

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MA-519 - Attleboro, Taunton/Bristol County CoC

1A-2. Collaborative Applicant Name: Community Counseling of Bristol County, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Community Counseling of Bristol County, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Nonexistent	No	No
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	faith based organizations	Yes	Yes	Yes
35.	local services organizations (resource center, food pantries, soup kitchens)	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. The The Greater Bristol County/Attleboro/Taunton CoC, also known as the Greater Bristol County/Attleboro/Taunton Coalition to end Homelessness (GBCATCH), continuously advertises to the public its open invitation to participate in the CoC. Through a variety of avenues including social media the CoC strives to reach those in the community who are interested in effecting change to the housing crisis. This invitation is also spread through business organizations such as the local Rotary club as well as religious organizations throughout the community. The CoC has attempted to increase its visibility on social media ensuring additional avenues are used including LinkedIn and Facebook. The Collaborative Applicant hosts the webpage for the CoC and also pushes information out to the communities served by the CoC in an attempt to bring in additional people with lived experience,
2. The GBCATCH CoC continues to meet regularly through zoom which allows for closed captioning for those with hearing disabilities. Additionally, the invitation is open through the local soup kitchen for those with lived experience to participate in the meetings. Invitations are pushed out through a significant mailing list which includes those with lived experience, local organizations, local government, state government, local business, as well as religious and /community organizers who advocate for the needs of those experiencing homelessness. In all meetings held by the CoC, it is regular practice to ask attendees to encourage new members from the community to join the CoC throughout the year. Interpretation services are offered for those who are unable to communicate in English.
3. GBCATCH continues to provide direct outreach to communities and organizations that serve culturally specific communities including the Southcoast LGBTQ+ Network, , the Taunton Diversity Network, and engage other community activists who have recently joined GBCATCH in the process of outreach. This assists in getting out information regarding upcoming meetings, trainings, as well as to inform the community of opportunities for funding and to provide a voice in the process to end homelessness.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1. Throughout CoC meetings as well as through other trainings and round table discussions the Continuum works to solicit opinions and knowledge from others in the community as to how to prevent and end homelessness. A number of opportunities were provided this year through special groups, trainings, and planning sessions to assist in direction for the Continuum moving forward
2. As the Continuum continues to utilize a virtual platform for meetings it has found this allows for greater participation. Those with challenges in getting to a site for a meeting are able to participate in a number of ways including through access to the meeting at the local soup kitchen, access through cell phones and computers, as well as opportunities to participate without long travel as the continuum covers a significant physical area.
3. Communication has only improved through a virtual platform allowing those with communication difficulties the ability to participate including closed captioning options through zoom. Those who have issues with large crowds are able to participate virtually and those who need assistance with electronic formats are able to work with the Collaborative Applicant and other organizations in order to participate.
4. The CoC is currently exploring the idea of merging with a local CoC that is contiguous to GBCATCH. As GBCATCH currently serves all cities and towns in Bristol County other than the city of Fall River and New Bedford, the thought of merging is being considered to be more effective in serving the local communities that surround the larger cities.. This decision is currently being reviewed in various forums in both CoC's as well as at public meetings with local government officials. Additionally, supportive housing programs and especially coordinated entry have made changes to most effectively work with the population served after public meetings and forums which provided an opportunity to discuss the current system, what works well with and in what ways the system can improve to provide better service

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1.The CoC specifically listed, in the request for local interest, the desire to engage organizations that have not previously applied to inquire about funding. The CoC posted the request for applications on the CoC website which is hosted by the Collaborative Applicant (CA). The CoC also posted the funding opportunity on CA social media(Facebook and Linked In). as well as the CoC Facebook page, and pushed the information out to other activities organizations as well as listservs who are not directly overseen by the CoC. Additional emails were specifically sent out to city officials to announce the local competition. The announcement also notified any new organizations there would be technical assistance available through the CA for anyone interested. 2.The CoC explained the process for application on July 31st in a variety of publications. Detailed instructions were provided as to how to submit interest in applying for funds. The initial interest is made simple in order to encourage those who have not applied previously to apply for funds. The CA volunteers in the notice to assist any organization with completing an application.. The process is explained that applicants must submit their applications in eSnaps for review and if necessary can be sent back to them for corrections in a timely fashion to meet the required deadlines for the CoC Application. The process also explains how they will be informed if they are approved as well as if their application was not approved by the Application Committee for submission with the overall application to HUD for potential funding. 3.The CoC determines project applications order through the Rating and Ranking committee. The request for proposals explains the priorities for the Continuum and how the applications and presentations to the committee will determine ranking for each project. The notice of intent explained that a panel would review all applications and vote based on past performance as well as new opportunity. The Committee would create a slate for a special vote to take place at a special meeting. 4. Electronic versions of the local competition as well as the entire NOFO were sent out to the public. This allowed for accessibility when needed to ensure effective communication and access for persons with disabilities. The CoC made available all necessary documents electronically and communicated through social media posts as well as the CA website and LinkedIn page.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	religious organizations, local business, local mental health providers, medical providers	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1. No city within the Continuum of Care directly receives ESG funding as an entitlement city, however, the state Executive Office of Housing and Livable Communities distributes funds that may be utilized throughout the CoC. Catholic Social Services of Fall River, Inc (CSS) is the sub-recipient of this funding and is an active member of the Continuum. CSS works with the continuum in planning and allocation of ESG funds throughout the catchment area. 2.As the ESG program participates in HMIS as well as Coordinated Entry the CoC has garnered additional access to the performance of the program and the subrecipients of the program. CSS continues to work with the Continuum to adjust the programming to meet the needs of the community. 3.The Point in Time data as well as the Housing Inventory Count are collected and information is provided for the Consolidated Plans within the jurisdiction. 4. The Continuum of Care reviews any Consolidated Plan updates from both of the largest jurisdictions. The Taunton and Attleboro Community Development staff participate in the CoC meetings and updates to the 10-year plan. The cities host annual meetings to access input from providers to review how progress is being made towards the goals and objectives of the Consolidated Plans.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes

4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts. NOFO Section V.B.1.d.	
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Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts. NOFO Section V.B.1.d.	
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Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

1. The Continuum of Care works closely with education providers throughout the CoC. McKinney Vento liaisons for the school districts are invited to CoC meetings and participate in other committee meetings including the family services committee which meets monthly. Families are placed in emergency shelter through the Commonwealth and all shelters work with the providers in the area to ensure children’s educational needs are met.

2. The shelters in the area serving children and families may not have a formal partnership but have provided for children’s needs throughout the continuum. 3. The CoC collaborates with the State Education and local education agencies frequently. 4. The CoC works with a conglomerate of Continuum across the commonwealth. This allows for more effective communication with the state education agency. Through the consortium we are able to leverage knowledge and advocacy for needs of children in our area. 5. The CoC cooperates with local school districts mainly through the services provided by the local shelter providers. Additionally, McKinney Vento providers in the schools attend CoC meetings and have been trained on how to access Coordinated Entry. Many of the schools have also been trained on other specific services available including Flex services for those in a housing crisis through MassHealth. 6. The largest school districts in the Continuum are members of the Continuum of Care. The Continuum of Care works closely with education providers throughout the continuum. McKinney Vento liaisons for the school districts are invited and involved in the CoC meetings and participate in other committee meetings including the family services committee which meets monthly. Families in the Commonwealth are placed through the Office of Housing and Livable Communities and all shelters work with the local school districts in order to ensure children’s educational needs are met. Members from a variety of school districts sit on the Continuum of Care and work to provide information to the CoC that aids in planning and development of policies and practice including how families can best access Coordinated Entry as well as emergency shelter when it becomes necessary. Additionally, McKinney Vento providers in the schools have been trained as to how to access other services available in the Commonwealth including Flex Services through Medicaid.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Families with children throughout the Commonwealth of Massachusetts utilize a state operated system for shelter and services. This system includes both Applicant: Attleboro/Taunton/Bristol County CoC MA-519 emergency shelter and homeless prevention services referred to as Emergency Assistance (EA) Through the EA system families are educated on their rights for educational services for both the adults and their children. They system utilizes case managers, often separate from housing specialists, who work with families on their day to day needs including ensuring they are receiving all educational services available. The agencies within the Continuum are an active part of the CoC. Additionally through Family Services meetings, speakers from the educational system present on rights of students and families and opportunities available. These meetings consist of the case managers working directly with families in the Continuum.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.	
	NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:		
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.	

(limit 2,500 characters)

1. The GBCATCH CoC works closely with the Victim Services Provider in the area to coordinate all services for those who are survivors of domestic violence, dating violence, sexual assault, and stalking. The main service provider is active in the Continuum of Care through monthly meetings and sub committees including family services and individual services committees. The CEO and clinical staff are available and have provided TA to the CoC in areas of policies including transfer policies. The agency has offered assistance and guidance for Coordinated entry and permanent supportive housing programs in the Continuum. Their invaluable guidance allows for all programs to practice in a way to ensure safety to survivors. 2. All programming utilizing CoC funds allow for survivors to enter the programs. The main provider of services dedicated to survivors works closely with the CoC to ensure those providing the work are educated in trauma-informed care and understand the unique needs of survivors in the programming. New Hope (the survivor services provider for GBCATCH) offered coordinated services with other PSH, emergency shelter, and coordinated entry to ensure the survivor has the supports necessary to be safe and successful in their future housing.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1. All staff working with the collaborative applicant take part in rigorous training throughout the year through both online courses and training (mainly virtual throughout the pandemic) on issues of domestic violence, trauma informed care and a victim centered approach). Additionally, New Hope's (the domestic violence provider in the CoC) Education Department has extensive history in providing training on trauma informed care, assessments and safety planning. All New Hope staff receive 35 hours of training on these topics at the start of their employment. Prior to COVID quarterly trainings were available per year. The pandemic allowed for us to think differently about training and online modules were produced. This allows for staff both with the agency as well as other agencies and partners including, Healthy Families staff, police, WIC staff, Title IX staff at colleges and universities, and other non-profit staff to take part in these important training opportunities. 2. Coordinated entry staff participate in these trainings as well through both the collaborative applicant and the agency in the CoC specializing in working with those who are survivors of domestic violence. The approach for working with those facing domestic violence is based on screening in versus screening out and also is trauma informed. The Coordinated Entry staff are knowledgeable of the DV hotline and help to bridge those seeking services with the hotline. Training for the domestic violence hotline is separate from the 35 hour training, and is an additional module.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
	1. safety planning protocols; and	
	2. confidentiality protocols.	

(limit 2,500 characters)

1. The CoC is fortunate to have an experienced provider of Domestic Violence services, New Hope, the sole provider of emergency shelter in the GBCATCH CoC specifically for individuals and families who are fleeing domestic violence. When completing an assessment with the CoC's coordinated entry System, referred to as The CALL, if an individual has identified DV as an issue in their lives, victims are provided a warm referral to New Hope and Safelink for shelter placement or safety planning. Additionally, if a client begins services in a program not specifically geared toward victims of DV and it is discovered they may be in danger the DV program is contacted immediately for placement and safety planning if necessary, as well as implementation of a transfer plan if necessary is put in place. New Hope also refers its own clients to coordinated entry for placement in programming for those experiencing homelessness. New Hope as well as the housing providers in the continuum utilize a trauma-informed and victim-centered service model that prioritizes safety, confidentiality, and client choice to identify appropriate housing and supports for DV victims. New Hope staff connect with each participant using a supportive, non-judgmental approach which is crucial when assisting victims who have been through the trauma of domestic violence. As an active participant in the Continuum, New Hope provides guidance and assistance with ongoing planning for coordinated entry, including advocacy for the need for the program to grow in order to provide services. 2. New Hope as well as the CoC follow strict confidentiality laws and procedures regarding the sharing of information and each household must make their own decisions regarding information shared with other agencies. This is provided through the necessity of releases signed by the household to decide what information is shared. Releases are always completed in order to share information and agencies adhere to those limits. The households served through the DV provider are not placed into the CoC HMIS system and only de-identified aggregate data is shared for purposes of the Housing Inventory Chart and Point in Time Count.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1. The central provider for services for survivors of Domestic Violence, dating violence, sexual assault and stalking survivors continue to utilize a database system designated for Domestic violence agencies referred to as Empower DV. The data collected is able to be shared with the Continuum of care in a de-identified aggregate way to allow for planning purposes. 2. The CoC continues to utilize this data to support New Hope, the primary agency providing services for Domestic Violence, etc. The agency has been able to expand services through the past year. Domestic and sexual violence continues to be a leading cause of homelessness. In the most recent strategic plan, New Hope has prioritized survivors from underserved and overrepresented communities, including BIPOC survivors, LGBTQ+ persons, and those living with disabilities. The PIT as well as the data provided through Empower DV has shown a need for specific support to youth in the community who are questioning their LGBTQ status. As a result, New Hope has provided groups to both Taunton and Attleboro youth through the schools to attempt to prevent future issues of violence. Additionally, the CoC has worked closely with the shelter providing emergency services for those surviving domestic violence, et al. has worked to ensure relationships are established with the primary mental health provider to ensure those served are able to access necessary clinical services to move through the trauma.

