of any extension. If BHA wishes to consider additional evidence not submitted at the hearing or submitted after the hearing, it shall give written notice to the Applicant with an opportunity to review such evidence and a reasonable period for the Applicant to respond.

5. Informal Hearing Decisions

After the informal hearing, all Applicants will be sent an "Informal Hearing Decision" from the BHA hearing officer. This notice shall:

- a. Provide a summary of the hearing;
- b. Provide the decision of the hearing officer, together with findings and determination;
- c. Provide an explanation of the regulations and/or other applicable provisions utilized in making the decision;
- d. Explain the rights of the Applicant to seek reconsideration by the BHA within 14 days of the decision;
- e. Explain the rights of an Applicant to a state-aided program to request a review of the decision by the Massachusetts Department of Housing and Community Development within 21 calendar days of the decision or decision on reconsideration pursuant to 760 CMR 5.13(4).
- f. All informal hearing decisions shall be made within 15 working days of the close of the hearing or the record, whichever is later.

6. Reversal of BHA's Determination of Ineligibility, Application Withdrawal, Denial of Priority Status or Preference(s), Denial of Good Cause or Reasonable Accommodation

- a. If, as a result of information presented by the Applicant at the informal hearing, the BHA reverses its decision to reject the Applicant, no new application is required and the application will be returned to its appropriate place on the waiting list(s) for all developments/AMPs previously selected by the Applicant using the original date and time of application and applicable Priority and/or Preference(s).
- b. If the BHA reverses its decision to withdraw the Applicant, the process described above will repeat.
- c. If the decision to deny Priority status and/or Preference(s), Good Cause or Reasonable Accommodation is reversed, the Applicant's position on the waiting list(s) for all developments/AMPs previously selected by the Applicant will be restored in accordance with the determination.

7. Confirmation of the BHA's Determination of Ineligibility, application withdrawal, Denial of Priority Status or Preference(s), Denial of Good Cause or Reasonable Accommodation

- a. If the decision or an appeal upholds the determination of Ineligibility, the Applicant may submit a new application for admission at a time when a waiting list is open but no earlier than 18 months after the decision of Ineligibility is confirmed. This period of time may permit the Applicant and/or Household Member to correct the behavior or situation that resulted in rejection. A shorter period, as determined by the Authority, to be appropriate under the circumstances of the rejection, or any new Application, may be allowed.
- b. Applicants who are found ineligible for any of the following reasons may re-apply at anytime **if** they meet the preliminary eligibility requirements when they submit a new application and they shall be given a new application date effective the date the application is received by the BHA's Occupancy Department: 1) the Applicant's total household income was over the income limits; 2) the Applicant had failed to pay an outstanding balance owed to the BHA or other Federal or State housing assistance program; 3) the entire household had no eligible immigration status; 4) the pro-rated rent amount was more than 50% of the total household income; and/or 5) the applicant was not elderly or disabled and, therefore, did not qualify for the elderly/disabled housing program.
- c. Applicants who are withdrawn may submit a new Application at any time provided a waiting list is open.
- d. Applicants denied Priority Status, Preference(s), Good Cause or Reasonable Accommodation may re-apply for the same or a different Priority or Preference at any time provided a waiting list is open except as provided for in this policy.

Note: Intentional misrepresentation by an Applicant may result in federal or state criminal prosecution for

fraud, and removal from the waiting list, and disqualification from further consideration for admission or transfer for a three (3) year period beginning on the date of such determination by the BHA.

4.2 Priorities and Preferences

Certain BHA Applicants may qualify for a Priority and/or Preference, which affects the position of those Applicants on each BHA waiting list.

4.2.1 Definitions

1. **Priority** is defined as a housing-related situation that affects a Household's present residential status. The BHA gives points to Applicants with a Priority that ranks those Applicants higher on each waiting list than Applicants without Priority. An Applicant can qualify for only one Priority at any given time. Certain priorities are given more points than others are. An Applicant will always be assigned to the highest Priority for which they qualify. Specific Priority definitions and point information can be found later in this chapter in sections 4.4.3 and 4.4.5.

2. **Preference** refers to points given to BHA Applicants who are veterans, Boston Residents, employed in Boston, offered employment in Boston, a Disabled Person (Family Developments/AMPs only) or Elderly Households who apply for certain developments in accordance with State regulations and the BHA's Designated Housing Program (See Section 10.3, Designated Housing and Section 10.4 Elderly Preference). Preference points are cumulative and are added to Priority points (if any) to determine an Applicant's position on each BHA waiting list. An Applicant may qualify for more than one Preference at a time.

4.2.2 Verification

BHA will provide to each potential Applicant a description of each Priority and Preference available to Applicants. BHA will verify the Priority and/or Preference during the application process-as part of both the preliminary and final eligibility processes (See Section 4.4.3).

4.2.3 Matching of the Applicant and the Apartment Characteristics

Before applying Priorities and Preferences, BHA will determine the appropriate apartment size, and special needs requirements if any, based on Household composition and special needs required. In making the selection of a Household for an apartment with accessible features, the BHA will give preference to Households with the greatest number of Priority/Preference points, the earliest approval date for said Priority/Preference points and earliest application date that include a person with disabilities who has a specific need for the apartment features.

4.2.4 Ranking by Priority and/or Preference Points

Applicants will be ranked on each selected development's/AMPs waiting list by Priority and/or Preference points, which are described below. Date Priority and/or Preference points are granted and original Application date will further rank each Applicant.

Although the BHA has adopted specific ranking categories, the order in which they are ranked is different in the BHA's State and Federal Public Housing Programs. A chart for each program listing the ranking categories and the order in which they are ranked follows:

Note: Approved Administrative Transfers will be offered housing before all ranking clients. Approved Special Circumstances Transfers shall be offered every other 4th unit by waiting list by bedroom size and appropriate unit type. On-site Under or Over Housed transfers shall be offered every 8th unit by development by bedroom size when the site is at 98% occupancy. See Chapter 6.

BHA PRIORITY CATEGORIES

Federal Housing Programs

Administrative Transfers
Supported Housing Programs

Priority One:

Displaced Due to Disaster
Displaced Due to Domestic Violence/Dating
Violence/Sexual Assault/or Stalking
Victim of Hate Crime
Avoidance of Reprisal/Witness Protection
Court Ordered no Fault Eviction
Condemnation
Urban Renewal
Other Government Action
Inaccessibility of Dwelling Unit
Homelessness

**Priority Two:
(Elderly/Disabled Program Only)**

Excessive Rent Burden
Imminent Landlord Displacement

State Housing Programs

Administrative Transfers
Supported Housing Programs

Priority One:

Displaced Due to Natural Disaster

Priority Two:
Urban Renewal
Condemnation

Priority Three:

Displaced Due to Domestic Violence/Dating Violence/

Sexual Assault/or Stalking
 Victim of Hate Crime
 Avoidance of Reprisal/Witness Protection
 Court Ordered No Fault Eviction
 Inaccessibility of Dwelling Unit
 Homelessness
 BHA Resident in Federal Program
 "Termination of Assistance" due to Lack
 any household member with eligible
 immigration status.

Priority Five:

AHVP (Alternative Housing Voucher Program)

Priority Six: (Elderly/Disabled Program Only)

Excessive Rent Burden
 Imminent Landlord Displacement

Standard Applicants**Standard Applicants****Special Circumstances Transfers****Special Circumstances Transfers****On-Site Under or Over Housed Transfers****On-Site Under or Over Housed Transfers**

Note: Approved Special Circumstances Transfers shall be offered every other 4th unit by waiting list by bedroom size and appropriate unit type. On-site Under or Over Housed transfers shall be offered every eighth unit by development by bedroom size when the site is at 98% occupancy. See Chapter 6.

4.2.5 Determining Placement on Waiting List

Priority and Preference points are added together to determine position on each selected development's/AMP's waiting list. The more points an Applicant has and the earlier the date such points are granted, the higher on the list the Applicant will be in relation to other persons who applied for the same bedroom size and hold the same date of preliminary application.

4.3 Organization of the Waiting Lists

The BHA maintains a waiting list for each of its public housing developments/AMPs. Each waiting list is maintained by apartment size, Applicants' Priority and/or Preference points and the date such points are granted and then chronologically according to application date.

Assignments to each waiting list shall be in order based upon suitable type and size of apartment, date Priority and/or Preference points are granted as established in these policies and the date and time the application is received. Generally, an Eligible Applicant with the highest Priority and/or Preference points and the earliest date of approval of such Priority and/or Preference points per category of apartment size will be placed at the top of each waiting list. If no Application with approved Priority and/or Preference points exists, an Eligible Applicant with the earliest date and time of application will be placed at the top of each waiting list.

In the event the BHA merges two or more waiting lists as a result of two or more developments being designated as one AMP, the BHA shall, after giving notice to the affected applicants, rank each applicant on the single waiting list by providing each client with their respective oldest application date and approved Priority and/or Preference sequence dates.

4.4 Application of Priorities and Preferences to the Waiting Lists**4.4.1 Not a Guarantee of Admission**

It is BHA's policy that a Priority and/or Preference establishes placement position on a waiting list. Every applicant must still meet BHA's **Applicant Screening Criteria** (see Section 5.3.3) before being accepted as a resident.

4.4.2 Granting of Priorities and/or Preferences

A Priority and/or Preference will be granted to Applicants who are otherwise Eligible and Qualified and who, at the time they are certified for admission meet the definitions of the Priorities and/or Preferences described below.

Priorities and/or Preferences are established by the BHA in accordance with HUD and DHCD regulations.

4.4.3 Priority and/or Preference System

The following system of Priorities and/or Preferences will be used for new admissions to and transfers within BHA housing:

All requests for Priority Status must be verified by a third party Information shall be submitted on Certificates of priority status and/or another form of written verification from a reliable third party as determined by the BHA. All requests for Priority status will be reviewed prior to the Personal Interview and/or as part of the final screening process.

During the review of documents submitted for Priority status, it may be necessary to obtain additional documentation in order to complete the review. In this case, the Occupancy Department will send (or give) the Applicant a notice entitled "**Priority Status Request – Insufficient Documentation Notice**" detailing the information still needed to complete the review for Priority status.

Applicants who do not qualify for Priority status based on a review of the documents submitted are sent (or

given) a notice entitled "**Notice to Applicants Denied Priority Status**" detailing the specific reason(s) for the denial of priority. This notice informs applicants of their right to appeal the denial of Priority status through the informal hearing process conducted by the BHA's Grievance and Appeals Department.

Applicants will be sorted on each waiting list in accordance with their Priority and/or Preference(s). The BHA considers residents seeking transfers as Applicants and as such they will be provided the opportunity to select the development/AMP waiting lists to which they choose to apply. The ranking categories utilized by the BHA are outlined below.

1. Special Circumstances Transfers

For a complete listing of definitions of each Special Circumstances Transfer Category and the verification required for each category, please refer to Section 7.2 of Chapter 7, "Transfer Policy."

Approved Special Circumstances Transfers shall be offered every other fourth unit by waiting list by bedroom size and appropriate unit type. See Chapter 6.

2. Supported Housing Programs - See Chapter 10.

3. Priority Applicants

Priority status for admission shall be granted to Applicant Households whose verified circumstances at the time of an offer of an apartment (prior to execution of the lease) fall within one of the following categories:

A. **Displacement due to a disaster**, such as flood or fire, that results in the un-inhabitability of an Applicant's apartment or dwelling unit not due to the fault of the Applicant and/or Household member or beyond the Applicant's control;

Verification must include:

1. a copy of the incident report from the local Fire Department, and
2. a copy of his/her lease, or a statement from the property owner, verifying that s/he is/was the tenant of record at the affected address, and
3. verification from the Fire Department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling unit is now uninhabitable.
4. the cause of the disaster if known. If the Applicant or a Household Member or guest was the cause of the disaster, approval for Priority status will be denied unless Mitigating Circumstances are established to the satisfaction of Occupancy Department Staff.

B. **Displacement due to domestic violence/Dating Violence/Sexual Assault or Stalking**, which is defined as displacement from an address where the Applicant is/was the tenant of record due to sexual assault, continuing actual or threatened physical violence (including sexual abuse) directed against one or more of the household members.

Verification must include submission of a fully completed "Certificate of Involuntary Displacement Due to Domestic Violence/Dating Violence/Sexual Assault or Stalking " or third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of sexual assault or domestic violence. Such verification will not be considered valid unless it:

- a. Supplies the name of the abuser
- b. Describes how the situation came to verifier's attention; and
- c. Indicates that the threats and/or violence are of a recent (within the past six-(6) months) or continuing nature if the Applicant is still residing in the dwelling where the violence has occurred or is occurring.
- d. Indicates that the Applicant has been displaced because of the threats and/or violence or that the Applicant is in imminent danger where he/she now resides.

The Applicant must supply the name and address of the abuser **AND** Provide documentation that the Applicant is/was a tenant of record.

C. **Victim of hate crime:** A member of the Household has been a victim of one or more hate crimes AND the Household has vacated a dwelling unit because of this crime OR the fear associated with the crime has destroyed the peaceful enjoyment of the dwelling unit;

"Hate crime", is defined as any criminal act coupled with overt actions motivated by bigotry and bias including, but not limited to, a threatened, attempted or completed overt act motivated at least in part by racial, religious, ethnic, handicap, gender or sexual orientation, prejudice, or which otherwise deprives another person of his/her constitutional rights by threats, intimidation or coercion, or which seeks to interfere with or disrupt a person's exercise of constitutional rights through harassment or intimidation.

Verification must include submission of a fully completed "Certificate of Involuntary Displacement by Hate Crimes" or documentation from a law enforcement agency that the Household Member(s) was a victim of such crime(s); **and**

- a. has vacated the dwelling unit because of such crime(s); **or**
- b. has experienced fear associated with such crime(s) and the fear has destroyed the peaceful enjoyment of their current dwelling unit.

D. Avoidance of reprisal/witness protection: Relocation is required because: (A) a Household Member provided information or testimony on criminal activities to a law enforcement agency; and (B) based upon a threat assessment, a law enforcement agency recommends the relocation of the Household to avoid or minimize risk of violence against Household Members as reprisal for providing such information.

Verification requirements:

- a. Submission of a fully completed "Certificate of Involuntary Displacement to Avoid Reprisal" or documentation from a law enforcement agency that the Applicant and/or a Household Member provided information on criminal activity; **AND**
- b. Documentation that, following a threat assessment conducted by the agency, the agency recommends the relocation/re-housing of the household to avoid or minimize the threat of violence or reprisal to or against the Household Member(s) for providing such information.

This includes situations in which the applicant and/or Household Member(s) are themselves the victims of such crimes and have provided information (testimony) to a law enforcement agency.

E. Court-ordered no-fault eviction: eviction pursuant to an Order for Judgment (or Agreement for Judgment) issued by a court because of: (a) Landlord action beyond the applicant's ability to control or prevent, and the action occurred despite the applicant's having met all previously imposed conditions of occupancy and displacement was not the result of failure to comply with HUD and State policies in its housing programs with respect to occupancy of under-occupied and overcrowded units or failure to accept a transfer to another unit in accordance with a court order or policies or procedures under a HUD-approved desegregation plan.

Verification Requirements (ALL documents are required):

- a. submission of a fully completed "Certificate of Involuntary Displacement by Landlord Action"; **and**
- b. a copy of the Notice to Quit issued by the landlord or property manager; **and**
- c. a copy of the Summons and Complaint available from the court; **and**
- d. a copy of the Answer or other response(s) filed by the Applicant in court in response to the Complaint, if any; **and**
- e. a copy of the Judgment of the Court (Agreement for Judgment, Order for Judgment and Findings of Fact, or Default Judgment); **and**
- f. if applicable, a copy of the execution issued by the court.

The information contained in the above-referenced documents must clearly establish to the satisfaction of the BHA that:

1. the action taken by the landlord or property manager was beyond the Applicant's ability to control or prevent;
2. the action by the landlord or property manager occurred despite the Applicant Household having met all previously imposed conditions of occupancy;
3. displacement was not the result of failure to comply with HUD and State policies in its housing programs with respect to occupancy of under-occupied and over-crowded Apartments or failure to accept a Transfer to another Apartment in accordance with a court order or policies or procedures under a HUD-approved desegregation plan.
4. displacement was not as a result of non-payment of rent when there were no extenuating circumstance such as a rent increase or loss of income, therefore, the non-payment of rent is beyond the Applicant's ability to control or prevent the court-ordered eviction due to non-payment of rent. The following is a list of some of the additional required verification:
 - a. Verification of the gross income for ALL household members at the time the unit was rented and when the non-payment of rent started.
 - b. Copies of bills and proof of payment history for all utilities listed in the Applicant's or Applicant's household members' name. The payment history must show when services connected and disconnected (when applicable) and the monthly charges and payment history.
 - c. Copies of the mortgage payment history, if applicable.
 - d. Other applicable documentation to demonstrate that the non-payment eviction was due to unforeseen circumstances beyond the Applicant's ability to control or prevent the non-payment eviction.

Failure to establish any one of the above referenced elements will result in denial of Priority status.

F. Condemnation of house/apartment: the applicant's housing has been declared unfit for habitation by an agency of government through no fault of the Applicant.

Verification Requirements:

- a. third-party, written verification from the appropriate unit or agency of government certifying that the applicant has been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**
- b. the precise reason(s) for such displacement.

G. Displacement by any low-rent housing project or by a public slum clearance or urban renewal project initiated after January first, nineteen hundred and forty-seven, or other public improvement.

Verification Requirements:

- a. third-party, written verification from the appropriate unit or agency of government certifying that the applicant has been displaced or will be displaced within the next ninety days, as a result of action by that agency, **and**
- b. the precise reason(s) for such displacement.

H. Other Government action (Federal Only): A Household is required to permanently move from their residence by a Federal, State or local governmental action such as code enforcement, public improvements or a development program.

Verification Requirements:

- a. third-party, written verification from the appropriate unit or agency of government certifying that the applicant has been displaced or will be displaced in the next ninety days, as a result of action by that agency; **and**
- b. the precise reason(s) for such displacement.

I. For disabled individuals only, inaccessibility of a critical element of their current dwelling:

A member of the Household has a mobility or other impairment that makes the person unable to use a critical element of the current apartment or development AND the owner is not legally obligated under laws pertaining to reasonable accommodation to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Household Member with the disability.

Verification Requirements:

- a. The name of the household member who is unable to use the critical element;
- b. a written statement from a Qualified Healthcare Provider verifying that the household member has a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; and
- c. a statement from the landlord or official of a government or other agency providing service to such Disabled Persons explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a reasonable accommodation.

J. Homelessness due to Applicant was displaced from his or her last permanent residence: A Household lacks a fixed, regular and adequate nighttime place of habitation and the primary nighttime dwelling is one of the following:

- A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing); or
- A public or private place not designed for human habitation.

Persons living with existing BHA residents or other subsidized housing, or living with residents in private housing even if only temporarily DO NOT qualify as homeless. Persons who temporarily move to a shelter for the sole purpose of qualifying for this priority shall be determined ineligible.

Verification Requirements:

- a. Submission of a "Certificate of Homelessness" fully completed by an appropriate source that he/she lacks a fixed, regular and adequate nighttime residence; or his/her primary nighttime residence is:
 1. a supervised public or private shelter designed to provide temporary housing accommodations (i.e., welfare hotels, congregate shelters and transitional housing);
 2. a public or private place not designed for human habitation; and
- b. A third-party written verification from a public or private facility that provides shelter for homeless individuals, the local police department, or a social services agency, certifying the Applicant's homeless status in accordance with the definition in this policy.

K. AHVP – Alternative Housing Voucher Program (STATE ONLY)

L. Excessive Rent Burden (ELDERLY/DISABLED PROGRAM ONLY): The household pays more than 50% of its total monthly income for rent and utilities (excluding telephone, Internet and cable TV).

Verification Requirements:

1. Submission of a fully completed "certificate of excessive Shelter Costs" form ; and
2. Verification of the gross income for ALL household members; and
3. Copies of bills and proof of payment for all utilities listed in the Applicant's name for which s/he actually pays.

M. BHA Resident in Federal Program "Termination of Assistance" due to Lack any household member with eligible immigration status.

