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 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with 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 so, please keep in mind that:

 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant 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 Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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	No	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	No	No
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 Organization	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area 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.
(limit 1000 characters)

All CoC committees are chaired by or include a CoC Board member. When a workgroup is formed, the CoC Board selects individuals and/or organizations based on knowledge, experience and interest. At the first workgroup meeting, membership is reviewed and other needed experts are asked to join. Examples include Mental Health Service Organizations and Public Housing Agencies. Two of the workgroups include Street Outreach and Long Term Stayers workgroups. After a few meetings it was clear that agencies serving the homeless mentally ill should attend. Now staff from the State's Department of Mental Health attend the meetings and have been a critical addition to the group. The Boston Housing Authority staff sits on the CoC Board, but needed to be represented on several workgroups. BHA staff now sits on a number of workgroups including the Communications Coordinated Access, Permanent Supportive Housing (co-chair) and Ending Veterans Homelessness workgroup.

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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Bridge Over Troubled Waters	Yes	Yes	Yes
Home for Little Wanderers	No	No	No
Youthbuild Inc.	No	No	No
Justice Resource Institute	No	Yes	No
Roxbury Youthworks	No	No	No
Youth On Fire	No	No	No
Massachusetts Housing and Shelter Alliance	No	Yes	Yes
Boston Public Health Commission	No	Yes	Yes
Eliot Community Human Services	No	Yes	No
Emergency Shelter Commission	No	Yes	Yes

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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Casa Myrna Vasquez	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 Deaconness Medical Center for Violence Prevention & Recovery	No	No
Passageway at Brigham and Womens Faulkner Hospital	No	No
Boston Medical Center Domestic Violence Program	No	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	No
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)

The CoC facilitates working groups on the priority populations in Opening Doors, including veterans, chronically homeless individuals, as well as homeless families (groups named in Action Plan, unable to list due to character count). While leaders of working groups are typically selected by the CoC Board, working group members volunteer or are invited based on programming expertise, ability to lead change, & agency role in the CoC.In June 2015, the City of Boston released An Action Plan to End Veteran and Chronic Homelessness in Boston: 2015-2018 that retools the homeless crisis response system. The Plan aligns with the goals & strategies of Opening Doors & will be carried out through 8 Action Plan implementation working groups. Co-chairs were appointed by the CoC Board & CoC partners were asked to recommend key staff to assign to the groups. Approximately 100 individuals from 30 organizations or governmental departments now participate in the Action Plan working groups.

1B-4. 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 any new projects in 2015.
(limit 1000 characters)

The CoC uses broad & targeted strategies to publish funding opportunities. An advertised procurement was used to solicit new proposals for the FY15 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 before & during the application period & are posted through the CoC webpage & list serve. The CoC also strategically targets those who have not historically received funding to broaden populations represented. Ex:in this competition, the CoC reached out to 2 youth service agencies to encourage a joint application, which yielded a collaborative proposal that is part of our CoC application. If funded this project will bring CoC funded RRH to youth, a group that is underrepresented in the CoC's program portfolio. The CoC considers scale & targeted pops in determining inclusion in priority listings.

1B-5. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other 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
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs 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 that the CoC 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)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for 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	Percentage
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	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00%
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	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00%

1C-2a. Based on the responses selected 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, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

The City of Boston Con Plan jurisdiction & Boston CoC share the same geography. Boston's Department of Neighborhood Development (DND) is the administering grantee & the CoC lead agency responsible for preparing the Con Plan & serves as the Collaborative Applicant for the CoC. DND also administers Boston's ESG allocation.   DND staff convene the Boston CoC & meet with the CoC Board monthly. DND's Policy Development & Research Division (DND-PDR) prepares Boston's Con Plan, Annual Action Plans & CAPERS. The homeless sections of the Con Plan are based on the data & goals in the CoC application. DND staff and CoC sub-grantees participate in the two public hearings held annually on the Con and Action Plans and provide written comments on the draft Con Plan, Action Plan and CAPER. DND-PDR staff attend at least one meeting of the CoC Planning Committee annually to review the Con Plan/Action plan development process and to solicit CoC input & participation.

1C-2b. Based on the responses selected 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)

The Department of Neighborhood Development (DND) is the lead agency for the CoC and as the ESG grantee is responsible for ESG project selection and ensuring compliance with HMIS and ESG regulations. ESG recipients are involved in all aspects of CoC activity. Eight ESG-funded agencies sit on the CoC Board and are also represented on CoC committees. Five attended Con Plan hearings. The CoC Board and its committees use Con-Plan jurisdiction level PIT and HMIS data to develop system wide performance standards and outcomes. ESG recipients have been key partners in the 25 Cities Initiative, the Mayor's Challenge and participated in the development for An Action Plan to End Veterans and Chronic Homelessness in Boston: 2015-2105 . The CoC is responsible for evaluating outcomes for ESG projects. ESG recipients are required to submit quarterly reports where outcomes are evaluated. If the outcomes are not on target, the CoC staff work with the recipient to improve performance.