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1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1. The Continuum of Care works to ensure everyone is safe in housing provided by the CoC grants as well as other housing opportunities through the Continuum. The CoC will accept a request for transfer from any agency providing emergency shelter, rapid rehousing, or permanent supportive housing throughout the continuum when a household is in danger of domestic violence, dating violence, sexual assault or stalking survivors. It is of paramount importance the household be safe from additional trauma and harm. HUD would be notified if a transfer becomes necessary in a HUD funded program due to issues of domestic violence, dating violence, sexual assault, or stalking survivors. This is necessary due to the need to move a household that will be listed as permanently housed as opposed to experiencing homelessness in HMIS. The Continuum expects the agency to first look within the program for other openings of units or seek an alternative unit as quickly as possible. If a unit is not available the program will contact Coordinated Entry to request a transfer to any openings within other programming. If there are not current openings, the referring program will work within its own housing opportunities to ascertain if another household would be willing to transfer units. Again, if unavailable Coordinated entry will facilitate this opportunity with other programs in the Continuum to determine if any other housing opportunities are available. During this process the household will continuously be offered safety planning and assistance with gaining access to emergency shelter for domestic violence survivors, et al. 2. If an emergency transfer is necessary the household seeing a transfer for the purposes of safety will first request this transfer with the agency supplying services. If the agency is not responsive to this request the family may contact Coordinated entry who will help facilitate this request and access to emergency shelter and safety planning if necessary. 3. As each agency is notified of a request for an emergency transfer they will attempt to transfer within their program rapidly to ensure safety. If a unit is not available the program will reach out to Coordinated Entry to facilitate a transfer to another program if at all possible. If all programs are currently full and not unit is available to meet the needs of the individual or family the household will engage in safety planning with the local Domestic Violence specialists in order to

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1. The Continuum of Care recognizes the trauma and impact domestic violence, dating violence, sexual assault and stalking have on not only a household but a community as a whole. The Continuum includes the largest Domestic Violence services provider in the planning and implementation of services throughout the continuum. The Continuum agencies attempt to provide outreach and engagement of the community as a whole including the local police department, emergency rooms, schools, and other providers that may encounter a household faced with the trauma of violence. This allows all of those seeking housing services and supports to gain access to any program available in the continuum. The Continuum strives not to further victimize households through the process. The Coordinated entry process works closely with the largest provider of services to access both services and guidance for households who are potential at imminent risk of danger or who are survivors of violence. All households who qualify for services will qualify regardless of their history with domestic violence, dating violence, sexual assault, or stalking. The agency receiving the referral will work with the household to ensure safety plans are in place and the household can remain safe in their home.

2. The CoC proactively identifies systemic barriers within our homeless response system that may create roadblocks to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking. This is accomplished by working closely with the provider of the domestic violence local shelter, the local police department specialized services, trauma informed legal services providers, and gaining feedback from survivors on the barriers they have experienced. Many survivors have lost their housing because of their situation that is out of their control yet they suffer the consequences and need to have advocacy and support from staff who can partner with them in the court system, with landlords, and to develop financial literacy to assure they can create safe living spaces for themselves and their family.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC:		
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1. The Continuum of Care is made up of a variety of people and organizations all with their own experiences. Many of the participants in the CoC including the chair is a survivor of domestic violence and brings the experience to the table when working to develop the Continuums policies and direction for moving forward. Additionally, many others who participate regularly have experienced homelessness as well as other trauma throughout their lives which leads a special expertise to the table when guiding the Continuum forward in the mission. 2. The CoC works closely with the local domestic violence services provider to ensure the complex needs of survivors are met in the local programming as well as through coordinated entry and the system as whole. The Continuum helps to advocate with the state in areas of domestic violence to ensure appropriate and adequate services are in place, especially during the most dangerous times in the life of a survivor and their journey. Advocating for funding for a new expanded shelter and services has resulted in these activities coming to fruition. While not complete, the CoC assisted the local provider in expanding their services in the region in the coming years.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC Assistant Coordinator is openly a part of the LGBTQ+ community and has geared the Continuum to work closely with the local advocacy and service provider group in the region. The CoC takes very seriously the rights of those who are marginalized in the community and has worked to ensure there is a CoC wide anti-discrimination policy to ensure the housing needs of all served are met in a way that is trauma informed and sensitive to needs of LGBTQ+ individuals and their families. 2. The CoC has provided connection to the local main LGBTQ+ advocacy and services provider to ensure agencies within the CoC have access to technical assistance in writing their own anti-discrimination policies that are consistent with the CoC. 3. Through open discussion and the availability of grievance procedures the CoC is able to evaluate any concerns with anti-discrimination policies and advocates for any questionable policies to be reviewed. Through the rating and ranking each year the committee is able to address any issues of potential discrimination and this is factored into the rating of programs for the CoC. Additionally, the CoC advocates with the state for programs funded through other sources to ensure those policies are in line with the Continuum. 4. The CoC would look to eliminate any programs that are not practicing in accordance with the CoC philosophy on anti-discrimination and reallocate those funds. Otherwise, programs funded through other sources would be presented to the funder for review if it were found there were issues with their anti-discrimination policies or practices.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Taunton Housing Authority	20%	Yes-HCV	No
Executive Office of Housing and Livable Communities (EOHLC) was DHCD	12%	No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1.The CoC continues to garner relationships with the two largest PHA's within the Continuum of Care. The Taunton Housing Authority is an active member of the CoC and have provided a preference for those who are facing homelessness. The Taunton Housing Authority is pulling from the Coordinated Entry system for a small project partnership with the Collaborative Applicant serving those who are experiencing homelessness in the community. This project is the first of its kind in the area where the housing authority holds the voucher and the Collaborative Applicant assists with ongoing case management through MassHealth Medicaid healthcare funding of CSP-HI. Additionally, the state public housing authority is providing not only section 8 vouchers within the area but also overseeing the Emergency Housing Vouchers (EHV's) in the continuum which have a homeless preference for housing opportunities. The Continuum of Care was originally allotted a 22 Emergency Housing Vouchers based on the size of the Continuum. Due to the success of the Continuum to not only obtain the vouchers but to house those in the community who were experiencing homelessness, domestic violence or those who were recently homeless, the state provided an additional 24 vouchers to the CoC more than doubling the original allotment. The CoC will continue to work with the housing authorities to address the increasing households experiencing homelessness in the area. The Commonwealth of Massachusetts elevated the Department of Housing and Community Development (DHCD) to a cabinet level now known as the Executive Office of Housing and Livable Communities (EOHLC). The EOHLC also functions as a housing authority with a variety of housing voucher options. EOHLC is working on the the implementation of a "move on plan" throughout the housing authority programs.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	
		No

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	n/a

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA
Executive Office ...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Executive Office of Housing and Livable Communities (formerly known as: Department of Housing and Community Development)

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	No
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	2
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	2
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. The Rating and Ranking Committee meets with every program applying for funds each competition year. The committee reviews the programs and utilizes a questionnaire to help determine if the program is authentic in its approach to implementing the Housing First model.
2. In order to determine if Housing First is actually utilized in a program, the committee asks questions regarding circumstances of client exits from the program and any potential client who was denied access to the program once referred by Coordinated Entry. Additionally, the Coordinated Entry Committee, as well as the agency providing coordinated entry services, requires an explanation regarding any person who is referred for services and denied. During the application and evaluation process, each recipient that checks Housing First on their Project Application, is asked the following questions: a) Are individuals placed and stabilized in permanent housing without preconditions? b) Do individuals ever face any requirements to participate in services as a condition to retain their housing? The Continuum is a small CoC working with a limited number of shelters and outreach providers. The ranking and rating committee would be made aware of any grievance filed during the last year (which did not happen this year) to allow them to ask questions or address concerns regarding Housing First. Based on the responses provided to these questions, each applicant is ranked according to the Scoring Threshold provided by HUD and included in the Ranking Tool. A number of factors went into the evaluation this year, to ensure an overall understanding of each program and subtle differences that may exist. The factors scored included: staff representation of racial and other overrepresented groups when working within the program; the ability to utilize the grant funds provided consistently; increases of income for those served in the program; utilization rates; exits to permanent housing; partnerships with other housing and healthcare agencies; and timely submission of reports.
3. Projects not funded by the local CoC competition are operated by those who participate in the CoC and agree to adhere to the philosophy supported by the CoC of a Housing First approach to housing. This includes the local domestic violence provider as well as the emergency shelter providers overseen by the Commonwealth’s Executive Office of Housing and Livable Communities.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

	Describe in the field below:
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

- 1.The CoC utilizes street outreach efforts using different methods to ensure a more complete engagement process. The MA Department of Mental Health (DMH) funds homeless outreach services for teams to connect with individuals in shelters, encampments, and assess their need for behavioral health support. The local team funded by Eliot Community Services is an active member of the CoC and assures individuals that are identified are connected to Coordinated Entry. There are also volunteers and staff working at the local resource centers within the CoC, Our Daily Bread, and the Attleboro Interfaith Collaborative which provides meals and a cold weather shelter annually. The city’s Department of Human Services also has been conducting regular street outreach when encampments are identified, and we have providers who engage with those in the community utilizing harm reduction techniques and providing overdose prevention supplies. These groups have helped the Continuum in gaining access and engaging all persons experiencing unsheltered homelessness in the community. The Coordinated Entry specialist conducts regular outreach at local resource centers throughout the CoC regularly to identify those in a housing crisis who may not access shelter or housing directly.
- 2.The various street outreach providers cover 100% of the CoC’s geographic area and work closely with other Continuums in the southeast MA area.
- 3.The CoC conducts street outreach daily through a variety of providers who work closely with Coordinated Entry to ensure those unsheltered have access to all services.
- 4.Providers use relationship building skills to engage those experiencing a housing crisis. Often constituents contact either Coordinated Entry, the city or the local police departments with concerns of someone who may be experiencing homelessness. Providers have a centralized means of communicating through the CoC By-Name Committee to update Coordinated Entry on those they are working to engage in services. Through the consistent outreach efforts of these providers we are able to locate and begin building a rapport with those who often don’t seek assistance. By utilizing services that are not solely geared toward housing, the CoC has been able to weave together a plethora of services available to those facing a housing crisis. This includes those speaking different languages as well as those who may be faced with mental health and substance use concerns.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC’s geographic area:

	Your CoC’s Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes

4. Implemented community wide plans	Yes	Yes
5. Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	0	38

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	Medicaid Flexible Services, CSP-HI, Legal Services, Fair Housing	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The CoC conducts monthly meetings with all providers of homeless services in the area as well as other members of the CoC, including other community organizations, government entities, religious faith based organizations, and those with lived expertise. The meetings not only update on local programming but provide training on the most up to date mainstream resources available throughout the CoC. This includes updates to SSI/SSDI benefits, rental assistance programs, SNAPs programs, substance use treatment programs available, programs specific to Domestic Violence survivors, programs specific to those living with HIV as well as programs that utilize healthcare and MassHealth funding that supports additional staffing support, and the Flexible Services program.

2. Staff working with the Collaborative Applicant educate the community and the CoC as a whole on a number of programs coordinating with the healthcare community including the MassHealth funded Flexible Services Program for housing, nutritional needs, home modification, and vital community supports for those with social determinants of health. Additionally, education has been provided to the community including the CoC regarding access to substance use treatment programs, transitional housing programs for those with substance use issues as well as crisis services and mental health services available throughout the Continuum. CCBC is a Designated Certified Application counselor agency and has a group of trained staff to help individuals obtain and maintain MassHealth.

3. SOAR training has been presented and encouraged at multiple CoC meetings and committee meetings throughout the year. Both the Collaborative Applicant as well as the other non-profits receiving CoC funds have staff trained in SOAR. Additionally, this training has been advertised through list serves for the CoC as well as other organized groups in the Continuum providing services to those who may benefit from a SOAR worker.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

As the Continuum and community continue to fight the Covid-19 crisis it has become increasingly clear the danger of congregate shelter. Additionally, as infectious diseases almost always target the most vulnerable it becomes clear the need to view emergency shelter differently. The CoC has continued throughout this year to use a motel model for shelter in this area for individuals. Additionally, many families with children are placed in “scattered site” shelters throughout the continuum. These shelters are apartments in the community for one or two families to receive emergency shelter and case management to quickly move into stable housing. The most populated city within the continuum of care this year provided additional funding to allow for shelter in a motel during the most extreme weather this winter. Again this allowed for highly vulnerable individuals to seek shelter safely and access permanent housing options when available. The emergency shelter provider in the Continuum for individuals is in the process of construction of a new building allowing for emergency shelter to expand throughout the Continuum. While not totally non-congregate the shelter has been designed to allow for appropriate social distancing and safety in the case of an infectious disease outbreak. This will increase units available from 18 to 36 in the continuum and allow for many experiencing homelessness to remain closer to their networks and services.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. The Massachusetts Emergency Management Agency as well as the local public health departments participate in the Continuum of Care. Additionally, the most prominent health care providers including the two local hospitals and clinics coordinate with the emergency shelters, soup kitchens, and resource centers in response to any infectious disease outbreaks. While Covid-19 remains at the forefront regarding infectious disease all of the entities listed have provided technical assistance and advice including flu outbreaks during the winter months and now RSV which has become another challenging infectious disease in our area. The lessons learned throughout the most turbulent Covid outbreaks over the past number of years has allowed for CoC wide procedures to best ensure safety for the most vulnerable.