Verification requirements:

1. Notice of Termination of Assistance
2. Notice of Private Conference or Notice to Quit.

N. Imminent Landlord Displacement From a Unit Within the City of Boston (ELDERLY/DISABLED PROGRAM ONLY) You have not yet been evicted by Court-order BUT your landlord has notified you that you must vacate your dwelling unit through no fault of your own, unrelated to a rent increase, and you have actually vacated the dwelling unit or you will vacate the dwelling unit within the next six (6) months.

Verification requirements:

1. Submission of "Certificate of Involuntary Displacement by Landlord Action" form; and
2. Copies of any notices from the landlord to the Applicant regarding the termination of the tenancy.

The information contained in the above referenced documents must clearly establish to the satisfaction of the BHA that:

1. the action taken by the landlord or property manager was beyond the Applicant's ability to control or prevent;
2. the action of the landlord or property manager occurred despite the Applicant Household having met all previously imposed conditions of occupancy;
3. displacement was not the result of failure to comply with HUD or DHCD policies in its housing programs with respect to occupancy of under-occupied and overcrowded Apartments or failure to accept a Transfer to another Apartment in accordance with a court order or policies or procedures under a HUD/DHCD-approved desegregation plan.

Failure to establish any one of the above referenced elements will result in denial of Priority Status.

3. On-Site Under or Over Housed Transfers

For complete definitions of each Under or Over Housed Transfer category and the verification required for each category, please refer to Section 7.2.3 of Chapter 7, "Transfer Policy."

4. Standard (no Priority) Applicants

Standard Applicants who qualify for no priority.

4.4.4 Preference System

The Preference system below applies only to Applicants for admission on BHA waiting lists.

Within Priority categories, and within the standard "no Priority" category (i.e., standard applicants), Applicants may also receive Preference points. Preference points are assigned to veterans, deceased or disabled veterans' families, handicapped/disabled Applicants (Family Program/AMP only), Elderly Households who select certain developments in accordance with state regulations and the BHA's Designated Housing Plan and Boston residents. Preference points will be added to Priority points to determine an Applicants' placement on each BHA waiting list. Thus a Priority Two Applicant with a residency Preference will be ranked above a Priority Two Applicant with no Preferences. Veterans, non-elderly disabled, Elderly Preference (State), Designated Housing (Federal) and Boston residency Preferences are cumulative, so an Applicant with more than one Preference (i.e., Veterans and residency) will be ranked higher within his or her Priority category than an Applicant with only one Preference.

The Preference categories are described below.

1. Veterans Preference

In all federal developments/AMPs and in state family developments, the Veterans' Preference shall be ranked above the residency Preference. In state elderly/disabled developments only veterans who also qualify for residency preference will receive veteran's preference.

A "veteran", as used in this Admission and Continued Occupancy Policy (ACOP) shall include the Veteran, the spouse, surviving spouse, Dependent parent or child of a Veteran and the divorced spouse of a Veteran who is the legal guardian of a child of a Veteran.

Verification Requirement:

Applicants claiming a Veteran's Preference must provide a copy of the discharge documents of the Veteran for whom the preference is claimed. The Veteran's Preference is only applicable to Veterans and/or immediate families of Veterans who were discharged under circumstances other than dishonorable.

2. Disabled Non-Elderly Persons who do not require wheelchair accessible units will receive Preference points on Family development/AMP waiting lists only. Households claiming this preference must verify their Household composition and show that the Head or Co-Head of Household is disabled.

3. Designated Housing Preference (Federal Elderly/Disabled Program Only)

Disabled Head or Co-Head Applicants who are under 62 years of age and are on a Federal Elderly and Disabled Program designated development/AMP wait list where the non-elderly disabled resident population is

less than 20% **AND** who do not require wheelchair accessible units will receive preference points. The Designated Housing Preference shall be further ranked in the following order:

Among households (i.e. within the same housing Priority category), first Preference shall be given to non-elderly disabled households whose Head and/or Co-Head is/are under 62 years of age.

Among households (i.e. within the same housing Priority category), second Preference shall be given to households whose Head and/or Co-Head is/are Elderly (62 years of age or older).

4. Designated Housing Preference(Federal Elderly/Disabled Program Only) Applicants who are 62 years of age or older and are on a Federal Elderly and Disabled Program designated development/AMP wait list where the elderly resident population is less than 80% **AND** who do not require wheelchair accessible units will receive preference points. The Designated Housing Preference shall be further ranked in the following order:

Among households (i.e. within the same housing Priority category), first Preference shall be given to households whose Head and/or Co-Head is/are 62 years of age or older.

Among households (i.e. within the same housing Priority category), second Preference shall be given to households whose Head and/or Co-Head is/are Non Elderly Disabled (<62 years of age).

5. Elderly Preference (State Elderly/Disabled Program Only)

Applicants who are sixty (60) years of age or older and are on a State Elderly and Disabled Program development waiting list where the Disabled resident population is at least 13.5% will receive preference in admissions over Applicants who are under sixty (60) years of age (See Section 10.4).

6. Displaced Boston Tenant Preference

The BHA shall give two (2) Preference points to an Applicant who was displaced from a unit within the City of Boston that was the Applicant's last permanent residence.

(1) No length of Residency Required

This Preference is not based on how long an Applicant was resident of the City of Boston, but only upon the establishment and proper verification of residency within the City Of Boston.

(2) Verification Requirements

To receive this Preference, an Applicant must verify that: (1) they were displaced from a unit within the City of Boston, (2) that the unit was the Applicant's last permanent residence, and since the Applicant has been unable to obtain permanent housing. The following documentation is a non-exhaustive list of documentation that may be used, in conjunction with Priority documentation that establishes displacement, will verify the Displaced Boston Tenant Preference:

- a. Landlord verification;
- b. A copy of a Lease;
- c. Utility Bill (electric, gas, oil, or water)
- d. Mortgage Payments;
- e. Taxes;
- f. Other verification deemed acceptable or necessary by BHA.

7. Residency Preference shall be given to BHA Applicants who are residents of the City of Boston, who work within the City of Boston, whose last permanent address was in the City of Boston and applicant has not claimed local residency preference in another community where the applicant is temporarily residing **OR** who have been offered employment in the City of Boston. Residency Preference shall not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability or age of any member of an Applicant household.

Applicants claiming a Boston Resident Preference shall be required to verify this through:

1. Proof of residency at an address within the Boston city limits (no length of stay verification will be imposed on applicants claiming this Preference.); **or**
2. Proof that the applicant is currently employed or has obtained employment in the city; **or**
3. Proof that the applicant's last permanent address was within the Boston city limits; and
4. Proof that an Applicant has not claimed local preference in another community.

8. BHA residents residing in federally funded developments/AMPs who are financially affected due to pro-rated rent where the rent is 50% or more of the household's total gross income.

4.4.5 Point System

1. The **Priority point system** used by BHA to process new admissions and transfers for all waiting lists for Family and Elderly/Disabled Developments/AMPs is as follows:

Federal Housing Programs:

Administrative transfers	175 points
Special Circumstances Transfers	67 points
Supported Housing Programs	50 points
Priority One Applicants	30 points
Priority Two Applicants	10 points
On-Site Under or Over Housed Transfers and Standard Applicants	0 points

State Housing Programs:

Administrative transfers	175 points
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Special Circumstances Transfers	70 points
Priority One Applicants	60 points
Supported Housing Programs	55 points
Priority Two Applicants	50 points
Priority Three Applicants	30 points
Priority Four Applicants	20 points
Priority Five Applicants	10 points
Priority Six Applicants	9 points
Under or Over Housed and Standard Applicants	0 points

2. **Preference points** will be added to Priority points as follows for Applicants for admission only:

Veterans Preference	3 points
Local Veterans Preference (State Elderly/Disabled Only)	4 points
Non-Elderly Disabled Household not requiring wheelchair accessible units (Family Developments/AMP only)	6 points
BHA resident in Federal Housing Pro-Rated rent burden (State only)	3 points
Designated Housing (Federal Elderly/Disabled Program only) Elderly not requiring wheelchair accessible units	100 points
Designated Housing (Federal Elderly/Disabled Program only) non-Elderly Disabled not requiring wheelchair accessible units	100 points
Elderly Preference (State Elderly/Disabled Program only)	24 points
Displaced Boston Tenant Preference	2 points
Residency Preference	1 point

3. Approved Special Circumstances Transfers shall be offered every other 4th unit by waiting list by bedroom size and appropriate unit type.

4. On-site Under or Over Housed transfers shall be offered every 8th unit by development by bedroom size when the site is at 98% occupancy. See Chapter 6.

4.5 Administrative Transfers

The BHA is occasionally required to initiate transfers that have not been requested by a resident. These transfers are required in order to free an apartment(s) for an important operational or policy reason. Typically, specific apartments must be identified for each Administrative Transfer. The BHA will consider the resident's documented need(s) for an on-or off-site transfer. Administrative Transfers will be placed on an on-site or off-site waiting list in accordance to the BHA's and resident's needs and thus are not available for matching under the point system described in Section 4.5.4 above. Administrative Transfers will be assigned before any other transfer type and new admissions. Administrative transfers include the following categories:

- Relocation necessary due to a redevelopment, capital improvement program, or extraordinary maintenance; or
- Compliance with legislative or regulatory requirement(s), for example sanitary code enforcement; or
- In Federal Developments/AMPs, Households Over housed by two or more bedrooms; or
- In State Developments, Households Over housed by two or more bedrooms; or
- Relocation necessary to free an accessible apartment to accommodate another BHA resident or Applicant with a disability who requires an accessible apartment or an apartment with special features; or
- The relocation is necessary due to the household's current and on-going threat(s) as a result of domestic violence/sexual assault/dating violence/stalking which has been documented, investigated, and recommended by the BHA's Public Safety Department or other sources deemed acceptable by the BHA Director of Occupancy or such other person as may be designated by the BHA Administrator..

4.6 Change in Priority and/or Preference Status While on a Waiting List

4.6.1 Change in Status

Occasionally, Households on a waiting list who did not qualify for any or a certain Priority and/or Preference at the time of application will experience a change in circumstances that qualifies them for a different Priority and/or Preference. In such instances, it is the Applicant's obligation to contact the Authority so that a change in status can be verified.

4.6.2 Verification

To the extent that the verification determines that the Household does now qualify for a Priority and/or Preference, the Household will be moved up on any waiting list previously selected in accordance with its Priority and/or Preference(s), and the date such Priority and/or Preference(s) is approved. Similarly, removal of a Priority and/or Preference (because a Household is discovered to be ineligible for a Priority and/or Preference) will result in a reduction of waiting list points, and therefore change of waiting list position, for the Household. The Household will then be informed in writing of how the change in status has affected its place on any waiting list previously selected. Intentional misrepresentation by an Applicant may result in federal or state criminal prosecution for fraud, and removal from the waiting list, and disqualification from further consideration for admission or transfer for a three (3) year period beginning on the date of such determination by the BHA.

4.7 Applicant Family Break-Up Policy

An Applicant Family Break-Up occurs when a Head and Co-head of household will no longer reside together and/or there is a dispute as to who will retain the original Application date or any approved Priority and/or Preference(s). An Applicant Family Break-Up situation where only one individual signed the Application (i.e., where there is a Head but no Co-head of household) occurs in instances of domestic violence and where an Adult(s) who is/are not currently a household member(s) advance(s) a claim on behalf of a minor or incapacitated Head who is/are on the Application's household composition.

When the BHA receives notice that a Family has broken up or will imminently break-up, the BHA will make the determination of which Family member will retain what Application date and or any approved Priority and/or Preference(s) using the criteria and the procedure provided below.

(a) Split between Head and Co-Head of Household

When the Head and Co-Head of Household no longer wish to reside with each other, the BHA will split the application between the two.

(1) Application Date and Priority/Preference for Split Household

If both Head and Co-Head signed the original application and both qualified for the Priority and/or Preference(s) status that was selected by the united Family, prior to the Break-up, both the Head and Co-Head shall retain the original application date and Priority status. Otherwise, only the portion of the Family that qualifies for the Priority and/or Preference(s) status selected prior to the break-up shall retain such Priority and/or Preference(s).

(2) If the Co-Head was added at a later date, s/he shall be approved for the application date equal to the date when s/he was added to the application of the individual who originally applied. The BHA will determine if there are any applicable Priority and/or Preference(s) based on the documentation that was submitted when the Co-head was added to the application.

(b) BHA Determination in cases of a split between a Head of Household and other Adult Household member due to domestic violence

(1) If a court has determined the disposition of the Family's Application in a divorce or separation under a court order or court approved settlement (provided that no provision is against State or Federal Housing regulations), the BHA is bound by the court's determination as to which Household Member(s) will continue with the Application. Such a determination cannot be appealed through the BHA review process, as it is the court's determination and not the BHA's determination that governs.

(2) In the absence of a court order, the BHA shall determine whether the Family member who did not sign the Application should be given a separate Application. The BHA will make this determination based on individual circumstances.

(3) Verification Requirements

- i. A third-party, written verification from the local police department, a social service agency, a court of competent jurisdiction, a clergy member, a physician, or a public or private facility that provides shelter or counseling to the victims of domestic violence.
- ii. Verification will not be considered valid unless it:
 - Supplies the name of the threatening or abusive Household Member
 - Describes how the situation came to verifier's attention, and indicates that the threats and/or violence are of a recent (within the past six [6] months)

(c) Notice of Proposed Disposition of Application

A notice shall be sent to any and all addresses identified by the Head of Household and Co-Head of Household, and not solely to the last address for the Head of Household.

In cases where a Household Member who is an alleged victim of Domestic Violence, but is not a Head or Co-Head of Household requests a separate application, the notice shall describe what factors BHA utilized in arriving at its decision. The notice shall also state the alleged victim of Domestic Violence has twenty (20) days to request a review of the decision.

(d) Any adult granted the Application is subject to fulfill all preliminary and final eligibility requirements governed by the ACOP or its successor.

4.7.1 Procedure Where There is a Family Break-Up and Adults Who Are Not Currently Household Members Advance a Claim on Behalf of Minor or Incapacitated Household Members

- a. Where there has been an Applicant Family Break-Up with one or more remaining Minor and/or incapacitated Household Members and no remaining Co-Head, AND The result of the Break-up was due to reasons included but not limited to death, incarceration, or incapacitation of the Head, AND one or more adults who are not currently Household Members advance a claim that they wish to become the Head of Household on behalf of one or more remaining Minor or incapacitated Household Members, AND there is a dispute about who should become the Head of Household, the BHA shall determine which such claimant, if any, shall take over the Application.
- b. In the event the remaining Household Member(s) is an incapacitated Adult who is unable to fulfill the Family obligations, the proposed Applicant must be an adult who has been appointed either a temporary or permanent guardianship, and is willing to assume the obligations and responsibilities as Head of Household.
- c. Any adult granted the Application is subject to fulfill all preliminary and final eligibility requirements governed by the ACOP or its successor.

Boston CoC Written Standards for Order of Priority for CoC Funded Permanent Supportive Housing (PSH) Units

Revised August 2016

I: CONTINUUM OF CARE PROGRAM INTERIM RULE REQUIREMENT AND HUD CPD NOTICE -16-11

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law on May 20, 2009, reauthorized the McKinney-Vento Homeless Assistance programs. Through the enactment of HEARTH the Department of Housing and Urban Development (HUD) published the new Continuum of Care (CoC) Program Interim Rule. The CoC Program Interim Rule requires that the CoC, establish and consistently follow written standards for providing CoC assistance.

The Boston CoC expects that these standards be applied consistently across the entire City of Boston (the CoCs geographic region). The City of Boston and subrecipients may develop additional standards for administering assistance, but they cannot be in conflict with those established by the Continuum or the CoC Program interim rule. Included, *Attachment A*, is a Memorandum of Understanding (MOU) that each PSH project sponsor agrees to adhere to and sign to follow the below prioritization policy.

The Boston CoC has incorporated the HUD Order of Prioritization (Notice CPD-14-012) previously, the Leadership Council (the CoC Board) has voted to update the orders of Prioritization to reflect the most recent Notice (CPD-16-11) published July 2016. On September 7, 2016 the Leadership Council voted to accept the orders of prioritization that follow for all CoC funded PSH units for both families and individuals.

II. PRIORITIZING ELIGIBLE HOUSEHOLDS FOR COC PROGRAM PERMANENT SUPPORTIVE HOUSING (PSH)

Of those eligible households (see section III for PSH eligibility policy) the following populations will be prioritized within the Boston CoC for CoC Program funded PSH units. The CoC's defined target populations and prioritization order are in accordance with: the City of Boston's action plan to end homelessness, *Boston's Way Home*; the U.S. Interagency Council on Homelessness plan to end homelessness, *Opening Doors*; and the HUD Notice CPD-16-11, *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*.

The Continuum has established the following prioritization for all CoC Program funded PSH for individuals and families. These priorities have been established because solving homelessness for the City's most vulnerable people, who have the longest time spent in homelessness and the most severe service needs, will enhance the City's goal of quickly transitioning homeless persons to permanent supportive housing and ultimately eradicating homelessness.

The following established and implemented order of priority for dedicated and prioritized PSH beds will ensure that those persons with the longest histories residing in places not meant for human habitation, emergency shelters, and in safe havens and with the most severe service needs are given first priority. The CoC identifies and verifies prioritization status (both with length of time homeless and severity of

needs) through data driven methods which include an administrative data match and process that is documented in the participant's files.

1. *Prioritizing chronically homeless persons in CoC Program-funded PSH beds dedicated or prioritized for occupancy by persons experiencing chronic homelessness*

- a. First Priority- Households who are chronically homeless and; are the most vulnerable individuals and families who have the **longest history of homelessness** living in places not meant of human habitation, a safe haven, or an emergency shelter **AND** who have the **most severe service needs**
- b. Second Priority- Chronic/long-term homeless households; who have the **longest history of homelessness**
- c. Third Priority- Chronically homeless households who present with the **most severe services needs**
- d. Fourth Priority- All other chronically homeless households

Through the CoCs established Coordinate Entry System- CAS- the majority of CoC-funded PSH units will be available for CH households until the CoC ends chronic homelessness. In very limited cases (typically when the units have additional funder statutorily regulated specific target populations i.e. HIV/AIDS) the non-dedicated and non-prioritized units will follow this order of priority:

2. *Prioritizing homeless persons in CoC Program-funded PSH beds not dedicated or not prioritized for occupancy by persons experiencing chronic homelessness*

- a. First Priority- Homeless households with a disability with long periods of episodic homelessness and severe service needs
- b. Second Priority- Homeless households with a disability with severe service needs
- c. Third Priority- Homeless households with a disability coming from places not meant for human habitation, safe havens, emergency shelters without sever service needs
- d. Fourth Priority- Homeless households with a disability coming from transitional housing

III. ELIGIBLE HOUSEHOLDS

For permanent supportive housing programs, households must meet both the HUD definition of homelessness under Category I, and have a disability. Once meeting the Category I eligibility requirements, households are then prioritized by the Boston CoCs order of priority (part II). Programs may not establish additional eligibility requirements beyond those specified in Category I and those required by funders.

Category I: Literally Homeless

- Sleeping in a place not designed for our used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs)

- Exiting an institution where they: resided for less than 90 days AND were residing in an emergency shelter or places not meant for human habitation immediately prior to entering the institution

Performance Measurement Module (Sys PM)

Summary Report for MA-500 - Boston CoC

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		15785		412			276	
1.2 Persons in ES, SH, and TH		17261		414			282	

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	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

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 Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	26	2	8%	2	8%	6	23%	10	38%
Exit was from ES	447	23	5%	4	1%	14	3%	41	9%
Exit was from TH	177	33	19%	12	7%	10	6%	55	31%
Exit was from SH	2	0	0%	0	0%	0	0%	0	0%
Exit was from PH	69	16	23%	2	3%	1	1%	19	28%
TOTAL Returns to Homelessness	721	74	10%	20	3%	31	4%	125	17%

Performance Measurement Module (Sys PM)

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	5987	6492	505
Emergency Shelter Total	4675	5325	650
Safe Haven Total	24	22	-2
Transitional Housing Total	1108	1006	-102
Total Sheltered Count	5807	6353	546
Unsheltered Count	180	139	-41

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		17418	
Emergency Shelter Total		15962	
Safe Haven Total		54	
Transitional Housing Total		1779	

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)		773	
Number of adults with increased earned income		0	
Percentage of adults who increased earned income		0%	

Performance Measurement Module (Sys PM)

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)		773	
Number of adults with increased non-employment cash income		485	
Percentage of adults who increased non-employment cash income		63%	

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)		773	
Number of adults with increased total income		485	
Percentage of adults who increased total income		63%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		264	
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)		264	
Number of adults who exited with increased non-employment cash income		96	
Percentage of adults who increased non-employment cash income		36%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		264	
Number of adults who exited with increased total income		96	
Percentage of adults who increased total income		36%	

Performance Measurement Module (Sys PM)

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.		10082	
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.		1568	
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)		8514	

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.		11279	
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.		1808	
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.)		9471	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

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		1440	
Of persons above, those who exited to temporary & some institutional destinations		16	
Of the persons above, those who exited to permanent housing destinations		36	
% Successful exits		4%	

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		1240	
Of the persons above, those who exited to permanent housing destinations		764	
% Successful exits		62%	

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		5517	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		5066	
% Successful exits/retention		92%	

AN ACTION PLAN TO END VETERAN AND CHRONIC HOMELESSNESS IN BOSTON: 2015-2018



2015

MAYOR MARTIN J. WALSH



June 2015

Dear Friends,

The City of Boston is incredibly lucky to have a network of providers that delivers among the most high-quality and comprehensive services for homeless individuals in the United States. We are proud of the fact that we have one of the highest sheltering rates in the nation.