1C-3. Describe the 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)

As client/s present to a non-victim service provider, they are assessed for safety risk factors. If in imminent danger police are called & protective efforts are made. If not in imminent danger SafeLink (SL) a state-wide 24/7 DV hotline is called. SL calls are confidential & answered by trained advocates. SL places the client/s in a DV program. There 6 DV programs in the CoC w/ 191 beds, 3 are CoC funded (2 w/ RRH) and 1 w/ ESG. If DV beds are full they will be placed in a non-DV program. Providers & victim service staff are trained in VAWA, housing advocacy, & other supports to ensure that DV clients have options that prioritize safety & client choice. All clients meet with housing specialist staff & work to access mainstream benefits.Stabilization services are provided after housing placement. Client files are secure & databases are locked & secured at all times. All information is kept confidential, from the beginning of applying for housing & services to when they are housed.

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 October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Boston Housing Authority	79.00%	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, the Department of Neighborhood Development oversees affordable housing development in Boston. Since 1996, a homeless set aside policy was implemented where rental development projects with more than 10 units must set aside at least 10% of the units for homeless households. Set aside units are set at 30% of AMI and are funded with CDBG, HOME and local funds.To date 1,271 units have been created and 235 are in the pipeline.   MA has a state funded rental assistance voucher program (MRVP) and in the past 12 months 331 homeless households from Boston have been housed with MRVP subsidies. Finally, the MA Department of Housing and Community Development received a waiver from HUD for the New Lease program where homeless families are prioritized for HUD multi-family affordable housing developments. Families are placed directly from shelter into units with stabilization services. 14 developments in Boston participate in the program and have housed 75 families.

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. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Other:Boston CoC ensures 100% geographic coverage via outreach at accessible sites such as shelters, social service agencies and health centers across the CoC. A 311 hotline refers to Pine Street Inn, Boston Police (BPD), DMH, Health Care for the Homeless, Family Aid and Bridge Over Troubled Waters ensuring shelter, housing and services are offered to all adults, youth or families in need. Inclusive polices ensure Persons with Disabilities and Non-English speakers are assisted with translation available in 100+ languages. Fair Housing policy ensures housing providers do affirmative marketing regardless of race, gender, religion, age, nationality, gender identity or orientation. The Emergency Shelter Commission(ESC) "Assess and Assist" strategy prioritizes placement over displacement. A city-wide Street Homelessness Task Force coordinates mobile outreach by, public health, public safety, behavioral health and youth outreach to vulnerable homeless. Community hot spots are identified and housing, shelter, addiction, health care or youth services mobilized. BPD Street Outreach Team, Community Services Officers and Pine St Inn work with Boston Emergency Services Team and DMH Homeless Outreach to divert to mental health treatment rather than arrest. Health Care for the Homeless convenes multi-agency case conferences to continuity of care and referral to vulnerable persons. Family Aid and the ESC triage families in need. BPD and public safety agencies refer to High Users of Emergency Services emergency room diversion and Street to Home Housing First project. In 2010 a monthly Homeless Court was begun at Boston Municipal Court for CoC shelter residents to clear up default warrants, misdemeanors or low level felonies in Massachusetts courts, making the justice system accessible by offering treatment, compassion and recovery to vulnerable homeless persons. Panhandling is constitutionally protected free speech so BPD addresses only aggressive or unsafe behaviors.	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

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

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

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

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)

Coordinated entry is embedded into all existing shelter entry points and street outreach teams in the CoC. All individuals are assessed at coordinated entry points through a No Wrong Door policy for 100% of the CoC and data is captured in HMIS. In 2013, the CoC established priority populations for PSH and maintains a by-name list of these vulnerable populations: long term stayers in ES, individuals persistently sleeping on the street, high utilizers of emergency services, and chronically homeless Veterans. CoC providers are required to fill PSH vacancies with individuals on the priority by-name lists.

Families are assessed for Emergency Assistance (EA) using a common assessment tool at 23 regional coordinated points of entry managed by the MA Dept. of Housing and Community Development. As part of that assessment families are offered up to $8,000 RRH funds that can be used for move in costs or RA for up to 12 months. Alternatively, all EA eligible families are entitled to enter ES.