2. The CoC works with local health experts to create a plan to offer those experiencing homelessness including vaccination sites at the local soup kitchens. Vaccination opportunities at permanent supportive housing sites and shelters. This has included special appointment availability for vaccination clinics for various infectious diseases at the local health care center and education in the community on how to avoid contracting an infectious disease. Those experiencing homelessness in this Continuum were among the first eligible to receive a Covid-19 vaccination and a community effort was put in place to educate, provide transportation, and follow up for anyone who was interested in receiving the assistance. There continues to be efforts to provide medical care and knowledge in the places where those experiencing homelessness most often congregate including the local resource center where they come to shower, do laundry and work with the Coordinated Entry team to focus on long-term solutions to end their homelessness.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

The Continuum of Care is a collaborative effort among interested parties throughout the region to come together to create and execute a plan to end homelessness in the community. The sharing of information related to all aspects of a housing crisis is the pivotal role of the Continuum. The CoC continues to bring together public health officials with those currently experiencing homelessness and those interested in working to end homelessness. Throughout the past number of years, the focus of those who are marginalized has only come to even more of the forefront as they were often more exposed to infectious disease outbreaks including Covid-19. The trends were not surprising but dictated an urgency in working to remedy imbalance of care for those most vulnerable in our community. Information was frequently shared, not only at the regular Continuum of Care meetings but also in special meetings held to ensure safety in the shelter and other areas where those experiencing homelessness most congregate. The need for the services remained and continue regardless of the potential for disease transmission so it was vital for the CoC to work closely with the public health officials to ensure those served as well as those providing services could remain safe.

2. Communication was facilitated through frequent zoom meetings between public health agencies as well as homeless service providers. Additionally, site visits took place when necessary and when treatments became available the health agencies have been very willing to come to where people gather. Clinics have been set up in local soup kitchens, shelters, and walk in appointments were made available in local medical offices making them accessible to those experiencing homelessness in the community. Specifically, clinics were set up to offer COVID-19 and flu vaccines as well as boosters. This continues to be addressed as the numbers are increasing again and other infectious disease concerns are also addressed such as RSV and newly diagnosed HIV. The CoC agencies work with the local Community Health Centers to support individuals to access resources needed to treat these illnesses and promote adherence to ongoing medications, or other medical support as needed.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. The Coordinated Entry system for the GBCATCH Continuum of Care has undergone a significant overhaul in its operation and execution. The Coordinated Entry specialist works with local providers in each of areas served by the CoC. Appointments are made in a variety of locations throughout the CoC with those experiencing homelessness to complete assessments. Those assessments are completed throughout the county which allows for 100 percent of the geographic area to participate in the Coordinated Entry process.

2. A new assessment process was developed this year with significant input and paid participation for those with lived experience. The Coordinated Entry specialist is also a person with lived experience which brings an element of trust as well as expertise to the project. The new tool was developed using the voice of those served and the priorities of the continuum to ensure those with the highest level of need were served first in the limited PSH projects available.

3. An increased awareness has lead to additional involvement using feedback from participating projects and those with lived experience to enhance the efficacy of the coordinated entry process. This has lead to increased warm referrals to other providers outside of the CoC to ensure needs are met for medical, mental health, substance use, as well as housing. The Coordinated Entry specialist works with local agencies including Council's on Aging as the population of those served continues to show an increase in age and vulnerability. This process, in addition to increased communication with city community services offices, local soup kitchens, resource centers, literacy centers, and schools, has allowed the Coordinated Entry system to effectively reach more of those in a housing crisis throughout the continuum.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1. The Coordinated Entry system for the Continuum has undergone significant change over the past year to better reach people who are least likely to apply for assistance. The system has actually taken an active role to assist in the outreach of those who are experiencing homelessness in the community but have not reached out for housing assistance. Through visits to encampments to building relationships with community police officers as well as volunteers who provide outreach services, the system has seen an increase in those who were previously unwilling to seek assistance begin to engage in assessments and referrals for assistance. This also includes regular time scheduled at the local soup kitchen, religious organizations that provide food and items at times needed to camp outside. The relationship also includes close work with the local crisis provider which is the Collaborative Applicant for the CoC. 2. The CE Committee with cooperation of two other local CoC's this year developed a new assessment tool to help prioritize those most in need of assistance in the community. This tool was developed with the expertise of those who have moved through the system and have experience in both the positive and negative aspects navigating the shelter and housing system help to build the new process. The tool also took into account local priorities while understanding the specific community needs including serving those who are increasingly aging and experiencing homelessness living outside in their cars or other areas not meant for human habitation. 3. While the CoC continues to advocate for additional supportive housing and projects funded through other subsidies, the work continues to prioritize that those most in need receive permanent housing as quickly as possible. 4. The Coordinated Entry system continues to develop new ways to communicate including working to add a texting feature for those experiencing homelessness as this has been found to be an effective way for individuals to reach out even if phone service is not available. The Coordinated Entry specialist works to meet with people close to where they are staying to prevent the barrier of transportation. The goal is to understand their needs and desires through conversation and relationship building as opposed to completing tremendous amounts of paperwork.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1. The CoC markets housing and available resources in a variety of avenues throughout the continuum in multiple languages. The marketing takes place not only in local resource fairs but also in other avenues including the LGBTQ+ Pride events, events held during Black History Month throughout the continuum, and other outreach events for those affected by substance use, housing instability, poverty, and mental health. 2. Two significant partners in the Continuum of Care are the Southcoast Fair Housing group as well as the South Coastal County Legal Services (SCCLS). Both conduct trainings available to continuum members and the community as a whole to help those served AND those providing services the education necessary to protect their rights under federal, state and local fair housing and civil rights laws. 3. The CoC Coordinated Entry staff has taken a number of actions this year with the help of the SCCLS when a local housing authority was not providing safe, decent housing for those served. Significant reports of mold, disrepair and other issues necessitated mediation between clients being served and the housing authority. Both of these groups help to assist in establishing advocacy and accountability to the continuum as a whole as well as the community to ensure fair housing for current and prospective program participants.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	12/01/2022

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1. The Continuum of Care has continued to analyze the racial disparities present in the provision and outcomes of homeless assistance. Through HMIS data the CoC has been able to look at the number of those in marginalized communities, how many are entering services for those in housing crisis and how many of those move from emergency shelter or outreach into permanent housing. This data has been retrieved regularly throughout the year as the CoC to help in the planning moving forward. The CoC has presented this data to the Continuum as a whole in a way to help the community understand the racial disparities that exist in the community. 2. It has been discovered that an over represented number of people who identify as BIPOC as well as those who identify as LGBTQ are entering emergency shelter compared to the information available regarding the community as a whole. The CoC has unfortunately discovered though that a must smaller representation of those who are BIPOC as well as LGBTQ are leaving shelter for permanent housing opportunities offered through the Continuum funding including permanent supportive housing. It is believed that they may be due to the previous tool utilized to determine vulnerability. The SPDAT may have skewed the way in which people were prioritized for supportive housing. While a new tool is being developed the Continuum has voted to prioritize those who are in these typically overrepresented groups for placement in housing.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The Continuum of Care took the findings very seriously regarding disparities identified in the provision and outcome of services to those in the community who were facing a housing crisis. This resulted in the development of a committee to specifically address the assessment tool and coordinated entry process by which placement was made into programs for those in a housing crisis. This committee was a collaborative effort between three local CoC's and included a vast array of people from different backgrounds. Those with lived experience of homelessness as well as domestic violence survivors, those identifying in the LGBTQ+ community, those identifying as BIPOC, as well as those who would be considered older adults. This committee met throughout the year to discuss the goal for coordinated entry assessment, the process, and to create a more equitable tool. This CoC created procedures and practice where the tool is only one piece of the assessment to determine need with the main focus being on what the person served desires for housing. This was all created due to the discovery of disparities in the process and the desire to remedy these issues. The CoC will continue to analyze data of those entering into homelessness and those exiting to permanent housing to ensure the newly created procedures are followed with the hope that no further disparities are found.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below:

- | | |
|----|--|
| 1. | the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and |
| 2. | the tools your CoC uses. |

(limit 2,500 characters)

1. The CoC will utilize both data and feedback from those utilizing the system to prevent and eliminate disparities in the provision and outcomes of services to those in a housing crisis. The CoC will pull data as to who is entering the system from HMIS in an attempt to understand the outside barriers and disparities that exist in the community. The CoC can then better advocate for appropriate change with those entities. Using the data to track when someone comes into the system vs when they are offered permanent housing will also help in assessing if new tools and diligence in awareness of disparities has effectively eliminated and prevented them moving forward. Additionally, the Coordinated Entry system will engage in feedback from those who have moved through the system as well as those who continue to struggle to obtain permanent housing to help determine the barriers and possible disparities that are preventing someone from moving to the next step in their journey. 2. The CoC will utilize reports from HMIS as well as feedback groups and interviews with those who have utilized the system to find pitfalls if they exist.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The Continuum of Care, as all others across the country understand, believes that those individuals and families closest to the issue are also the ones that can use their lived experience of homelessness to develop more successful solutions. Targeted outreach has been established throughout the continuum of care for those with lived experience to both participate in the Continuum of Care committees and workgroups and to obtain work at agencies that provide direct services. Encouragement is provided for those with lived experiences to engage in all levels of employment and decision making for programs serving those in a housing crisis. This has resulted in both Coordinated Entry specialists having a level of lived expertise in a housing crisis. They are providing leadership for the entire CoC as the Continuum sees Coordinated entry as “Steering the ship” for the continuum. The Continuum of Care operates as a whole body in decision making. Those with lived experience of a housing crisis as well as those from marginalized communities and those who are survivors of Domestic Violence are in key roles within the Continuum. These staff, community members, and volunteers play a role in various committees as well as vote on procedures, rating and ranking for the CoC, and the development of programs throughout the continuum.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	5	5
2.	Participate on CoC committees, subcommittees, or workgroups.	4	4
3.	Included in the development or revision of your CoC's local competition rating factors.	4	4
4.	Included in the development or revision of your CoC's coordinated entry process.	4	4

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

While the Continuum of Care is overseen by a Collaborative Applicant there are no direct staff positions within the Continuum. As larger CoC's have a self-standing organization overseeing the CoC, GBCATCH is a smaller Continuum and must depend on the participating agencies to provide development and employment opportunities to individuals with lived experience. To that end the CoC has provided training and education on the effectiveness and benefits of hiring those with lived experience in all levels of an organization. This has proven effective first through recovery coaches and case managers with experience and now is starting to take hold in the organizations as further understanding develops about the unique qualities brought to an organization when having those with lived experience, those closest to the issues, in decision making roles within the agency. This is evidenced by those operating the local resource center, soup kitchens, and overflow emergency weather shelter. These key pieces are all operated by those with lived experience and their effectiveness in building relationships and effecting positive change is unmatched. While some positions require a level of education due to Medicaid billing and other required skills, organizations are actively seeking those with this level of knowledge not only from the classroom but from other life experiences to enter into this field and provide unprecedented insight as to how to best make homelessness brief and non-recurring.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below:

1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and

3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.
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(limit 2,500 characters)

1. The continuum of care continues to hold focus groups to gather the experiences of those currently experiencing homelessness in the Continuum. A piece of the coordinated entry system is to meet with those experiencing homelessness both collectively and individually to help the community as a whole understand the challenges to housing security and how the community can best support those in crisis. 2. The CoC programs routinely host town hall type meetings at the local resource center to gather feedback from those who have received assistance through a variety of programming including CoC and ESG programs. 3. The CoC has revamped the entire Coordinated entry system to incorporate a variety of housing supports as well as other supports for those experiencing homelessness. The system was created in concert with those who currently are experiencing homelessness and those who have recently experienced homelessness. The system also incorporated those who are now housed and had to navigate the system in order to obtain housing. This was essential information and guidance as to how to best assist those currently in a housing crisis. The new process includes working with those experiencing homelessness in places they are most comfortable, including in the community, local resource center, soup kitchen, and emergency shelter. This eliminates the barrier of someone having to locate transportation to complete the initial assessment and discussion with the coordinated entry specialist. Additionally, the Coordinated entry system attempts to assist in warm referrals for services including flexible services from Medicaid (MassHealth), programs through the council on aging, substance use treatment and transitional housing, as well as any other opportunities for housing. The program is not limited to CoC and ESG funded programs. This, in addition to increased work with the local health centers and the crisis center for mental health emergencies has allowed those experiencing homelessness to have a better understanding how to access services when desired.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:

1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1. Various initiatives by agencies within the CoC occurred to develop stronger relationships with the two largest cities in the geographic area that have resulted in increased opportunities for housing those experiencing homelessness. The Collaborative Applicant (CA) advocated with local planning and development to create an 11 studio building in the downtown area of the city of Taunton specifically to be utilized for PSH clients through the CoC. Steps taken included meetings with the Zoning Board, the Office of Economic and Community Development and eventually the City Council. The project was requesting a zoning change which took advocacy from the CoC and CA in order to proceed. A presentation was given on the services provided by a PSH program and was found favorable by the city council and unanimously approved. The Continuum continues to advocate through city council meetings, meetings with government officials at the local and state level and with community organizers, the need for more flexible zoning and land use policies that would allow for alternative types of housing. This includes the potential for tiny homes or similar models that will increase affordable housing for those experiencing homelessness.