But we must do better. And we will.

In this plan, we commit to ending veteran and chronic homelessness. Achieving these goals will require a change in the way we care for our most vulnerable populations, and how we deliver that care. The root causes of homelessness are complex, and intertwined with issues that many Bostonians struggle with on a daily basis, such as addiction, mental illness, and unemployment. But I firmly believe that we can achieve these goals.

In the wake of the unexpected closure of the Long Island Shelter, the generosity of many Bostonians, from local businesses to individuals, proved to me that we have the collective will to take care of those most in need. The partnerships that were formed and strengthened during this challenge now present us with the opportunity to make real systemic change.

The plan outlined on these pages is ambitious, and while the work will not be easy, I believe that we can and must do it. I thank the Mayor's Task Force on Individual Homelessness, our network of service providers and agencies, and the Boston community for their thoughtful response and call to action. I am proud that we will continue to work collaboratively as we develop, implement, and deliver high quality policy strategies, housing, and services to help end homelessness in the city of Boston. I urge you to join us.

Sincerely,

MAYOR MARTIN J. WALSH

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I. INTRODUCTION

As a community, Boston cares deeply about the safety and well-being of our most vulnerable neighbors. Our homeless services and housing providers are among the best in the country. Boston's network of providers serves 1,720 homeless individuals in shelter on a single night and shelters 10,883 homeless individuals over the course of the year.¹ Together, our dedicated efforts have resulted in one of the lowest rates of urban street homelessness in the United States. To truly solve homelessness in Boston, however, the City and its partner providers must implement critical system reforms.

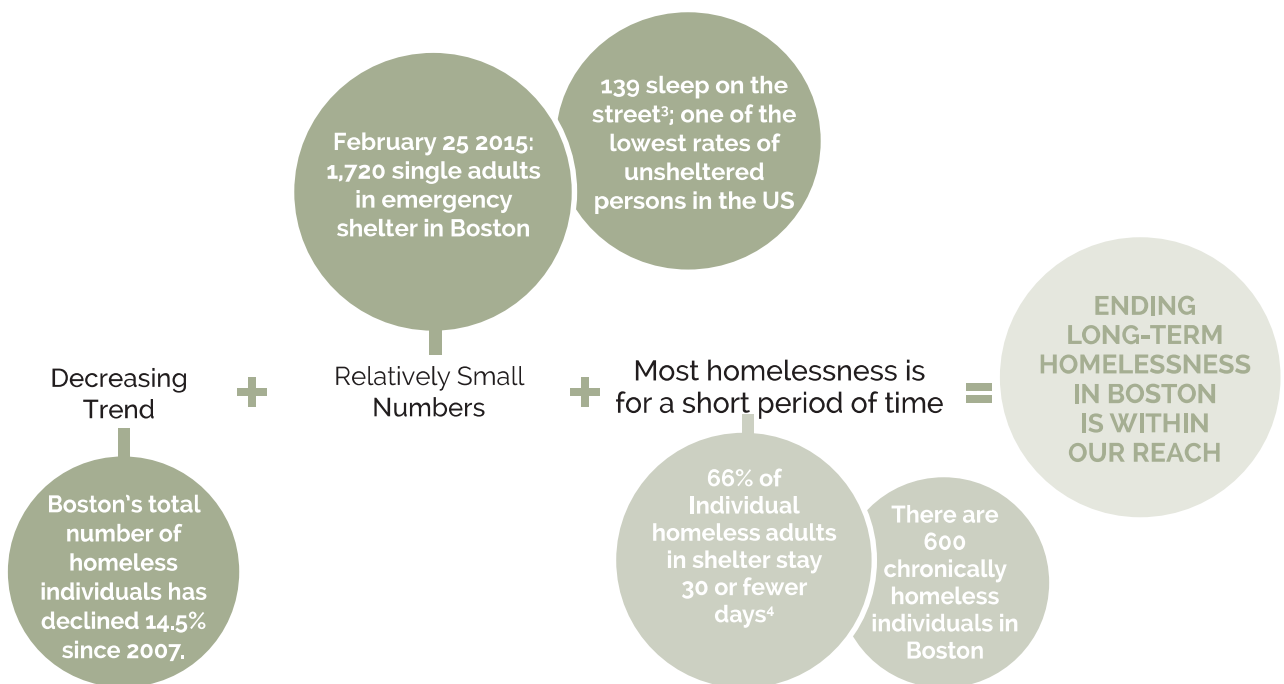
STATE OF INDIVIDUAL HOMELESSNESS IN BOSTON

Ending long-term homelessness among individuals in Boston is within our reach. According to the U.S. Interagency Council on Homelessness (USICH), ending homelessness is achieved when individuals who fall into homelessness experience it as a brief crisis and quickly move forward on a path to housing. By converting existing resources, targeting new investments, and enhancing collaboration, Boston will transition from simply managing the problem to actually solving it. Reaching this goal will be challenging, but by working together, Boston can end chronic homelessness (Figure 1).

The Boston network of providers and City agencies meets regularly on initiatives related to the collective goal of housing Boston’s most vulnerable populations. Over the last two years, the Boston network has devoted specialized attention to individuals persistently living on the street, long-term stayers in shelter, and veterans, as well as high users of emergency services (HUES). As an example of the success of these collaborations, the following outcomes have been achieved:

- 191 long-term shelter stayers have been housed;
- 391 homeless individuals have been rapidly rehoused;
- 67 highly vulnerable individuals on the street have been housed;
- 640 homeless veterans have been housed;
- Emergency department use among the HUES cohort was reduced by 54% after permanent supportive housing placement; nights hospitalized were reduced by 31%.²

FIGURE 1. HOMELESSNESS IN BOSTON



Boston has steadily increased the number of housing units for homeless individuals by targeting resources and committing to new investments. Despite these efforts, however, the demand for shelter services has recently increased:

- The average length of stay in emergency shelter increased from 112 nights in January 2013 to 168 nights in June 2014;⁵
- After six years of decline, the number of chronically homeless individuals increased in 2014 and again in 2015;⁶
- On October 8th, 2014, the 450-bed emergency shelter on Long Island was unexpectedly closed due to failing bridge infrastructure.

The closure of the Long Island shelter required a focused effort to ensure that all shelter guests would have uninterrupted access to shelter and food. The Boston Public Health Commission (BPHC), in partnership with the city's emergency response system and homeless provider network, established several temporary shelters. Within 48 hours of the closure, BPHC converted its South End Fitness Center into a 200-bed shelter. In addition, homeless shelters such as BPHC's Woods Mullen shelter, Pine Street Inn, New England Center for Homeless Veterans, Boston Rescue Mission, and Pilgrim Church made overflow space available to accommodate additional guests. For female guests, BPHC established two women-only temporary shelters at St. Francis House and Boston's Health Care for the Homeless Program, supplementing the capacity of BPHC's Woods Mullen shelter and the Pine Street Inn's women's shelter. In January 2015, BPHC opened the first 100 beds for the new BPHC Southampton Street Shelter. Another 150 beds were added in mid-April 2015, and with construction expected to be completed by the end of June 2015, the Southampton Street Shelter will be able to accommodate more than 400 guests on a nightly basis.

In April 2015, BPHC also reopened two treatment programs, Wyman Reentry and Transitions, at 201 River Street in Mattapan, replacing 75 of the displaced recovery beds. BPHC's other recovery programs, Project SOAR and Safe Harbor, will add 40 beds total in the Southampton Street Shelter building upon the completion of construction in June 2015. The City is also providing relocation help and renovation funds to the four privately-operated programs that were housed on Long Island. Volunteers of America's two residential recovery programs, Hello House and Rebound, have re-opened in newly renovated facilities. Bay Cove Human Services is close to securing a new home for its Andrew House/Bridge to Recovery detox center, and the City is working actively with Victory Programs to find a site for Joelyn's Family Home. This array of temporary, overflow, and new facilities has been sheltering between 600 to more than 750 additional individuals each night since October. In addition to the homeless provider network, there was an outpouring of support from the private sector, both individual and corporate, resulting in more than \$370,000 in grant and in-kind donations (see Appendix J).

The abrupt transition from Long Island to alternative shelters in the city was difficult for both guests and providers. It brought into focus the fragility of the shelter system in Boston, and helped all providers realize that, on any given day, we are one shelter closure away from a crisis. It also exposed the need to provide better support to certain subpopulations, especially homeless women and young adults. Most importantly, it gave us an opportunity to reevaluate the system that we were operating before October 2014 and, with renewed focus, to analyze ways to improve the system, rebuild it, and become more deliberate in our efforts to move our guests into permanent housing.

This crisis has become a monumental opportunity to redesign our homeless response system.

MAYOR'S TASK FORCE ON INDIVIDUAL HOMELESSNESS

Mayor Martin J. Walsh established the Mayor's Task Force on Individual Homelessness in December 2014 and charged the group with developing recommendations to address eight goals.⁷ This Task Force, chaired by Felix G. Arroyo, Chief of Health and Human Services in the City of Boston, and Sheila Dillon, Chief of Housing in the City of Boston, is comprised of service providers, business leaders, clergy, philanthropy, and local, state and federal government officials.⁸

Beginning in January 2015, the Task Force quickly organized subcommittees and formulated a shared vision to redesign Boston's homeless response system. During a 90-day process, the Task Force engaged experts who have facilitated effective reform in other parts of the country. For example, city officials from Houston visited Boston to present details to the Task Force on how Houston led a dramatic system reform that reduced chronic homelessness by 57%, reduced veteran homelessness by 70%, and reduced street homelessness by 50% in less than four years. At the end of March, a third-party facilitator conducted two consumer focus groups at Pine Street Inn and Woods Mullen to gain consumer insights on the major systems change recommendations in the plan.

An Action Plan to End Veteran and Chronic Homelessness in Boston: 2015-2018 synthesizes these sources of information into goals, strategies, and recommendations that reflect both national and local best practices.

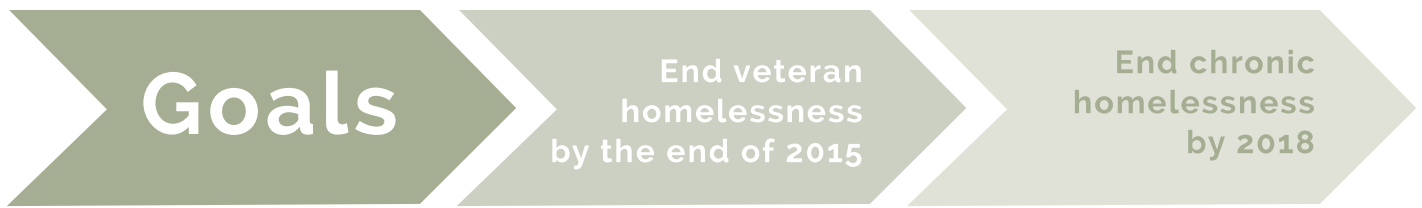
SECTION 1 Endnotes:

1. Data from the 2015 Point in Time count submitted to the US Department of Housing and Urban Development, and the 2014 Annual Homeless Assessment.
2. The timeframe for housing placement of these 42 chronically homeless HUES clients was between 2010-14. Health care service utilization in the year prior to housing was compared to utilization between the date of move-in and the end of follow up (August 27, 2014). Source: Impact of Permanent Supportive Housing on Hospital Utilization for Homeless Individuals who are the Highest Users of Emergency Services: Progress Report for High Users of Emergency Services (HUES) to Home, September 2014.
3. As of the most recent point in time count on February 25, 2015.
4. Out of the total number of persons who used the emergency shelter system over the course of 2014.
5. Boston Homeless Management Information System (HMIS) data.
6. Definitions of chronic homelessness and other key terms are provided in Appendix A.
7. Eight Task Force goals are listed in Appendix B.
8. See Appendix I for a complete membership listing of the Mayor's Task Force on Individual Homelessness.

II. GOALS

The plan has two goals: to end veteran homelessness by 2015, and to end chronic homelessness by 2018.

To reach and maintain these goals, we will need to transform our homeless response system. Achieving these goals will drive us to identify and respond to subpopulations more effectively, and to not only house those who are currently chronically homeless, but also to prevent new, vulnerable individuals from becoming chronically homeless. This focus on veterans and chronically homeless individuals will impact other system outcomes, including shortening length of homeless episodes, reducing reliance on shelter, and improving housing retention.



HOMELESS VETERANS IN BOSTON

Boston is committed to ending homelessness among veterans by the end of 2015. In July 2014, Mayor Martin J. Walsh boldly pledged to join the Mayor's Challenge to End Veteran Homelessness by 2015. At the time the Mayor made this announcement, there were 414 homeless veterans. Of those original 414 homeless veterans, only 80 remained homeless a year later: five on the street, eighteen in shelter and 57 in a transitional housing program. Over the course of that same period, a significant number of new veterans became homeless.

Because there will always be new individuals falling into homelessness, the federal government introduced the concept of "functional zero" to define what it will look like when a community has ended homelessness among veterans. In Boston, "functional zero" will mean that:

- **No veteran is forced to sleep on our streets**
- **When a veteran becomes homeless, it is rare and brief**
- **All currently homeless veterans will be housed, or on a pathway to stable housing, by the end of 2015**

Even after functional zero is achieved, we recognize that we will need to work hard to maintain an efficient and adaptive response system that continually prevents or ends homeless episodes among veterans. Functional zero is a status that will require constant vigilance.

CHRONICALLY HOMELESS INDIVIDUALS IN BOSTON

Beyond serving veterans affected by homelessness, Boston is also committed to ending chronic homelessness. On February 25, 2015 there were 600 chronically homeless individuals in Boston's emergency shelter system and on the street (Figure 2). The federal government defines a person experiencing chronic homelessness as an individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. For more information about disabilities among adults in emergency shelter, see Figure 3: Special Needs and Disabling Conditions.

Boston is committed to ending individual chronic homelessness by 2018. In order to meet this goal, we will need not only to raise new resources but also to improve how we use existing resources. This will entail changing eligibility requirements that prevent individuals with multiple barriers from accessing appropriate housing and targeting vacancies in permanent supportive housing to this population. Additionally, we will need to invest in creating very low-barrier permanent supportive housing for the most vulnerable as described in the following sections.

FIGURE 2. NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS IN BOSTON

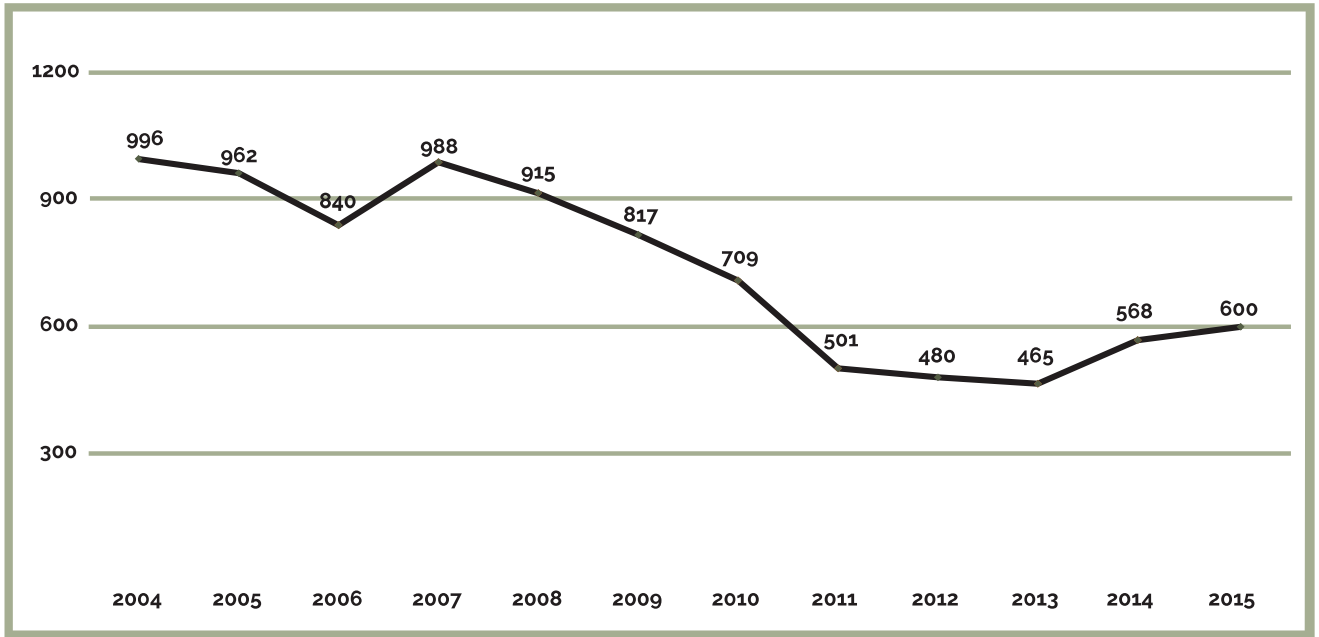
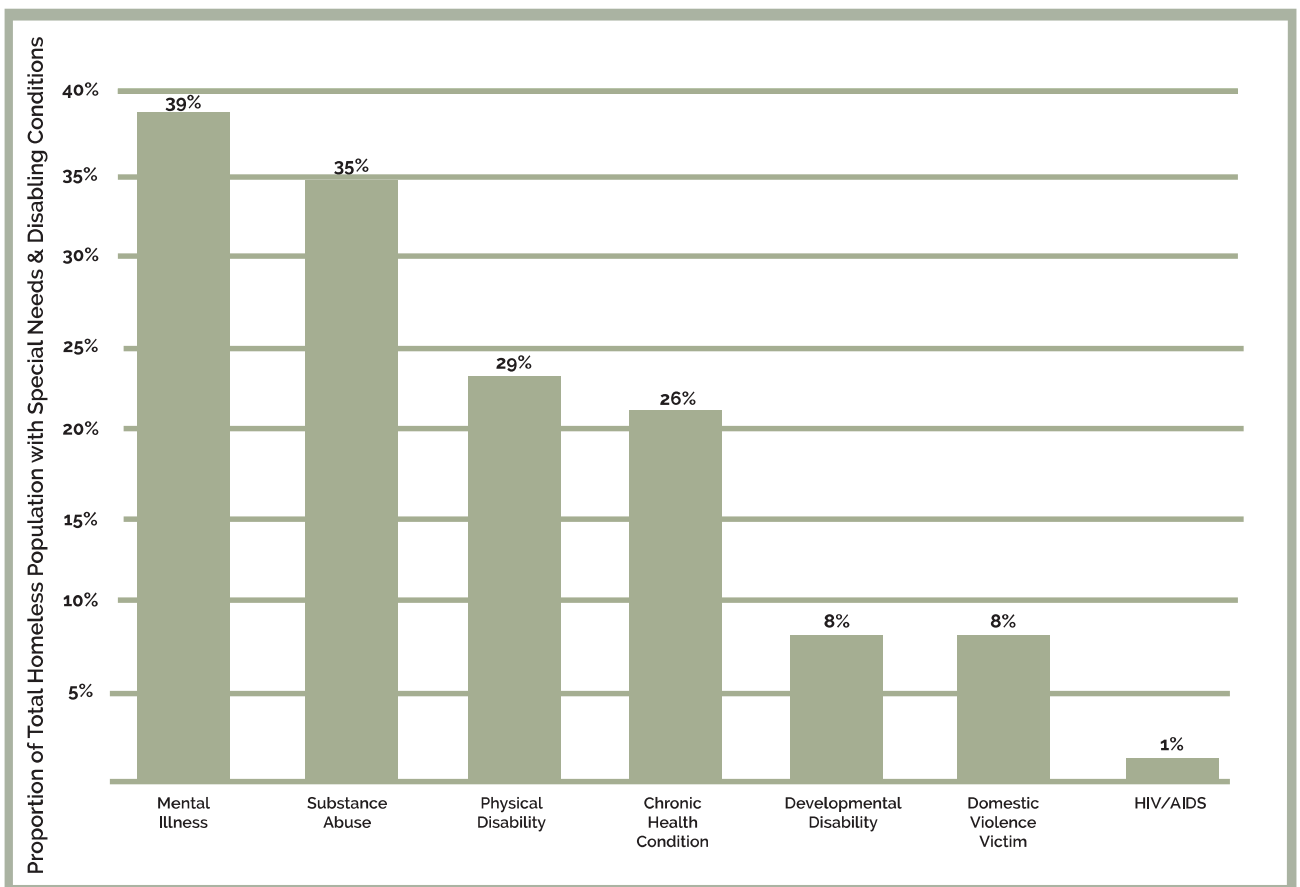