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 the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	X	X	X	X	X	
CDBG/HOME/Entitlement Jurisdiction	X	X	X	X	X	
Law Enforcement	X	X	X		X	
Local Jail(s)		X				
Hospital(s)		X	X		X	
EMT/Crisis Response Team(s)	X	X	X		X	
Mental Health Service Organizations	X	X	X	X	X	
Substance Abuse Service Organizations	X	X	X		X	
Affordable Housing Developer(s)			X			
Public Housing Authorities	X		X			
Non-CoC Funded Youth Homeless Organizations	X	X	X	X	X	
School Administrators/Homeless Liaisons	X	X	X		X	
Non-CoC Funded Victim Service Organizations	X	X	X		X	
Street Outreach Team(s)	X	X		X	X	
Homeless or Formerly Homeless Persons	X					

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	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 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 2015 CoC Program Competition?	48

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2

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 2015 CoC Program Competition?	46

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X
% PH Retention	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services	
Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None	

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

The CA utilized a CoC board approved scoresheet during the project review process that was used to determine project ranking. 50% of the points awarded considered the severity of needs and vulnerabilities of project participants. Questions included; Does or will the project utilize the housing first and/or a low barrier entry model? Does the project reduce the number of vulnerable individuals on the street with complex needs? Does the project serve the chronically homeless, extended shelter stayers, homeless veterans, domestic violence victims and youth? Are the goals articulated in the Federal Strategic Plan addressed? In addition, the CoC gives housing priority to those that are; chronically homeless, the most vulnerable of living on the street (those who are service resistant, have critical health issues, for example), high utilizers of emergency services and Veterans. Projects that serve these target populations receive more points and are therefore ranked accordingly.

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. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

The CoC proposed its review, ranking and selection criteria and process through multiple channels, including 2 publicly advertised CoC meetings held on 10/9/15 & 10/28/15. The process and criteria was described to all applicants through the public solicitation of a request for proposals of new and renewing applications. The CoC Board provided input into the review, ranking and selection criteria, project selection tools & methodology and voted its approval on 10/28/15. The CoC lead agency created a 2015 CoC Competition webpage where all CoC competition materials are posted including the review, rating and ranking selection criteria. The CoC selection criteria was posted and disseminated via email to all stakeholders 11/6/15.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 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.)   11/18/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 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 their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 11/05/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

The CoC uses 3 main ways to monitor project performance; payment and expenditure review, APR review and on-site monitoring. Payment requests are reviewed monthly for eligibility of activities,expenditure rates and admin capacity. APRs are reviewed for utilization, length of stay, increased participant income and access to mainstream benefits, destination data and recapture rates. HMIS can generate APR's for any time period and an APR may be reviewed before the end of operating year.An on-site monitoring schedule is maintained and visits are triaged based on risk - including previous findings,new providers or large programs. At the visit, staff conduct a thorough review of all aspects of the program to ensure compliance with 24 CFR part 78 and will discuss any performance concerns that may have presented through APRs, billings or other means. The CoC also offers on-demand technical assistance to ensure providers have the information necessary to effectively manage the programs.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?   Yes

1G-3. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, 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 the attached MOU.

Page 6 Article X Section 2 of the attached CoC Governance Charter designates the City of Boston Department of Neighborhood Development as the HMIS Lead and the HMIS Responsibilities which must be carried out.

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 Organizations (CHOs)?

Yes

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

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

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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
City	$0
County	$0
State	$0
State and Local - Total Amount	$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$1,194,537
Private - Total Amount	$1,194,537

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	$1,769,017

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	5,096	85	4,531	90.42%
Safe Haven (SH) beds	27	0	17	62.96%
Transitional Housing (TH) beds	1,068	88	896	91.43%
Rapid Re-Housing (RRH) beds	176	0	176	100.00%
Permanent Supportive Housing (PSH) beds	5,093	0	4,854	95.31%
Other Permanent Housing (OPH) beds	1,339	0	889	66.39%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

Ten out of 27 beds in the Safe Haven category are not included. These 10 beds in the Safe Haven category are VA funded beds at the Boston Rescue Mission through a partnership with the Massachusetts Housing and Shelter Alliance. These beds were not participating in HMIS at the time of the 2015 PIT/HIC update, but on October 1, 2015 began entering participant data into HMIS and will be included on the 2016 PIT/HIC count. There are 450 New or Current Other PH beds which are not in HMIS, these beds/units were created by mainstream affordable housing developers through the City of Boston's Homeless Set-Aside policy without CoC funding. Because these are mainstream developers, the CoC Lead does not have leverage in requiring HMIS participation however it is expected that these units will be participating in the CoC Coordinated Assessment and Housing Placement system at turnover and clients using a HMIS connected Coordinated Access system will be placed into these units.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	X
Youth focused projects:	
HOPWA projects:	
Not Applicable:	