Additionally, the CoC continues to educate the community regarding affordable and low income housing needs. Many of the towns within the CoC are suburbs of larger cities and have expressed concerns how serving the homeless will impact their small towns. The CoC continues to work to change the narrative regarding low income and affordable housing and works to encourage housing development that will in fact, meet the needs of the residents of each of the towns served within the CoC's geographic area.

2. The CoC works with local city, towns to advocate that they follow the state regulations and reduce regulatory barriers. Many municipalities within the CoC attempt to get around the 10% affordable housing requirements by only allowing housing for elderly and not giving the disabled the same access, often rejecting plans for any type of housing for low income with a homeless preference. The CoC continues advocate for more accountability in these areas and has strong relationships with the local community development, planning, zoning, and building departments. During the past 12 months, two meetings were hosted by state and federal legislators to address the need for Affordable Housing and how to create partnerships to make this happen.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	07/31/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	07/31/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	3
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

- 1.The Rating and Ranking committee evaluated data submitted to the group in order to assess the ability of the projects to successfully house program participants. A Housing First checklist was completed with each program and the most recent APR's for each program were submitted and analyzed in order to show the success of the program, the credibility of declarations of housing first models, as well as any barriers the program may have faced during the year. The committee also set up required presentations from the programs who were able to answer clarifying questions regarding the data received.
- 2.The CoC reviews the information provided from Coordinated Entry regarding the amount of time it takes to move a household from homelessness into permanent housing. This continues to be a struggle given the CoC's lack of control regarding the family shelters throughout the state. The increase of immigrants without legal status in the Commonwealth of Massachusetts and in particular in our CoC has only exacerbated this issue as families are limited in their ability to secure permanent housing with the limited housing stock, difficulties in obtaining employment, necessary documents, or other services needed to support them to access affordable housing.
- 3.During the project presentations to the Rating and Ranking Committee, programs were able to discuss the significant increase in behavioral health needs of many of the clients dealing with unaddressed mental health and substance use that was affecting their tenancy in the community. The committee was able to take into account the clients served through the year acknowledged all programs were taking clients from coordinated entry and bringing them into the permanent housing programs as quickly as possible without barriers to placement.
- 4.Questions through the Committee presentation focused on specific issues that may create a situation where housing is unsuccessful and how the programs worked to eliminate barriers and continue to work with challenges to help someone maintain housing. The small CoC was able to recognize that all of the PH programs are currently serving those hardest to house and though this brings certain challenges the programs were doing their best to support and engage participants using Housing First principles.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

The Continuum of Care continues to attempt to remedy decades of injustice among those persons of different races and ethnicities. The GBCATCH CoC is a very small Continuum working to increase participation from those from over represented groups in the planning and development of the plan to end homelessness. Only two supportive housing programs are funded through the CoC HUD funding all of which serve the same populations. While the programs take who is referred through Coordinated Entry a new tool was created to help the focus, not only the rating and ranking committee, to ensure those from different races and ethnicities receive equitable placement. 2. The Continuum understands the importance of the coordinated entry process and has created a system which addresses the overrepresentation of some groups including those who identify as BIPOC and those who identify as LGBTQ+. 3. The CoC utilized the tools created for the rating and ranking process as well as presentations to discuss barriers to participation with projects for those of different races and ethnicities. While both PSH projects acknowledged the barriers put in place through the previous assessment tool used. The new tool created took into account the additional barriers those who are of different races and ethnicities often face and attempts to account for those barriers to housing.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

Throughout the next year the CoC is looking to merge with an adjoining Continuum of care in an attempt to shift from one of the smallest Continuum in the Country to allow for further competition and expansion. This will change the determination and process for reallocation of funds. As a Continuum that currently only holds two permanent supportive housing programs and no other housing program under the CoC funds it is difficult to reallocate funds. 2. The CoC ranking committee has acknowledged the two permanent supportive housing programs continue to perform at levels consistent with expectations. 3. The CoC is currently a very small CoC with only two permanent Supportive Housing Programs. Additionally, the CoC funds Coordinated Entry and has previously funded HMIS. It is difficult at this time due to the size of the CoC to reallocate funds. While it is difficult to reallocate funds due to the lack of participants the CoC continues to look at how each program is performing and how they can reach Continuum goals each year. Additionally, for the past three RFP's, only three agencies have stepped up to apply for funds. This has again necessitated the discussion of combining the Continuums in the next year. Through communication with past participating agencies as well as new non-profits in the Continuum the CoC hopes additional agencies will attempt to provide services through CoC funds as available. 4. There were no low performing programs this year which negates the need to reallocate funds.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	08/23/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/22/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	09/22/2023
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Caseworthy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/10/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

The Victim Services Provider is an integral part of the GBCATCH Continuum of Care. They are involved in the planning and implementation of all programming for those experiencing homelessness in the area. The provider utilizes a system referred to as Empower DV to collect vital data for planning and understanding of the trends in the continuum. This database collects all information meeting HUD's comparable database requirements. The HMIS lead, being the collaborative applicant, works closely with the DV provider to ensure information is collected and de-identified aggregate data is shared with the CoC for planning purposes. 2. The service provider for DV housing and services is using a comparable database – compliant with the FY 2022 HMIS Data Standards. 3. The CoC is currently compliant with 2022 Data Standards. Through regular updates with Caseworthy as well as monthly calls with the HMIS provider the Continuum continues to work with the system to ensure all the information needed is provided by the vendor.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	248	16	232	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	26	0	6	23.08%
4. Rapid Re-Housing (RRH) beds	38	0	0	0.00%
5. Permanent Supportive Housing (PSH) beds	87	0	64	73.56%
6. Other Permanent Housing (OPH) beds	6	0	6	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. As the Continuum continues to pull in partners to better understand services available in the area, there has been a decrease in the bed coverage in HMIS. The main transitional housing program is operated through the housing authority and at this time they continue to be unable to handle the extra burden of double entry into both their system of care as well as the CoC HMIS. The CoC will continue to offer assistance in this area to have the program join the HMIS system overall. Equally the Rapid Rehousing program is operated through the Commonwealth and does enter their information into an HMIS system but this is not the system utilized by the Continuum. This is an ongoing issue with the Commonwealth systems as they are unwilling to provide double entry for all of their programs. And the PSH program had a reduction in beds at the time of the HIC due to ongoing struggles to locate units for supportive housing programs. 2. The CoC is looking to merge with an adjoining Continuum through the next year. This should increase capacity at the administrative level to allow for further advocacy and implementation of programs joining the HMIS system. The merger will allow for additional funding through the current HMIS grant with the adjoining continuum which will allow for a further build out of programs and potentially staff to train, monitor, and assist those programs that are not currently receiving direct funding from the Continuum to participate in the HMIS system. Additionally, the Collaborative applicant will continue to work with the local housing authority to determine a way in which assistance can be provided to obtain the vital information for their programs both the PH program and the Transitional housing for Families program.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	03/23/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

One of the largest non-profits working in services for those experiencing homelessness in the area is also the contracted provider for services for unaccompanied youth throughout the Southcoast of Massachusetts. Additionally, this provider, Catholic Charities, provides shelter for families with minor children throughout the continuum. On the night of the Point in Time count, it is always requested to have youth currently living in the shelter for unaccompanied youth come to participate in the count. 2. The stakeholders have assisted in helping locate areas where youth may be located including the local college. Additionally, the local college is notified of the count and engages in counting any youth experiencing homelessness who are attending college that the programs most commonly working with at risk youth, are able to locate. The college Now program which is a program the local college works with youth who are first in their family to attend college and many are considered low income. A relationship with this program provides for better insight regarding youth who may be faced with a housing crisis while at the school. Additionally, local police departments and emergency rooms are notified of the count and asked to contact those operating the count if they are aware of anyone who should be counted. While only a couple of youth who were currently facing homelessness participated in the count, others were offered the opportunity

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC’s PIT count results; or
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(limit 2,500 characters)

1.Regarding the sheltered count for 2023 the CoC fully utilized the data presented in HMIS for the sheltered count. This was combined with deidentified data from the local DV shelter and information from the TH program operated through the Housing Authority that does not currently participate in HMIS. This would result in positive data qualify for those experiencing homelessness in shelters in the area. 2. The CoC was pleased to embark on a full and robust PIT count in 2023 to locate those unsheltered through the Continuum. The volunteers participating in the PIT were overseen by multiple people with lived expertise and the groups all included someone with lived expertise and/or outreach workers. Additionally, volunteers from Community Support Workers, Behavioral Health Community Partners, Outreach Workers from the Department of Mental Health, the Council on Aging, and those providing outreach on overdose awareness and prevention, coordinated entry, as well as other community volunteers were split into groups, trained on how to best conduct the count, including the tool used through Simtech, the Counting Us App, and were disbursed throughout the entirety of the CoC 3. This robust effort was necessary for planning for the continuum but did result in showing a significant increase in those experiencing homelessness in the continuum. The additional assistance of a local police department this year allowed a heat sensor tool to be used to locate those in highly wooded areas. The CoC felt it was necessary to ensure those with lived expertise assisted in locating those who may be more reluctant to seek services and to get a better understanding of both the impact of Covid-19 on the increase as well as the continued increase in substance use issues and mental health needs in the area. While the effort did show an increase in the number of those that were currently living in places not meant for human habitation this has allowed the CoC to revamp the way Coordinated entry operates, created an opportunity to talk with city officials about increased needs for the community, and begin to develop a plan. Rising housing costs, mental health, and substance use issues are prevalent in the area coupled with a very low occupancy rate. While the changes to methodology and increase in volunteer efforts for the PIT result in higher numbers the CoC feels they are more accurate for the entire continuum.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1. The CoC continues to try to work upstream with households to prevent them from entering homelessness. The CoC has utilized flexible services available through MassHealth to work to identify those at risk of losing their housing upstream. This service provided through social determinants of health has made the largest impact in the continuum identifying households that may not typically reach out for assistance. More importantly the CoC is spending more time through Coordinatied entry and a new assesment to help determine the factors that bring someone to a housing crisis. Those with lived experience are best able to explain the factors that lead to a household experiencing homelessness. 2. The use of Flex funds through Masshealth (Medicaid) allow the Continuum to address individuals at risk before they enter into the homeless system. ry care practices along with emergency rooms and high utilizers of medical services has helped to identify individuals and families at risk of losing their housing. This has allowed them to be enrolled in flexible services that can assist them with court and mediation if necessary, work with them through the process of obtaining rental assistance, either ESG prevention or Rental assistance available through other avenues. This also allows for assistance in entering waiting lists and maintaining on lists for subsidized housing for so many households that fall below the poverty line3. The Collaborative Applicant (CCBC) who is also a PSH provider, CE provider and HMIS lead is responsible for overseeing the CoC's strategy to reduce the numbers of those becomng homeless for the first time.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:</p> </div>		
	1. natural disasters?	Yes
	2. having recently arrived in your CoCs' geographic area?	Yes

(limit 2,500 characters)

The Continuum of Care is facing a housing crisis, much due to those entering the CoC's geographic area for the first time. The Commonwealth of MA has taken on a tremendous responsibility in attempting to house many refugees and immigrants throughout the state utilizing the Office of Housing and Livable Communities family shelter system to house those who are entering the country. This has resulted in the Continuum increasing the number of families experiencing homelessness with the most severe needs. Due to legal status these families are unable to obtain necessary documents to be able to work, obtain benefits, or move into housing. The Continuum is working collaboratively with the Commonwealth to bring in essential services including mental health services, educational services for the children, medical services, and advocacy for legal status. The CoC understands the importance of providing a safe place for those fleeing horrendous conditions in their native country and will continue to work to provide essential services for success. This has come at a cost though, as an already extremely tight housing market has only become more so with the influx of new arrivals.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>In the field below:</p> </div>		
	1. describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
	2. describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