FIGURE 3. SINGLE ADULTS IN EMERGENCY SHELTER: SPECIAL NEEDS & DISABLING CONDITIONS

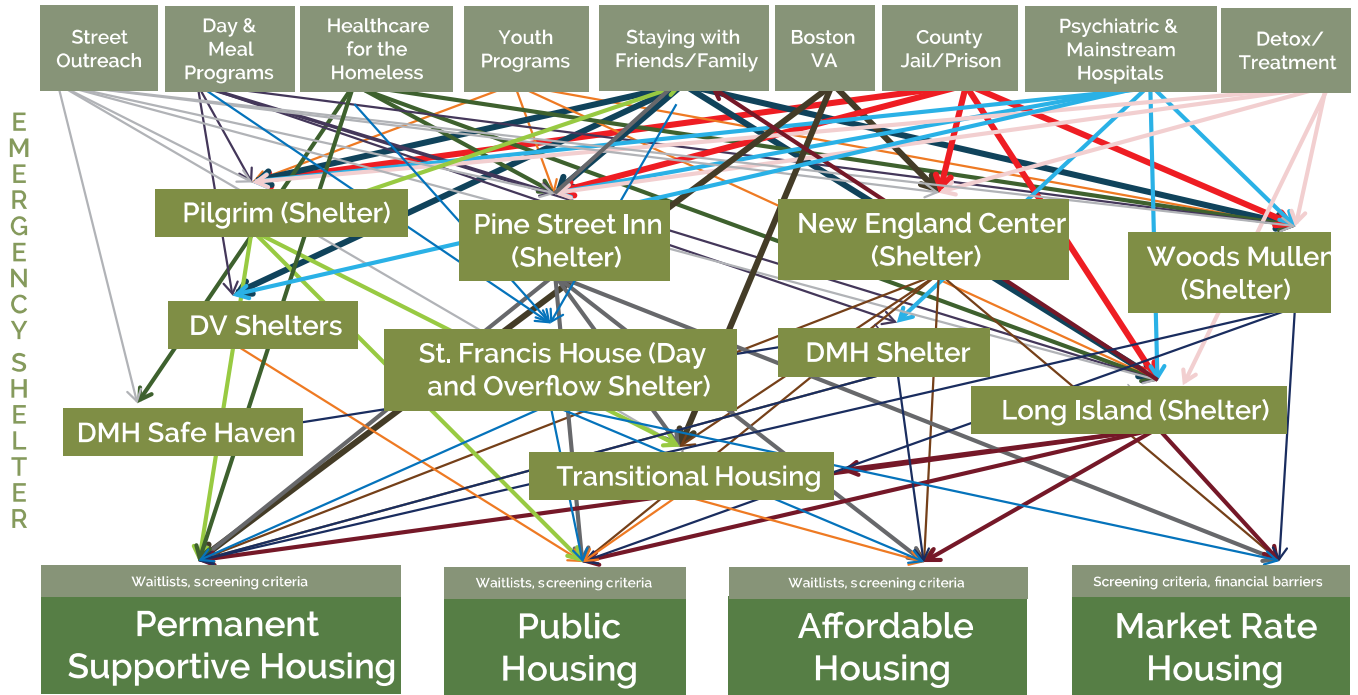


Source: 2015 City of Boston Annual Homeless Census

III. STRATEGY

The primary strategy of this action plan is to redesign Boston's homelessness response system. Boston's current response to homelessness is a collection of effective, yet fragmented, programs that offer a variety of services to individuals experiencing homelessness. To make progress toward ending homelessness, we must shift from a group of independent programs to one single integrated system founded on Housing First principles (see Appendix D).

FIGURE 4. BOSTON'S FRAGMENTED RESPONSE SYSTEM



Source: Modified from CSH's "Coordinated Access-Houston: The Shift"

Figure 4 is a representation of the complexity of Boston's homelessness programs and resources. We have a vast array of services that currently operate separately but need to operate together to provide a seamless integrated system that can achieve a collective impact, and ultimately end veteran and chronic homelessness.

We need to shift strategies...



Source: Modified from Houston's Plan to End Chronic Homelessness by 2016

SYSTEMIC REDESIGN

Redesigning the homeless response system will mean radically transforming how the system operates, from the first night someone experiences homelessness until the day they regain stability in independent housing. The new components this system redesign will encompass are: **Front Door Triage**, **Coordinated Access**, **Rapid Rehousing**, and **Permanent Supportive Housing** (Figure 5).

Front Door Triage is the immediate response to homeless individuals upon entry into the homeless system, including individuals on the street or entering emergency shelter. The triage design will be modeled on an emergency room triage system and will provide a differential response based upon vulnerability and individual need.

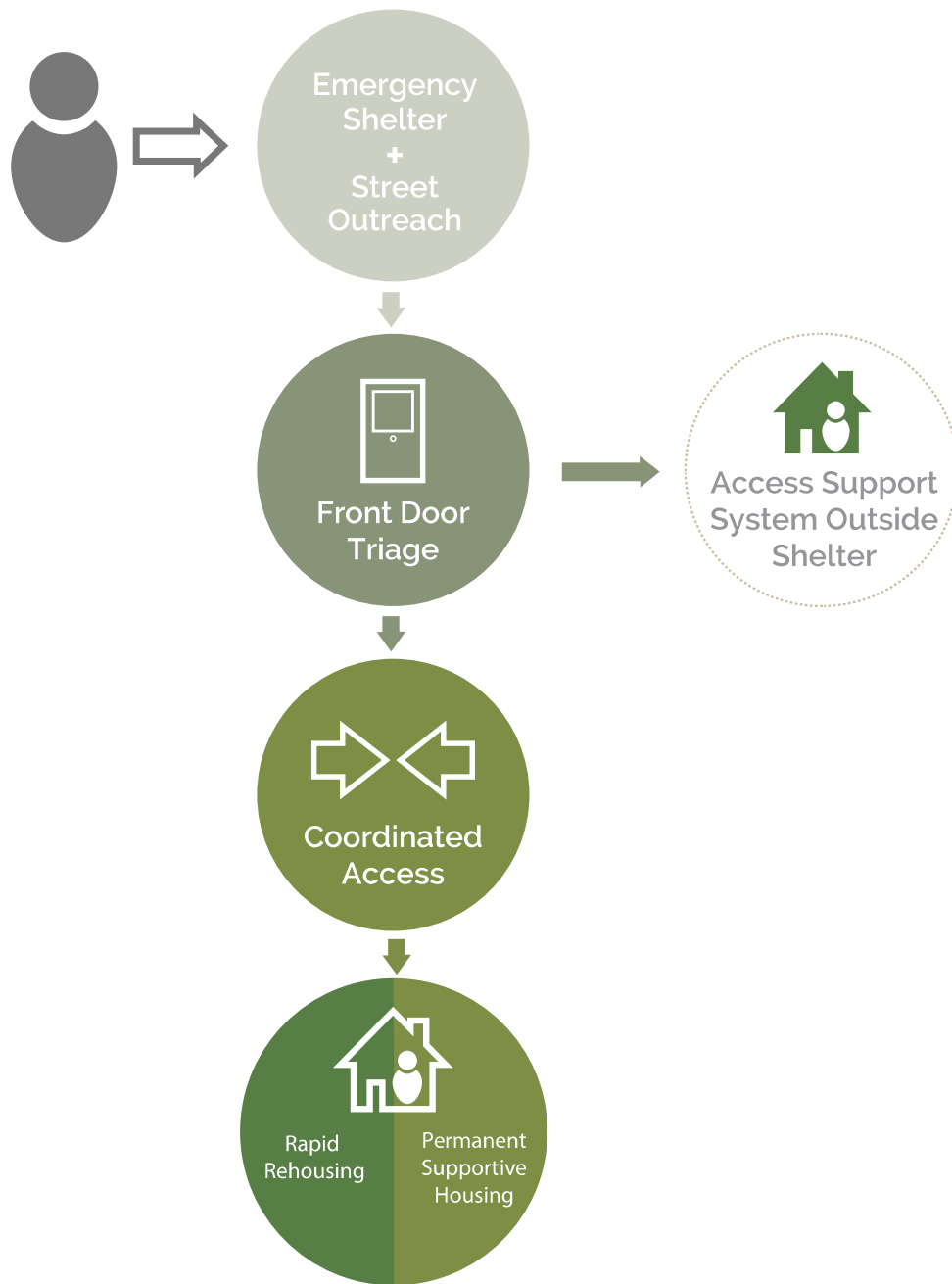
Coordinated Access is a centralized online data system that matches homeless individuals to housing vacancies based on need.⁹ The Coordinated Access system will centralize vacancies to permanent supportive housing units and will use data to drive outcomes.

Rapid Rehousing is an approach that moves homeless households to housing as quickly as possible by providing the amount, type, and duration of assistance needed to stabilize the household.¹⁰

Permanent Supportive Housing combines subsidized rental housing with individualized support services. Permanent Supportive Housing is an intensive intervention that is typically reserved for individuals with complex barriers who need a high level of support in order to achieve stability in housing.¹¹

In order to make systemic change at this scale, we need to institute a change management strategy. Houston designed a layered structure of accountability through steering committees, working groups, and leadership teams with a "culture of yes" as a principal philosophy within each of those bodies. Similarly, Boston needs to determine how to support change management for this large-scale system redesign in a manner that will work for our community. The remainder of this plan discusses the recommended reforms and leadership commitments necessary to achieve this transformational change.

FIGURE 5. TRIAGE AND COORDINATED ACCESS SYSTEM



SECTION 3 Endnotes:

9. For more information or guidance from the U.S. Department of Housing and Urban Development on this topic, please review this policy brief: <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>.
10. Based on definition available at: <http://www.buildingchanges.org/coordinated-entry-toolkit/key-terms>.
11. Based on definition available at: <http://www.cceh.org/glossary>.

IV. RECOMMENDATIONS

The Mayor's Task Force developed recommendations to redesign Boston's homelessness response system based on a Housing First approach, which promotes connecting homeless households to housing first, regardless of their characteristics, and subsequently offering services that stabilize the household once in housing.¹² The Task Force recommends four key systemic changes to align our response system with a Housing First model.

1. DESIGN AND IMPLEMENT A TRIAGE SYSTEM AT THE FRONT DOOR OF THE HOMELESS RESPONSE SYSTEM BY 2016.

A triage system at the front door of the homeless response system (i.e. emergency shelter and street outreach) will offer calibrated intervention, depending upon the specific needs of each person. To do so, we will need to have specialized services and staff readily available to address the range of needs that people have when they first encounter the homeless system, including substance abuse specialists, resources for youth, programs specific for women, and disability specialists, among others. In addition, the staff at the front door will need access to prioritized emergency spaces at detox centers, residential treatment, youth programs, domestic violence shelters, nursing homes, and other systems of care that would better serve some individuals who find themselves at the front door.

To further develop the front door triage system, an interagency working group will:

- Conduct a gap analysis of resources needed at the front door of shelter, including resources needed within the front door triage system as well as referral slots needed in other systems of care;
- Collaborate with state partners to undertake a statewide response and align City policies to reduce the number of homeless individuals arriving from outside of Boston seeking housing and services;
- Explore alternatives to shelter that reconnect people with formal and informal support systems and make recommendations related to those pathways;
- Consult an existing or newly formed consumer advisory board made up of homeless or formerly homeless individuals to ensure the system is informed by consumers of homeless services;
- Use those findings and integrate recommendations outlined in the following paragraphs to design the front door triage system, determine policies, and develop an implementation plan for front door triage to be executed by the end of 2016;

Unaccompanied Youth or Young Adults

While the Mayor's Task Force highlights homeless youth and young adults as a priority population, we recognize that additional work is needed to develop a comprehensive intervention plan to prevent and end youth homelessness. A strategic plan to engage and divert unaccompanied youth or young adults from homelessness, particularly LGBTQ youth and young adults of color at greatest risk of adult homelessness, should be developed, using the following criteria:¹³

- Analysis of effective interventions for this population, including identification of appropriate housing, education and employment pathways for young adults;
- An engagement and diversion strategy for unaccompanied youth and young adults;

- Engagement with systems upstream in order to divert at-risk youth and young adults from the streets and emergency shelters;
- Strategies to increase and encourage connectivity to family, community, educational and employment support and mentoring as pathways off the streets and out of shelter.

Untreated Substance Use Disorders

Some individuals fall into homelessness due to untreated substance use disorders, and would have the capacity to resolve their own homelessness if provided access to recovery services at a crisis point. However, treatment and recovery resources are scarce and often unavailable. As a result, individuals remain homeless for extended periods of time without access to the services they need.

To better support individuals who are homeless due to untreated substance use disorders, the Mayor's Task Force recommends the following:

- Develop real-time tracking for the availability of treatment beds to facilitate referrals from the front door of shelter and integrating substance abuse specialists in emergency shelters.
- Collaborate with the Boston Public Health Commission and the Mayor's Advisory Committee on Recovery Services to analyze the gaps in resources and gaps in linkages between homelessness and recovery services, and recommend improvements to be instituted by the end of 2016.

Discharge Planning

Front door triage efforts need to include reducing the number of discharges to emergency shelter from other institutions. Boston's shelters should be the option of last resort, but they are often used as a solution for institutions without housing solutions of their own. In 2014, 978 individuals in Boston's emergency shelters were known to have been discharged from hospitals, jails, substance abuse treatment centers, detox, psychiatric facilities, foster care homes, and other systems of care without stable housing.¹⁴

To improve discharge planning and coordination, an interagency working group including City and State agencies, shelter and other service providers, will build upon the work of "HUES to Home" and the discharge planning subcommittee of the "Long Term Stayers" working groups to:

- Collect and analyze data to identify the systems of care that discharge the largest number of individuals to homelessness and where there is potential for the greatest impact;
- Foster partnerships with key liaisons in other systems of care and institutions to improve pathways to stability rather than homelessness;
- Implement strategies to reduce discharges to homelessness, including shelter diversion agreements.

Street Outreach

In partnership with the network of street outreach service providers, the City of Boston has identified the most vulnerable individuals who are living on our streets. A committed group meets every month to collaborate on moving these individuals off the street as quickly as possible; however, more must be done to serve this population that is both the most vulnerable and the most visible in our city. The City will convene concerned community members, new private partners, street outreach providers, in addition to housing providers, to develop a robust plan to further our efforts to create housing opportunities specifically for highly vulnerable people sleeping outside.

2. COORDINATE ACCESS TO HOUSING RESOURCES FOR HOMELESS INDIVIDUALS IN BOSTON BY 2016.

Today, housing resources are scattered across many different agencies and systems. Due to the lack of a concerted systemic effort to house the most vulnerable individuals, many are unable to navigate the system and are passed over when appropriate housing opportunities become available. Many homeless consumers feel that they are going into their housing search completely blind – as one consumer stated, “Searching for housing in Boston is like pin-the-tail-on-the-donkey.”

To change how housing resources are allocated, we need to develop a Coordinated Access system that tracks housing placements through a centralized online database. To do this, we will use and integrate client data from the existing Homeless Management and Information Systems (HMIS), which tracks detailed information about homeless individuals, including demographics, benefits, disability, prior living situation, exit destinations, as well as other crucial information. This data will be used to match homeless individuals to available housing units based on need.

The Coordinated Access system will:

- Match homeless individuals, based on their specific needs, to the right housing and service resources;
- Close all “side doors” to permanent supportive housing. “Side doors” are access points that are not centralized by or accountable to the Coordinated Access system, and therefore likely would not target the most vulnerable individuals for available units. Coordinated Access will close the side doors by centralizing vacancies and ensuring that each permanent supportive housing vacancy is being utilized by the right person;
- Centralize vacancies within the Continuum of Care (HUD-funded housing targeted to homeless individuals) and other permanent supportive housing;
- Ensure that the most vulnerable individuals are first in line for the permanent supportive housing units and services that meet their needs;
- Use data to drive outcomes and create accountability among all homeless and housing providers.

Using best practices we learned from participating in the Mayor's Challenge to End Veteran Homelessness, such as housing individuals from targeted lists of the most vulnerable individuals derived primarily from HMIS data, and understanding the successes achieved to date in other cities, Boston is ready to take these ideas to scale. To accomplish this, Boston will need new investment in technology.

Building the Coordinated Access system is the first priority for the system redesign described in this action plan, as the other components of the system depend upon its success.

3. INCREASE RAPID REHOUSING OUTCOMES BY 2016.

The Boston community will need to increase efforts to reduce reliance on shelter and prevent new people from becoming chronically homeless through rapid rehousing. The data show that the majority of homeless individuals are not chronically homeless but instead experience "crisis homelessness".¹⁵ Many of those individuals will resolve their own homeless episode with little to no intervention, but others will need some assistance in order to regain stability. The Boston network has previously defined "extended stayers" as people who live in shelter between 120 and 364 days, and therefore are at risk of becoming chronically homeless. Rapid rehousing is an important tool to move people back to housing and prevent non-chronically homeless individuals from falling into chronic homelessness.

In addition, achieving successful rapid rehousing outcomes will be accomplished by increasing income among formerly homeless individuals. For those who can work, employment is often an essential component of stability. The Boston Employment Network was formed in 2015 to improve employment outcomes for homeless individuals through three strategies:

- **Engaging and educating employers;**
- **Training staff and sharing resources; and**
- **Developing best practices.**

The Task Force urges the Boston Employment Network to propose recommendations for consideration and implementation by 2016.

In addition to supporting employment opportunities, increasing income and securing benefits will promote financial empowerment for homeless adults who are making the transition to housing. To complement this work, enhanced attention and training should focus on benefits maximization. Boston should work to increase successful applications for a range of state and federal benefits or entitlement programs including Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Social Security Retirement and the State's Emergency Aid to Elderly, Disabled and Children (EAEDC) and Chapter 115 Veterans benefits. Evaluation of the US Substance Abuse and Mental Health Services Administration (SAMHSA) SSI/SSDI Outreach, Access and Recovery (SOAR) demonstration project suggests that homeless persons with disabilities who successfully apply for SSI increase income and improve housing stability and recovery outcomes.¹⁶

4. INCREASE ACCESS TO PERMANENT SUPPORTIVE HOUSING FOR THE MOST VULNERABLE HOMELESS INDIVIDUALS BY 2016.

Boston has created 4,514 permanent affordable housing units for homeless individuals through subsidy programs targeted to homeless individuals and through the homeless set aside program in affordable housing development and the BHA maintains homeless priorities within its leased and public housing portfolios. This means that there are thousands of units prioritized for homeless households in Boston.

Currently, there are 600 chronically homeless individuals in Boston. Accounting for additional individuals who become chronically homeless over the three years of this plan, we estimate we will need 950 units of permanent supportive housing targeted to chronically homeless individuals over the next three years in order to end chronic homelessness (Figure 6).