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	4%	5%
3.3 Date of birth	1%	0%
3.4 Race	4%	4%
3.5 Ethnicity	1%	1%
3.6 Gender	0%	0%
3.7 Veteran status	5%	3%
3.8 Disabling condition	19%	1%
3.9 Residence prior to project entry	0%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	15%	2%
3.15 Relationship to Head of Household	8%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	11%	7%

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

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

HMIS APR, PIT/HIC, Daily Census, Aggregate demographics, Long Term Stayers, Chronically Homeless, Veterans Census	X
None	

2D-3. If you submitted the 2015 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):	X
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	
Projects for Assistance in Transition from Homelessness (PATH):	
VA Safe Haven	X
None:	

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)

The remaining VA Safe Haven project that was not participating in HMIS at the time of the PIT count but as of 10/1/2015 began using HMIS to record data on the participants in the program. The Boston CoC has 1 RHY funded agency, Bridge Over troubled Waters. The HMIS Lead has been in discussions regarding HMIS participation, and is scheduling trainings with the staff. Bridge will either through direct data entry or data integration in the CoC HMIS Warehouse. The plan is to have Bridge enter data into HMIS by March, 2016.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):   02/25/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?   Yes

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):   04/30/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	
HMIS; Bed Register; Client Records/Interview	X

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

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	
Client Records/Interview	X

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)

The CoC utilizes the Complete Census Count methodology that maximizes HMIS data. All CoC agencies participate in the count, regardless of HUD funding. The Boston CoC staff updates agency contacts, provides notification of the PIT count and circulates a 17 page electronic PIT survey of aggregate client level data for all CoC programs. Over 90% of ES & TH beds in HMIS generate reports directly from HMIS. 9% of programs in the PIT bed inventory not entering data into HMIS complete surveys using client files. HMIS bed registers, referrals to shelter on the night of the PIT count are used to capture complete, accurate and deduplicated data. Surveys are uploaded to the Data Warehouse to generate a report that includes both aggregate data required to complete the survey and a client detail report to verify the data. This method is used in order to produce the most accurate data utilizing HMIS and serves to improve data quality. This method also strengthens provider partnerships.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, 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 and change in partners participating in the PIT count). (limit 1000 characters)

Not applicable

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?   Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

The Boston CoC added 172 Emergency Shelter (ES) beds from the 2014 count to the 2015 count. This includes 65 seasonal overflow beds for HH without children and 107 ES beds (37 units) for HH with Children. The additional ES beds for HH without children was due to the Oct, 8, 2014 structural failure and closing of the Long Island bridge that provided access to the large ES and as a response to the opioid crisis. Bay Cove an experienced substance use treatment provider manages those beds. The Dept. Housing of Community and Development administrator of the MA Family ES system added scattered site beds in Boston order to reduce the number of beds in motels.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 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 method).
(limit 1000 characters)

Not applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was 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):   02/25/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?   Yes

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):   04/30/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

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

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

Boston's annual PIT count has provided key data and displays political will and civic commitment to end homelessness for 35 years. For 25 years the CoC has conducted unsheltered PIT blitz counts, a strategy chosen as it allows a full canvassing of the CoC geography. The entire CoC is mapped into 45 zones covered by teams of 4-16 volunteers led by experienced team leaders from city, outreach, BHCHP, DMH, EMS, BPD, public health/public safety, faith, youth and Veterans agencies and United Way. Seasoned leaders/content experts ensure rapport when interviewing unsheltered persons or offering services. All zones are canvassed block by block, by foot, public transit or by car-and-foot in outlying neighborhoods in this comprehensive count. The ESC and street outreach update known locations utilizing HMIS and 311 data but all areas are canvassed. In 2015 the HUD PIT Mobile App was available to all 45 teams, with paper tally sheets as back-up. The Mobile App enabled real time de-duplication.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, 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 and change in partners participating in the count).
(limit 1000 characters)

Not applicable.

2I-4. Does your CoC plan on conducting   Yes
      an unsheltered PIT count in 2016?

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	X
HUD PIT Count Mobile App	X
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 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 to actual methodology (e.g., change in sampling or extrapolation method).
(limit 1000 characters)

Not applicable.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		5,987	6,492	505
Emergency Shelter Total		4,675	5,325	650
Safe Haven Total		24	22	-2
Transitional Housing Total		1,108	1,006	-102
Total Sheltered Count		5,807	6,353	546
Total Unsheltered Count		180	139	-41

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		16,282
Emergency Shelter Total		15,443
Safe Haven Total		1,242
Transitional Housing Total		23

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 for becoming homeless for the first time.
(limit 1000 characters)

57% of families enter shelter because of eviction, or are in an irregular housing situation.The CoC has worked to minimize these risk factors through an eviction prevention prevention program focusing on subsidized tenants.To date, 555 evictions have been prevented.The CoC manages the Boston Rental Housing Center where families and individuals at risk of losing their housing receive assistance.5,000 households are served annually and 795 referrals are made to homelessness prevention agencies.52% of individuals entering shelter are released from medical, mental health, substance abuse and prison facilities. Based on this risk factor the CoC's Action Plan to End Veteran and Chronic Homelessness calls for implementation of a Triage System at the shelter front door by 2016. The strategy includes creating partnerships with key systems of care and develop shelter diversion agreements.The new Front Door Triage system requires staff and five new positions will be filled by Jan, 2016.