The Continuum of care continues to advocate for affordable housing and housing subsidies to reduce the length of time individuals and persons in families remain homeless. The CoC’s strategy is to increase all types of housing opportunities including market rate, low income and extremely low income units. The overall occupancy rate for the state right now is extremely high which does not allow for the supply to meet the demand for housing. Additionally, the CoC is providing diversion through case management with individuals and families to establish some type of housing opportunity even if temporary to prevent someone from having to enter shelter or become unhoused in places not meant for human habitation. 2. The CoC is utilizing the coordinated entry process to identify and focus on those in the continuum who have been experiencing homelessness the longest and ensuring they are prioritized for supportive housing opportunities. Additionally, using resources through Flexible Services provided through Masshealth (Medicaid) has allowed for an increase in housing case management to assist those who have the longest length of time homeless to have assistance in applications for subsidized units, and necessary follow up to secure those units. Additionally, a by name list has been created for both individuals and families and a core group of front line workers meet regularly to review the list and create a plan for each household on the list. Tasks are assigned and then reviewed at the next meeting to hold agencies accountable for progress toward housing. 3. The Supportive Housing Program Director for Community Counseling of Bristol County shares the responsibility of overseeing the strategy with the Coordinated Entry specialist for the CoC to reduce the length of time individuals and families remain homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC’s Strategy	
NOFO Section V.B.5.d.		
In the field below:		
1.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1. The Continuum of Care utilizes the skills of the front line staff, especially in the use of By Name List meetings to assist in placement of individuals and families in permanent housing opportunities. Utilizing an array of services through healthcare, mental health, housing, and mainstream opportunities, those experiencing homelessness are offered options for housing opportunities as soon as they become available. 2. The placement of individuals and families are always the choice of the household but options are given based on the need of the household. Those who are in need of ongoing services to be successful are placed in priority for permanent supportive housing. Households are also brought the opportunity of ongoing supports through a variety of wrap around services including Behavioral Health Community Partners (BHCP), a program through MassHealth, and CSP-HI workers to help maintain the permanent housing once established. 3. The Supportive Housing Program Director shares the responsibility with the Program Director of BHCP through the Collaborative applicant to overseeing the strategy to increase the rate in which those housed in permanent housing retain their housing.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	
	In the field below:	
	1. describe your CoC's strategy to identify individuals and families who return to homelessness;	
	2. describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1.The CoC is able to identify those who return to homelessness through the HMIS system. All individual and family shelters participate in HMIS as does the outreach services. The CoC’s strategy is to work through the coordinated entry system which also encompasses programs not funded through the CoC to determine those who have returned to homelessness. 2.The CoC is working with medical providers, including primary care practices, community health centers, community health workers, and those providing services as community partners (CP and Behavioral health community partners (BHCP) through MassHealth (Medicaid) to identify those who may be entering a housing crisis or at risk of losing their housing. Those households are referred for tenancy sustaining services through a flexible services program to attempt to save the tenancy or move directly into other permanent housing without entering homelessness. This strategy enforces the idea of upstream services to prevent homelessness. There is a level of criteria for those to access this program including two parts: 1.Being in a housing crisis 2.Having a complex health needs, frequent use of the Emergency Departments, or at risk pregnancy. These factors are often indicative of those who cannot self resolve in a housing crisis. Additionally, the CoC contains programs including Co-Occurring Residential Rehabilitation programs and is opening a new peer recovery support center. It was discovered in the Continuum the need for additional supports for those facing substance use issues and the implementation of the Peer Support Recovery Center will allow for that added support and education on finances, tenancy, and other factors that often result in a failed permanent housing placement in the community. 3.The organization responsible for the overseeing the CoC’s strategy to reduce the rate of individuals and persons in families return to homelessness is the collaborative applicant (Community Counseling of Bristol County, CCBC) who provides not only PSH services, but Coordinated Entry, Mental health, substance use services and Community partners.

2C-5.	Increasing Employment Cash Income–CoC’s Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC’s strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.	

(limit 2,500 characters)

1. The Continuum of Care engages mainstream resources including MassHire and Ser Jobs to assist those experiencing homelessness, poverty, or at risk of homelessness gain access to assistance in employment opportunities. The CoC and its participants utilize these services with their clients to assist them in engaging with these programs for education, training, and job placement. The strategy is to work with each household to eliminate barriers to employment including access to childcare and transportation. 2.The CoC works with the organizations who often come to the shelters to engage those currently homeless in the services provided whether that be education or a specific training opportunity for job placement. 3. The organization within the continuum primarily responsible for overseeing the CoC’s strategy to increase income is a local non-profit known as SerJobs. SerJobs for Progress works with adults who are ready, willing and able to work in education and job placement.

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

1.The CoC strategy for the Continuum of Care for accessing non-employment cash income is to utilize both Coordinate Entry, shelter case managers, and outreach workers to ensure each person encountered has access and assistance in applying for non-employment cash income. Training is provided through the CoC as to how to access these benefits throughout the year which assists, especially new workers, in understanding how to access and obtain assistance for members they serve. Services and applications for assistance can be obtained and completed through Coordinated Entry, as well as through the shelters who can assist with applications and transportation to the Department of Transitional Assistance which provides much of the non-employment income and Social Security. Additionally, SOAR trained case managers can assist with applications for Social Security at the local resource centers and soup kitchens as well as through community partners and CSP-HI workers. 2.The organization responsible for overseeing the CoC’s strategy to increase non-employment cash income is the Department of Transitional assistance in cooperation with the Collaborative Applicant (Community Counseling of Bristol County) through the Coordinated Entry program.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

n/a

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

n/a

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name		
This list contains no items		

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	1C-7 PHA HOMELESS...	09/19/2023
1C-7. PHA Moving On Preference	No	1C-7 MOVE ON PREF...	09/15/2023
1D-11a. Letter Signed by Working Group	Yes	1D-11a LETTER SIG...	09/19/2023
1D-2a. Housing First Evaluation	Yes	1D-2a HOUSING FIR...	09/19/2023
1E-1. Web Posting of Local Competition Deadline	Yes	1E-1 WEB POSTING ...	09/08/2023
1E-2. Local Competition Scoring Tool	Yes	1E-2 LOCAL COMPET...	09/08/2023
1E-2a. Scored Forms for One Project	Yes	1E-2a SCORED FORM...	09/15/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5 NOTIFICATION...	09/08/2023
1E-5a. Notification of Projects Accepted	Yes	1E-5a NOTIFICATIO...	09/08/2023
1E-5b. Local Competition Selection Results	Yes	1E-5b LOCAL COMPE...	09/08/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2A-6 HUD'S HOMELE...	09/08/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: 1C-7 PHA HOMELESS PREFERENCE

Attachment Details

Document Description: 1C-7 MOVE ON PREFERENCE

Attachment Details

Document Description: 1D-11a LETTER SIGNED BY WORKING GROUP

Attachment Details

Document Description: 1D-2a HOUSING FIRST EVALUATION

Attachment Details

Document Description: 1E-1 WEB POSTING OF LOCAL COMPETITION DEADLINE

Attachment Details

Document Description: 1E-2 LOCAL COMPETITION SCORING TOOL

Attachment Details

Document Description: 1E-2a SCORED FORM FOR ONE PROJECT

Attachment Details

Document Description: 1E-5 NOTIFICATION OF PROJECTS
REJECTED-REDUCED

Attachment Details

Document Description: 1E-5a NOTIFICATION OF PROJECTS
ACCEPTED

Attachment Details

Document Description: 1E-5b LOCAL COMPETITION SELECTION
RESULTS

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2A-6 HUD'S HOMELESS DATA EXCHANGE
(HDX) COMPETITION REPORT

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/28/2023
1B. Inclusive Structure	09/15/2023
1C. Coordination and Engagement	09/19/2023
1D. Coordination and Engagement Cont'd	09/19/2023
1E. Project Review/Ranking	09/19/2023
2A. HMIS Implementation	09/18/2023
2B. Point-in-Time (PIT) Count	09/18/2023
2C. System Performance	09/18/2023
3A. Coordination with Housing and Healthcare	09/08/2023
3B. Rehabilitation/New Construction Costs	09/08/2023
3C. Serving Homeless Under Other Federal Statutes	09/08/2023

4A. DV Bonus Project Applicants	09/08/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required



MA-519

PHA HOMELESS PREFERENCE

1C-7

**TAUNTON HOUSING AUTHORITY PROCESSING INSTRUCTIONS FOR
FEDERAL EMERGENCY APPLICATIONS**

The Taunton Housing Authority hereby adopts the following Emergency Case Plan.

I. STATEMENT OF POLICY AND PURPOSE. Through this Plan, the Taunton Housing Authority seeks to establish a fair and uniform standard to be applied to all applicants for Emergency Case Status to the end that similarly situated applicants will receive similar treatment. Requirements as to evidence, documentation and verification employed by the Taunton Housing Authority in making determinations of Emergency Case Status shall be reasonable in relation to the realistic capacity and resources of the applicant.

II. DEFINITION OF HOMELESS APPLICANT. The Taunton Housing Authority shall define a "Homeless Applicant" as an applicant who has been or is imminently faced with displacement from his/her "Primary Residence" as a result of circumstances described in Section III below, and who:

- (A) is without a place to live or is in a living situation in which there is a significant immediate and direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in an appropriate unit; and
- (B) has made reasonable efforts to locate alternative housing; and
- (C) has not caused or substantially contributed to the safety or life threatening situation; and
- (D) has pursued available ways to prevent or avoid the safety or life threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

"Primary Residence" is defined as the principal home (domicile) occupied by all members of an applicant household not less than nine months of the year.

III. THE TAUNTON HOUSING AUTHORITY SHALL GRANT- EMERGENCY CASE STATUS to an otherwise eligible and qualified "Homeless Applicant" who meets the definition in Section II above, and who is displaced from his/her "Primary Residence" under the following circumstances:

(A) **Homeless and Facing a Significant Immediate and Direct Threat to the Life or Safety of the Applicant or any Household Member for Causes Other Than the Fault of the Applicant or Member of the Applicant Household.** Applicants are "homeless and facing a significant immediate and direct threat to life or safety" if they meet the definition set out in Section II above. "Causes other than the fault of the applicant or member of the applicant household" shall mean causes outside their reasonable control, including but not limited to substandard housing conditions which directly and substantially endanger or impair the health, safety, or well-being of the family, and other circumstances as determined by the Taunton Housing Authority.

(B) **Severe Medical Emergencies.** An applicant is suffering a severe medical emergency if the applicant or member of the applicant household is determined by the Taunton Housing Authority to suffer from an illness or injury posing a severe and medically documented threat to life or safety which has been significantly caused by the lack of suitable housing or as to which the lack of suitable housing is a substantial impediment to treatment or recovery.

(C) Abusive Situation. An applicant is in an abusive situation if the applicant or member of the applicant household is determined by the Taunton Housing Authority to be a victim of abuse as defined in the Abuse Prevention Act (G.L. c.209A, §1), which abuse constitutes a significant and direct threat to life or safety. **The Abuse Prevention Act defines "abuse" as the occurrence of one or more of the following acts between "family or household members": (1) attempting to cause or causing physical harm; (2) placing another in fear of imminent serious physical harm; or (3) causing another to engage involuntarily in sexual relations by force, threat or duress. "Family or household members" are individuals who are related by blood or marriage, have a child together, or who now or formerly resided in the same household or dated each other.**

IV. ADMINISTRATION OF THE PLAN

(A) Applications. Emergency Case applications shall be processed using the same application procedures, determination of eligibility procedures, verification procedures, and appeal procedures as Standard Applicants. In view of the nature of Emergency Cases, the Taunton Housing Authority shall make every reasonable effort to process Emergency Case applications promptly and to make timely determinations of eligibility or ineligibility. If the applicant is found to be eligible and qualified, but not to qualify for Emergency Case Status, he or she shall be treated as a Standard Applicant.

(B) Placement. When an applicant has been determined by the Taunton Housing Authority to qualify as an Emergency Case applicant, the applicant shall be offered the next appropriate and available unit, in accordance with the priority ranking. If the Taunton Housing Authority determines that an applicant granted Emergency Case Status but not yet offered a unit has obtained permanent housing suitable for his/her household size and income, the applicant shall no longer be considered an Emergency Case applicant, and shall remain on the appropriate waiting lists as a Standard Applicant.

(C) Records. The Taunton Housing Authority shall maintain records with regard to Emergency Case applications within the applicant's file.