Of those 950 units of permanent supportive housing, it is estimated that 750 will become available through strict targeting of vacancies of existing permanent supportive housing units by utilizing the Coordinated Access System. In addition to those 750 turn-over units, we estimate that 200 new Permanent Supportive Housing units will need to be developed to reach a total of 950 available units. In particular, the existing portfolio of permanent supportive housing lacks sufficient units clustered in a single building that offers 24/7 on-site support for people with major barriers to stability. These new units must be “low-barrier” in that the requirements to become a tenant must not screen out the very individuals who need such housing options, including people with criminal histories, poor credit, prior evictions, mental illness, and active substance use, among other factors that prevent them from gaining access to mainstream housing resources.

New investment will be necessary to create the additional 200 units of Permanent Supportive Housing, and Boston will need significant funding from federal, state, and private partners.

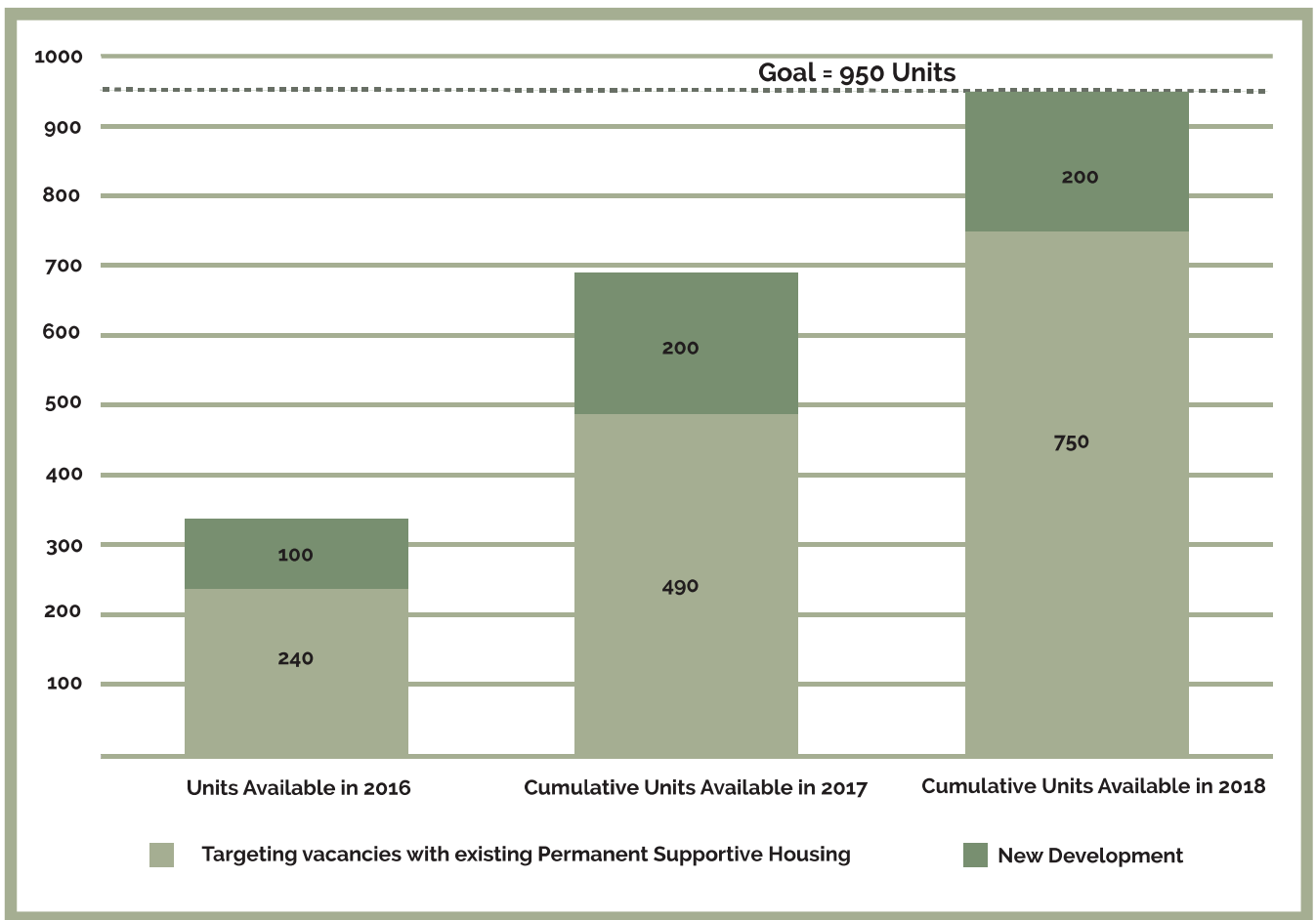
To end chronic and veteran homelessness, we will need to:

- Develop approximately 200 units of very low-barrier housing with supportive services on site using funds described in the following Budget section.
- Develop “moving on” strategies that provide housing opportunities to individuals currently residing in permanent supportive housing who no longer need intensive services. By moving people through the housing continuum as their needs change, more vacancies will open for Permanent Supportive Housing for those who need it.
- Enlist national experts to review and revise policies that currently create barriers. By the end of 2015, this team of experts will work with the City’s Department of Neighborhood Development (DND) and the Boston Housing Authority (BHA) to review tenant selection, CORI mitigation, application processes, and documentation of homelessness policies.
- Enlist the same team of national experts to review and analyze policies and procedures related to the 10% homeless set-aside requirement within all

affordable housing development, as well as policies and procedures related to accessing the Continuum of Care housing resources.¹⁷ This team will work in collaboration with City agencies to make recommended changes.

- Maximize opportunities available to provide tenant supportive services to stabilize formerly homeless individuals in housing through MassHealth. Some homeless providers in Massachusetts can bill MassHealth for supportive services for chronically homeless individuals and high-utilizers of emergency services. The “Community Support Program for People Experiencing Chronic Homelessness” (CSPECH) and the “Chronic Individual Homelessness Pay for Success Initiative” both provide mechanisms to leverage MassHealth for services. Boston should ensure we are maximizing these resources and explore if there are any additional opportunities for third-party billing to medical insurance through the Affordable Care Act and Massachusetts’ healthcare cost control laws.

FIGURE 6. TARGETING 950 PERMANENT SUPPORTIVE HOUSING UNITS TO THE MOST VULNERABLE



SECTION 4 Endnotes:

12 Definition based on MA MOU on Supportive Housing: <http://www.mass.gov/hed/docs/dhcd/legal/interagency-supportive-hs-memorandum.pdf>
 13 For more information about the Federal Framework to End Youth Homelessness, visit: http://usich.gov/resources/uploads/asset_library/USICH_Youth_Framework_FINAL_02_13_131.pdf.
 14 For more specific data, see Appendix H: Individuals in Boston’s Emergency Shelters Discharged from an Institutional Setting.
 15 See Appendix E for data on length of stay in shelter across the Boston shelter system.
 16 <http://aspe.hhs.gov/daltcp/reports/2012/ChrHomls3.shtml#conclude>
 17 See Appendix G for Existing Permanent Supportive Housing Units in Boston.

V. BUDGET PROJECTION

The budget projection includes existing and new resources identified while drafting this plan. The budget may need to be amended during the action plan's enactment, as improved information becomes available. The City is committed to using existing resources as detailed in the "Existing Resources" column in the budget. As the City explores additional public funding, we know we cannot accomplish this plan with public resources alone. In order to end homelessness for the most vulnerable individuals in three years, this Action Plan will need significant support from private partners, funders, philanthropies, and other donors.

BUDGET NARRATIVE

In Figure 7, the "Existing Resources" column shows the public resources that are already committed to this effort. The "New Resources Needed" column describes the total amount of new resources needed over the three full years of the plan. Once again, the budget may need to be modified as this plan is executed and additional factors, currently unknown, affect the cost of implementation.

Front Door Triage:

- New resources needed include \$375,000 per year for five front door triage staff, including substance abuse specialists.
- \$50,000 investment in technology for system-wide tracking of available treatment beds.

Coordinated Access:

- New resources needed include \$675,000 per year for three data management staff and five housing navigators. The data management staff will be responsible for managing the integrated Coordinated Access and HMIS data systems, and ultimately to provide real time data to track outcomes. The housing navigators will assist clients in connecting with landlords who have available units, executing leases, and moving into housing.
- An estimated \$400,000 will be needed for building out and implementing the Coordinated Access data system that is fully integrated with HMIS. The City's Department of Neighborhood Development, the Department of Innovation and Technology, and the Mayor's Office of New Urban Mechanics are currently working together to develop the design, scope, and final budget for this project.

Rapid Rehousing:

- New resources needed include \$2.6M for rapid rehousing assistance and staffing, as well as to evaluate best practices.
- In Year 1, the community will need to evaluate the outcomes and best-practices of rapid rehousing in Boston, based on the experience with existing rapid rehousing programs. Year 1 will also be used to procure funds, hire staff, and build out infrastructure.
- In Years 2 and 3, the additional funds will serve 700 households total, almost doubling the number of households served with existing Rapid Rehousing funds each year.
- With this additional investment, data modeling estimates that Boston will have sufficient rapid rehousing resources to aid the goal of ending chronic homelessness by preventing additional individuals from becoming chronically homeless.

Permanent Supportive Housing:

- The Department of Neighborhood Development (DND) contracted the Corporation for Supportive Housing (CSH) to develop a data model that calculated the absolute need for Permanent Supportive Housing and Rapid Rehousing in Boston. The model relies on critical data such as the number of chronically homeless individuals, the estimated number of people who become chronically homeless over the course of a year, as well as the number of permanent supportive housing units that become available over the course of a year. The model estimated that over the three years of this plan, Boston will require 950 Permanent Supportive Housing units dedicated to its most vulnerable individuals.
- The online Coordinated Access system will be able to target vacancies in units dedicated to chronically homeless individuals within the existing permanent supportive housing portfolio. To determine the number of turnover units available, modeling assumed that 10% of units dedicated to chronically homeless will become vacant each year, yielding 240 vacancies in the first year, 250 in the second year, and 260 in the third year (the increase is due to additional units developed in Years 1 and 2). Over three years, estimated turnover within existing permanent supportive housing will yield 750 available units.
- In addition to those 750 turn-over units, it is estimated that 200 new Permanent Supportive Housing units will need to be developed to reach a total of 950 available units. In particular, the existing portfolio of permanent supportive housing lacks sufficient units clustered in a single building that offers 24/7 clinical support on-site and has no barriers to entry.
- DND commits \$6M to development costs of these units which will leverage public funds from state and federal sources. DND estimates that it costs \$60,000 of DND funding per unit to leverage sufficient other development costs, thus DND's \$6M commitment will leverage approximately 100 units. Further, the budget projects an additional initial need for \$6M of private funding for Permanent Supportive Housing in order to leverage additional funds required to develop the additional 100 units. These units must be low-threshold, meaning there are no eligibility barriers for tenants with complex needs and therefore the funding used to create this housing must be extremely flexible.
- Commitment for stabilization services will also need to be leveraged from other sources, including services funded by the Continuum of Care, state and federal agencies including the Department of Mental Health, Department of Public Health, Department of Developmental Services, MassHealth, and the U.S. Department of Veterans Affairs. Stabilization service providers estimate that the total cost to provide stabilization services to a chronically homeless individual is approximately \$11,000 per year. The Chronic Individual Homelessness Pay for Success Initiative is a model for billing MassHealth for stabilization services and will be a critical resource to create these units of permanent supportive housing (see Appendix C).

- The budget also includes the need for \$350,000 in private, flexible resources for a "whatever it takes" stabilization fund to pay for one-time costs such as furniture or other necessities that can't be paid for through public funds.

Change Management:

- \$150,000 for outside expertise to design and implement the Coordinated Access system, create performance-based contracts, streamline procurement processes, enhance collaboration with private funders, among other efforts. This could include continued work with Corporation for Supportive Housing (CSH) or other experts in the field.

FIGURE 7. SYSTEM REDESIGN: BUDGET PROJECTION FOR THE THREE FISCAL YEARS 2016-2018

System Component	Individuals Assisted	Existing Resources	New Resources Needed	Total New Resources Needed
Front Door Triage	8,500 new people per year	None	\$375,000 per year for 5 front door triage staff, including substance abuse specialists	\$1,175,000
			\$50,000 investment in technology for system-wide tracking of available treatment beds	
Coordinated Access	5,950 new people per year	None	\$675,000 per year for 3 data management staff and 5 housing navigator staff	\$2,425,000
			\$400,000 for build of IT platform	
Rapid Rehousing	700 additional individuals; 1,800 total individuals	\$1,300,000 per year from Emergency Solutions Grant (ESG) and Supportive Services for Veteran Families (SSVF) grants	\$2,600,000 for rapid rehousing to serve 700 additional individuals and evaluate best practices	\$2,600,000
Permanent Supportive Housing	200 highest-barrier individuals; 950 total individuals	\$17M per year from Continuum of Care grant; \$6M from DND for housing development costs for 100 very low-barrier units; leverage services funded by MassHealth and other state and federal agencies	\$6,000,000 initial private funding campaign for siting 200 very low-barrier units	\$6,350,000
			\$350,000 for flexible stabilization fund	
Change Management	8,500 new people per year	None	\$150,000 for outside expertise to implement the Coordinated Access system, performance-based contracts, streamlined procurement processes, collaboration with private funders, etc.	\$150,000
Existing Resources Committed: 2015-2018		\$60,900,000*	New Resources Needed: 2015-2018	\$12,700,000*

* Budget figures are provisional, and subject to change during the plan years 2015-2018.

APPENDICES

APPENDIX A: DEFINITION OF KEY TERMS

Chronic Homelessness: The U.S. Department of Housing and Urban Development (HUD) defines a person experiencing chronic homelessness as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.

Coordinated Access is a centralized online data system that matches homeless individuals to housing vacancies based on need. The Coordinated Access system will centralize vacancies to permanent supportive housing units and will use data to drive outcomes.

(<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>).

Front Door Triage is the immediate response to homeless individuals upon entry into the homeless system, including individuals on the street or entering emergency shelter. The triage design will be modeled on emergency room triage and will provide a differential response based on vulnerability and individual need.

Literally Homeless Individual: an individual sleeping in a place not designed for or used as a regular sleeping accommodation, living in a shelter designed to provide temporary living arrangements, or exiting an institution where (s)he resided for up to 90 days and resided in shelter or a place not meant for human habitation immediately prior to entering that institution. Source: Definition summarized from the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

Housing First: The Housing First model moves homeless participants from the streets immediately into permanent housing. With stable and supportive treatment services, program participants are better able to focus on the core mental and physical issues that led them to homelessness. Housing First can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements.

Rapid Rehousing: An approach that focuses on moving homeless individuals and families into appropriate housing as quickly as possible by providing the type, amount and duration of housing assistance needed to stabilize the household. Rapid re-housing is replacing the former approach of "housing ready."
(<http://www.buildingchanges.org/coordinated-entry-toolkit/key-terms>)

Permanent Supportive Housing: Permanent supportive housing combines rental housing with individualized health, support and employment services. People living in permanent supportive housing have their own apartments, enter into rental agreements and pay their own rent, just as in other rental housing. The difference is that they can access, at their option, support services – such as the help of a case manager, help in building independent living skills, and connections to community treatment and employment services – designed to address their individual needs.

APPENDIX B: TASK FORCE GOALS

TASK FORCE GOALS	SYSTEM COMPONENT(S)
1. Provide appropriate relocation for and service improvements to the Long Island Shelter, and implement improved communication during this transition period	Coordinated Access Front Door Triage Rapid Rehousing Permanent Supportive Housing
2. Reduce and work towards eliminating the number of individuals who live in shelter for longer than 180 days	Coordinated Access Front Door Triage Rapid Rehousing Permanent Supportive Housing
3. Undertake a statewide response and align City policies to reduce the number of homeless individuals arriving from outside of Boston seeking housing and services	Front Door Triage
4. Reduce the number of individuals living on the street	Coordinated Access Rapid Rehousing Permanent Supportive Housing
5. Improve discharge planning, outlining necessary proposed changes to ensure that discharges of individuals leaving state and other systems of care do not disproportionately impact Boston	Front Door Triage
6. Develop an unaccompanied youth and young adult engagement and diversion plan	Front Door Triage
7. Improve the way shelter, housing, and service needs of homeless women are addressed across the system	Front Door Triage
8. Propose resources and potential sources needed to obtain improvements and recommended goals	Coordinated Access Front Door Triage Rapid Rehousing Permanent Supportive Housing

APPENDIX C: CHRONIC INDIVIDUAL HOMELESSNESS PAY FOR SUCCESS INITIATIVE

A communication from the Corporation for Supportive Housing, originally posted at: <http://www.csh.org/2014/12/massachusetts-chronic-individual-homelessness-pay-for-success-initiative-first-in-nation/#sthash.RrDToUeD.dpuf>. Republished here with permission.

December 9, 2014

Yesterday was an exciting day for the Commonwealth of Massachusetts, the Massachusetts Housing and Shelter Alliance, the United Way of Massachusetts Bay and Merrimack Valley, and Santander Bank. Even more so, it was a very exciting day for hundreds of chronically homeless people who will have their lives changed forever because forward-thinking leaders came together, collaborated, innovated and made the "Chronic Individual Homelessness Pay for Success Initiative" a reality in Massachusetts.

CSH is a national nonprofit active in 33 states and we see what is unfolding across the country. Massachusetts is on the cutting edge of efforts to end homelessness.

Groundbreaking investments such as this Pay for Success Initiative are emphasizing accountability while providing the resources to fund the housing and services we know end and prevent homelessness. Beyond the much-needed supportive housing it will create, Massachusetts will continue a transformation in the way services are delivered, away from over-reliance on crisis health and shelters and toward more permanent solutions that provide the stability people need to end their homelessness.

Supportive housing works. So much so that we have witnessed a nearly 50% decline in the number of chronically homeless individuals over the past decade as supportive housing has taken hold and proliferated.

Supportive housing is a perfect match to the Pay for Success structure. Since its beginning, supportive housing has relied on data-driven outcomes and has operated under a paradigm of delivering results and savings. In other words, it's a good bet that this Initiative will succeed.

CSH is pleased to invest \$500,000 of the combined \$2.5 million dollars in private capital in the Massachusetts Chronic Individual Homelessness Pay for Success Initiative, leveraging an additional \$1 million in philanthropic support for a total of \$3.5 million. This Initiative complements CSH's role as a federally-designated national provider of Pay-for-Success expertise and technical assistance.

Initiatives such as this just don't happen. They require thought-leaders who want to work together to make a difference. Like any arrangement based on multi-millions of dollars, they require hours of painstaking negotiation and patience.

They require the extraordinary leadership and political will that have been exhibited by Governor Deval Patrick and the Commonwealth of Massachusetts.

They require the experience and gravitas of lead partner, the Massachusetts Housing and Shelter Alliance, an agency that has the background and know-how to guide us.

They require the commitment of philanthropic and private investors such as the United Way of Massachusetts Bay and Merrimack Valley and Santander because these organizations add the proficiency to serve as fundraising intermediaries and strong financial advisors and managers.

They require the helping hands of the experts at the Harvard Kennedy School Social Impact Bond Technical Assistance Lab who provide pro bono technical assistance to state and local governments implementing Pay for Success, and are assisting Massachusetts in developing the procurement and the data analysis strategy for this Initiative.

And, most importantly, they require a fundamental belief in the promise of supportive housing to bring our most vulnerable neighbors the stability and dignity they long for and deserve.