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 that contains both data from CoC and ESG programs. According to the Data Warehouse,the average LOTH for individuals in ES is 44 days from 115 days in 2014.This significant reduction is due to focused efforts and resource prioritization (including CoC funded PSH) to the chronically homeless(CH).Since 2011, the CoC uses a by-name list of the CH.The CH committee works to address policies related to CH and to prevent homeless individuals from falling into chronic homelessness. Boston's Action Plan calls for increasing resources for RRH by 50% by July 2016.The average LOTH increased slightly from 308 to 324 days for families in ES. Through the Data Warehouse the CoC will identify families who have been sheltered the longest and work with the state and the Boston Housing Authority to identify resources to house those families. The Boston CoC is increasing RRH resources to serve an additional 148 families.

* 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:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		2,548
Of the persons in the Universe above, how many of those exited to permanent destinations?		1,268
% Successful Exits		49.76%

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, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		676
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?		598
% Successful Retentions/Exits		88.46%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness.   Specifically, describe at least three 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 HMIS data to track recidivism for households that exit RRH, TH, and PSH. The CoC Data Warehouse unifies data from 7 sources including historical HMIS data from the late 1990's. The CoC facilitates working groups centered on priority populations & by-name lists such as CH vets & other CH individuals.The groups review cases when a housed individual from a priority list returns to homelessness. From 10/1/14 to 9/30/15, 9% of those who exit TH, RRH, and PSH in the CoC to PH destinations have subsequent shelter entries and will be targeted for assistance. Additionally, the CoC has partnered with Professor Byrne from BU to analyze CoC recidivism using HMIS data. Initial results found 4 distinct patterns of repeat users. These findings will be used to inform policies & practices that will help to reduce recidivism. Recently, this data allowed staff to identify a CH vet who left his PH unit. He was found, brought home while the unit was held vacant during the engagement process

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

The CoC Income Expansion and Coordination Committee goal is to increase income through employment and mainstream benefits. The Boston Employment Network (BEN), a network of agencies focusing on income maximization, coordinates job skills training, placement and retention services. One of the strategies adopted by BEN is to recruit employers. connecting them with job seekers. BEN hosted its first Job Fair on October 21, 2015. 18 employers attended hosting 117 job seekers. As a result 3 have been employed and 17 have scheduled interviews. The Access to Benefits Subcommittee focuses on income through cash/non-cash benefits. Staff identifies sources of benefits, income and processes applications for SNAP, health coverage SI/SSDI, unemployment insurance, veteran's/retirement benefits. The major strategy is to create agency based benefits coordinators to help shelter guests enroll in benefits. One major shelter increased the number of successful applications by 30% with this approach.

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)

In conjunction w/ the CoC through Project IMPACT, the aim of the Boston Employment Network (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 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. JVS links homeless households to jobs &146 have found employment. This strategy will allow BEN to link employment opportunities w/ positions the Career Centers seek to fill. Partnerships will expand 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 organizations identified in this response.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

The Emergency Shelter Commission (ESC) and Pine Street Inn (PSI) convene a city-wide Street Task Force, that covers the CoC geographic area, weekly to responds to hotspots, public health or community concerns of unsheltered persons.The ESC routes 311 hotline calls to PSI Outreach Van and Project Neighbor(NBOR) a CoC funded housing first focus project that provides street outreach to chronically homeless persons for safety, shelter, substance abuse or mental health treatment.The CoC also convenes a monthly Street to Home(STH) work group to ensure the most vulnerable street dwellers are matched to the most appropriate housing and services.A lead agency and case manager is assigned to a list of 150 street dwellers assessed for vulnerability, including age, disability, income, mainstream benefits.84 persons housed to date.Partners include: PSI Outreach, Boston Health Care for the Homeless, Boston Police and Health Commission, Dept of Mental Health and the Business Improvement District.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?   No

3A-7b. 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

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		815	957	142
Sheltered Count of chronically homeless persons		770	922	152
Unsheltered Count of chronically homeless persons		45	35	-10

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, 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 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)