V. PROCEDURES FOR PROCESSING EMERGENCY CASE APPLICATIONS. Upon receipt of an application for Emergency Case Status, the Taunton Housing Authority shall determine whether the applicant is apparently eligible based solely on the information in the application. If so, it shall follow the procedures below. **The applicant must qualify under each of the criteria set forth below:**

- (A) Determine if the applicant is a "Homeless Applicant" as defined above, and if so;**
- (B) Determine if displacement has been or will be from the applicant's "Primary Residence," as defined above, and if so;**
- (C) Determine if the applicant meets all of the requirements in any one of the Paragraphs (1, 2, or 3) below.**

1. Requirement of Paragraph 1:

The loss of housing was not caused by the fault of the applicant or household member.

2. Requirements of Paragraph 2:

- a. The applicant or a member of the applicant household is suffering an illness or injury which poses a severe and medically documented threat to life or safety; **and**
- b. The medical emergency has either been significantly caused by lack of suitable housing or lack of suitable housing is a substantial impediment to treatment or recovery.

3. Requirements of Paragraph 3:

- a. The applicant or a member of the applicant household is the victim of abuse as defined in Section III (C); **and**
- b. The abuse constitutes a significant immediate and direct threat to life or safety of the applicant or a member of the applicant household.

If the criteria in Sections V (A) and (B) and the requirements of Paragraph 1, 2 or 3 of Section V (C) above have been met and the applicant is entitled to the emergency priority in accordance with the Emergency Case Plan of the Taunton Housing Authority then the housing authority after changing the application to an emergency and notifying the applicant of such by issuing a new letter of eligibility; **(reflecting an emergency priority category of #1)** and will then proceed by requesting all the verifications required and/or conducting all the background checks so as to determine final eligibility of the application.

11/01/14

Taunton Housing Authority
New Section 8 Mainstream At Risk of Homelessness Voucher Program

The New Mainstream At Risk of Homeless Voucher Program offers preferences of which you may be eligible.

In order to be eligible for this Section 8 Voucher Program, at least one (1) member of the household must be Non-Elderly Disabled (under the age of 62) and eligible for one or more of the preference categories; (see attached list of preferences):

Person with disabilities (for purposes of civil rights): see 24 CFR § 8.3; 24 CFR § 100.201; 28 CFR §§ 35.104, 108).

Select one or more of the 4 (four) following categories:

Institutionalized: Includes, but not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.

At serious risk of institutionalization: Includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living. A person cannot be considered at serious risk of institutionalization unless the person has a disability. An individual may be designated as at serious risk of institutionalization either by a health and human services agency, by a community-based organization, or by self-identification.

Homeless:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family 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;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

At risk of becoming homeless: An individual or family who:

(i) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent there from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; and

(ii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.



MA-519

PHA MOVE ON PREFERENCE

1C-7

MA-519 GBCATCH EHV PRIORITIZATION PLAN

The GBCATCH continuum of Care is a small CoC incorporating all cities and towns in Bristol County, MA with the exception of the two largest cities, New Bedford and Fall River. The Continuum of care holds 2 HUD CoC funded Permanent Supportive Housing programs for families and individuals. As none of the cities and towns within the continuum qualified directly for Emergency Solutions funding and no Public Housing Authority in the continuum received direct Emergency Housing Vouchers (EHV's) the CoC had a unique opportunity to utilize vouchers awarded to the Commonwealth to serve those in the area who recently experienced homelessness and were essentially tied to PSH beds in the area. Those households did not necessarily NEED the supportive services supplied with PSH but were unable to sustain rent without benefit of a voucher.

In the year 2020 only, a total of 5 individuals were placed in permanent supportive housing due to the lack of availability of affordable units for those who are ready to move on from the program. As PSH programs are created to serve those most vulnerable it is extremely beneficial to the continuum to assist in creating opportunities for clients to move on to less "supportive" housing as they are able. Most of those in the programs continue to struggle with stable income to sustain a market rate unit necessitating them to remain in the program if only for the rental subsidy.

Additionally, treatment programs throughout the continuum of care struggle with a plan for clients who have chosen to seek and engage in treatment. As effective treatment is often extended beyond 90 days, those in these programs are unable to be supported by programs designated for those experiencing homelessness, which often leads to the household becoming homeless again after treatment.

Therefore, the MA-519 CoC decided to adopt a move on plan for those utilizing services in the CoC using the Emergency Housing Vouchers to allow for those who felt they were ready to move to a different form of housing the opportunity to do so.

This has proven to be extremely successful throughout the CoC. The Continuum was originally awarded a total of 22 vouchers, but due to the success of the placements the Commonwealth has more than doubled the vouchers awarded. The Emergency Housing Vouchers allowed for an actual move on plan for those in supportive housing for the first time in continuum history. These vouchers opened up a 30+ PSH beds throughout the inception of the program.

The CoC is working with the local housing authority to create a plan for other vouchers to be utilized in the same capacity.

6:31

Search

33

6 Messages

Inbox

2023 CONTINUUM...



From: [Alison](#) >

To: [Alison](#) >

Cc: [Angela Clarke](#) >

Bcc: vfox@soventions.com >

mazzam@beaconclimate.com >

shantelcrystal@yahoo >

shonte.davidson@impactenergy... >

Tanya@truediversityma.org >

tauntodiversitynetwork@gmail... >

krogers@tauntonhousing.com >

Today at 1:56 PM



Hi Everyone 😊

Please see the attached details for more information.

Regards,

Alison Rosa



GBCATCH

GREATER BRISTOL COUNTY ATTLEBORO TAUNTON COALITION TO END HOMELESSNESS



MA-519

LETTER SIGNED BY WORKING GROUP

1D-11a

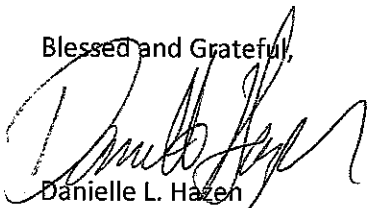
To Whom This may Concern,

I am writing this letter today to thank you for the opportunity to be part of such an important process and one that I'm passionate about, I have been in the shoes of homelessness several times in my life. Thanks to services like this I am in such a wonderful space in my life and have had stable housing close to 5 yrs now. The NOFO application and its process has an amazing way of serving the community and its high needs. Without the continuum and all of it's support the community would not Thrive or flourish.

Being part of the Rating and Ranking Committee, Coordinated Entry Tool Process and the Continuum of Care teams has been not only an amazing experience but, it has also opened so many doors and opportunities for me. I am so very grateful to be able to have these experiences to not only give back to my community and these services that provide so much to communities. But, also become part of something that has and will change so many people's lives!!!

Thank you all for giving me this opportunity to join you on this amazing process. I am looking forward to doing lots more work with you all in the future. If you are in need to contact me please feel free to reach out to me via email.

Blessed and Grateful,

A handwritten signature in black ink, appearing to read 'Danielle L. Hazen', written over the typed name.

Danielle L. Hazen

dhazen2020@gmail.com



P.O. Box 149
111 High Street
Taunton, MA 02780

Food and Resource Center

(508) 824-1788
www.tauntonsoupkitchen.org
director@tauntonsoupkitchen.org

September 18, 2023

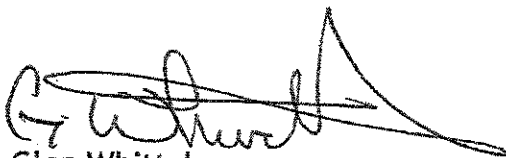
To Whom It May Concern:

We are volunteers at Our Daily Bread Food and Resource Center. Our Resource Center provides mentoring on basic life skills, empathizing, encouraging and empowering a population that includes the homeless and marginalized.

Recently, we participated in the application process for Notice of Funding Opportunity. Our team consisted of individuals who have experienced homelessness, who are currently homeless, and humanitarians serving our community, but have not experienced homelessness.

Our collective opinion was that the process and approach was fair, inclusive and diversified with people from our community with high needs. We sit on the GBCATCH Continuum of Care and have been working to serve our homeless and marginalized population.

On our team, we had one individual, Glen Whittaker, who experienced homelessness, two individuals, Matthew Pacheco and Ryan Chaperon who are currently in an unsheltered situation, and Cheryl Medeiros who is a humanitarian / Care Coordinator at Our Daily Bread



Glen Whittaker



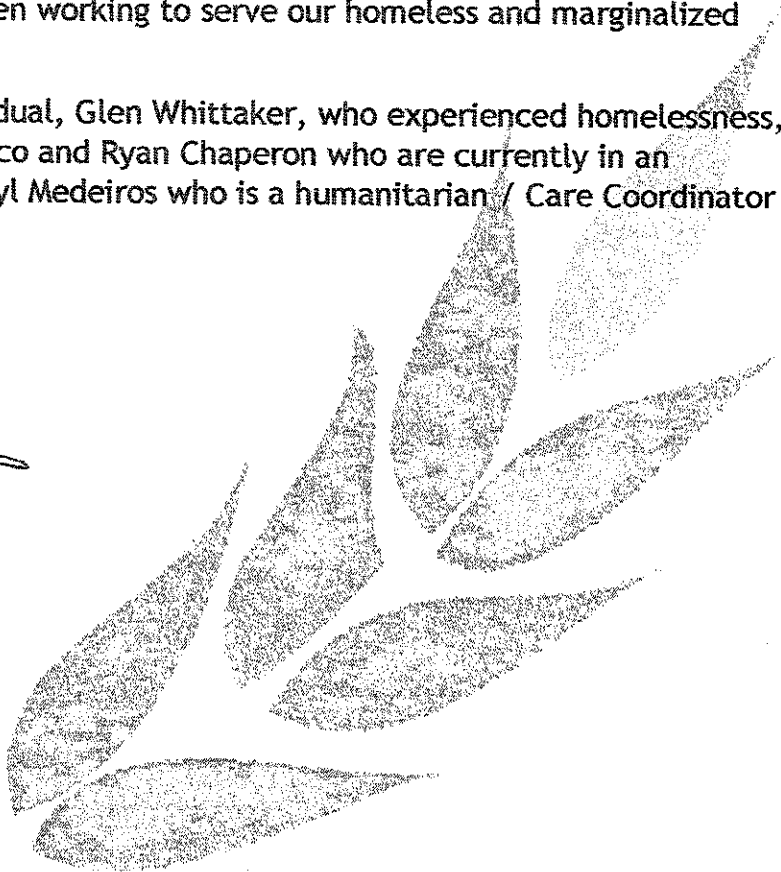
Matthew Pacheco



Ryan Chaperon



Cheryl Medeiros



"A small act of kindness can go a long way."

GBCATCH

GREATER BRISTOL COUNTY ATTLEBORO TAUNTON COALITION TO END HOMELESSNESS



MA-519

HOUSING FIRST EVALUATION

1D-2a



AGENCY Community Council of Bristol Co
 PROGRAM NAME Hours with HEART 8/1/23

QUESTION	YES/NO	NOTES
Is eligibility for the project contingent on sobriety or proving substance free?	NO	The program takes those who are experiencing homelessness regardless of substance use
Are there minimum income requirements for the program?	NO	There is no minimum income. IF client has income rent is collected at 30% adjusted
Is participation in services a requirement of the program?	NO	no participation is required. only the guidelines of the lease
Has the project rejected any individuals or households on the basis of behaviors that are interpreted as an absence of housing readiness?	NO	All households at the top of the Coordinated Entry list were accepted
Are program goals tenant driven?	yes	Individualized Plans are created by client + case manager
Do case notes reinforce the program as supporting the client in the context of the housing first approach?	yes	Case notes show client driven interaction Focus is on personal goals & behaviors necessary to remain housed
Are leases or subleases in place for each participant once housed?	yes	Each client has a sublease or they are in a tripartite lease w/ landlord/agency + client
Are exits from the program consistent with a housing first approach?	yes	Exits are demonstrate housing first most are to other permanent housing in accordance w/ move on plan



MA-519

WEB POSTING OF LOCAL COMPETITION DEADLINE

1E-1

Facebook (20+) facebook.com/ComCounseling

Community Counseling Of Bristol County

Photos See all photos

Community Counseling Of Bristol County 20m

The GBCATCH (Greater Bristol County Attleboro, Taunton Coalition to End Homelessness) announces its local competition for the 2023 CoC NOFO for services to those in a housing crisis.

Check out link for more information: <https://inside.co/gqt2>

#endhomelessness #weareccbc

4:16:37 PM Monday, July 31, 2023

July 2023

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Date and time settings

LinkedIn (13) Community Counseling of Bristol County

Community Counseling of Bristol County

Community Counseling of Bristol County 498 followers

The GBCATCH (Greater Bristol County Attleboro, Taunton Coalition to End Homelessness) announces its local competition for the 2023 CoC NOFO for services to those in a housing crisis. #endhomelessness #weareccbc

Request for Proposals (RFP)
HUD Continuum of Care (CoC) Homeless Assistance
Issued: July 31, 2023

INTRODUCTION
The Greater Bristol County/Attleboro/Taunton Coalition to End Homelessness (GBCATCH) (also known as the MA-519 Greater Bristol County/Attleboro/Taunton Continuum of Care (CoC)) is accepting proposals for Continuum of Care Homeless Assistance funding from the U.S. Department of Housing and Urban Development (HUD).