APPENDIX D: HOUSING FIRST APPROACH

The Housing First approach promotes connecting homeless households to housing first, regardless of their characteristics, and subsequently offering services that may help stabilize the household once in housing.²¹ According to the National Alliance to End Homelessness, Housing First models include the following elements:

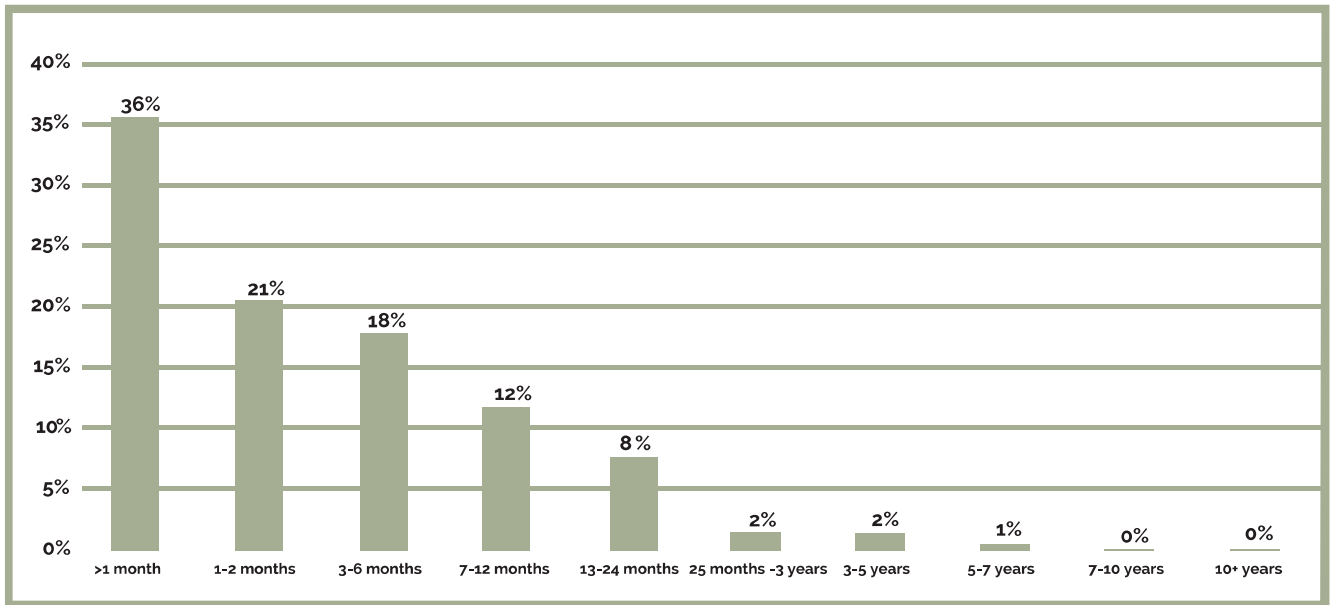
- A focus on helping individuals and families access and sustain rental housing as quickly as possible in permanent housing;
- A variety of services delivered primarily following a housing placement to promote housing stability and individual well-being;
- Such services are time-limited or long-term depending upon individual need; and
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.²²

Housing First principles have been fully endorsed and validated by homeless experts, the U.S. Department of Housing and Urban Development, and most local officials and providers alike. However, while stakeholders generally agree that the Housing First philosophy makes sense, many of our local policies still operate counter to housing first practices. Several recommendations found in Section IV of this report address changes necessary to implement Housing First across our system.

²¹ Based on definition found in MA MOU on Supportive Housing: <http://www.mass.gov/hed/docs/dhcd/legal/interagency-supportive-hs-memorandum.pdf>

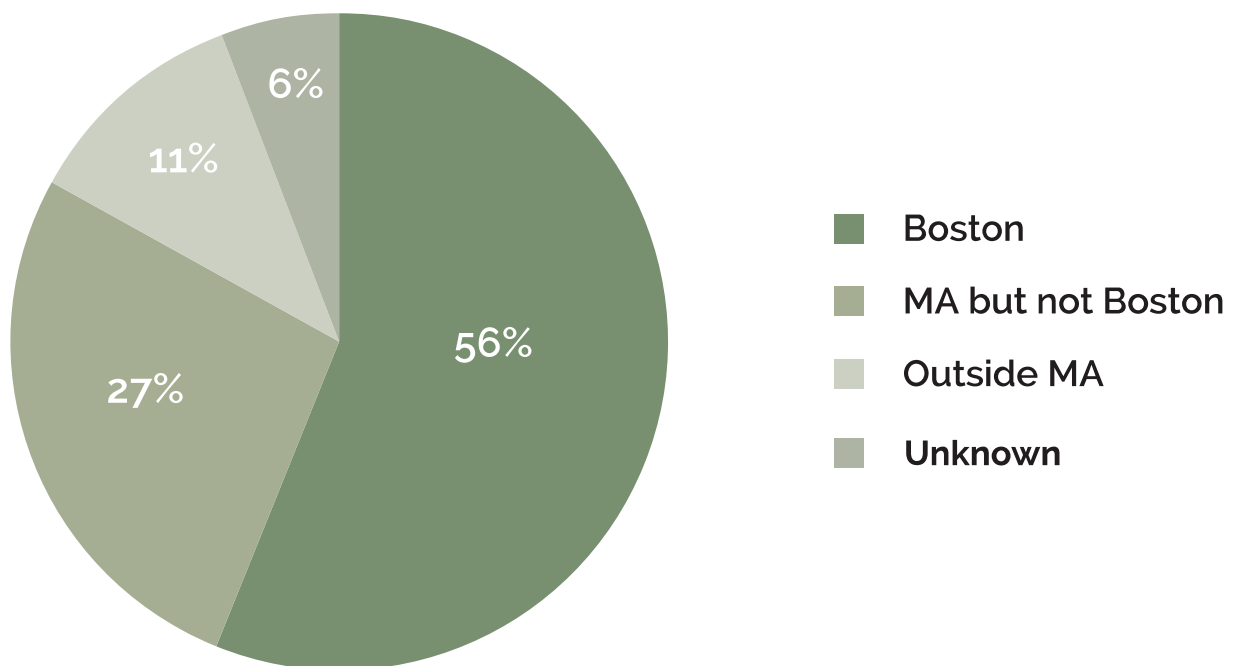
²² Based on information provided at: <http://www.endhomelessness.org/library/entry/what-is-housing-first>

APPENDIX E: LENGTH OF STAY IN EMERGENCY SHELTER



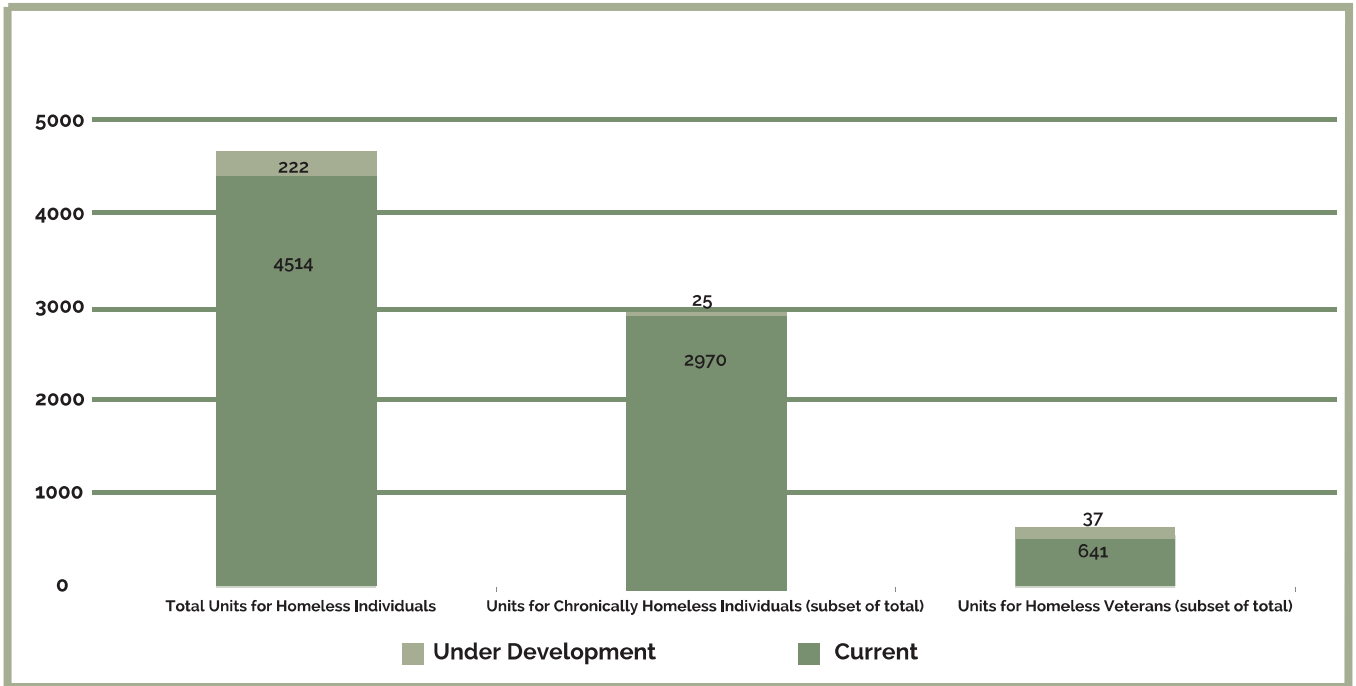
Source: City of Boston 2013-2014 Annual Homeless Census Single Adults in Emergency Shelter Length of Stay in Nights

APPENDIX F: COMMUNITY OF ORIGIN OF HOMELESS INDIVIDUALS IN BOSTON



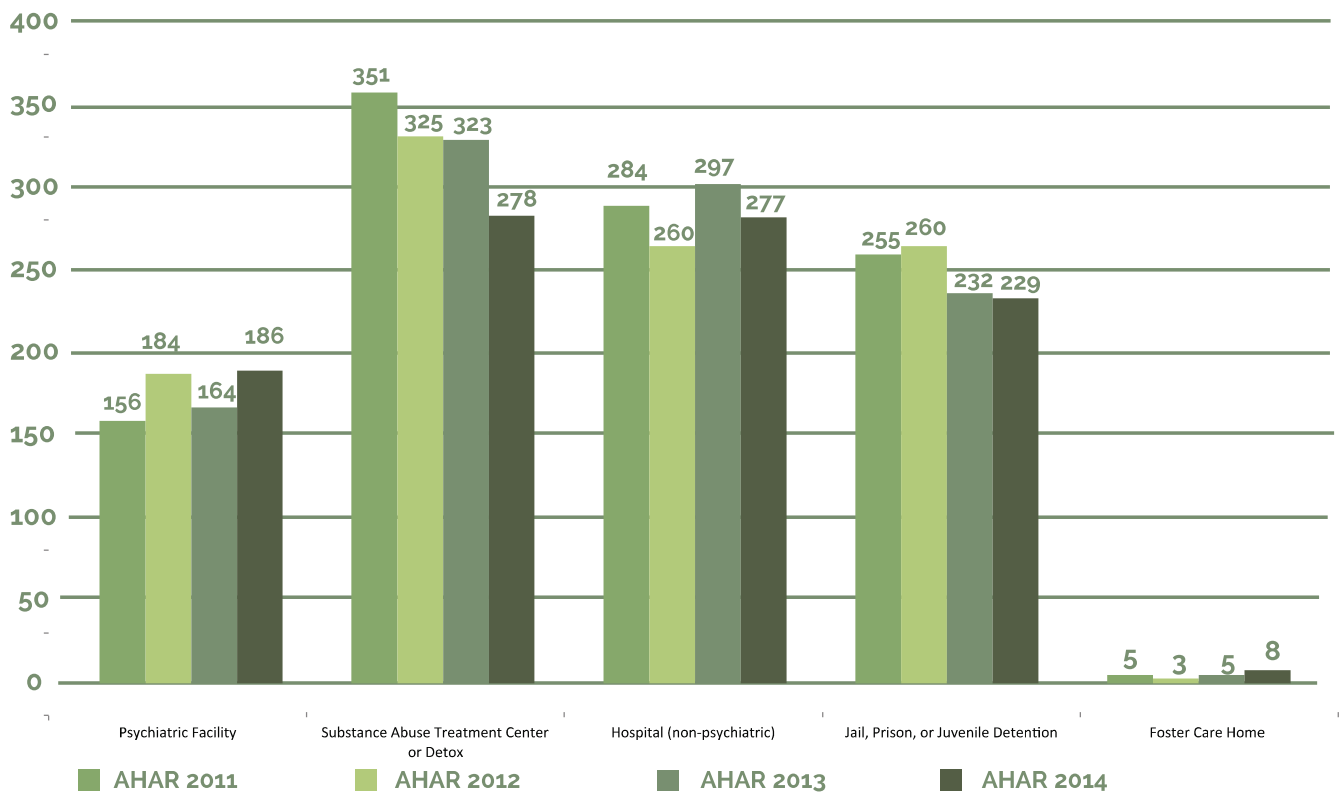
Source: Data from the City of Boston Homelessness Management Information System (HMIS)

APPENDIX G: PERMANENT SUPPORTIVE HOUSING UNITS IN BOSTON



Source: Data from the Boston Continuum of Care 2015 Housing Inventory Chart

APPENDIX H: INDIVIDUALS IN BOSTON'S EMERGENCY SHELTERS DISCHARGED FROM AN INSTITUTIONAL SETTING



Source: Data from the Annual Homeless Assessment Report (AHAR)

APPENDIX I: The City of Boston and Mayor Martin J. Walsh would like to thank the members of the Mayor's Task Force on Individual Homelessness for their hard work.

Felix Arroyo
Chief of Health & Human Services
City of Boston

**Deputy Superintendent
Nora Baston**
Community Engagement Liaison
Boston Police Department

Laila Bernstein
Assistant Director, Initiative to End Street,
Chronic, & Veteran Homelessness
Department of
Neighborhood Development

Barry Bock, RN
Chief Executive Officer
Boston Health Care for the Homeless

Jack Connors
President
Camp Harborview Foundation

Sheila Dillon
Chief of Housing
City of Boston

Lyndia Downie
President & Executive Director
Pine Street Inn

Elizabeth Doyle
Deputy Director of Supportive Housing
Department of
Neighborhood Development

Michael Durkin
President & CEO
United Way of Massachusetts Bay
& Merrimack Valley

Rose Evans
Deputy Undersecretary
Massachusetts Department of
Housing and Community Development

Steven Fox
Chairman
South End Forum

Jascha Franklin-Hodge
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The Boston Foundation

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Anthony Mitchell
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Ryan Moser
Managing Director, Eastern Division
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Pamela Ogletree
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Robert Pulster
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United States Interagency Council on
Homelessness

John Rosenthal
Board President
Friends of Boston's Homeless

Luis Rosario
Consumer

Jerome Smith
Chief of Civic Engagement
City of Boston

Michael Weekes
President & CEO
The Provider Council

Reverend Joseph M. White
Pastor
Our Lady of Good Voyage

Tonya Williams
Consumer

APPENDIX J:

The City of Boston and Mayor Martin J. Walsh would like to thank the hundreds of donors who gave such generous direct or in-kind support in the aftermath of the Long Island Shelter closure. Your kindness was greatly appreciated.

We would also like to acknowledge the following donors for their critical support:

Friends of Boston's Homeless

The Boston Foundation

Liberty Mutual

BNY Mellon

Eastern Bank

Stacy's Pita Chips

Charles River Apparel

Frugal Fannie's

P&G /Gillette USA



CITY AND STATE TEAM UP TO HOUSE CHRONICALLY HOMELESS ELDERS

July 29, 2016



PUBLISHED BY:

[MAYOR'S OFFICE \(/DEPARTMENTS/MAYORS-OFFICE\)](/DEPARTMENTS/MAYORS-OFFICE)

First of its kind "housing surge" focused on housing elders while qualifying them for services and support.

The City of Boston, in partnership with the state's Executive Office of Elder Affairs, today hosted a first of its kind "housing surge", designed to connect chronically homeless seniors with housing and services. The event, held at the Laboure Center in South Boston, marks the first time housing and integrated care services have been offered together, and launches a new partnership between the city and state designed to end chronic homelessness in senior populations across Massachusetts.

"Innovative ways of removing the barriers to health and housing are how we will end chronic homelessness in Boston," said Mayor Walsh. "We are so lucky to have such strong partners working with us to house our homeless residents. I am grateful to the state for coming to the table, allowing us to offer services and housing at the same time."

Secretary MaryLou Sudders of the Executive Office of Health and Human Services said, "The Baker Administration is committed to working in full partnership with the City of Boston and Mayor Marty Walsh's efforts to provide housing for some of our city's most vulnerable residents. Addressing the complex care needs of elders jointly with housing is a huge part of the solution and crucial to providing a stable living situation."

Secretary Alice Bonner, of the Executive Office of Elder Affairs, said, "We are pleased to be a partner in this important initiative helping older adults to live independently and thrive by pairing housing with vital services and supports."

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services.

Seniors were able to meet with representatives from state programs including the Program of All-inclusive Care for the Elderly (PACE); Senior Care Options (SCO); Pay for Success and Community Supports for Persons Experiencing Chronic Homelessness (CSPECH) to determine their eligibility and interest in these programs.

At today's surge, the Boston [Housing Authority \(/departments/housing-authority\)](/departments/housing-authority) was able to connect 16 homeless seniors with units of permanent supportive housing. This is the first time that guests at a housing surge have been offered specific units of housing, rather than vouchers. The BHA was able to accomplish this by creating a super-priority for chronically homeless elders who are going to be receiving services.

In preparation for the event, city, state, and non-profit partners worked together to create a list of chronically homeless older adults, and undertook significant outreach at shelters and throughout the city to spread awareness of this opportunity.

The chronically homeless seniors who attended the surge were identified as likely eligible for state benefits including long-term services, supports, and integrated care. The U.S. Department of Health and Human Services defines chronically homeless individuals as adults with a disability who have been either living in an emergency shelter or in a place not meant for human habitation continuously for 12 months or more, or who have had four occasions of homelessness in the past three years that total 12 months or more.

Those individuals in need of translation services were identified in advance, and translators were on hand to assist with language barriers. In addition, individuals with accessibility issues had also been identified ahead of time, with accommodations made in advance for their specific issues. Individuals also received breakfast and coffee, provided and served by volunteers from the BostonHome Interfaith Collaborative. BostonHome Interfaith Collaborative faith community partners also donated gift cards for attendees.

This is the sixth in a series of housing surges hosted by the City of Boston. The first three surges focused on homeless veterans; the last two focused on all chronically homeless individuals. The

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Bay Cove

Boston Department of Neighborhood Development

Boston Elderly Commission

Boston Health Care for the Homeless

Boston Housing Authority

Boston Medical Center HealthNet

Boston Public Health Commission

BostonHome Interfaith Collaborative

Children's Services of Roxbury

Commonwealth Care Alliance

East Boston Elder Service Plan

Eliot Human Services

Hearth, Inc.

HomeStart

Labouré Center / Catholic Charities

MassHealth

Massachusetts Department of Mental Health

Massachusetts Executive Office of Elder Affairs

Massachusetts Executive Office of Health and Human Services

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Language

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Pine Street Inn

Saint Francis House

Senior Whole Health

Social Security Administration

Tufts Health Plan

United Healthcare

Uphams Corner Elder Service Program

For more information on the City of Boston's plan to end chronic and veteran homelessness, please visit our new presence [online \(https://www.boston.gov/\)](https://www.boston.gov/) or follow us on [Twitter \(https://twitter.com/bostonswayhome\)](https://twitter.com/bostonswayhome).

TAGS: Homelessness Boston's Way Home Seniors

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MAYOR WALSH ANNOUNCES ONE-YEAR RESULTS OF HOMELESS ACTION PLAN, UNVEILS "BOSTON'S WAY HOME"

July 21, 2016



PUBLISHED BY:

[MAYOR'S OFFICE \(/DEPARTMENTS/MAYORS-OFFICE\)](#)

BOSTON - Thursday, July 21, 2016 - One year after the launch of the City's action plan to end chronic and veteran homelessness by 2018, Mayor Martin J. Walsh today announced that the City is well on its way to meeting its goals, and relaunched the plan as "Boston's Way Home." Boston has ended chronic homelessness among veterans by housing more than 650 homeless veterans, and more than 100 chronically homeless individuals in only six months, and also by reforming the housing and service delivery system for homeless individuals. View a [summary of our one-year accomplishments](#) (https://boston.gov/sites/default/files/boston_way_home_oneyearreport_160721_3.pdf).

"Helping our homeless has always been a deeply personal issue for me, and I am proud of the work we have done with our partners to improve the way we deliver services to our homeless population," said Mayor Walsh. "Boston's Way Home' reflects our focus on permanent supportive housing and how we will meet our goal of ending chronic homelessness by 2018."

The City of Boston has launched a new presence for the initiative that provides background and updates on the plan, as well as a Twitter account --[@BostonsWayHome](#) (<https://twitter.com/BostonsWayHome>) -- to keep residents apprised of progress and ways to get engaged.

In partnership with agencies at the Federal and State level and the city's strong nonprofit network, Boston's Way Home aims to better connect homeless individuals with housing and the support they need to become stable.

The initiative's [home at the new boston.gov](#) (<https://www.boston.gov/housing/bostons-way-home>) website will provide a comprehensive overview of the action plan, as well as regular progress reports.