Sheltered CH persons increased by 152 from the 2014 PIT. Of those, 67 were CH individuals, 10 of which were in a new VA SH beds, and 85 met the definition of a CH family. In the past 12 months 164 CH individuals were housed including 22 veterans, 15 high utilizers of emergency services and 30 unsheltered. However, more individuals are moving into chronicity. To address this, the CoC has 3 strategies–increasing Front Door Triage and RRH to prevent new CH; working with the PHA to develop"moving-on" priority for PSH residents who no longer need services to create vacancies in PSH and building 70 units of low-barrier PSH. CH among families increased due to improved data quality by better understanding of CH definition for families and improved identification. CH among the Unsheltered decreased by in the 2015 PIT due to better coordination of street outreach, removing systemic barriers, and targeting resources to the CH on the street. There have been no changes to the PIT count methodology

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(read only)

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

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?
(limit 1000 characters)

The two-year strategies listed in the 2013/2014 application were to result in an increase of 186 beds for Chronically Homeless (CH) from a baseline of 2519. Although some of the specific projections changed the outcomes have exceeded expectations. In those two years CH beds have increased by 439 to 2958   The three major strategies outlined in 3B-1.2a were to utilize VASH vouchers for the CH, house CH through a MA Dept. of Public Health SAMSHA Grant called Mission Housed which provides housing and services to CH with co-occurring Substance Abuse and Mental Health disorders and through the creation of additional CoC-funded CH PSH units through new projects and turnover. Results are 156 VASH vouchers have been utilized for the CH, 66 housed through the Mission Housed Program, 100 units through 3 new CH PSH projects. (Reach Consolidated, Home at Last and Long Term Stayers Tenants) have come on line and 117 units are now dedicated to the CH through turnover.

3B-1.3. 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 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	2,818	2,958	140

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in 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 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)

The number of PSH beds for the Chronically Homeless (CH) increased by 140 from 2014 to 2015. 50 of those beds came on line due to the prioritization of VASH vouchers for CH veterans. 50 CH veterans were issued vouchers by the Boston Housing Authority and found housing. A new 11 unit CoC-funded PSH project (Long term Stayers Tenants) dedicated to the CH and managed by the Pine Street Inn came on line on September 1, 2014. The other 79 units were a result of CoC PSH units becoming dedicated to the CH upon turnover. The Conversion of the 79 units was achieved by 2 HomeStart projects converting 22 beds, MBHP converting 22 sponsor-based and 16 tenant based beds and Pine Street converting 19 units in six projects.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?   Yes

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update. 2

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.		603
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.		66
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		57
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		86.36%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

In July of 2015 the CoC developed An Action Plan to End Chronic Homelessness (CH) in Boston: 2015-2018. The overall strategy is to redesign Boston's homeless system from a collection programs that offer a variety of services to homelessness individuals to an integrated system founded on Housing First principles. At the center of this is a Coordinated Access system where homeless individuals are matched to housing and services based on need. The plan indicates there are 600 CH in the CoC and accounting for additional individuals who become CH, we will need 950 units of PSH targeted to CH. Of those 750 units will become available through turnover and another 200 new very low barrier units with supportive services will need to be created. It will take 3 years based on current turnover rates and as much time to develop 200 new units. TA needs would include using Medicaid and ACA to funds support services in PSH and flexible development resources to create low-barrier housing.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
Income (Low Income & Extremely Low Income)	X
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

Families are assessed for Emergency Assistance (EA) using a common assessment tool at 23 regional coordinated access points of entry managed by the MA Dept. of Housing and Community Development.As part of that assessment families are offered up to $8,000 of Rapid Rehousing (RRH) Assistance to move families out of Emergency Shelter (ES) through the HomeBASE program. Funds can be used for move in costs - first/last month rent, security deposits or rental assistance for up to 12 months. 60% of families who enter ES are placed into permanent housing using HomeBASE reducing the length of stay in ES. Funded with ESG and local City funds the CoC has a RRH program for non EA eligible families who are housed in motels while seeking permanent housing. The program serves 100 families annually and the the average length of stay is 45 days with 30% of families leaving in less than 30 days. Included in this application is new RRH for families project that will serve an additional 35 families.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve families in the HIC:		29	25	-4

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, or gender when entering shelter or housing? (check all strategies that apply)