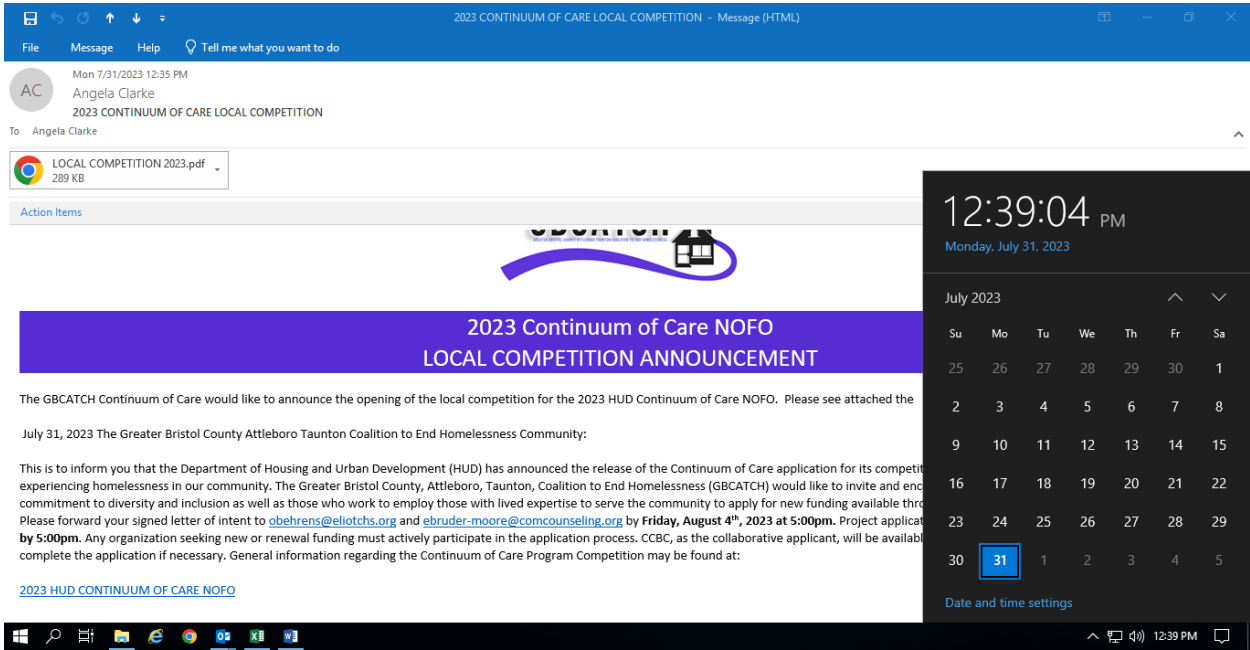
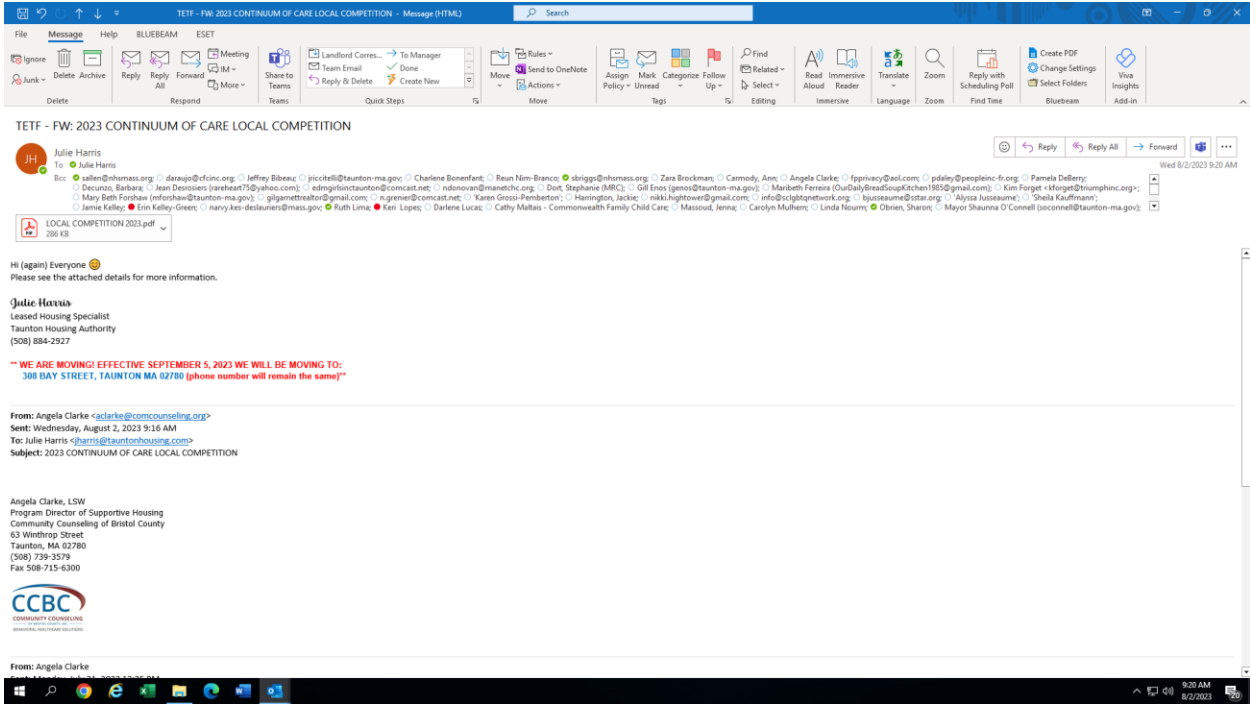
SPECIAL NOTICE
THE GBCATCH CONTINUUM OF CARE ENCOURAGES THOSE FROM TRIBAL ORGANIZATIONS AS WELL AS THOSE WHO HAVE NOT APPLIED PREVIOUSLY FOR

4:14:53 PM Monday, July 31, 2023

July 2023

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
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23	24	25	26	27	28	29
30	31	1	2	3	4	5

Date and time settings



6:31

Search

Signal strength, Wi-Fi, and battery (33%) icons

6 Messages

Inbox

2023 CONTINUUM...



From: [Alison](#) >

To: [Alison](#) >

Cc: [Angela Clarke](#) >

Bcc: vfox@soventions.com >

mazzam@beaconclimate.com >

shantelcrystal@yahoo >

shonte.davidson@impactenergy... >

Tanya@truediversityma.org >

tauntondiversitynetwork@gmail... >

krogers@tauntonhousing.com >

Today at 1:56 PM



Hi Everyone 😊

Please see the attached details for more information.

Regards,

Alison Rosa





MA-519

LOCAL COMPETITION SCORING TOOL

1E-2

PERMANENT SUPPORTIVE HOUSING

Ranking Score Tool

Project Name: _____

Grant ID _____

TOTAL POINTS AWARDED	
----------------------	--

Scoring Element	Max Points	Scoring Threshold	Awarded Points
1. Racial and Overrepresented Polulation Representation			
The percentage of staff that reflect the overrepresented population served in the community. Staff that either represent Black, indigenous, or people of color, speak other languages, lgbtq+, or lived expertise	20	10 points:80%-100% 5 points: 79%-50% 0 Points 49% or less	

2. Racial and Overrepresented Population Representation			
Has the agency, specific to the proposed renewal project, intentionally and effectively instituted racial equity and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons If YES: Briefly describe what the agency has done, the breadth of its efforts and its relatedness to the proposed renewal project. Please discuss whether this is agency-wide, program-specific, related to staff and/or related to service delivery, barriers, etc. If NO: Briefly discuss what issues have existed that have precluded the program from achieving these performance metrics and what steps are being taken to ensure the agency addresses and mitigates such issues going forward during the coming renewal year	10	determine based on response from applying agencies	

3. Housing First approach			
The extent to which the project follows a housing first approach 1. individuals are placed and stabilized in permanent housing without preconditions, and 2. Individuals never face requirements to particiapte in services as conditions to retain their housing (Housing First assessment completed)	20	20 pts: all 10 factors of tool met 10 points 7 of 10 factors met 0 points less then 7 factors met	

4. Grant Spending			
The percentage of project funds spent during the last operating year	10	10 points: 100% 5 points: 97-99% 3 points: 95-97% 0 points: 94%or less	

5. Partnerships with Housing, Healthcare, and Service Agencies			
Has the program established partnerships with healthcare and service agencies to offer services to those in the program.	10	10 points: yes established and operating 5 points: in discussion but not currently operational 0 points: no	
If YES what partnerships have been established creating what services			

6. Total Income			
The percentage of adults that maintained or increased total income (earned income or other income) during the program year	10	10 pts: 75%-100% 5 pts: 74%-65% 3 pts: 64%-55% 0 pts: 54% or below	

7. Utilization Rate			
Average Bed utilization on all PIT dates during operating year	10	10 pts:91%-100% 5 pts: 80%-90% 3 pts 70%-79% 0% 69%-0	

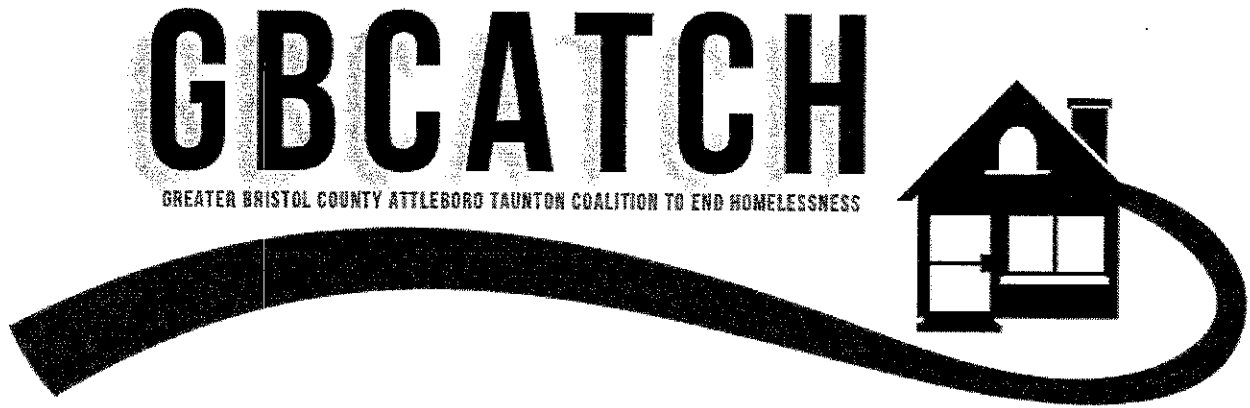
8.. Permanent Housing Placements			
The percentage of households who remained in or exited to Permanent Housing Destinations	10	10 pts: 97%-100% 7 pts 94%-96% 5 pts 90%-93% 0 pts 89% or less	

9. Timely submission of Annual Performance Report			
Annual Performance Report submitted in SAGE on time. If the submission was rejected by HUD, report must be amended and resubmitted within 30 days	10	10 points: Yes 0 points: No	

TOTAL

110

0



MA-519

SCORED FORM FOR ONE PROJECT

1E-2a

PERMANENT SUPPORTIVE HOUSING - 8/22/23

TOTAL POINTS AWARDED

Ranking Score Tool
 Project Name: Steadfast
 Grant ID MA0449
 Total Request: \$134,492.00

Scoring Element	Max Points	Scoring Threshold	Awarded Points
1. Racial and Overrepresented Population Representation			
The percentage of staff that reflect the overrepresented population served in the community. Staff that either represent Black, indigenous, or people of color, speak other languages, lgbtq+, or lived expertise	10	10 points: 80%-100% 5 points: 79%-50% 0 Points 49% or less	5

2. Racial and Overrepresented Population Representation			
Has the agency, specific to the proposed renewal project, intentionally and effectively instituted racial equity and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons		determine based on response from applying agencies	
IF YES: Briefly describe what the agency has done, the breadth of its efforts and its relatedness to the proposed renewal project. Please discuss whether this is agency-wide, program-specific, related to staff and/or related to service delivery, barriers, etc.	10		7
IF NO: Briefly discuss what issues have existed that have precluded the program from achieving these performance metrics and what steps are being taken to ensure the agency addresses and mitigates such issues going forward during the coming renewal year			

The agency did not receive the full point allowance due to the program population identifying as 87.5% Caucasian, 6.25% African American and 6.25% Mixed Race. 100% was Non-Hispanic/Non-Latino. These numbers do not correlate with the racial composition of statewide or national homeless demographics, as seen on the included numbers for Q4 2022 for the Commonwealth of Massachusetts. In regards to steps being taken to ensure addressing and mitigating recurrent issues, Catholic Charities has assisted in the process of creating and instituting a new Coordinated Entry Assessment Tool to replace the previously used VI-SPDAT. There were valid concerns regarding the validity of the VI-SPDAT and its use for equitable and fair housing placement with the most vulnerable and underrepresented populations.