[Accessibility](#)[Language](#)**SELECT**MENU 

The new logo, a straight path that cuts through a maze and leads directly to a home, reflects the promise of Boston's Way Home.

In the year since the launch of Boston's Way Home, the City of Boston, along with its partners has:

Ended chronic veteran homelessness by housing nearly 684 homeless veterans since July 2014;

Identified every chronically homeless person in the City of Boston and is currently helping them find permanent supportive housing;

Housed 101 chronically homeless individuals since January 2016;

Piloted a centralized IT system to match homeless individuals with the housing and services they need; the platform is expected to roll out in August 2016;

Redesigned its housing and service delivery system for homeless individuals;

Hosted five "housing surge" events since November 2015, where representatives from government and nonprofit agencies gather in one place to assist homeless people in connecting with housing and housing resources;

Received a total of \$425,000 in private endowments and grants, \$900,000 in state housing vouchers, and \$1.05 million in new City funding to support new efforts related to the system change across agencies and service providers.

[BOS-311 - REPORT AN ISSUE \(HTTP://WWW.CITYOFBOSTON.GOV/311/\)](http://www.cityofboston.gov/311/)
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[CAREERS \(/DEPARTMENTS/HUMAN-RESOURCES/CAREER-CENTER\)](/departments/human-resources/career-center)



We have been working on **“Boston’s Way Home: An Action Plan to End Veteran and Chronic Homelessness”**, a new plan to house Boston’s homeless, for **exactly one year. Here’s what we have accomplished:**

Veteran homelessness

In 2014, Mayor Walsh joined the “Homes for the Brave” initiative, in which the City pledged to end veterans’ homelessness by 2015. In January of 2016, Mayor Walsh announced in his State of the City address that the City of Boston had ended chronic homelessness among veterans.

Unfortunately, new veterans do continue to become homeless, but our new system is designed to quickly get people the housing and services they need so that their stay in shelter or on the street is as brief as possible. On the way to creating this system, we have accomplished a great deal:

- 684 homeless veterans housed since July 2014.
- Currently, only five veterans sleep on the street. They are regularly offered shelter and housing, but continue to turn down these resources.
- On average, 60 percent of all veterans who are homeless in Boston are staying in a transitional housing program, from which they typically exit to permanent housing.
- The overall number of homeless veterans has dropped 44 percent in just over 2 years.
- We have built a community + a system to make sure that all veterans are on a path to housing.
- Working with our partners, we continue to house approximately one homeless veteran per day.
- Brighton Marine established a \$200,000 endowment to support our initiative to end chronic veterans homelessness in Boston.



We are now scaling up our efforts to end chronic individual homelessness

People who are chronically homeless have been homeless the longest, and struggle with the most complex set of issues. Research has shown that the longer people stay in shelter, the harder it becomes for them to become housed and stable.

To truly solve Boston's homeless issue, we must end chronic homelessness -- reforming our system to not only find housing for homeless people, but also to get them the services they need.

- We have created a name-by-name list: every chronically homeless person in the City of Boston has been identified, and we are systematically helping each of them find housing.
- In January 2016, there were 612 chronically homeless individuals in Boston.
- Since January 2016, we have housed 101 chronically homeless individuals.
- 15 of our chronically homeless individuals are inactive – they have not entered shelter for 90 days or longer. Of course, if they return, they will be placed back on the active list.
- This leaves just 497 chronically homeless individuals on our active list in Boston; the list will be updated periodically.
- We will soon be launching a new partnership with the State's Department of Elder Affairs to help house our chronically homeless elders.



We are re-creating the way we deliver services to our homeless residents.

Boston's network of providers delivers high quality services for Boston's homeless individuals, which has resulted in one of the nation's lowest rates of urban street homelessness. **But we need a better, more coordinated way to get results.**

We have spent the last year putting into place significant system reform. New systems and partnerships are in place. Teams meet weekly, setting clear targets and using data to track progress. And our partners continue to bring new resources and ideas to the table. **In just one year, we have accomplished so much:**

Front door triage

Staff are now meeting newly homeless people as they enter shelter to discover their individual needs and explore the options available to them.

- Mayor Walsh's FY17 budget included new resources to fund front door triage:
 - \$150,000 for staff at Pine Street Inn, and
 - additional resources for the Boston Public Health Commission to fund front door triage positions at the Southampton Street, and Woods Mullen shelters.
- Boston's emergency shelters have worked together to develop a shared Front Door Triage Assessment Tool and share client level data to avoid duplication of services.



Coordinated Access

Boston has created a centralized technology system to match homeless individuals with the housing and services they need.

- After a competitive RFP process, Boston hired [Green River](#) to create this new platform.
- The platform is complete, and will soon be populated with data. The pilot is expected to roll out in August, 2016.

Rapid Rehousing

Rapid rehousing assists homeless individuals in returning to housing as quickly as possible by providing the amount, type, and duration of assistance needed to stabilize a household.

- Mayor Walsh's FY17 budget invests nearly \$1m in rapid rehousing, which will help move people out of shelter and into housing, and help them with move-in costs and services once they move into housing.
- The Rapid Rehousing program is targeting people who have been in shelter for less than 180 days, in order to prevent them from becoming chronically homeless.



Permanent Supportive Housing

This type of housing assists individuals with complex issues by combining subsidized housing with the support they need to become stable.

- We have created a new partnership with the Boston Housing Authority. Through this partnership, we are helping chronically homeless people move into permanent housing that offers them the support they need to become stable.
- The State is assisting this plan with 75 new vouchers to help veterans and chronically homeless people pay for housing.
- The City is now partnering with the State's Executive Office of Health and Human Services and the Executive Office of Elder Affairs to use mainstream health care programs to pay for support services in housing.
- Along with state and community partners, we recently cut the ribbon on the Francis Grady Apartments and Stacy Kirkpatrick House: 30 studio apartments for people who have been homeless, with on-site support including counseling, job-readiness training, home budgeting, and crisis intervention, along with a 20-bed medical respite facility for homeless individuals.



Housing Surges

Recognizing that one of the highest barriers for homeless people to get housed is the proximity of services to one another, the City of Boston and our partners have pioneered the concept of the "housing surge" -- an event where representatives from government and nonprofit agencies gather in one place to efficiently assist homeless people to connect with housing and supportive services.

- With our partners, we have hosted five "housing surge" events since November 2015
 - Housing search experts from HomeStart, the VA and the Boston Housing Authority help homeless individuals become certified for housing vouchers that will enable them to find apartments in the private market.
 - Veterans can speak to the Veterans Administration to apply for benefits.
 - Homeless individuals can get their health insurance upgraded.
 - Individuals can obtain same-day proof of income and identification.
 - Individuals also receive a hot meal, gift cards, and transportation to and from the event.
- Our next "housing surge" will focus on chronically homeless elders (50+)
 - Connect elders with home-based services that will keep them out of nursing homes and stable in housing.
 - Once an elderly homeless person is connected with services that meets their needs, the Boston Housing Authority will provide offers of housing in their elderly housing developments.



Improvements to the shelter system

While we assist homeless individuals with the support and housing they need to become stable, we recognize that there is a continued need for an emergency shelter system to offer safe, supportive shelter to those in need.

- Opened new facility at 112 Southampton Street for more than 400 men.
- Redesigned Woods Mullen shelter to now be the largest shelter for women in the Commonwealth.
- Southampton and Woods Mullen shelters are now open 24 hours, with new staffing that enables them to open during daytime and provide needed outreach, engagement, and housing referral services.
- The HUES Collaborative identifies and reaches out to high utilizers of emergency services, who are then brought to BPHC shelters for outreach and engagement.
- Increased interagency collaboration around providing supportive housing and behavioral health counseling at emergency shelters.
- Increased access to addiction and recovery services in collaboration with the Boston Public Health Commission's Bureau of Recovery Services. Shelter staff are trained in naran administration and response protocols to client emergencies, including those resulting from substance abuse and mental illness.



Changing the way we deliver services to our homeless in Boston would be impossible without the help of partners including Federal, State, City, and non-profit agencies, as well as local faith communities.

Our thanks go out to each and every one of these agencies for their tireless commitment to helping our most vulnerable residents.

City of Boston

- Department of Neighborhood Development
- Boston Public Health Commission
- Boston Housing Authority
- Office of Veterans' Services
- Elderly Commission
- Inspectional Services Department
- Boston Police Department
- Boston Emergency Medical Services

Commonwealth of Massachusetts

- Department of Veterans' Services
- Department of Housing and Community Development
- Department of Mental Health
- Department of Public Health
- Executive Office of Elder Affairs
- Department of Criminal Justice Information Services
- Department of Transportation
- MassHealth
- Interagency Council on Housing and Homelessness
- Executive Office of Health and Human Services



Federal Partners

- Department of Housing and Urban Development
- Department of Veterans Affairs
- U.S. Interagency Council on Homelessness
- U.S. Department of Veterans Affairs

Nonprofit Partners

- Pine Street Inn
- New England Center and Homes for Veterans
- Massachusetts Housing and Shelter Alliance
- The Boston Foundation
- HomeStart, Inc.
- St. Francis House
- Hearth, Inc.
- Metropolitan Boston Housing Partnership
- Bay Cove Human Services
- Corporation for Supportive Housing
- Vinfen
- Volunteers of America Massachusetts
- Veterans, Inc.
- Boston Health Care for the Homeless
- Project Place
- Boston Rescue Mission
- Casa Esperanza
- Commonwealth Land Trust
- Children's Services of Roxbury
- Brighton Marine Health Center
- Downtown Boston Business Improvement District
- Friends of Boston's Homeless

AN ACTION PLAN TO END VETERAN AND CHRONIC HOMELESSNESS IN BOSTON: 2015-2018



2015

MAYOR MARTIN J. WALSH

Two Boston Police officers act as 'guardians' on the city's streets - The Boston Globe



Jessica Rinaldi/Globe Staff

"Operation Helping Hands," made up of two officers and a crisis clinician, is the only Boston Police unit of its kind.

By [Evan Allen](#) Globe Staff August 31, 2016

The shirtless man swayed in the evening heat. No, he told the two police officers and mental health counselor who stood with him in the back lot of the Smokehouse in Mattapan, he did not need a ride to a homeless shelter. No, no detox. Two cans of Busch beer sat on the concrete loading dock behind him.

"There's nothing you can do for me," Edward said slowly. But his visitors weren't leaving.

When Officers Michael Sullivan and Jeff Driscoll and senior crisis clinician Ben Linsky head out on their beat in Mattapan, they seek out the most vulnerable citizens: the drug-addicted, the homeless, and the mentally ill. Theirs is the only unit of its kind in the city, and its mission since it was started in February is to help, not arrest, people like Edward.

It's part of a broader effort in the Police Department to work with the community. Police Commissioner William B. Evans has directed his officers to act as "guardians," not "warriors," and has pointed with pride to a 10 percent drop citywide in arrests this year.



Jessica Rinaldi/Globe Staff

Officer Jeff Driscoll waved to people sitting outside at Franklin Field while on patrol.

On this night in Mattapan, the unit learned Edward had just lost his housing. He was afraid of a winter out on the streets. A summons for trespassing wouldn't solve the problem.

"If I don't have a place to stay, I'm just gonna fade away," Edward said.

Driscoll leaned on the bay next to him, and turned to Linsky: "We're gonna get him a bed before the winter."

"And someone I can trust," Edward muttered.

Sullivan, Driscoll, and Linsky, who make up Mattapan's "Operation Helping Hands," spend two nights a week freed from dispatch calls. Instead, they get to know the people on the streets, figure out what services they need, and try to provide them.

"You're one part social worker, one part cop, and one part older brother," Sullivan said.

At a time when the national dialogue often focuses on police brutality, Boston police officials have consistently emphasized a "soft approach" to policing. Officers are encouraged to have friendly conversations with residents, go on peace walks through the neighborhoods, play basketball with local kids, and deescalate tense situations by backing off and negotiating.

The department has not always been successful — a recent poll suggested that one in three black Bostonians do not feel they are treated fairly by police, and in May, a video surfaced of an off-duty officer apparently roughing up a civilian who tapped his car window. But the city has escaped the kind of unrest that many large departments have seen.



Jessica Rinaldi/Globe Staff

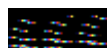
Driscoll, crisis clinician Ben Linsky, and Officer Michael Sullivan chatted with a man who they regularly check in on in Mattapan.

Crime statistics suggest the approach is having an impact. As of Aug. 28, major crimes had dropped 6 percent this year compared with the same period last year, according to police statistics. Homicides were up from 23 to 24, but shootings across the city were down from 170 to 143. The city had 50 shootings in the often-violent months of July and August this year, compared with 72 in the same period last year.

But the number that Evans is most proud of is arrests: for the past year and a half, officers have been locking up fewer and fewer people. The city saw a 15 percent reduction in 2015, followed by the 10 percent drop so far this year.

'You're one part social worker, one part cop, and one part older brother.'

Michael Sullivan, Boston police officer



"When I came on the job, you measured what kind of an officer someone was by quantitative statistics. How many arrests. How many moving violations. We don't do that anymore," Evans said. "I think our officers get it: It's not about throwing people behind bars, it's about getting them services and opportunities."

Driscoll, a 39-year-old father of two, has been on the force for 10 years, all of them in Mattapan. Before that, he served for several years in Watertown. He and Sullivan, a 32-year-old father of a 2-year-old boy, who joined the force three years ago, both grew up in police families, wanting to be officers. When Mattapan Captain Haseeb Hosein decided to start Helping Hands, they were an easy choice.

"With everything that's going on in this country, the biggest thing is trust and fear. So how do we break those two barriers down? I think we break it down by building relationships," Hosein said. "They're really good guys who understand the environment that we're in, that we need to go the extra mile."



Jessica Rinaldi/Globe Staff

Driscoll, as reflected in his rearview mirror.

Linsky, 34, who works for the Criminal Justice Diversion Program through Boston Medical Center and the Boston Police Department, thought he would work with police only until he could get into medical school — but five years later, he hopes to become a police officer. When he's not riding with Driscoll and Sullivan, he's responding to 911 calls that involve people with mental health issues.

The trio's practical and kind approach, Hosein said, is the direction in which policing is headed.

The first act of the team's shift Thursday night was to spot a regular panhandler, Danny — a character who sweeps the median every night — and notice he was limping. "He's not looking good," Sullivan said as they turned their car around.

They were right: Danny lifted his shorts to reveal a bloody, swollen wound. He'd been hit by a car, he said. With a little convincing and a few jokes about workers' comp, he accepted an ambulance ride to the hospital.

They cruised around looking for their regulars. "You doin' OK today?" they asked again and again. "You checking in with anybody?"

By 8 p.m., Driscoll, Sullivan, and Linsky pulled up in front of a liquor store at the corner of Blue Hill Avenue and Landor Road to find a familiar group of three drinking on the sidewalk. The lone woman, who stood with

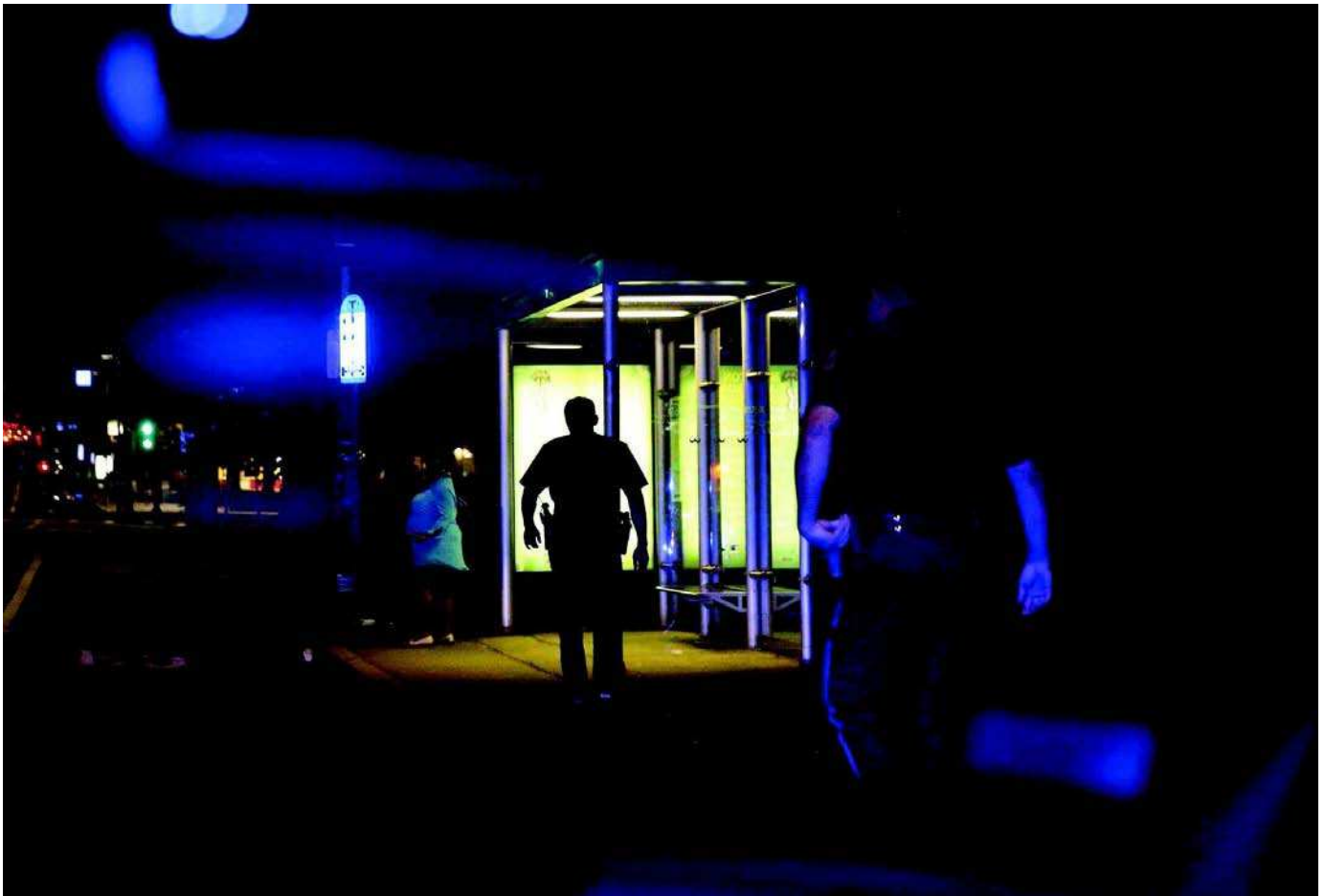
her shirt hiked up, swaying her hips, had a long psychiatric history.

At first, the team just sat in their car. A warning, they said. The group didn't move. The officers flipped on their lights and waited five minutes. Another chance.

But the group kept drinking. So Sullivan and Driscoll hopped out and walked over. One of the officers said the men claimed he was only drinking ginger ale, and said the officers were harassing them. "You gotta move it along," Sullivan replied. No arrests. Sullivan and Driscoll got back in their cruiser, and one by one, the drinkers sauntered away.

Sullivan acknowledged he could have pushed it — he could have grabbed the man's drink and sniffed. But then what? he asked. The man grabs his arm? He wrestles the guy to the ground?

"If that happens, what good is that?" he asked. "Sometimes a nudge is better than a sledgehammer."