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

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	1,152	1,377	225
Sheltered Count of homeless households with children:	1,152	1,377	225
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The increase in the number of families in shelter (225) reflects increased demand for emergency shelter due to extremely high housing costs that leaves low income families priced out of the housing market. Boston has the third highest rental market in the country behind San Francisco and New York City. The median 2 bedroom rent in Boston is $2,600 while the FMR is $1,494. The other reason for the increase is a reconfiguration of shelter beds for families in Boston. The state reduced the number of motel rooms in Boston for families but increased congregate and scattered site units for families in Boston by 231. The only change to the PIT count from 2014 to the 2015 PIT count was the time of year the census was conducted. In 2015 PIT count scheduled for 1/29/15 was changed to 2/25/15 due to blizzards. In 2016 PIT count is scheduled for 1/27/16. The methodology was unchanged and there were no unsheltered families in either the 2014 or the 2015 PIT count.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and 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:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	X
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X
	☐
N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

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

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	5	27	22

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 2014 is lower than FY 2013, explain why.
(limit 1000 characters)

Not Applicable

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$4,000,617,000.00	$4,001,539,550.00	$922,550.00
CoC Program funding for youth homelessness dedicated projects:	$536,000.00	$1,458,550.00	$922,550.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$4,000,081,000.00	$4,000,081,000.00	$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	6
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille 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):	14

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(limit 1000 characters)

The CoC works with Boston Public Schools (BPS), MA Dept. of Education and other partners to ensure enrollment, attendance and opportunities to succeed in school for homeless children and youth.The CoC Lead Agency Deputy Director sits on the Homeless Education Resource Network (HERN) board that meets five times a year with BPS McKinney-Vento and MA State education liaisons to review BPS policies and to recommend ways to expand opportunities for homeless students.The CoC Emergency Shelter Commission (ESC) works with BPS, Family Aid, State Dept. of Housing and Community Development (DHCD) and HERN on families facing educational disruption. BPS held 3 Tiger Team meetings with ESC,DHCD, Homes for Families and other CoC agencies to reduce family homelessness and improve educational outcomes. Best practices include neighborhood based "No Child Left Homeless," focusing on school-based housing access, increasing city-assisted housing set asides for homeless families with school aged-children.

3B-2.11. How does the CoC make sure that homeless participants 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. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

In Boston's CoC, Boston Public Schools (BPS) Homeless Education Resource Network (HERN) accepts referrals from schools, shelters and child welfare agencies of homeless and at-risk families. HERN coordinates school transportation, informs families of McKinney-Vento educational services and other resources. Homeless family and youth service providers, including child welfare/foster care agencies, and Department of Youth Services Juvenile Justice and Domestic Violence shelters do comprehensive assessments to determine eligibility for CoC and ESG programs. Additionally, the Department of Housing and Community Development (DHCD), the state agency that oversees the family emergency shelter network, requires that homeless providers ensure that children are enrolled in school.   CoC and ESG grantees are required by CoC written policies to inform households with school age children of all CoC resources, e.g., housing search, stabilization and childcare. DHCD and Boston CoC review procedures during project monitoring. Bridge Over Troubled Waters (the CoC RHY grantee), the Boston Public Health Commission Child, Adolescent & Family Health Bureau and the Private Industry Council Re-Engagement Center offer homeless youth with high absenteeism options for high school completion and enrollment in appropriate BPS high schools or alternative programs (night school, day or summer school, GED). Charter schools ensure referral of homeless families or unaccompanied youth to all resources. Circle of Promise (COP), a place based strategy, leverages public and private resources to conduct targeted intervention and non-academic service delivery. On-going COP partnerships with BPS, Boston Housing Authority and family providers include BHA Housing Fairs and ESG funded housing search/placement services for homeless families and youth.

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	450	383	-67
Sheltered count of homeless veterans:	436	374	-62
Unsheltered count of homeless veterans:	14	9	-5

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)

There was a decrease of 67 in the total number of homeless Veterans from the 2015 PIT count to the 2014 PIT count.The CoC participated in 25Cities and signed on the the Mayors Challenge. These efforts deepened coordination and attention from ground level implementation to resource allocation. This level of coordination is the result of political will and strategic adaptation. In July of 2014 the CoC convened a Veterans Leadership Team to create a by-name list of Veterans and monitor outcomes. By evaluating outcomes regularly, the Leadership Team determined it was necessary to establish case conferencing for chronically homeless veterans to make further progress. Since April 2015 that committee has since found permanent housing solutions for 41 chronically homeless Veterans in less than 7 months.This decreasing trend has continued.On October 21, 2015, there were 319 homeless Veterans in Boston. There has been no change to the PIT count methodology that would account for this change.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)