Homeless Population

■ American Indian, Alaska Native, or Indigenous	1%
■ Asian or Asian American	1%
■ Black, African American, or African	40%
■ Native Hawaiian or Pacific Islander	1%
■ White	46%
■ Doesn't know, refused, or not collected	7%
■ Multi-Racial	5%
■ Other or Unknown	0%

3. Housing First approach			
The extent to which the project follows a housing first approach 1. Individuals are placed and stabilized in permanent housing without preconditions, and 2. Individuals never face requirements to participate in services as conditions to retain their housing	20	20 pts: 2 factors met 10 pts: 1 factor met 0 pts: 0 factors met	20

4. Grant Spending			
The percentage of project funds spent during the last operating year	10	10 points: 100% 5 points: 97-99% 3 points: 95-97% 0 points: 94% or less	10

5. Partnerships with Housing, Healthcare, and Service Agencies

Has the program established partnerships with healthcare and services	10	established and	10
---	----	-----------------	----

6. Total Income			
(earned income or other income) during the program year	10	10 pts: 75%-100%	10

7. Utilization Rate			
Average Bed utilization on all PIT dates during operating year	10	5 pts: 80%-90%	10

8. Permanent Housing Placements			
The percentage of households who remained in or exited to	10	pts 94%-96%	5
			10

9. Timely submission of Annual Performance Report			
submission was rejected by HUD, report must be amended and	10	10 points: Yes	0
			10

TOTAL 100 92



MA-519

Notification of Projects Rejected or Reduced

1E-5

RE: APPLICATION FOR COC RENEWAL and NEW PROJECTS

Mon 8/28/23 10:10 AM



Olivia Behrens <obehrens@eliotchs.org>
GBCATCH RATING AND RANKING COMMITTEE FORMAL NOTIFICATION - 2023 NOFO

To: Susan Mazzarelli
Cc: Angela Clarke

INTERNAL TO CCBQ - Carefully Check the address these E-Mails are Coming from.

Dear Ms. Mazzarelli,

This is to serve as formal notification from the GBCATCH Continuum Rating and Ranking Committee regarding the 2023 NOFO that no projects applications from Catholic Social Services were rejected or reduced for the 2023 NOFO Continuum of Care Competition, please contact me if you have any questions or concerns.

Sincerely,

Olivia Behrens

Olivia Behrens, MBA, LCSW
Chair GBCATCH Rating and Ranking Committee
Eliot Community Human Services
Southeast Team Lead
Homeless Services - DMHPATH
Traunton, New Bedford, Fall River
Business Call: (781) 698-5632
Google Voice: (617) 819-4185
Business Fax: (857) 288-4567
Email: obehrens@eliotchs.org

Injustice anywhere is a threat to justice everywhere. - Dr. Martin Luther King Jr.
Standing in Solidarity in the work to eliminate racism.

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OB Olivia Behrens <obehrens@eliotchs.org>
GBCATCH RATING AND RANKING COMMITTEE FORMAL NOTIFICATION - 2023 NOFO

To: Andrew Dawley
Cc: Angela Clarke
INTERNAL TO CCBQ - Carefully Check The address these E-mails are Coming from.

Dear Mr. Dawley,

This is to serve as formal notification from the GBCATCH continuum Rating and Ranking Committee regarding the 2023 NOFO that no projects applications from Community/Counseling of Bristol County were rejected or reduced for the 2023 NOFO Continuum of Care Competition. Please contact me if you have any questions or concerns.

Sincerely,
Olivia Behrens

Olivia Behrens, MBA, LCSW
Southeast Team Lead
Chair: GBCATCH Rating and Ranking Committee
Eliot Community Human Services
Homeless Services - DMH PATH
Taunton, New Bedford, Fall River
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MA-519

NOTIFICATION OF PROJECTS ACCEPTED

1E-5a

Sun 8/27/23 5:47 PM
Olivia Behrens <obehrens@elliotts.org>
GRCATCH RATING AND RANKING FORMAL NOTIFICATION 2023

To: Andrew Dawley; Ellen Bruden-Kloover; Angela Clarke

[EXTERNAL TO CCEB] - Carefully Check the address these Emails are Coming From.
NOTICE OF RANKING COMMUNITY COUNSELING OF BRISTOL COUNTY - signed.pdf - 175 KB

Action Items + Get more add-ins

Dear Mr. Dawley,

Please see the attached letter for the formal notification letter from the GRCATCH Continuum Rating and Ranking Committee regarding the 2023 NQCO. Please contact me if you have any questions or concerns.

Thank you again for your leadership and service at Community Counseling of Bristol County, Inc. and your ongoing support of the GRCATCH Continuum. We look forward to continuing our work together.

Sincerely,
Olivia Behrens

Olivia Behrens, LCSW
Chair of GRCATCH Rating and Ranking Committee
Southeast Team Lead
Homeless Services - DMH PATH
Tzanton, New Bedford, Fall River
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Olivia Behrens <obehrens@eliotchs.org>
GBCATCH RATING AND RANKING FORMAL NOTIFICATION 2023

To: Susan Mazzarella, Paul Ross, Angela Clarke

POTENTIAL TO CCEQ - Carefully Check the address these Emails are Coming From

NOTICE TO CATHOLIC SOCIAL SERVICES OF RANKING - Signed.pdf - 161 KB

Dear Ms. Mazzarella,

Please see the attached letter for the formal notification letter from the GBCATCH Continuum Rating and Ranking Committee regarding the 2023 NOFO. Please contact me if you have any questions or concerns.

Thank you again for your leadership and service at Catholic Charities of the Diocese of Fall River and your ongoing support of the GBCATCH Continuum. We look forward to continuing our work together.

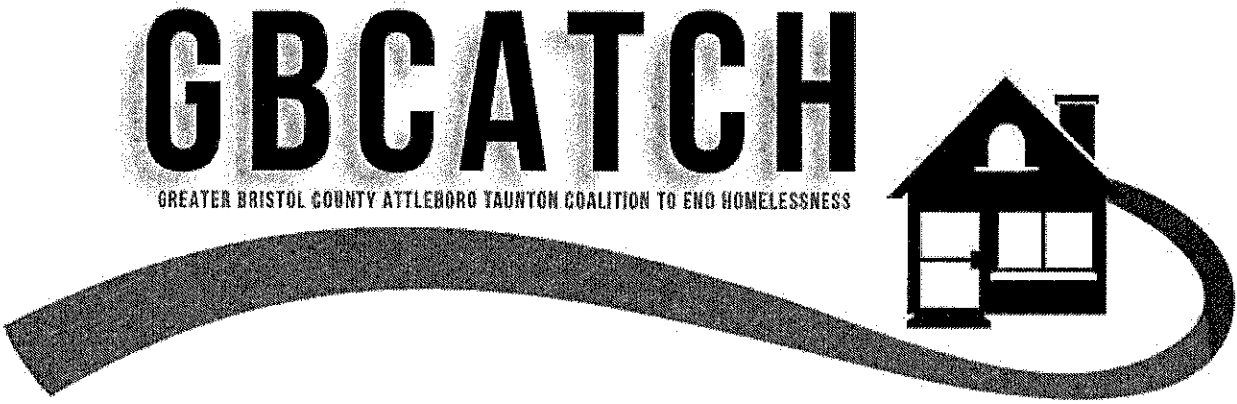
Sincerely,
Olivia Behrens

Olivia Behrens, LCSW
Southeast Team Lead
Homeless Services - DMH PATH
Taunton, New Bedford, Fall River
Business Call: (781) 698-5632
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MA-519

LOCAL COMPETITION SELECTION RESULTS

1E-5b

2023 HDX Competition Report

PIT Count Data for MA-519 - Attleboro, Taunton/Bristol County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	250	224	293	322
Emergency Shelter Total	187	195	212	267
Safe Haven Total	0	0	0	0
Transitional Housing Total	35	21	33	26
Total Sheltered Count	222	216	245	293
Total Unsheltered Count	28	8	48	29

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	13	45	41	49
Sheltered Count of Chronically Homeless Persons	6	40	25	23
Unsheltered Count of Chronically Homeless Persons	7	5	16	26

2023 HDX Competition Report

PIT Count Data for MA-519 - Attleboro, Taunton/Bristol County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	58	45	57	56
Sheltered Count of Homeless Households with Children	58	45	56	56
Unsheltered Count of Homeless Households with Children	0	0	1	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	5	2	2	0	1
Sheltered Count of Homeless Veterans	1	1	2	0	1
Unsheltered Count of Homeless Veterans	4	1	0	0	0

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for MA-519 - Attleboro, Taunton/Bristol County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	248	232	232	100.00%	16	16	100.00%	248	100.00%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	26	6	26	23.08%	0	0	NA	6	23.08%
RRH Beds	38	0	38	0.00%	0	0	NA	0	0.00%
PSH Beds	87	64	87	73.56%	0	0	NA	64	73.56%
OPH Beds	6	0	6	0.00%	0	0	NA	0	0.00%
Total Beds	405	302	389	77.63%	16	16	100.00%	318	78.52%

2023 HDX Competition Report

HIC Data for MA-519 - Attleboro, Taunton/Bristol County CoC

2023 HDX Competition Report

HIC Data for MA-519 - Attleboro, Taunton/Bristol County CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	73	67	67	64

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC				15

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC				38

2023 HDX Competition Report
HIC Data for MA-519 - Attleboro, Taunton/Bristol County CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for MA-519 - Attleboro, Taunton/Bristol County CoC

Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	351	379	293	337	44	209	256	47
1.2 Persons in ES, SH, and TH	362	389	303	344	41	224	256	32

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

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

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	357	381	524	693	169	430	458	28
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	368	391	526	691	165	430	481	51

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	146	4	3%	1	1%	2	1%	7	5%
Exit was from TH	2	0	0%	0	0%	0	0%	0	0%
Exit was from SH	0	0		0		0		0	
Exit was from PH	13	0	0%	0	0%	0	0%	0	0%
TOTAL Returns to Homelessness	161	4	2%	1	1%	2	1%	7	4%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	224	293	69
Emergency Shelter Total	195	212	17
Safe Haven Total	0	0	0
Transitional Housing Total	21	33	12
Total Sheltered Count	216	245	29
Unsheltered Count	8	48	40

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	362	389	27
Emergency Shelter Total	351	379	28
Safe Haven Total	0	0	0
Transitional Housing Total	11	10	-1

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	51	42	-9
Number of adults with increased earned income	0	3	3
Percentage of adults who increased earned income	0%	7%	7%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	51	42	-9
Number of adults with increased non-employment cash income	39	29	-10
Percentage of adults who increased non-employment cash income	76%	69%	-7%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	51	42	-9
Number of adults with increased total income	39	31	-8
Percentage of adults who increased total income	76%	74%	-2%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	7	16	9
Number of adults who exited with increased earned income	0	0	0
Percentage of adults who increased earned income	0%	0%	0%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	7	16	9
Number of adults who exited with increased non-employment cash income	5	12	7
Percentage of adults who increased non-employment cash income	71%	75%	4%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	7	16	9
Number of adults who exited with increased total income	5	12	7
Percentage of adults who increased total income	71%	75%	4%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	213	217	4
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	71	56	-15
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	142	161	19

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	222	225	3
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	75	63	-12
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	147	162	15

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0
% Successful exits			

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

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	180	139	-41
Of the persons above, those who exited to permanent housing destinations	89	64	-25
% Successful exits	49%	46%	-3%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	68	72	4
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	64	67	3
% Successful exits/retention	94%	93%	-1%

2023 HDX Competition Report
FY2022 - SysPM Data Quality
MA-519 - Attleboro, Taunton/Bristol County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	223	223	249	42	42	32	113	107	100						
2. Number of HMIS Beds	223	223	249	12	12	6	77	71	70						
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	28.57	28.57	18.75	68.14	66.36	70.00						
4. Unduplicated Persons Served (HMIS)	423	189	379	12	9	10	82	80	62	0	0	0	0	0	0
5. Total Leavers (HMIS)	291	84	154	4	0	5	16	16	19	0	0	0	0	0	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	47	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Destination Error Rate (%)	16.15	0.00	0.00	0.00		0.00	0.00	0.00	0.00						

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for MA-519 - Attleboro, Taunton/Bristol County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	3/23/2023	Yes
2023 HIC Count Submittal Date	4/10/2023	Yes
2022 System PM Submittal Date	2/17/2023	Yes