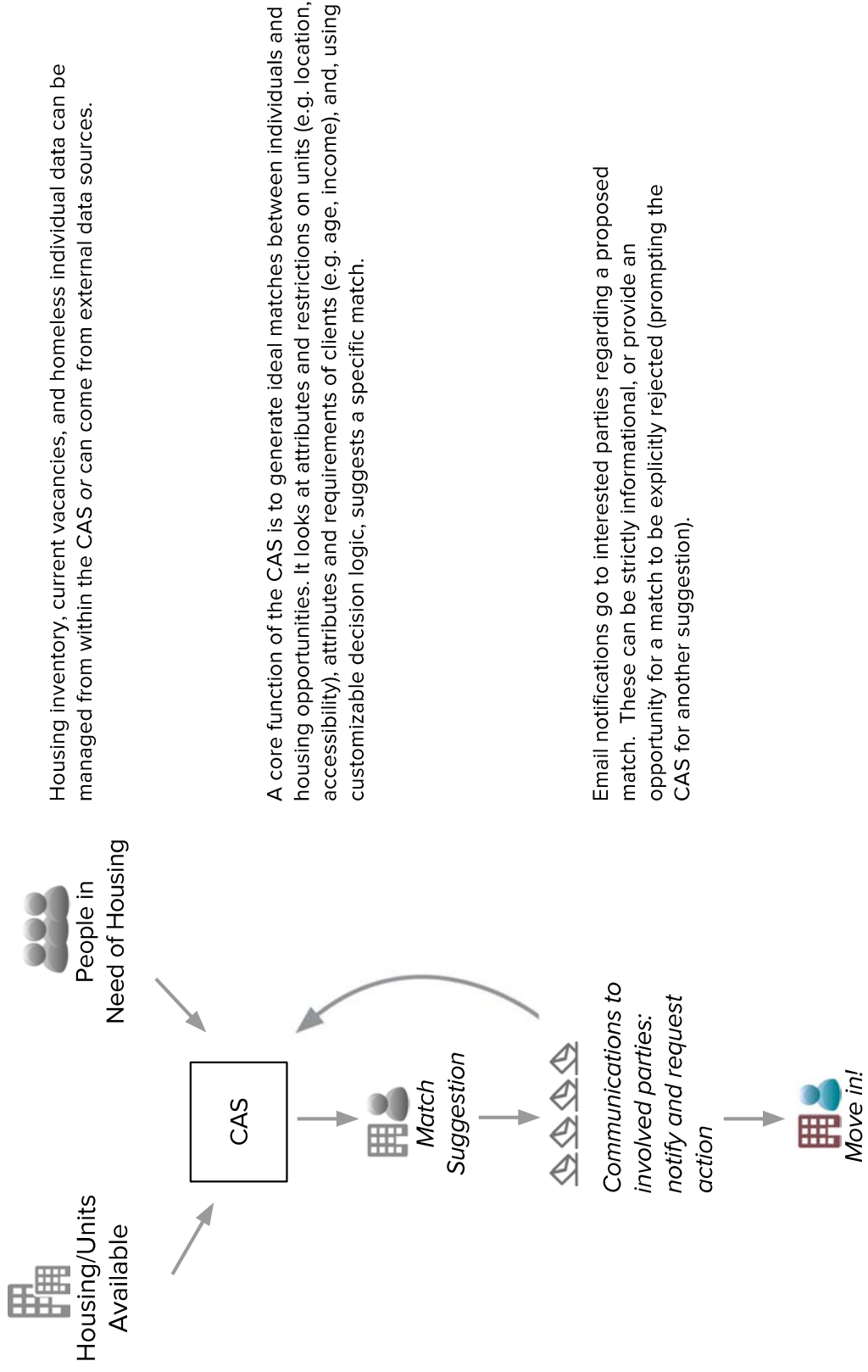
Jessica Rinaldi/Globe Staff

Driscoll (center) and Sullivan approached a woman who jumped out of a vehicle in the middle of Blue Hill Avenue.

Evan Allen can be reached at evan.allen@globe.com. Follow her on Twitter [@EvanMAllen](https://twitter.com/EvanMAllen).

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Coordinated Access System



Manage Vacancies

Search vacancies...

Displaying all 20 vacancies

Matches	ID	Status	Voucher (Type)
20	24	Match in Progress	Consolidated Sponsor-based
20	23	Match in Progress	Consolidated Sponsor-based
20	22	Match in Progress	Bay Cove Human Service
20	21	Match in Progress	Bay Cove Human Service
20	20	Match in Progress	Consolidated Sponsor-based
20	19	Match in Progress	Consolidated Sponsor-based
20	18	Match in Progress	Pine Street Inn - Long Term
20	17	Match in Progress	Pine Street Inn - Long Term
20	16	Match in Progress	Pine Street Inn - Long Term
1	15	Match in Progress	Pine Street Inn - Long Term
20	14	Match in Progress	Pine Street Inn - Long Term
20	13	Match in Progress	Pine Street Inn - Long Term
19	12	Match in Progress	Pine Street Inn - Long Term
1	11	Match in Progress	Bay Cove Human Service
1	10	Available	Massachusetts Housing & Community Development
1	9	Match in Progress	Bay Cove Human Service
20	8	Match in Progress	Project-based Rental Assistance
1	7	Match in Progress	Pine Street Inn - Long Term
1	6	Match in Progress	Pine Street Inn - First Home
1	5	Match in Progress	Pine Street Inn - First Home

+ SUBMIT A VACANCY

BOSTON COORDINATED ACCESS

ENDING VETERAN & CHRONIC HOMELESSNESS IN BOSTON

Housing Opportunity: Match Progress

STATUS: In Progress

MATCH RECOMMENDATION DETAILS

PROGRAM
Consolidated Sponsor-based Rental Assistance-Kit Clark

SERVICE PROVIDER
Kit Clark

SITES
Services for elders
Case manager on site business hours

RULES
Must be Chronically Homeless as defined by HUD (HUD CoC - Permanent Supportive Housing)

SITE
237-241 Walnut Ave., Roxbury, MA 02119

CLIENT
Elias Graham

UNIT
4

SHELTER AGENCY CONTACT
Elliot Anders
eamders@greenwv.com

HOUSING SUBSIDY ADMINISTRATOR
Elliot Anders
eamders@greenwv.com

[Edit Contacts](#)

CURRENT STEP: **Housing Subsidy Administrator Reviews Match**

DND + ADD NOTE

Assigned to: **HSA**

Yes, there will be a criminal background hearing

No, there will not be a criminal background hearing

Date of Criminal Background Hearing:

Note:

SUBMIT

Contacts associated with this match will receive a notification of this submission. The next step will be your decision whether or not to accept the match.

- Matches in Progress
- All Clients
- Contacts
- Vacancies
- Programs
- Funding Sources
- Sub-Grantees
- Sites
- Rules List
- Services List
- User Accounts
- Edit Account
- Sign Out

HISTORY

** All notes recorded in these match process pages will be visible in the history list below.**

06/24/2016	Housing Subsidy Administrator researching criminal background and deciding whether to schedule a hearing.	Elliot Anders
06/24/2016	Housing Subsidy Administrator was sent full details of match for review and scheduling of any necessary criminal background hearings	Elliot Anders
06/24/2016	Match accepted by shelter agency	Elliot Anders
06/24/2016	Match acknowledged by shelter agency. In review	Elliot Anders
06/24/2016	Shelter Agency notified of new match	Elliot Anders
06/24/2016	Client notified of potential match	Elliot Anders
06/24/2016	Housing Subsidy Administrator notified of potential match (no client details sent)	Elliot Anders
06/24/2016	New Match Accepted by DND	Elliot Anders
06/24/2016	DND notified of new match	Jennifer Flynn
06/24/2016	New match recommendation generated by CAS	CAS Match Engine





Project Overview

What is the Problem? Youth homelessness is a growing problem in the United States and while there are no conclusive numbers, it is clear there are thousands of young people experiencing unstable housing and homelessness on a regular basis. Different federal, state and local definitions of “youth” and “homelessness” further complicate the ability to get an accurate count.

What is Voices of Youth Count (VoYC)? A national youth-centered initiative, launched in 2015 by Chapin Hall at the University of Chicago, the goal of the VoYC initiative is to provide a more comprehensive understanding of the experiences of runaway and unaccompanied homeless young people. Unlike most counts, VoYC will engage young people with lived experience of homelessness to inform and conduct the survey. VoYC will examine the size and characteristics of the runaway and homeless youth population, the reasons young people run away or become homeless, the services and strategies they use to survive, and the effects of local, state and federal policies on the ability of service providers to address their needs. VoYC will provide more accurate data for service providers, policy makers, advocates and funders who are working to prevent and end youth homelessness.

How is VoYC defining youth in the count? VoYC seeks to count unaccompanied youth, ages 13 to 25 years old, who are homeless as well as youth who are couch surfing, staying in hotels/motels, living in cars, or otherwise unstably housed. It seeks to include young people from diverse backgrounds and experiences including those participating in the sex trade. It is not counting young people in the child welfare system or those currently living with their parents who are homeless.

Where is the VoYC occurring? The initiative is being conducted through a partnership with [22 communities across the country](#). These communities were identified using a rigorous sampling methodology and aim to achieve maximum variation with respect to region, population density, and runaway and unaccompanied homeless youth program infrastructure. In Massachusetts Suffolk County will be the focus geography for the count.

How will the data be collected? In each of those counties, VoYC will engage in a variety of original data collection activities including point-in-time counts of runaway and homeless youth, surveys and in-depth interviews with youth, and surveys of service providers. VoYC will also review the research on interventions aimed at youth who are homeless or at-risk of homelessness, analyze existing data, and examine federal, state and local policies that impact runaway and homeless youth.



How VoYC count works? There are two components to the count including:

1) Focus Groups: To prepare for the Count, **focus groups** will be held to gather information about “hot spots.” Hot spots are places where homeless young people gather. Focus group participants will be asked to identify both indoor and outdoor locations, the times of day young people are there, and the approximate number of homeless and unstably housed young people likely to be found there. Additionally, they will be asked whether there are any organizations that have connections to the area and any group characteristics or safety concerns that would influence how the count is conducted there

Young people with lived experience, as well as service provider allies, will participate in focus groups to create a map of the hot spot locations where unaccompanied homeless and unstably housed youth spend time..

All of this information is used to inform the plan for the day of the Count, helping to determine how many teams are needed, which shifts should go to each location, and any logistical concerns that should be accounted for. The information is not shared with anyone outside of the VoYC planning team.

- Focus Groups will be approximately one- hour in duration and youth participants will receive \$10 per hour for their participation

2) Day of Count: On the day of the Count, the teams of Guides and Team Leaders will go to these previously identified locations and will not canvas the entire county. During the Count, teams of Guides, aged 18-25 with lived experience of homelessness and housing instability, will count and survey their peers. Guides will go into the field in teams of 2-3, paired with a Team Leader who will provide logistical, transportation and paperwork support.

- **Qualifications for Guides:** aged 18-25 with current or recent lived experience of homelessness and housing instability. Guides are paid \$10/hour.
- **Qualifications for Team Leaders:** cell phone, ability to transport Guides, staff or volunteer at service provider who is reliable and able to oversee all paperwork. Team Leaders volunteer their time in support of the Count

Dates the VoYC will be operating in Suffolk County? The Voices of Youth Count will occur over a 24-hour period starting on July 26 and conclude on July 27.

For information visit www.voicesofyouthcount.org Or contact: Beth Horwitz @ bhorwitz@chapinhall.org , 248-914-8319



Suffolk County Day of Count Details (Tues., July 26 to Wed. July 27)

Suffolk County will be conducting a point-in-time count of unaccompanied homeless and unstably housed young people between the ages of 13-25 on July 27. There are two components to the day of count including:

1. Street Outreach

Teams of young people will be going to identified hot spot locations where youth spend time to count and survey their peers. Count teams of Guides and Team Leaders will go to these previously identified locations and will not canvas the entire county. During the Count, teams of Guides, aged 18-25 with lived experience of homelessness and housing instability, will count and survey their peers. Guides will go into the field in teams of 2-3, paired with a Team Leader who will provide logistical, transportation and paperwork support.

- **Qualifications for Guides:** aged 18-25 with current or recent lived experience of homelessness and housing instability. Guides are paid \$10/hour.
- **Qualifications for Team Leaders:** cell phone, ability to transport Guides, staff or volunteer at service provider who is reliable and able to oversee all paperwork. Team Leaders volunteer their time in support of the Count.

2. Organizational Outreach

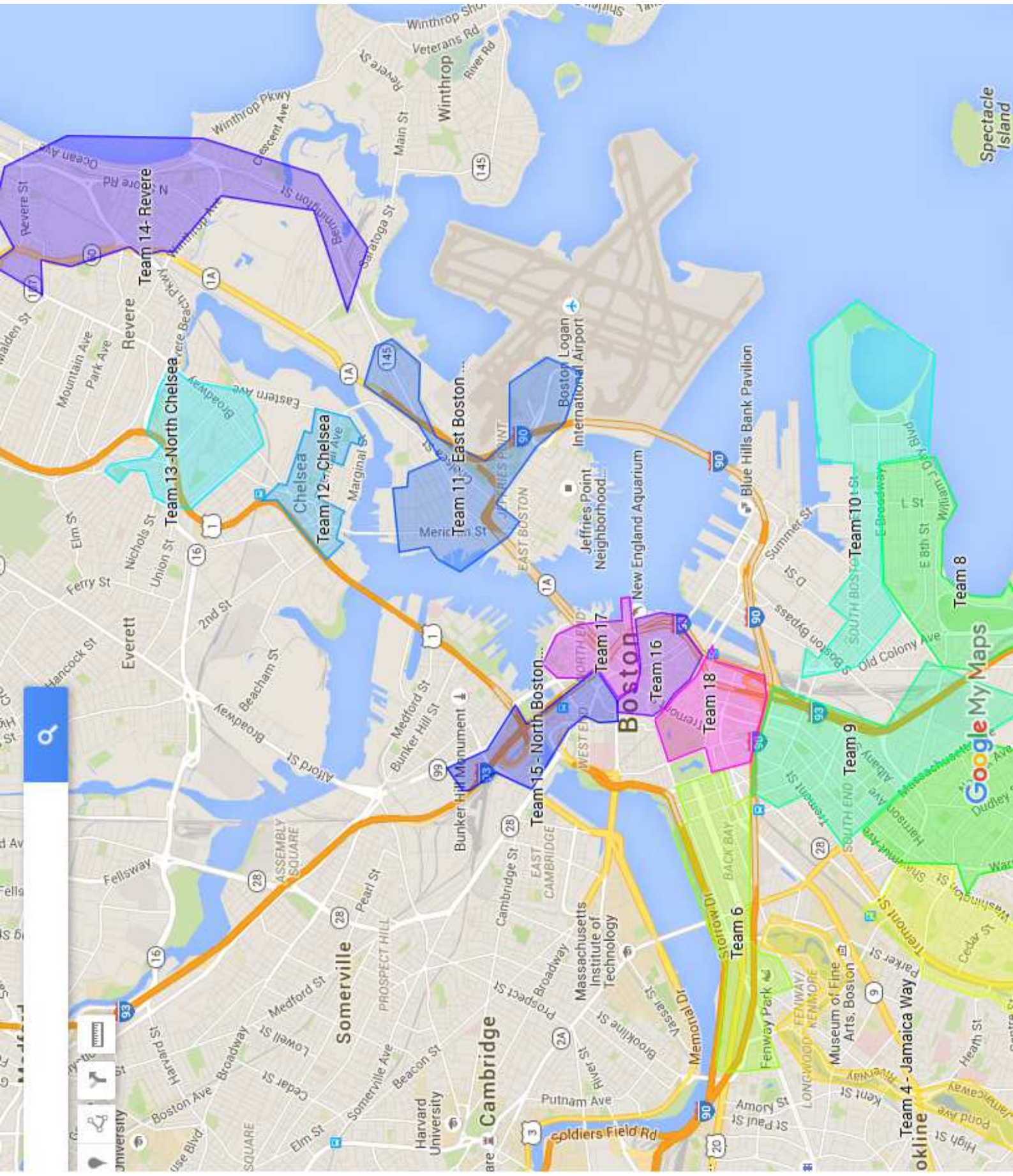
Partner with shelters, drop-in-centers, youth centers and transitional living programs where young people ages 13-25 receive services.

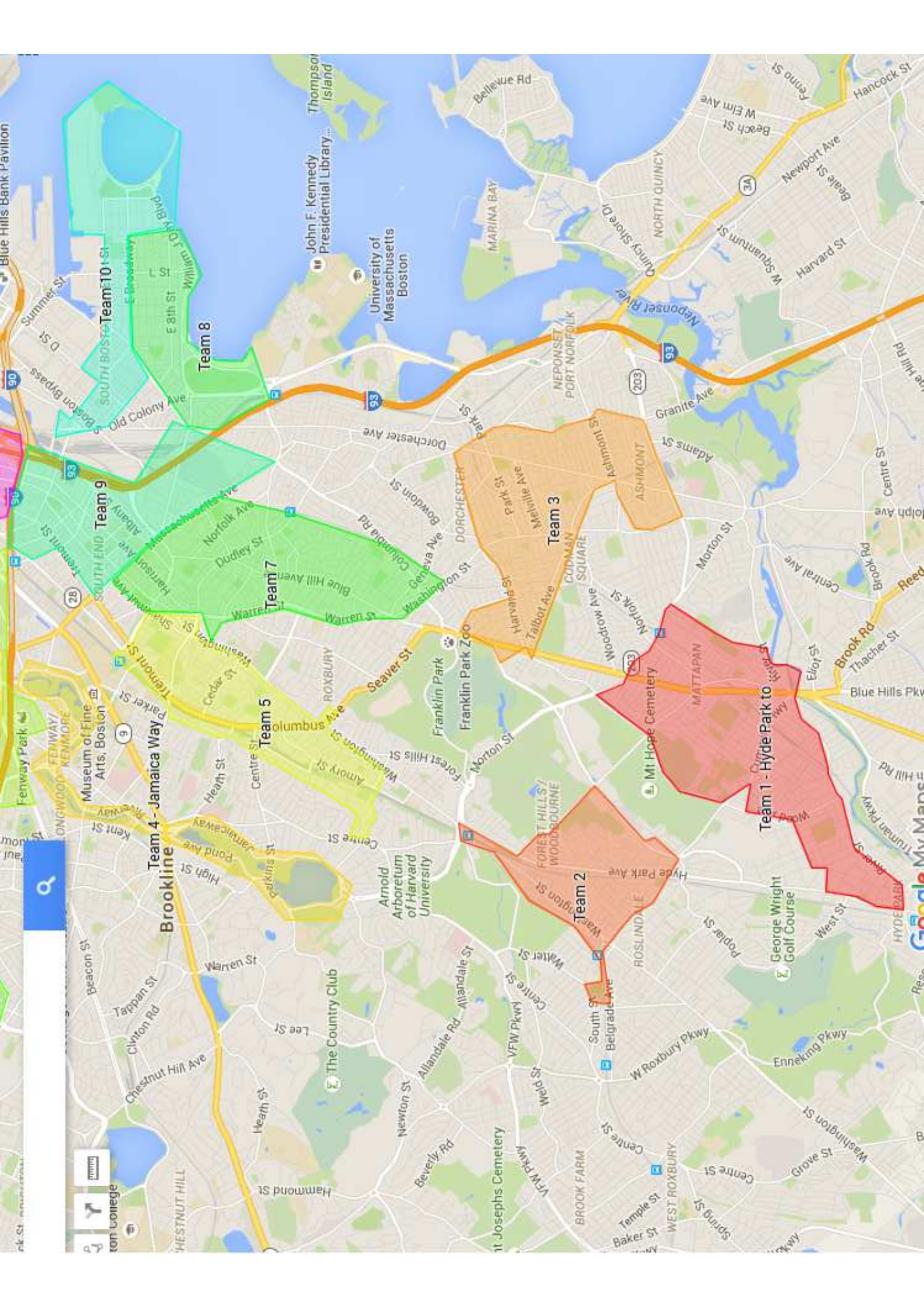
Individual site staff will implement the count with their program participants. Surveys should be completed with all young people between the ages of 13-25 who receive services from your organization during the 24-hour period from Tuesday, July 26 at noon to Wednesday, July 27 at noon. We will provide the paper survey materials and \$5 gift card incentives for everyone who completes a survey. We will drop these off on July 26 and pick up the gift card log, completed and uncompleted surveys, and left-over gift cards on July 28.

To be part of the count, a staff member must complete a short training, which can be accessed at: <https://attendee.gototraining.com/r/5827911180876315905>. It only takes about 15 minutes.

If program staff at an agency can NOT complete surveys with the young people they serve, it may be possible to arrange to have a volunteer come to site to conduct they surveys.

For more information contact: **Beth Horwitz** @ bhorwitz@chapinhall.org, 248-914-8319





Blue Hills Bank Pavilion

Search bar with magnifying glass icon

Map navigation controls: Home, Location, Street View, and Scale

Team 10

Team 9

Team 5

Team 4

Team 8

Team 7

Team 3

Team 2

Team 1

Team 10

Team 9

Team 8

Team 7

Brookline

Brookline

Brookline

Brookline

Brookline

Team 10

Team 9

Team 5

Team 4

Team 8

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