The CoC convenes work groups for chronically homeless (CH) veterans and homeless veterans who do meet the HUD CH definition. Both CH and non-CH groups meet weekly and work from a by-name list of sheltered and unsheltered homeless veterans in Boston. The groups include staff from the VA, the VAMC, the Boston Housing Authority, Dept of Mental Health, Street Outreach Teams, Emergency Shelters, and SSVF programs.Street Outreach teams (including a VAMC outreach worker) engage veterans on the street, at mainstream shelters and at Transitional Housing/GPD programs specifically for veterans. All individuals identified as veterans are assessed to determine eligiblity for VA services and are appropriately referred. Those who are determined VASH eligible are referred to VASH intake staff.Similarly, all veterans who enter ES or TH/GPD programs in Boston are assessed for SSVF eligibility. To facilitate rapid enrollment, SSVF workers are embedded in all single adult emergency shelters in Boston.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)

The CoC convenes weekly agency partner case conferencing using a by-name list for chronically homeless (CH) and non-CH Veterans.At those meetings, Veterans are assessed for eligibility by VAMC staff and CoC-funded resources are targeted to those not eligible for VA assistance.The CoC Written Standards for entry into CoC-funded permanent supportive housing (PSH) projects for individuals prioritize turnover beds for non-VA eligible veterans, therefore all 27 CoC PSH projects prioritize turnover beds for non VA eligible veterans.To date, 50 veterans have been housed in CoC-funded beds including 20 CH. Also, the CoC has received 20 state rental vouchers matched with services offered by New England Center for Homeless Veterans. All of these vouchers are targeted to CH Veterans ineligible for VA services. Using ESG, the CoC funds a RRH program. To date 142 non-VA eligible Veterans have been prioritized and utilized RRH resources through ESG. .

3B-3.4. 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 2015 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)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	400	383	-4.25%
Unsheltered count of homeless veterans:	30	9	-70.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. 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 2015?
(limit 1000 characters)

The CoC knows all homeless veterans by name and who is eligible for VA services. Boston has dedicated substantial CoC resources to non-VA eligible veterans but at the cost of serving other chronically homeless individuals.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.The local VISN will only sign on to VASH PBV projects where the developer brings additional services as part of their application. More services for VA and non-VA eligible veterans are needed. The CoC is maximizing CoC, state and federal but we continue to see a heavy inflow of homeless veterans from other parts of the state and the country. Since we cannot operate programs outside of our CoC, there needs to be a regional response.The biggest barrier in Boston, as a high cost City is the rental market.67% of one bedrooms are $2,000 or more and the FMR for one bedrooms is $1,196.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 mainstream program changes that can affect homeless clients?   Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which 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 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	51
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 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	51
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)

The CoC is in a Medicaid expansion state; combined with the inception of MassHealth in 2006 has meant nearly universal healthcare coverage in MA. The ACA expanded coverage to those who were previously ineligible for MassHealth.The CoC funds the Boston Health Care for the Homeless Program (BHCHP) project which provides health services to the homeless. Recently BHCHP recognized a number of participants without a confirmed disability status and collaborated with Disability Evaluation Serves to expedite disability applications, participants now receive benefits to which they are entitled to much more rapidly. Also, the CoC High Utilizers of Emergency Services group is a collaboration of agencies including; Boston Public Health, Mass General Hospital, Boston Medical Center,Tufts Medical and EMS, that ensures care and health insurance enrollment to the most medically vulnerable. 57 High Utilizers of Emergency Services have been housed as a result of this collaboration.

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

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Program Staff accompany client to medical appointments	X
Referrals to Mental Health providers	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 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? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	50
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 2015 competition:	49
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	98%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	50
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	39
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	78%

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

Direct outreach and marketing:	X
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
City of Boston 311 Constituent Service Hotline/Mobile App for City Services and Information	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		69	110	41

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" in 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 President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 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 in the past two years (since the submission of the FY 2012 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:	X
CoC Systems Performance Measurement:	
Coordinated Entry:	X
Data reporting and data analysis:	
HMIS:	
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	X
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Homeless subpopulations	10/13/2015	3
CoC Governance	12/04/2014	4
Coordinated Entry	04/02/2015	3

Attachment Details

Document Description: emails to rejected projects: boston CoC

Attachment Details

Document Description: CoC public posting evidence

Attachment Details

Document Description: CoC rating & review procedure

Attachment Details

Document Description: CoC rating & review procedure: public posting evidence

Attachment Details

Document Description: CoC's process for reallocating

Attachment Details

Document Description: CoC governance charter

Attachment Details

Document Description: MA 500 HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: PHA administration plan

Attachment Details

Document Description:

Attachment Details

Document Description: CoC prioritization policies

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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1C. Coordination	11/19/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/19/2015
1G. Addressing Project Capacity	11/18/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/17/2015
2C. HMIS Beds	11/18/2015
2D. HMIS Data Quality	11/16/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/19/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/17/2015
2I. Unsheltered Data - Methods	11/17/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/19/2015
3B. Objective 1	11/19/2015
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3B. Objective 3	11/19/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/17/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required